Clinical Psychology Doctoral Program

Graduate Student Handbook

College of Arts & Sciences
Department of Psychology
University of Tennessee

Fall 2014

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I. WELCOME STATEMENT

The Department of Psychology and the doctoral program in Clinical Psychology welcomes you to graduate study at the University of Tennessee-Knoxville. We are excited and honored that you chose to attend our graduate program. From the outset we hope that you will appreciate that graduate education involves an open and collegial relationship between faculty and students who share responsibility for the learning process. This *Handbook* presents a summary of the clinical program, psychology department, and university requirements for obtaining the doctoral degree. You should review the *Handbook* throughout the course of your study and be familiar with its contents throughout your tenure in the clinical program. While graduate education is a highly rewarding experience, it also presents unique challenges. We strongly encourage you to seek guidance from your mentors, directors, and department head if you have any questions about the program, degree requirements, and how to manage the various aspects of graduate life. Again, we welcome you to UT and wish you the best during your graduate education.

Todd M. Moore, Director of Clinical Training

II. GRADUATE SCHOOL INTRODUCTION

In order to serve the mission and vision of the Graduate School and preserve the integrity of Graduate Programs at the University of Tennessee, Knoxville, information related to the process of graduate education in each department is to be provided for all graduate students.

Based on Best Practices offered by the Council of Graduate Schools, it is important that detailed articulation of the information specific to the graduate degrees offered in each department/program be disseminated. The Department Graduate Handbook does not deviate from established Graduate School Policies http://catalog.utk.edu/content.php?catoid=12&navoid=1061 noted in the Graduate Catalog, but rather provides the specific ways in which those policies are carried out.

III. INTRODUCTION TO THE CLINICAL PROGRAM

The Clinical Psychology Program of the University of Tennessee Knoxville has been fully accredited by the American Psychological Association since 1949. Our program is designed to train highly competent clinical psychologists who will make significant contributions to the profession and society as researchers, teachers, and clinicians.

We follow the Tennessee Model, which represents a set of guidelines through which students are trained to think of psychological practice and research as similar enterprises to be conducted in an integrated manner ensuring maximum benefit in both domains. Our students receive strong training in research, psychological assessment, psychotherapy, and teaching. Our faculty approach clinical work from a variety of theoretical perspectives including psychodynamic, cognitive behavioral, emotion-focused and systemic.

Dr. Todd Moore (tmoore24@utk.edu) is the Director of Clinical Training. Dr. Moore's office is located in 416F Austin Peay.

I have three related research areas: the relationship between substance use and intimate partner violence, risk factors for relapse to substance use, and the impact of gender role stress on men's health and behavior. My research on substance use and violence focuses on better understanding the role that alcohol and various drugs may play in increasing the risk for violence between intimate partners.

Dr. Jenny Macfie (macfie@utk.edu) is the Associate Director. Dr. Macfie's office is located in 301E Austin Peay.

I work within a developmental psychopathology framework at the intersection of clinical and developmental psychology. I am interested in the development of adult psychopathology that has strong conceptual links to early childhood. Specifically I focus on the developmental tasks of attachment, self-development and self-regulation. I am currently studying development in children adolescents and young adults whose mothers have borderline personality disorder (BPD).

Dr. Jennifer Bolden (jbolden2@utk.edu). Dr. Bolden's office is located in 303A Austin Peay.

Contributing to existing knowledge of developmental psychopathology with emphasis on improving both learning and behavior is the central focus of my research program. Specifically, I am interested in understanding neuropsychological correlates of attention, learning, and disruptive behavior problems in children to inform psychological science and evidence-based practices.

Dr. Chris Elledge (lelledge@utk.edu) Dr. Elledge's office is located in 301F Austin Peay

My program of research focuses on understanding how aspects of children's relationships with parents, siblings, and peers lead to, sustain, or exacerbate dysfunctional behavior in youth. I have particular interest in identifying relationship characteristics and interpersonal processes that confer developmental risk or protection for aggressive and bullied children and developing preventative intervention strategies that effectively enhance these children's social contexts and interpersonal relationships toward reducing later dysfunction.

Dr. Derek Hopko (dhopko@utk.edu). Dr. Hopko's office is located in 301D Austin Peay.

My research and clinical interests involve the behavioral assessment and treatment of individuals with mood and anxiety disorders. More specifically, I conduct treatment outcome research on the relative efficacy of interventions for clinical depression, with particular specialization and focus on behavioral activation therapy. This outcome research also addresses co-existent medical conditions (i.e., cancer) involved in the etiology and maintenance of depressive syndromes. My clinical practice largely focuses on treating patients with major depression, dysthymia, and anxiety disorders.

Dr. Kristina Gordon (kgordon1@utk.edu). Dr. Gordon's office is located in 310B Austin Peay.

I conduct my research and practice in the area of marital therapy. My interests and work in the area include: 1) identifying the processes through which partners cope with betrayal and forgiveness in marriage; 2) treating couples dealing with infidelity; 3) improving existing marital treatments; and 4) emotion regulation in relationships. I also am collaborating with colleagues at Duke University on a federally funded couples-based smoking cessation program for Latinos.

Dr. Michael Nash (mnash@utk.edu). Dr. Nash's office is located in 219 Austin Peay.

My interests include psychodynamic therapy, the interface of literature with science and practice, the elements of change in psychotherapy, hypnosis, and how therapy skills can best be acquired by trainees. In addition I have abiding interests in human memory, forensic psychology, suggestion, and the neural substrate of consciousness.

Dr. Greg Stuart (gstuart@utk.edu). Dr. Stuart's office is located in 310C Austin Peay.

My program of research has a particular emphasis on the role of substance use and abuse in intimate partner violence perpetration and victimization. My work addresses a broad spectrum of factors that are relevant to the etiology, classification, assessment, prevention, maintenance, and treatment of intimate partner violence.

Dr. Deborah Welsh (dwelsh@utk.edu) is the Psychology Department Head. Dr Welsh's office is located in 312B Austin Peay.

My current research focuses understanding adolescent relationships and their impact on adolescent functioning. Specifically, my research is focused on (1) understanding the development of adolescents' romantic relationships and (2) understanding relationship-related factors that are associated with the successful transition to college. My examination of adolescents' romantic relationships uses observational methodologies and video recall techniques to understand participants' own perceptions of the meaning of their interactions.

Dr. Lance Laurence (llaurenc@utk.edu) is the Clinic Director. Dr Laurence's office is located at the UT Psychological Clinic, 208 Conference Center Building.

Dr. Laurence oversees operations at the Psychological Clinic, the primary site of your applied training. He teaches Clinical Psychopathology, Advanced Psychological Assessment II, and Ethical/Legal & Professional Practice Issues in Clinical Psychology required for clinical students. In addition to these duties, he is active in state and national professional associations on matters related to mental health care, health care reform, and the future of practice for clinical psychology.

Dr. Leticia Flores (lflores3@utk.edu) is the Associate Director of the Clinic. Dr Flores' office is located at the UT Psychological Clinic, 208 Conference Center Building.

Dr. Flores serves as the associate director for the Psychological Clinic, where she will be responsible for updating the audiovisual and client database systems for the new downtown site. She also supervises students in their therapeutic work. In addition to these duties, she is active in the national organization Association for Psychology Training Clinics (APTC), APA's Division 44 (LGBT Issues), and is a member of APA's Continuing Education Committee.

Mary Ellen Hunsberger (mhunsber@utk.edu) is the Clinical Program Administrative Assistant. Her office is located in Austin Peay 416 suite.

Mary Ellen serves as Clinical Program Administrative Assistant.

The primary phone number for her is 865-974-2165.

Connie Ogle (cjogle@utk.edu). Connie's office is located in 312C Austin Peay

Connie serves as the Graduate Programs Coordinator

her phone number is 865-974-3328.

Charlotte Berry (cberry9@utk.edu). Charlotte's office is located in 208 Conference Center Building.

Charlotte is the receptionist for the UT Psychological Clinic
her phone number is 865-974-2161.

Christy Lynch (cmaples3@utk.edu). Christy's office is located in 208 Conference Center Bldg.

Christy is the bookkeeper for the UT Psychological Clinic
her phone number is 865-974-6307.

The doctoral program in Clinical Psychology at the University of Tennessee is well established and has a long history. Like any other academic program, it grows and changes with time as the student body, faculty, and program resources and objectives change. This Handbook is an attempt to state the major Program requirements and policies as they currently exist. Those requirements and policies will and should change with time, requiring periodic editing of this Handbook if it is to remain useful.

Graduate students are expected to be aware of and satisfy all regulations governing their work and study at the University. Additional policies and procedures for students and for graduate students in general at the University of Tennessee can be found in the Graduate Catalog and the annual publication, *Hilltopics Student Handbook* is available in hard copy. The Graduate Council Appeal Procedure (http://gradschool.utk.edu/GraduateCouncil/AcadPoli//appealprocedure.pdf) and the Graduate Assistant Handbook http://gradschool.utk.edu/ are also updated annually and available in hardcopy.

IV. OBJECTIVES

The Clinical Psychology Training Program at the University of Tennessee has a long-standing tradition of producing graduates who are well grounded in the theoretical foundations of psychology, knowledgeable about empirical methods, and take part in well-supervised practice experiences. Since we also expect students to integrate these academic and applied skills, our Program exemplifies what we called the Tennessee Model (Scientist-Practitioner).

The Program achieves its goals by selecting students who are among the best qualified in the nation; by involving these students with a faculty that includes not only clinical, counseling, and experimental members distinguished for their academic achievements but also faculty who are actively involved in practice. In addition, by cultivating close ties to a large number of local service settings, it is possible for students to be involved in supervised fieldwork throughout the course of their graduate training. These centers not only serve their clientele, but also serve as settings in which Clinical students get supervised clinical experience throughout their graduate training.

Central to the Program's quality are the close mentorships cultivated between individual faculty and students.
These are an essential part of our research training. Students select a research mentor (who may or may not also serve as academic advisor) in their first year who oversees the predissertation research project or Master's thesis. After completing this project, along with the required course work and supervised practice experiences, students find a major professor who, with the doctoral committee, oversees the practice research integration project (PRIP), doctoral examination and dissertation.

Students enrolled in the Clinical Psychology Program are required to make a full-time commitment to the Program. All students are expected to participate fully in research and clinical activities. Students are expected to satisfy all Program and University requirements in a timely fashion.

V. ADMISSIONS REQUIREMENTS AND APPLICATION PROCEDURES

A. STUDENT SELECTION PROCESS

The Clinical Psychology Doctoral Program at the University of Tennessee receives many applications each year and typically selects between seven and nine full-time students. All applications are usually reviewed by at least two core clinical faculty members, and each faculty member typically invites 3 to 4 applicants to visit the University of Tennessee and participate in our annual applicant visiting day. Visiting day typically occurs on a Friday and is a day-long program of activities that includes an orientation, question-and-answer period, opportunities to meet the faculty and current graduate students, and a tour of the Department and campus. An optional student organized social event follows the visiting day. Current students in the Program volunteer to house applicants in their homes to help defray the expense of the visit, if desired. Final applicants are strongly encouraged to visit the campus; however, telephone interviews can be arranged.

The core Clinical faculty members meet following visiting day and select applicants to offer admission to the Clinical Program. Students are selected for admission based on their research and clinical experiences and potential, letters of recommendation, written personal statements, fit with the

Tennessee Model and with potential mentor, GRE scores, GPA, and impressions from personal interviews. Students are paired at admission with a mentor. This allows them to immediately become involved in an active research Program and to become quickly acclimated to the Program. Students are encouraged to be part of the labs of other faculty members in addition to their mentor's lab. Students do not have any difficulty switching to work with a different advisor, if they desire.

B. ACADEMIC PREPARATION AND ADMISSION REQUIREMENTS

Applicants to the Clinical Program are required to have a bachelor's degree from a college or university accredited by the appropriate regional accrediting agency or foreign equivalent and to take the GRE general exam. The Graduate Council requires a minimum grade point average of 2.7 out of a possible 4.0, or a 3.0 during the senior year of undergraduate study. Applicants with previous graduate work must have a grade point average of 3.0 on a 4.0 scale or equivalent on all graduate work. Average GRE scores and grade point averages are posted on our website under the heading "Student Admissions, Outcomes and Other Data." In general, most of our students have GRE combined verbal and quantitative scores of over 1200 and undergraduate GPA's over 3.5. A Master's degree is not required for admission into our doctoral programs; however, students who hold Master's degrees are encouraged to apply to our doctoral programs. Additional information may be obtained from the University of Tennessee Graduate Catalog at http://gradschool.utk.edu.

VI. FUNDING

Currently, the Psychology Department awards all full-time students in the first four years of the Clinical Program a 50% assistantship that requires students to work 20 hours per week. Assistantship duties vary depending upon the student's year in the Program and include activities such as teaching assistant, doing clinical work in the Psychological Clinic or external community settings, research assistant, and other professionally relevant activities. Typically First Year Clinical Students serve as teaching assistants for Psychology undergraduate courses. Second Year Clinical Student assistantships involve conducting psychological assessments in the Psychological Clinic. Typically Third, Fourth and Fifth year Clinical Student's assistantships involve either teaching an undergraduate course or providing applied psychological services to clients in community settings. The teaching assignments are made by the Psychology Undergraduate Program Director. Community external placement assistantships require an interview, and assignments are made by the Director and Associate Director of the Clinical Program and the directors of the community settings. Teaching assistantships are 9-month appointments and clinical placement appointments are 12-month appointments. Students are required to be in good academic standing in order to be granted an assistantship. Students are evaluated by the Clinical Program committee at the end of each semester. Assistantships include a stipend, tuition remission and health insurance. *This policy is obviously contingent upon the Department's financial situation, but every effort is made to maintain it.* Competitive awards such as Alumni Fellowships or Graduate Fellowships may supplement or replace the basic Departmental stipend, as funds permit. The Office of Graduate Student Services administers these fellowships; see the Graduate School webpage at http://gradschool.utk.edu.

In addition to the assistantships provided by the department, some students also elect to take out personal loans. Information concerning student loans is available at: http://finaid.utk.edu/.

Financial support from the department is available for students to present their scholarship at conferences (for Departmental travel authorization form see http://web.utk.edu/~clinical/forms.shtml) and the Graduate School (http://web.utk.edu/~gss/travelfund/index.html).

VII. REGISTRATION AND ADVISING

A. REGISTRATION

Registration is required of all graduate students each semester until the degree is conferred.

1. Students are required by the Graduate School to be in full-time residence (i.e., registered for at least 9 credit hours for at least two (2) consecutive terms. Students in the Clinical Psychology Program are required to be in full-time residence for at least the first three years. It is normally expected that students will spend four or five years in full-time residence prior to their internship year.

   The maximum load for graduate students is 15 hours, and 9–12 hours are considered a full load. For the summer term, graduate students may register for a maximum of 12 hours in an entire summer term or for a maximum of 6 hours in a five-week summer session. Registration for **more than 15 hours** during any semester, or for **more than 12 hours** in the summer term, **is not permissible without prior approval from the Graduate School**.

2. The maximum load for a graduate student is 15 hours and 9 to 12 hours are considered a full load. A student on a 50% time assistantship who takes 6 hours is considered full time. Refer to the Policy for the Administration of Graduate Assistantships for additional information. For the summer term, graduate students may register for a maximum of 12 hours in an entire summer term or for a maximum of 6 hours in a five-week summer session. Students may enroll in only one course during a mini-term session.

   Registration for more than 15 hours during any semester is not permissible without prior approval. The academic advisor may allow registration of up to 18 hours during a semester if the student has achieved a cumulative grade point average of 3.6 or better in at least 9 hours of graduate work with no outstanding incompletes. No more than 12 hours are permissible in the summer term without prior approval.

3. Students must complete a minimum of 48 hours of graduate coursework (500 level or above). Of the 48 hours, 30 hours must be taken for A-C+ grades. Of the 48 hours, 18 hours must be taken for S/NC grades. Dissertation credits (Psychology 600) are not included in this requirement. See Appendix A for a detailed list of Required Courses by Program Area. See Appendix B for a detailed list of Required Courses by Curriculum Year.

4. In addition, the student must complete 24 hours of dissertation credit (Psychology 600). Students must be registered for a minimum of three (3) credit hours of 600 (dissertation) in the semester that the dissertation is accepted and approved by Graduate Student Services.

5. Except during **APPROVED LEAVE OF ABSENCE** (e.g., internship), students must register **CONTINUOUSLY for at least three (3) hours of 600 (dissertation) each semester including Summer term until their dissertation is successfully defended and accepted by the Graduate School**, after they initially register for it, have their Admission to Candidacy approved, or have their dissertation proposal approved, whichever occurs first.

B. ADVISING

Upon admission, the Director of Training assigns students advisors from the Clinical faculty. Students should meet regularly with their advisors in a relationship that will include arranging (with the advisor or other faculty) research experience that will lead to the completion of the predissertation degree requirement and, possibly, the dissertation itself.

The initial and subsequent advisory assignments are subject to change as students meet faculty whose interests they share. This mutual linkage is the basis of our mentorship system and usually leads into the dissertation work. When students and faculty have linked up on the basis of mutual interests, the Director of Training should be notified so that he/she may formally reassign advisory responsibility. The Advisor Change form may be downloaded from the Clinical Program website (http://web.utk.edu/~clinical/forms.shtml) or obtained from Connie Ogle, Graduate Programs Coordinator, in 312C. The completed form should be returned to Ms. Ogle.

VIII. CLINICAL PSYCHOLOGY DOCTORAL PROGRAM OVERVIEW

In line with our practice-research integration education model (The Tennessee Model), we encourage students to synthesize their various educational experiences into unique theoretical and procedural strategies. In this sense, synthesis is a personal quest to fashion one's identity as a professional and to generate new knowledge via clinical research. Apart from our expectation that every student must demonstrate competence in research-practice, students are expected to pursue their own ideas in the particular ways through which they attain this competence. Professional identity is akin to personal identity in the sense that both products require critical thinking in consultation with one's mentor. There is great freedom of choice within the UTK guidelines, and it is up to the student to make constructive use of this freedom to pursue the synthesis process. Students are expected to participate in research throughout the Program and present their research at professional conferences and publish in scholarly sources.

In the **1st** year of study in the Program students are expected to:

- digest coursework, fieldwork, and mentoring (maintain a minimum GPA of 3.0);
- carry through with research ideas; and
- formulate an initial viewpoint which includes areas of interest along with some basic ideas about one's preferred theory and methodology
- begin and complete research apprenticeship (Psychology 509)
- begin work on the predissertation research or Master's thesis

In the **2nd** year of study in the Program students are expected to:

- successfully complete required courses (maintain a minimum GPA of 3.0)
- begin applied work in Psychological Clinic
- complete the predissertation research by the end of Summer Semester
- begin work on the Comprehensive Examination (PRIP) proposal

In the **3rd** year of study in the Program students are expected to:

- successfully complete required courses (maintain a minimum GPA of 3.0)
- submit petition to form doctoral committee
- form doctoral committee
- participate in external clinical placement or teaching practicum
- complete data collection for the Comprehensive Exam (PRIP)
- complete the Comprehensive Exam (PRIP) by May 15
- continue applied work in Psychological Clinic
- begin the dissertation research proposal
- complete Admission to Candidacy by end of Spring Semester

In the **4th** year of study in the Program students are expected to:

- participate in external clinical placement or teaching practicum
- complete the dissertation research proposal by October 15
- submit internship applications
- complete the dissertation by end of Summer Semester
- defend the dissertation by the end of Summer Semester

In the **5th** year of study in the Program students are expected to successfully complete an internship.

A. FIELDWORK

Research and clinical practicum experiences account for a significant portion of student education throughout the Program. The first year is largely research focused with each student assigned to a work with a particular faculty member as a research apprentice. In addition, students are encouraged to visit all faculty laboratory meetings held as weekly hypothesis generating/problem solving group discussions. Since students are simultaneously engaged in coursework on research questions and designs and statistics, they have an appropriate framework in which to formulate and conduct their own research. Clinical practica also begin in this year as students are introduced to psychological assessment in coursework and testing with college student volunteer participants.

In Year 2, clinical practicum experiences take up 50% of student time (Psychological Clinic) and students are expected to complete their predissertation research projects as well. This is a difficult practicum year because of the heavy dual commitment to both clinical and research activities. Through the continued weekly laboratory meetings and the Psychotherapy course sequence (670 & 671), the viability and integration of both activities are focal points of discussion. During Professor Nash's Psychotherapy Seminar (671) students will be guided in formulating their PRIP proposal.

In Years 3 and 4, students participate in either a year-long external placement conducting clinical work in community agencies or have the opportunity to teach their own undergraduate course. If students are planning to teach during their 3rd or 4th year, they must satisfy the prerequisite (College Teaching in Psychology-528). All students must complete at least one year of clinical practicum in a community agency. Through this option we hope to maintain the balance between clinical and research activities, and to continue discussions on integrating these activities. Since students are required to make frequent choices in their selection of clinical and research supervisors, as well as in their selection of practicum sites, opportunities to pursue paths of professional identity are numerous.

B. MENTORING: FOSTERING PROFESSIONAL IDENTITY

The quality of coursework and fieldwork depends on characteristics of both student and mentor, and their working relationship. Our Core Clinical faculty members constitute a hub of mentoring, supplemented by faculty in the Counseling Psychology Program, the Experimental Psychology Program, Adjunctive Clinical Faculty, and Clinical practitioners in various community agencies. Across the Clinical faculty members, diversity is apparent in the domains of theory, methodology, and interest with more consensus in the first two domains. Three faculty have predominantly psychodynamic orientations (Laurence, Macfie, and Nash), five faculty approach treatment from a cognitive/behavioral orientation (Bolden, Gordon, Hopko, Moore, and Stuart) and one faculty member approaches clinical work predominantly from a systemic/narrative perspective (Welsh). All faculty employ various quantitative and qualitative methods in their research strategies. In clinical practice, individual assessment and psychotherapy is the common methodology, although the majority of faculty also consider dyads and families as the relevant units.

Faculty research focuses on two important and broad areas: (1) child and family issues (Bolden, Gordon, Macfie, Moore, Welsh and Stuart), and (2) health concerns (Gordon, Hopko, Nash and Stuart). More specifically, faculty clinical and research interest areas include couples' romantic relationships including aggression (Gordon, Moore, Stuart, and Welsh), family processes in health adjustment (Gordon, Macfie, and Welsh), psychotherapy research (Bolden, Gordon, Hopko, Nash, and Stuart), developmental psychopathology (Bolden, Macfie, and Welsh), adult psychopathology (Hopko and Nash), sexuality (Gordon and Welsh), sexual abuse (Nash), hypnosis and suggestibility (Nash), borderline personality disorder (Macfie), substance abuse (Moore and Stuart), and health psychology (Hopko, Gordon).

In summary, each member of the Clinical faculty is mindful of the professional identity growth process, and each expects students to generate unique syntheses of coursework and fieldwork. Synthesis requires far more than imitating a mentor's viewpoint, meaning that all students must consider mentoring as guidance in critical thinking in contrast to adding up one's learning experiences.

IX. CLINICAL PSYCHOLOGY DOCTORAL PROGRAM REQUIREMENTS

In order to receive a Doctor of Philosophy degree (Ph.D.) in the Clinical Psychology Concentration/Program, there are Graduate School requirements as well as Clinical Program requirements. The Clinical Program requirements are defined by APA (American Psychological Association) and must meet their guidelines in order for the Clinical Program to be accredited.

These requirements are worked on <u>simultaneously</u> as the student progresses through the program and are marked complete when the <u>required form</u> is submitted to the Graduate Programs Coordinator, Connie Ogle, 312C.

Requirements:

A. Coursework

B. Apprenticeship

C. Pre-Dissertation Research Requirement. This project must be completed before forming a doctoral committee

D. Clinical Practicum

E. Doctoral Committee

F. Comprehensive Examination (PRIP). This is completed <u>after</u> forming a Doctoral Committee and <u>before</u> applying for Admission to Candidacy. In addition, this requirement must be completed <u>before</u> May 15 of the year of applying to internship. Please note, that some Internships require completion of the Comprehensive Examination before applying.

G. Dissertation Proposal. This project is completed <u>after</u> forming a Doctoral Committee and <u>must</u> be approved before October 15 of the year of applying for Internship.

H. Admission to Candidacy. This requirement is met <u>after</u> completion of required coursework and completion of the Comprehensive Examination (PRIP). In addition, this requirement <u>must</u> be met before scheduling the oral defense.

I. Internship

J. Leave of Absence for Internship

K. Dissertation Research

L. Oral Defense of Dissertation (also called Oral Examination, and/or Orals**)**

A. COURSEWORK

Students are required to take four foundation courses (Biological Foundations of Behavior, History and Systems of Psychology, Developmental Psychology and Social Aspects of Behavior) and sixteen core courses and six practicum (research & clinical) courses. See Appendix A for specific required courses and Appendix B for the sequence of required courses by year in Program.

Course requirements can be waived if the student has completed comparable coursework at other institutions. To submit the request to waive Program requirements, the student should submit to Mary Ellen Hunsberger (Clinical Program Administrative Assistant 416 Austin Peay) completed "Petition to Waive Department of Psychology" form signed by the instructor of the UT course requested to be waived, a signature from the student's advisor and a copy of the course syllabus from the other institution.

Mary Ellen Hunsberger will bring the petition to a Clinical Program Faculty Meeting. The decision whether or not to grant the petition will be made by a vote of the Clinical Program Faculty.

B. APPRENTICESHIP

1. Students in the 1st year are expected to work as a faculty research apprentice.

2. This 1st year apprenticeship is based on student interests as determined from application information and students are informed of their faculty research mentor prior to admission to the Program.

3. Students receive credit for this experience (Psychology 509) and receive a passing or failing grade.

C. MASTERS THESIS OR PREDISSERTATION REQUIREMENT

All students must complete a research project involving the collection and analysis of original data or the original analysis of existing data. The project is to be reported in a written form to the committee and ideally for eventual submission toward publication. Students are generally expected to satisfy this requirement by producing a Master's Thesis (except under special conditions described below). The Master's Thesis requirement **should be satisfied by the end of the student's 2nd year of graduate training** (last day of class for the Full Summer Semester) and **PRIOR** to the formation of a doctoral committee.

A Master's Committee composed of the major professor and at least one other (preferably two other) faculty members, all at the rank of assistant professor or above, should be formed as early as possible in a student's Program. For the Master's degree, the same form (Admission to Candidacy Application – Master's or Specialist Degree) serves both to officially form the Master's Committee and

admit the student to Candidacy. Admission to candidacy indicates agreement that the student has demonstrated ability to do acceptable graduate work and that satisfactory progress has been made toward a degree.

The application for the Master's degree is made as soon as possible after the student has completed 9 hours of graduate coursework with a 3.0 average or higher in all graduate work. The Admission to Candidacy form must be signed by the student's committee and all courses to be used for the degree must be listed, including transfer coursework. The Admission to Candidacy form must be submitted the semester before students intend to defend. The completed form should be returned to Connie Ogle for obtaining Department Head signature, filing, and forwarding to the Graduate School.

The student must be registered for Thesis 500 each semester during work on the thesis, including a minimum of 3 hours the semester in which the thesis is accepted by Graduate Student Services. Six hours of 500 are required for the thesis option. After receiving the master's degree, a student is no longer permitted to register for Thesis 500.

The thesis represents the culmination of an original research project completed by the student. The project must be orally proposed and defended to the thesis committee. It must be prepared according to the most recent *Guide to the Preparation of Theses and Dissertations*, available at http://web.utk.edu/~thesis.

A candidate presenting a thesis must pass a final oral examination of the project to the thesis committee. The final draft of the thesis must be distributed to all committee members at least two weeks prior to the date of the final examination. Students are responsible for bringing the approval sheet and relevant graduate school documents to the defense meeting (these forms can be obtained from Connie Ogle).

Except with prior approval from the Dean of Graduate Studies, the examination must be given in university-approved facilities. This examination should be scheduled through Connie Ogle's office (312C) at least two weeks prior to the examination. This examination must be held at least two weeks before the final date for acceptance and approval of thesis by the Office of Graduate Student Services on behalf of the Graduate Council. The major professor must submit the results of the defense by the thesis deadline. In case of failure, the candidate may not apply for reexamination until the following semester. The result of the second examination is final.

Exceptions: For students entering with a Master's degree, the Master's thesis from the prior institution may be submitted for approval as meeting this program's requirement for the Master's degree. Students falling under this exception may receive a waiver from completing a second master's thesis project. The process requires that the student's thesis be approved by the major professor and another faculty member in the Psychology Department (chosen together by the student and major professor). If approved, the student, major professor and additional faculty member will sign the appropriate approval form and submit it to Connie Ogle.

Students may be awarded the Master's Degree based on the quality and scope of a first-author research project published in a peer-reviewed journal. This requirement is met when the student passes a final oral examination of the project to the thesis committee.

Students who publish a first-author peer-reviewed paper who do not wish to receive the Master's Degree may receive credit for a Predissertation Project. This option is met when the student's paper is approved first by the major professor and one additional professor in the program, followed by review and approval by the Clinical Faculty. If approved, the student should obtain and complete the Predissertation Research Approval form (obtained from Connie Ogle, Graduate Programs Coordinator, in 312C or is available on the Clinical Program website). The completed form as well as one (1) copy of the manuscript should be returned to Ms. Ogle.

D. CLINICAL PRACTICUM

See Appendix F for a description of clinical placement sites.

1. Students in the **2nd** year are expected to spend 20 hours each week in the Department Psychological Clinic (Lab in Psychotherapy 673).

2. Students in the **3rd** year and **4th** year are:

   a. Expected to spend two (2) days each week in a clinical placement (Psychology 695) and continue to see clients in the Departmental Psychological Clinic (Psychology 673 or 696).

      However, students may choose a practicum combination of both clinical and teaching experiences:

      Option 1: External placement in a community agency two (2) days (16 hours) each week (Field Placement in Clinical Psychology-695) and placement in the Psychological Clinic (Psychology 673 or 696).

      Option 2: Undergraduate teaching practicum in the Department (2 semesters) and placement in the Psychological Clinic (Psychology 673 or 696).

      i. This option requires a course pre-requisite: Seminar in College Teaching (Psychology 528) which must be taken in Spring Semester of the 2nd year, and

      ii. This option requires the consent of the Director of Undergraduate Studies and the Clinical Program Director.

      iii. Students who choose Option 2 must resume their two (2) days (16 hours) each week external supervised Clinical placement in the **4th** year.

   Exception: Students may request to reduce practicum hours. The criteria for accepting a request for a reduction in Clinical practicum hours is a student-authored, independently-secured grant for research which is routed through the Department and/or University; and includes sufficient monetary compensation for the reduced time; and involves pursuing research above and beyond the minimal research requirement of the Program.

3. Students in the **4th year** may elect to continue carrying cases in the Department Psychological Clinic. If so, students should register for Advanced Psychology Clinic 696.

E. DOCTORAL COMMITTEE

1. Procedure for Establishing a Doctoral Committee:

   a. After the Predissertation Research has been approved and after at least 2 semesters of supervised clinical practicum, students should **submit a written petition to the Clinical faculty requesting permission to form Doctoral Committee**. This petition should be given to Mary Ellen Hunsberger to be considered at the next Clinical Program Faculty meeting.

After receiving the recommendation that the student should be approved to form a Doctoral Committee by the Core Clinical Faculty members, the student's petition is taken to a meeting of the full Psychology Faculty. All decisions approving students to form Doctoral Committees is made by a vote of the full Psychology Faculty. Students are expected to receive permission to form a Doctoral Committee by the end of their third year or early in their fourth year in the Program. After receiving approval to form a committee, students submit the **Doctoral Committee Appointment form** (http://web.utk.edu/~clinical/forms.shtml) to Connie Ogle for obtaining Department Head signature, filing, and forwarding to the Graduate School.

b. Final approval is granted by the Department Head with the advice and consent of the full faculty. **The Doctoral Committee (composed of four (4) or more persons) is appointed by the Graduate School on the recommendation of the Department Head**, who reviews the membership of the proposed committee with the Program Director.

c. Clinical students are not restricted to Clinical faculty as committee members or chairs; however, **it is required that the Doctoral Committees of students in the Clinical Program include at least one (1) Clinical faculty member approved by the Graduate School to chair dissertations**.

d. The doctoral committee must include one (1) faculty member **OUTSIDE** the Department of Psychology; three (3) of the committee members must be qualified by the Graduate School to direct doctoral dissertation research; and all voting members of the committee must be Assistant Professors or higher rank at The University of Tennessee (Adjunct Professors with appointments as Clinical Assistant Professor or higher rank may be allowed to serve as a voting member of the committee – see Connie Ogle in 312C to determine eligibility status of potential committee members).

2. Function of Doctoral Committee:

a. Once a doctoral committee is appointed, it shares with the Clinical faculty responsibility for monitoring and evaluating the student's progress. It remains the responsibility of the Clinical faculty to evaluate the student's standing in the Clinical Program; and it is the doctoral committee's responsibility to evaluate the student's dissertation research and comprehensive examination (PRIP).

b. The chair of the doctoral committee serves an important role. He or she is responsible for advising the student, serving as a mentor, calling meetings of the doctoral committee, reviewing and approving the student's dissertation proposal and dissertation for distribution prior to the formal meetings. Students are urged to work closely with their chairs and to meet regularly with their assembled committees.

c. The doctoral committee reviews and approves the student's dissertation proposal.

d. The doctoral committee monitors the student's progress in the advanced stages of doctoral studies, and conducts the student's final doctoral oral examination.

Note: If the chair of a student's doctoral committee is NOT a member of the Clinical Program Faculty, a regular Clinical Program Faculty member should be designated as the Clinical Mentor. This individual will discuss unique clinical requirements (e.g., PRIP, internship process) with the student and will serve as the liaison representing the student at student evaluation meetings.

F. COMPREHENSIVE EXAMINATION: The Practice-Research Integration Project (PRIP)

1. The Practice-Research Integration Project (PRIP) functions as the comprehensive exam for students enrolled in the Clinical Program.

2. The PRIP is conceived through collaboration between the student and his or her advisor during the **1st and 2nd** year. The PRIP should be completed and approved by the doctoral committee by **May 15** of the **3rd** year. The PRIP MUST be completed by May 15 of the year the student applies for internship. The format and content is highly individual and should reflect the student's integration of relevant practice and research knowledge with regard to the chosen topic (See Appendix G for a detailed description of the PRIP protocol).

3. The **Practice-Research Integration Project (PRIP) Approval form** may be downloaded from the Clinical Program website (http://web.utk.edu/~clinical/forms.shtml). The completed form, as well as one (1) copy of the manuscript, should be submitted to Connie Ogle (312C) for obtaining Department Head signature, filing, and forwarding to the Graduate School. An additional copy of the completed form should be submitted to Mary Ellen Hunsberger in 416 Austin Peay.

G. DISSERTATION PROPOSAL

1. The Doctoral Committee supervises and approves the student's Dissertation Proposal.

2. The Dissertation Proposal **must** be completed by the **October 15th** deadline in the Fall Semester of the 4th year in order to apply for internship for the fifth year. The **Dissertation Proposal Approval form** may be downloaded from the Clinical Program website (http://web.utk.edu/~clinical/forms.shtml). The completed form should be returned to Connie Ogle for obtaining Department Head signature, filing, and forwarding to the Graduate School. An additional copy of the completed form should be submitted to Mary Ellen Hunsberger in 416 Austin Peay. The dissertation may be proposed prior to defending the PRIP project.

3. If this requirement is **not met by the deadline**, the Director of Training will **not** certify the student for APPIC Internship application.

H. ADMISSION TO CANDIDACY

Admission to Candidacy indicates agreement that the student has demonstrated the ability to do acceptable graduate work and that satisfactory progress has been made toward a degree. A student may be admitted to candidacy for the doctoral degree after passing the comprehensive examination (PRIP) and maintaining at least a B average in all graduate course work. Each student is responsible for filing the admission to candidacy form, which lists all courses to be used for the degree, including courses taken at the University of Tennessee, Knoxville, and at another institution prior to admission to the doctoral Program, and is signed by the doctoral committee. Admission to candidacy must be applied for and approved by the Graduate School at least one full semester prior to the date the degree is to be conferred.

The **Admission to Candidacy Doctoral Degree form** may be downloaded from the Clinical Program website (http://web.utk.edu/~clinical/forms.shtml). The completed form and one (1) transcript copy should be returned to Connie Ogle for obtaining Department Head signature, filing, and forwarding to the Graduate School.

I. INTERNSHIP

1. In accordance with APA policy, Clinical students must complete a **one-year (12 month)** full-time internship before their degree is granted. Core Clinical Faculty must approve a student's readiness for internship before any student is permitted to apply for internship. In addition, students must successfully complete their comprehensive examination (PRIP) by May 15 and their dissertation proposal by October 15 of the year that they apply for internship.

2. The Director of Training must receive written verification (letter or email) from the Internship Training Director of the student's successful completion of the internship.

3. There is an Internship Completion form which will be emailed to students. This form should be completed by the internship director and returned to Connie Ogle who will forward it to the Graduate School.

4. The Clinical Program prefers that the Internship be APA approved, but it is not a requirement.

5. See Appendix I for detailed APPIC Internship Application Procedures.

6. **Before starting the 12-month Internship, a student may choose to take a Leave of Absence for Internship.**

7. **Prior** to internship application students **must** have formed their doctoral committees and must have an **APPROVED, COMPLETED PRIP BY MAY 15 AND AN APPROVED, COMPLETED DISSERTATION PROPOSAL BY OCTOBER 15** of the year in which the student intends to apply.

J. LEAVE OF ABSENCE FOR INTERNSHIP

If a student will not be using UTK facilities or faculty consultation while on internship, he/she may choose to take a Leave of Absence for Internship for those semesters. This is beneficial because of the dissertation (Psychology 600) course registration requirement by the Graduate School. Once a student begins registering for dissertation credits (600), the student must register continuously for at least three (3) hours of 600 each semester, including Summer term until the Dissertation is completed and accepted by the Graduate School. **The student is responsible for tuition (minimum $3,000 per semester) for these credits unless a Leave of Absence for Internship is submitted to the Graduate School.** If submitted, this requirement is waived during that time period.

The **Leave of Absence for Internship form** may be downloaded from the Clinical Program website (http://web.utk.edu/~clinical/forms.shtml). Leave of Absence for Internship form must be completed by the student, signed by the doctoral committee, the Program Director, and the Department Head prior to leaving for internship. The completed form should be returned to Connie Ogle for obtaining Department Head signature, filing, and forwarding to the Graduate School.

K. DISSERTATION RESEARCH

The dissertation represents the culmination of an original major research project completed by the student. The organization, method of presentation, and subject matter of the dissertation are important in conveying to others the results of such research. An electronic copy of the dissertation (prepared according to the regulations in the most recent *Guide to the Preparation of Theses and Dissertations,* available at http://web.utk.edu/~thesis) must be submitted to and accepted by the Graduate School. The Graduate School conducts a Thesis/Dissertation Workshop twice a year, near the first of June and the first of October. Each dissertation must be accompanied by one approval

sheet, signed by all members of the doctoral committee. The approval sheet reflects the final format for submission. The approval sheet certifies to the Graduate School that the committee members have examined the final copy and found that its form and content demonstrate scholarly excellence. Doctoral Dissertation Agreement Form, Survey of Earned Doctorates, and Abstract form are also submitted at this time. **A bound copy of the dissertation should be given to the Department, the dissertation chair and dissertation committee members.**

L. ORAL DEFENSE OF DISSERTATION

Students must pass an oral examination on the dissertation. **The dissertation, in the form approved by the major professor, must be distributed to the committee at least two weeks before the examination. The examination must be scheduled through the Graduate School at least one week prior to the examination and must be conducted in University-approved facilities**. The **Scheduling Defense of Dissertation form** may be downloaded from the Clinical Program website (http://web.utk.edu/~clinical/forms.shtml). The completed form should be returned to Connie Ogle for obtaining Department Head signature, filing, and forwarding to the Graduate School. The examination is announced publicly and is open to all faculty members. The defense of dissertation will be administered by all members of the doctoral committee after completion of the dissertation and all course requirements. This examination must be passed at least two weeks before the date of submission and acceptance of the dissertation by the Graduate School. The major professor must submit the results of the defense by the dissertation deadline.

X. STANDARDS, PROBLEMS AND APPEALS

A. TIME LIMIT

The Graduate School has a Time Limit for completion of the Doctoral Degree. All requirements must be completed within **eight (8) years**, from time of a student's first enrollment in a doctoral degree Program.

B. GRADING

The Graduate School of the University of Tennessee uses the following grading system:

A	=	Superior Performance
B+	=	Better than Satisfactory Performance
B	=	Satisfactory Performance
C+	=	Less than Satisfactory Performance
C	=	Performance well below the standard expected of graduate students
D	=	Clearly Unsatisfactory Performance (cannot be used to satisfy degree requirements)
F	=	Extremely Unsatisfactory Performance (cannot be used to satisfy degree requirements)
I	=	Student has performed satisfactorily, but, due to unforeseen circumstances, has been unable to finish requirements
S/NC	=	Credit hours, but no quality points, limited to a total of 25% of the total credit hours
P/NP	=	No Quality Points (for dissertation or thesis courses)
W	=	Withdrawal

NOTE: An Incomplete is **NOT** given to permit a student to raise a grade or for poor planning. When an Incomplete is given there should be a **WRITTEN** understanding between the student and faculty

member, with a copy provided for the advisor/chair and program director, of the work to be done and the time in which it is to be done (normally within a few weeks).

Incompletes which are not removed within <u>ONE</u> year automatically become F's.

Incompletes must be removed by the instructor of the course following the completion of the required work.

- The Graduate School requires a GPA of 3.0 (an average grade of B or better); the Program is concerned if students make any grade below B. **<u>When a student earns a grade of C+ or less in a REQUIRED COURSE, his or her status in the Program is reviewed.</u>** Two such grades in required courses are grounds for dismissal from the Clinical Program, although that action is not automatic because student dismissal requires Clinical faculty discussion and a vote by the full faculty. Admission to another Departmental Program requires a vote by that Program's faculty.

C. ETHICAL BEHAVIOR

Students are expected to follow ethical guidelines articulated by the American Psychological Association (APA) in teaching, clinical work and research. These ethical guidelines include aspirational principles that represent the highest standards of ethical ideals in the profession, including working to benefit others, doing no harm, building relationships of trust, being accurate, honest, and truthful, being fair and just, and respecting the rights and dignity of others. These ethical guidelines also specify the kinds of behavior that psychologists should and should not engage in as professionals in the field. A copy of the APA Ethics Code is included in Appendix J. You will also receive a copy of these guidelines when you enroll in our required course on Ethics (598). If you need an additional copy, please visit http://www.apa.org/ethics/code/index.aspx Ethical dilemmas are a normal aspect of working in the field, and you are very likely to experience one or more ethical dilemmas during your tenure in our program. It is important that you seek guidance from faculty available to you while in this program to learn how to handle these dilemmas in a thoughtful and thorough manner before you become an independent professional. Therefore, if you experience an ethical dilemma or have questions about ethical issues, we encourage you to discuss any concerns with your supervisors, advisor, director of training, clinic director, and/or department head.

D. EVALUATION

Each spring, every Clinical student is required to complete an Annual Student Report form (see Appendix C) documenting their progress in the Program and their goals. This form must be submitted to their advisor and to Mary Ellen Hunsberger two weeks prior to the Annual Clinical Student Evaluation meeting. The form will be emailed to students each year. Students may keep their form electronically and update this form each year. An updated form must be submitted each Spring Semester while in the Program.

The Clinical Program faculty thoroughly reviews the progress of each student in the Clinical Program each spring. Classroom performance, research progress, supervisory reports of clinical work, and general professionalism are evaluated. A written evaluation letter is provided to each student. In addition, Clinical mentors provide more in depth discussion of the student's progress with each student.

The full Psychology Faculty also meets annually in the Spring Semester following the Annual Spring Clinical Evaluation meeting to review the progress of all Psychology graduate students.

Students are expected to participate in the ongoing evaluation of the Clinical Program, including curriculum, teaching and fieldwork (See Appendix D).

E. PROBATION AND TERMINATION

In most cases, students are making satisfactory progress and the annual evaluation serves primarily to highlight strengths, accomplishments, relative weaknesses, and to aid in educational planning. It is hoped that regular, thorough reviews will identify problem areas and allow these concerns to be remediated before they become major concerns. Advisors and the DCT are available to meet with students to help remediate concerns. If these concerns are not remediated and/or the student fails to make progress in the Program, the Clinical Faculty may recommend the student be put in a probationary status. In such a case, requirements to return to good standing will be outlined, along with timelines for their obtainment. After extensive discussion and vote in a Clinical Program meeting, all recommendations for probation will be presented at a full faculty meeting for the Psychology Department and voted upon. Students will receive written documentation of their probationary status and the specific steps they need to take to remove it. If these steps are not met, the Clinical faculty may vote to recommend that the student be terminated from the Clinical Program. Again, this recommendation would be presented to the full departmental Psychology Faculty and voted upon. Termination from the Program is an extreme measure and one that is not often taken.

In addition, any student who fails to register for graduate credits for 3 consecutive semesters (and is not on official leave of absence) is automatically terminated from the Graduate School. All students who are terminated from the Graduate School are also terminated from the Clinical Program and need to reapply for admission to the Graduate School and to the Clinical Program in order to be reinstated.

F. LEAVE OF ABSENCE FOR MEDICAL/PERSONAL REASONS

Students are accepted into the Program with the expectation that study will be continuous until all degree requirements have been met. With the exception of Leave for Internship, a leave of absence for medical/personal reasons will only be considered when necessitated by exceptional and unforeseen circumstances, and the student is in good standing in the Program and has demonstrated clear promise of completing the degree.

If these conditions are met, a Leave of Absence for Medical/Personal Reasons may be granted upon **submission of a formal petition by the student and a vote of approval from the faculty**. Ordinarily, a leave of absence is strongly discouraged and the student should consult with the Clinical Program Director and his or her advisor/chair to consider other possible options.

If a Leave of Absence for Medical/Personal Reasons is approved by the faculty, the procedure is as follows: Leave of Absence for Medical/Personal Reasons form must be completed by the student, signed by the advisor or doctoral chair, the Clinical Program Director, and the Department Head. The **Leave of Absence for Medical/Personals Reasons form** may be obtained from Connie Ogle, Graduate Programs Coordinator, in 312-C. The completed form should be returned to Connie Ogle for obtaining Department Head signature, filing, and forwarding to the Graduate School.

When a student is on a **LEAVE OF ABSENCE FOR MEDICAL/PERSONAL REASONS**, he or she will **NOT** be able to use UTK facilities or faculty consultation.

G. GRIEVANCE PROCEDURES

The Graduate Council Appeal Procedure can be obtained at the Graduate School or at http://gradschool.utk.edu/GraduateCouncil/AcadPoli/appealprocedure.pdf. Normally, grievances should be handled first at the Department level through the student's academic advisor, then the Clinical Program Director, or the Psychology Department Head. Further appeal may be made to the Dean of Arts and Sciences, followed by the Graduate Council through the Assistant Dean of the Graduate School, and ultimately to the Dean of the Graduate School.

Appeals may involve the interpretation of and adherence to university, college, and department policies and procedures as they apply to graduate education and the issuance of grades based on specific allowable reasons stipulated in the Graduate Council Appeal Procedure.

Students with grievances related to race, sex, color, religion, national origin, age, disability or veteran status should file a formal complaint with the Office of Equity and Diversity (http://oed.utk.edu/complaints/).

XI. Pertinent Graduate Student Web Pages

Best Practices in Teaching – http://gradschool.utk.edu/files/2009-10_BPIT-Flyer.pdf

Center for International Education – http://web.utk.edu/~globe/index.php

Counseling Center – http://counselingcenter.utk.edu/

College of Arts and Sciences – http://www.artsci.utk.edu/

Funding, Fellowships, Assistantships for Graduate Students – http://gradschool.utk.edu/gradfund.shtml

Graduate School – http://gradschool.utk.edu

Graduate Catalog – http://catalog.utk.edu/index.php?catoid=2

Graduate Student Appeals Procedure – http://gradschool.utk.edu/GradAppealHbook.pdf

Graduate Student Senate – http://web.utk.edu/~gss

Graduate and International Admissions – http://graduateadmissions.utk.edu/

Housing – http://uthousing.utk.edu

International House – http://web.utk.edu/~ihouse

Judicial Affairs – http://web.utk.edu/~osja/

Library Website for Graduate Students – http://www.lib.utk.edu/refs/gradservices.html

Office of Equity and Diversity – http://oed.utk.edu

OIT – http://oit.utk.edu

Office of Minority Student Affairs/Black Cultural Center – http://omsa.utk.edu

Psychology Department - http://psychology.utk.edu/

Research Compliance/Research with Human Subjects – http://research.utk.edu/compliance/

SPEAK Testing Program – http://gradschool.utk.edu/speaktest.shtml

Thesis/Dissertation Website – http://web.utk.edu/~thesis/

VolAware – http://volaware.utk.edu

LIST OF APPENDICES

APPENDIX A

REQUIRED COURSES BY PROGRAM AREA

Currently, there are four (4) foundation courses, sixteen (16) core courses, and six (6) practicum (research & clinical) courses comprising the Clinical Program.

A. FOUNDATION COURSES:

1. **Biological Foundations of Behavior**
   527 Behavioral Neuroscience

2. **History and Systems of Psychology**
   565 History and Systems

3. **Developmental Psychology** (Choose **one** from list below.)
   511 Developmental Psychology
   512 Life Span Development

4. **Social Aspects of Behavior**
   550 Social Psychology

B. CORE COURSES:

1. 515 Colloquium in Psychology ..... 1st yr Fa & Sp
2. 521 Analysis of Variance for Social Sciences ..... 1st yr Fa
3. 522 Multiple Regression for Social Sciences ..... 1st yr Sp
4. 570 Cognitive and Affective Bases of Behavior ……..2nd yr Sp
5. 577 Multicultural Psy: Theory and Research ..... 2nd yr Sp
6. 580 Research Questions and Designs ..... 1st yr Sp
7. 594 Psychological Assessment I ..... 1st yr Fa
8. 595 Psychological Assessment II ..... 1st yr Sp
9. 597 Developmental Psychopathology ..... 1st yr Sp
10. 598 Ethical Issues in Professional Psychology ..... 2nd yr Fa
11. 599 Clinical Psychopathology ..... 1st yr Fa
12. 607 Seminar in Applied Psychometrics ..... 3rd yr Fa
13. 645 Adv Prof Issues in Clinical Psych: Supervision & Career Development ..... 3rd yr Sp
14. 670 Intro to psychotherapy: case conceptualization & treatment ..... 2nd yr Fa
15. 671 Advanced theories & techniques of psychotherapy ..... 2nd yr Sp

C. PRACTICUM EXPERIENCES

1. 509 Research Practicum .....1st yr Fa & Sp
   Apprenticeship with faculty member

   509 Research Practicum .....2nd yr Fa & Sp
   Apprenticeship with faculty member

2. 596 Lab in Psychological Assessment.....1st yr Fa
   Must be taken with 594

   596 Lab in Psychological Assessment.....1st yr Sp
   Must be taken with 595

3. 673 Lab in Psychotherapy Psych Clinic.....2nd yr Fa, Sp & Su
   Must be taken when assigned Psychological Clinic cases during 2nd yr

   673 Lab in Psychotherapy Psych Clinic.....3rd yr Fa, Sp & Su
   Must be taken when assigned Psychological Clinic cases during 3rd yr

4. 695 Field Placement in Clinical Psychology.....3rd yr Fa, Sp & Su
   Must be taken when assigned to External Placement

   695 Field Placement in Clinical Psychology.....4th yr Fa, Sp & Su
   Must be taken when assigned Psychological Clinic cases during 4th yr

5. 696 Advanced Psychology Clinic.....4th yr Fa, Sp & Su
   Must be taken when assigned Psychological Clinic cases during 4th yr

D. THESIS & DISSERTATION

1. 500 Thesis
   Students must be registered for Thesis 500 each semester during work on the thesis, including a minimum of 3 hours the semester in which the thesis is defended, submitted and accepted by The Thesis/Dissertation Consultant. A minimum of six hours of 500 are required for the thesis option.

2. 600 Doctoral Research/Dissertation
   Once a student begins registering for dissertation credits (as early as the semester your committee is formed), the student must register continuously for at least three (3) hours of 600 each semester, including Summer term until the Dissertation is defended, submitted and accepted by The Thesis/Dissertation Consultant. A minimum of twenty four hours of 600 are required for the dissertation. **During Internship, the student is responsible for tuition (minimum $3,000 per semester) for these credits unless a Leave of Absence from Continuing Registration of 600 Dissertation Research is submitted and accepted by the Graduate School.** If submitted, this requirement is waived during that time period.

APPENDIX B

REQUIRED COURSES CURRICULUM-BY-YEAR LIST

YEAR 1

FALL

509-001	Research Practicum	1	Moore
515	Colloquium in Psychology	1	Gaertner
521	Analysis of Variance for Social Sciences	3	Gaertner
594	Psychological Assessment I	3	Hopko
596	Lab in Psychological Assessment	2	Hopko
599	Clinical Psychopathology	3	Laurence
???	Foundation Course or Teaching Pre-requisite	3	TBA
Total Credit Hours		16	

SPRING

509-001	Research Practicum	1	Moore
515	Colloquium in Psychology	1	Gordon
522	Multiple Regression for Social Sciences	3	Gaertner
580	Research Questions & Designs	3	Nash
595	Psychological Assessment II	3	Laurence
596	Lab in Psychological Assessment	2	Laurence
597	Developmental Psychopathology	3	Macfie
Total Credit Hours		16	

SUMMER No required courses.

YEAR 2

FALL

509-001	Research Practicum	1	Moore
598	Ethical Issues in Professional Psychology	3	Moore
670	Intro to psychotherapy: case conceptualization/treatment	3	Gordon
673	Lab in Psychotherapy	2	Laurence
???	Foundation Course	3	TBA
Total Credit Hours		12	

SPRING

509-001	Research Practicum	1	Moore
570	Cognitive and Affective Bases of Behavior	3	TBA
577	Multicultural Psy: Theory and Research	3	Szymanski
671	Adv theories & techniques of psychotherapy	3	Nash
673	Lab in Psychotherapy	2	Laurence
???	Foundation Course or Teaching Pre-requisite	3	TBA
Total Credit Hours		15	

SUMMER

509-001	Research Practicum	1	Moore
673	Lab in Psychotherapy	2	Laurence
Total Credit Hours		3	

YEAR 3

FALL

600-001	Doctoral Research & Dissertation	3*	Moore
607	Seminar in Applied Psychometrics	3	Lounsbury
673	Lab in Psychotherapy	2	Laurence
695	Field Placement in Clinical Psychology	3	Laurence
???	Foundation Course	3	TBA
Total Credit Hours		14	

SPRING

600-001	Doctoral Research & Dissertation	3*	Moore
645	Advanced Professional Issues in Clinical Psychology: Supervision and Career Development	1	Gordon
673	Lab in Psychotherapy	2	Laurence
695	Field Placement in Clinical Psychology	3	Laurence
???	Foundation Course	3	TBA
???	Foundation Course or Teaching Pre-requisite	3	TBA
Total Credit Hours		15	

SUMMER

600-001	Doctoral Research & Dissertation	6*	Moore
673	Lab in Psychotherapy	2	Laurence
695	Field Placement in Clinical Psychology	3	Laurence
Total Credit Hours		11	

YEAR 4

FALL

600-001	Doctoral Research & Dissertation	6*	Moore
695	Field Placement in Clinical Psychology	3	Laurence
696	Advanced Psychology Clinic	1	Laurence
698	Seminar in Supervision and Consultation	1	Laurence
???	Foundation Course	3	TBA
Total Credit Hours		14	

SPRING

600-001	Doctoral Research & Dissertation	6*	Moore
695	Field Placement in Clinical Psychology	3	Laurence
696	Advanced Psychology Clinic	1	Laurence
???	Foundation Course	3	TBA
Total Credit Hours		13	

SUMMER

600-001	Doctoral Research & Dissertation	6*	Moore
695	Field Placement in Clinical Psychology	3	Laurence
696	Advanced Psychology Clinic	1	Laurence
Total Credit Hours		10	

*Credit hours for 600 are variable. Must have a total of 24 hours for graduation. Also, must be registered for at least 3 hours during the semester of the Oral Defense.

- If choosing the Undergraduate Teaching practicum Option for the upcoming academic year instead of the Field Placement Option, there is a course pre-requisite: Seminar in College Teaching—528.

Appendix C

Annual Student Report

Academic Year 2014-2015

BACKGROUND INFORMATION				
Name (last, first, middle):		**Ethnicity:**	**Gender:**	**Today's Date:**
			☐ Male ☐ Female	
Email address:		**Date Began at UT:**	**Year in Program:**	**Advisor:**
Foreign National:	**Subject to ADA:**	**Telephone Home:**	**Telephone Work:**	**Telephone Cell:**
☐ Yes ☐ No	☐ Yes ☐ No			
Home Address:				

UG University:	**UG GPA:**	**GRE V:**	**GRE Q:**

Master's Degree Prior to UT? ☐ **Yes** ☐ **No**		
If yes, School:	**Field:**	**Date Degree Completed:**

PROFESSIONAL ACTIVITIES:	
Membership in Professional/Research Societies. (This includes student affiliates.) ☐ **Yes** ☐ **No**	
Presentations: Author or Co-Author of Papers or Workshops at Professional Meetings.	
Number presented since you began graduate school at UT?	
Number presented in the past Academic year?	
Publications: Author or Co-Author of Articles in Professional or Scientific Journals. Books may be included.	
Number published since you began graduate school at UT?	
Number published in the past Academic year?	

Involvement in Grant-Supported Research (NIMH, etc.):		
Name of Principal Investigator	**Funding Agency**	**Date**

TEACHING (if applicable)				
Semester/Year:	**Course #:**	**Course Title:**	**# of Students:**	**Course Rating:**

COMMENTS ABOUT THE PAST YEAR:
What accomplishments should we acknowledge you for this academic year?
What problems or concerns have you had over the past year? (poor grades, probation, delay in proposing, etc.)

GOALS FOR NEXT YEAR:
What are your clinical goals for next year?
What are your research goals for next year?
What are your teaching goals (if applicable) for next year?

CAREER ASPIRATIONS
Currently, at your level of training, what do you see as your most preferred career path (e.g., academic, full-time practitioner, some combination, consulting)?
In what workplace setting do you most see yourself working (e.g., university, community mental health center, private practice, medical school)?
Is there anything else that you feel you need in your training that you aren't getting to prepare you for your preferred career path and do you have any suggestions about how we can help incorporate this into your training?

AWARDS AND HONORS		
Date(s):	**Award:**	**Comments:**

COURSEWORK				
#:	**Title/Name:**	**Instructor:**	**Semester/Year:**	**Grade*:**
Clinical Core Classes (does not include Foundation classes, labs, or practicum classes):				
515	Colloquium in Psychology			
521	Analysis of Variance for Social Sciences			
522	Multiple Regression for Social Sciences			
570	Cognitive and Affective Bases of Behavior			
574	Multicultural Counseling: Theory and Research			
580	Research Questions and Designs			
594	Psychological Assessment I			
595	Psychological Assessment II			
597	Developmental Psychopathology			
598	Ethical Issues in Professional Psychology			
599	Clinical Psychopathology			
607	Seminar in Applied Psychometrics			
645	Advanced Professional Issues in Clinical Psychology: Supervision and Career Development			
670	Intro to psychotherapy: case conceptualization & treatment			
671	Advanced theories & techniques of psychotherapy			
Foundation Classes				
565	History and Systems			
527	Behavioral Neuroscience			
550	Social Psychology			
511	Developmental Psychology			
Teaching Prerequisite Course (if applicable):				
528	College Teaching in Psychology			
Electives:				

***Note: If course was approved for a waiver, insert "waived" instead of grade.**

FORMAL RESEARCH REQUIREMENTS				
Master's Thesis Option:				
Title	**Chair**	**Committee Members**	**Date Proposed**	**Date Defended**
***** OR *****				
Pre-Dissertation Option:				
Title	**Advisor**	**(Name of 2nd Reader or Publication Citation)**		**Date Approved**
PRIP:				
Title	**Chair**	**Committee Members**	**Date Proposal Approved**	**Date Approved**
Dissertation:				
Title	**Chair**	**Committee Members**	**Date Proposal Approved**	**Date Defended**

OTHER RESEARCH ACTIVITIES (if applicable)			
Semester/Year	**Setting**	**Supervisor**	**Project Title/Description**

PRACTICUM EXPERIENCES see appic.org for a detailed record form for keeping track of your practicum hours and experiences		
Academic Year:	**Name of Site:**	
	Name and Degree of Primary Supervisor:	
	Type of Setting:	
	Type of Services Provided:	
	Type of Clients Served:	
	Total Intervention and Assessment Hours:	
	Total Supervision Hours:	
	Total Support Hours:	

Academic Year:	**Name of Site:**	
	Name and Degree of Primary Supervisor:	
	Type of Setting:	
	Type of Services Provided:	
	Type of Clients Served:	
	Total Intervention and Assessment Hours:	
	Total Supervision Hours:	
	Total Support Hours:	

Academic Year:	**Name of Site:**	
	Type of Setting:	
	Name and Degree of Primary Supervisor:	
	Type of Services Provided:	
	Type of Clients Served:	
	Total Intervention and Assessment Hours:	
	Total Supervision Hours:	
	Total Support Hours:	

Academic Year:	**Name of Site:**	
	Name and Degree of Primary Supervisor:	
	Type of Setting:	
	Type of Services Provided:	
	Type of Clients Served:	
	Total Intervention and Assessment Hours:	
	Total Supervision Hours:	
	Total Support Hours:	

INTERNSHIP			
Name:		**Address and Telephone:**	
APA Accredited:	**Funded:**	**Dates of Internship:**	**Name of Director of Training:**
☐ Yes ☐ No	☐ Yes ☐ No		

APPENDIX D

Student Assessment of Clinical Supervision

Department of Psychology
Clinical Psychology Program
University of Tennessee, Knoxville

Fall Spring Summer _____ (year)

Supervisor: _____

Please evaluate the following aspects of your experience in clinical supervision.

Please rate the following on a scale of 1-7:

1	**2**	**3**	**4**	**5**	**6**	**7**
Never/Rarely			Occasionally			Always/Regularly

_____ 1. Supervisor provided (and helped me develop) useful conceptual frameworks for understanding clients.

_____ 2. Exploration of new ideas, assessment strategies, and/or therapeutic techniques was encouraged.

_____ 3. Supervisor responded adequately to my specific questions about treatment or assessment.

_____ 4. Supervisor attended to ethical and legal issues knowledgeably.

_____ 5. Supervisor demonstrated own therapeutic or assessment skills through examples/case illustrations.

_____ 6. Supervisor addressed my relative weaknesses.

_____ 7. Exploration of personal growth issues was encouraged.

_____ 8. Supervisor referenced/discussed research relevant to our clinical or assessment discussions.

_____ 9. Supervisor's feedback was direct and straightforward.

_____ 10. Practical/technical skills were taught.

_____ 11. Mistakes were welcomed as learning experiences.

_____ 12. Support and encouragement were frequently provided.

_____ 13. Supervision time was used productively.

_____ 14. Supervisor was accessible outside of regular schedule.

_____ 15. Supervisor respected value differences between us.

_____ 16. Supervisor acknowledged his/her own limitation.

_____ 17. My personal time demands were respected.

_____ 18. Readings were suggested/provided.

19. Overall, how would you describe the quality of this supervisory experience?

1	**2**	**3**	**4**	**5**	**6**	**7**
Disappointing			Average			Excellent

20. I would recommend this supervisor to another therapist trainee…

1	**2**	**3**	**4**	**5**	**6**	**7**
Strongly Disagree			Agree			Strongly Agree

(Please return this form to Mary Ellen Hunsberger in 416 Austin Peay)

Student Assessment of Supervision

Comment Sheet

Department of Psychology
Clinical Psychology Program
University of Tennessee, Knoxville

Supervisor: _____
Type of Supervision: Research Clinical
Year _____

Please answer the following questions.

1. What are this supervisor's special areas of competence?

2. In what areas does this supervisor seem less competent to help you?

3. How comfortable did you feel bringing difficulties/concerns to this supervisor?

4. How could this supervisor improve the quality of his/her supervision?

Please use the back of this sheet for any additional comments or to respond to additional questions.

APPENDIX E

Practicum Student Evaluation Form

Clinical Psychology Program
University of Tennessee
Student Section

DIRECTIONS: Practicum student should complete this part of the evaluation form and then give it to the site supervisor(s) for them to complete and return to Mary Ellen Hunsberger in the attached envelope.

Student Name: _____

Practicum Site _____

Site Supervisor _____

Dates of Placement From _____ to _____ Hours per week at site: _____

Total hours at site during placement: _____ Total number of different patients seen: _____

Total patient contact hours: _____ Total hours of supervision: _____

Describe Clinical Duties:

_____

_____

_____

_____

_____

Supervisor Section – *PLEASE COMPLETE AND RETURN*

DIRECTIONS: Please complete this evaluation form to summarize your supervision experience with this student. Rate the student's performance *in comparison to other students at his/her level*.

When finished, return this form to Mary Ellen Hunsberger in the attached envelope. We encourage you to share these ratings/information with the student.

Sup. = Superior **Satisf. = Satisfactory** **Needs Imp. = Needs improvement** **Not S. = Not satisfactory**

I. Basic work requirements

	Sup.	Satisf.	Needs Imp.	Not S.	Don't Know
1. Arrives on time	____	____	____	____	____
2. Informs supervisor and arranges for absences	____	____	____	____	____
3. Completes assigned tasks in timely fashion	____	____	____	____	____
4. Professional dress/clothing/attire	____	____	____	____	____
5. Professional demeanor/attitude/language	____	____	____	____	____

OVERALL RATING FOR THIS SECTION ____ ____ ____ ____ ____

Comments/Suggestions:

II. Ethical and Professional Conduct

	Sup.	Satisf.	Needs Imp.	Not S.	Don't Know
6. Knowledge of general ethical guidelines	____	____	____	____	____
7. Knowledge of ethical issues specific to site	____	____	____	____	____
8. Professional behavior consistent with ethical guidelines	____	____	____	____	____
9. Respect for confidentiality	____	____	____	____	____
10. Maturity	____	____	____	____	____
11. Cooperation with others	____	____	____	____	____
OVERALL RATING FOR THIS SECTION	____	____	____	____	____

Comments/Suggestions:

III. Supervision

	Sup.	Satisf.	Needs Imp.	Not S.	Don't Know
12. Prepares for supervision	____	____	____	____	____
13. Willing to discuss questions and problems	____	____	____	____	____
14. Seeks supervision when appropriate	____	____	____	____	____
15. Accepts feedback appropriately and nondefensively	____	____	____	____	____
16. Modifies behavior based on feedback	____	____	____	____	____
OVERALL RATING FOR THIS SECTION	____	____	____	____	____

Comments/Suggestions:

IV. Psychological Evaluation Skills (__ student did not conduct evaluations with me; go to V.)

	Sup.	Satisf.	Needs Imp.	Not S.	Don't Know
17. Establishes rapport with client	____	____	____	____	____
18. Aware of diversity issues that may impact evaluation	____	____	____	____	____
19. Demonstrates knowledge of accurate/relevant initial interviewing data collection (both structured and semi-structured interviews, mini-mental status exam)	____	____	____	____	____

20. Accurately and consistently selects, administers, scores and interprets assessment tools	____	____	____	____	____
21. Selection of assessment tools reflects a flexible approach to answering the diagnostic questions	____	____	____	____	____
22. Demonstrates awareness of need to base diagnosis and assessment on multiple sources of information	____	____	____	____	____
23. Demonstrates ability to identify problem areas and conduct a differential diagnosis using DSM-5 criteria	____	____	____	____	____
24. Verbal presentation of case/information to others	____	____	____	____	____
25. Report writing: timeliness and completeness	____	____	____	____	____
26. Report writing: accuracy and interpretation	____	____	____	____	____
27. Report writing: communication (writing ability)	____	____	____	____	____
OVERALL RATING FOR THIS SECTION	____	____	____	____	____

Comments/Suggestions:

V. Psychological Intervention Skills (__ student did not conduct treatment with me; go to VI.)

	Sup.	Satisf.	Needs Imp.	Not S.	Don't Know
28. Establishes rapport with client	____	____	____	____	____
29. Conceptualizes cases well	____	____	____	____	____
30. Formulates clear and accurate treatment plans	____	____	____	____	____
31. Presents rationale for intervention strategy that includes empirical support	____	____	____	____	____
32. Describes explicitly how treatment objectives will be measured throughout the therapeutic process	____	____	____	____	____
33. Effectively communicates with client	____	____	____	____	____
34. Conveys warmth, respect and genuineness	____	____	____	____	____
35. Aware of diversity issues that may impact treatment	____	____	____	____	____
36. Seeks information about various therapeutic techniques	____	____	____	____	____
37. Knowledgeable about various therapeutic techniques	____	____	____	____	____
38. Empirically and systematically tracks and documents treatment progress and outcomes	____	____	____	____	____
39. Monitors transference and countertransference issues	____	____	____	____	____
40. Critically evaluates own performance in the treatment role	____	____	____	____	____
41. Alters treatment plan accordingly	____	____	____	____	____

42. Terminates treatment appropriately (complete and timely documentation re: termination summary, signatures for notes/reports, and file submission for closing)	____	____	____	____	____
43. Quality of progress notes (timely, thorough)	____	____	____	____	____
44. Collaborates effectively with other providers or systems of care	____	____	____	____	____
OVERALL RATING FOR THIS SECTION	____	____	____	____	____

Comments/Suggestions:

VI. Summary (You may attach a letter that addresses the following questions in an open-ended narrative style if you prefer.)

Student's main strengths and assets:

_____
_____
_____
_____
_____

Areas of needed improvement:

_____
_____
_____
_____
_____

Specific recommendations:

_____
_____
_____
_____
_____

Other comments or observations: _____

_____
_____
_____
_____
_____
_____
_____

Was this information/form reviewed with student? __ Yes __ No
Can DCT review this information/form with student? __ Yes __ No

_____ _____
Supervisor Signature Date

Please return this form in the attached envelope to:

Mary Ellen Hunsberger
The University of Tennessee
Department of Psychology
416 Austin Peay Building
Knoxville, TN 37996-0900

UNIVERSITY OF TENNESSEE
PSYCHOLOGY COMPETENCY BENCHMARKS

Rating Form

Student Name: _____

Date Student Completed Form: _____

Date Submitted to Advisor (submit by 4/18): _____

Date Advisor Completed Form:_____

Name of Advisor/Person Completing Form: _____

Date Advisor Reviewed Form with Student: _____

Stage in program (Circle one): Program entry (fall of 1st year)
End of first year
End of second year
End of third year
End of fourth year
End of fifth year

Milestone Status (please check all completed items): Thesis proposed _____Date _____

Pre-diss approved or Thesis defended _____Date _____
Comps or PRIP approved _____Date _____
Dissertation proposed _____Date _____
Dissertation defended _____Date _____

Clinical Hours: Number of direct face-to-face clinical hours this year _____

Number of direct face-to-face clinical hours cumulative _____

Number of supervision hours this year _____

Number of supervision hours cumulative _____

<u>Direction for Students</u>: Please rate each item using the scale below according to your perceived level of competence at your current stage. For instance, if you are completing this assessment at the end of your second year and believe you are "average" on a given item, circle 2 for that item (since you are in your second year and believe you meet expectations for your year). If you believe you exceed the typical competence level for your year, circle the number that you believe corresponds to your competence level in terms of year in the program. If you are completing your 4th or later year in the program, an "average" rating is 4 for all items.

Do not complete the items at the end regarding readiness for practicum/internship.

If you have not had the opportunity to engage in behavior, please indicate this by circling "No Opportunity to Experience/Observe" [N/O].

Students completing this assessment at program entry or at the end of their first year do not need to answer items with an asterisk "*".

<u>Submit your completed form to your major advisor by Friday, April 18th.</u>

<u>Directions for Faculty</u>: Use the scale below and the ratings provided by your students, discussion with faculty and discussion with your students to determine a final rating for each item. Near the end of the rating form, you will have the opportunity to provide a narrative evaluation of the trainee's current level of competence and indicate readiness for practicum and internship.

If you have not had the opportunity to observe a behavior in question, please indicate this by circling "No Opportunity to Experience/Observe" [N/O].

Faculty completing this assessment for student at program entry or at the end of their first year do not need to answer items with an asterisk "*".

Does not meet expectations	Meets expectations for end of 1st year	Meets expectations for end of 2nd year	Meets expectations for end 3rd year	Meets expectations for end of 4th year and beyond
0	1	2	3	4

FOUNDATIONAL COMPETENCIES

I. PROFESSIONALISM *

1. Professional Values and Attitudes: as evidenced in behavior and comportment that reflect the values and attitudes of psychology.

1A. Integrity - Honesty, personal responsibility and adherence to professional values

Adherence to professional values infuses work as psychologist-in-training; recognizes situations that challenge adherence to professional values

0 1 2 3 4 [N/O]

1B. Deportment

Understands how to conduct oneself in a professional manner; Communication and physical conduct (including attire) is professionally appropriate, across different settings

0 1 2 3 4 [N/O]

1C. Accountability

Accountable and reliable; Accepts responsibility for own actions

0 1 2 3 4 [N/O]

1D. Concern for the Welfare of Others

Demonstrates awareness and acts to understand and safeguard the welfare of others

0 1 2 3 4 [N/O]

1E. Professional Identity

Displays emerging professional identity as psychologist; uses resources (e.g., supervision, literature) for professional development

0 1 2 3 4 [N/O]

2. Individual and Cultural Diversity: Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.

2A. Self as Shaped by Individual and Cultural Diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status **) and Context**

Demonstrates knowledge, awareness, and understanding of one's own dimensions of diversity and attitudes towards diverse others; Monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation

0 1 2 3 4 [N/O]

2B. Others as Shaped by Individual and Cultural Diversity and Context

Demonstrates knowledge, awareness, and understanding of other individuals as cultural beings; Applies knowledge of others as cultural beings in assessment, treatment, and consultation

0 1 2 3 4 [N/O]

2C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context

Demonstrates knowledge, awareness, and understanding of interactions between self and diverse others; Applies knowledge of the role of culture in interactions in assessment, treatment, and consultation of diverse others

0 1 2 3 4 [N/O]

2D. Applications based on Individual and Cultural Context

Applies knowledge, sensitivity, and understanding regarding individual and cultural diversity issues to work effectively with diverse others in assessment, treatment, and consultation

0 1 2 3 4 [N/O]

3. Ethical Legal Standards and Policy: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.

3A. Knowledge of Ethical, Legal and Professional Standards and Guidelines

Demonstrates intermediate level knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/professional codes, standards and guidelines, laws, statutes, rules, and regulations

0 1 2 3 4 [N/O]

3B. Awareness and Application of Ethical Decision Making

Demonstrates knowledge and application of an ethical decision-making model; applies relevant elements of ethical decision making to a dilemma

0 1 2 3 4 [N/O]

3C. Ethical Conduct

Displays ethical attitudes and values; Integrates own moral principles/ethical values in professional conduct

0 1 2 3 4 [N/O]

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

4A. Reflective Practice

Displays broadened self-awareness; utilizes self- monitoring; displays reflectivity regarding professional practice (reflection-on-action); uses resources to enhance reflectivity; demonstrates elements of reflection-in-action

0 1 2 3 4 [N/O]

4B. Self-Assessment

Demonstrates broad, accurate self-assessment of competence; consistently monitors and evaluates practice activities; works to recognize limits of knowledge/skills, and to seek means to enhance knowledge/skills

0 1 2 3 4 [N/O]

4C. Self-Care (attention to personal health and well-being to assure effective professional functioning)

Monitors issues related to self-care with supervisor; understands the central role of self-care to effective practice

0 1 2 3 4 [N/O]

4D. Participation in Supervision Process

Demonstrates straightforward, truthful, and respectful communication in supervisory relationship; Effectively participates in supervision

0 1 2 3 4 [N/O]

II. RELATIONAL

5. Relationships: Relate effectively and meaningfully with individuals, groups, and/or communities.

5A. Interpersonal Relationships

Forms/maintains productive and respectful relationships with clients, peers, supervisors and professionals from other disciplines

0 1 2 3 4 [N/O]

5B. Affective Skills

Displays affective skills; Negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback nondefensively

0 1 2 3 4 [N/O]

5C. Expressive Skills

Communicates clearly using verbal, nonverbal, and written skills in a professional context; demonstrates clear understanding and use of professional language

0 1 2 3 4 [N/O]

III. SCIENCE

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

6A. Scientific Mindedness

Displays critical scientific thinking; Values and applies scientific methods to professional practice

0 1 2 3 4 [N/O]

6B. Scientific Foundation of Psychology

Demonstrates intermediate level knowledge of core science (i.e., scientific bases of behavior)

0 1 2 3 4 [N/O]

6C. Scientific Foundation of Professional Practice

Demonstrates knowledge, understanding, and application of the concept of evidence-based practice

0 1 2 3 4 [N/O]

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

7A. Scientific Approach to Knowledge Generation

Demonstrates development of skills and habits in seeking, applying, and evaluating theoretical and research knowledge relevant to the practice of psychology

0 1 2 3 4 [N/O]

7B. Application of Scientific Method to Practice

Demonstrates knowledge of application of scientific methods to evaluating practices, interventions, and programs

0 1 2 3 4 [N/O]

IV. APPLICATION *

8. Evidence-Based Practice: Integration of research and clinical expertise in the context of patient factors.

8A. Knowledge and Application of Evidence-Based Practice

Applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences

0 1 2 3 4 [N/O]

9. Assessment: Assessment and diagnosis of problems, capabilities and issues associated with individuals and/or groups.

9A. Knowledge of Measurement and Psychometrics

Demonstrates basic knowledge of scientific, theoretical, and contextual basis of test construction and interviewing; Selects assessment measures with attention to issues of reliability and validity

0 1 2 3 4 [N/O]

9B. Knowledge of Assessment Methods

Demonstrates awareness of the strengths and limitations of administration, scoring and interpretation of traditional assessment measures as well as related technological advances

0 1 2 3 4 [N/O]

9C. Application of Assessment Methods

Demonstrates knowledge of measurement across domains of functioning and practice settings; Selects appropriate assessment measures to answer diagnostic question

0 1 2 3 4 [N/O]

9D. Diagnosis

Applies concepts of normal/abnormal behavior to case formulation and diagnosis in the context of stages of human development and diversity

0 1 2 3 4 [N/O]

9E. Conceptualization and Recommendations

Demonstrates knowledge of formulating diagnosis and case conceptualization; Utilizes systematic approaches of gathering data to inform clinical decision-making

0 1 2 3 4 [N/O]

9F. Communication of Assessment Findings

Writes adequate assessment reports and progress notes and communicates assessment findings verbally to client

0 1 2 3 4 [N/O]

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

10A. Intervention planning

Formulates and conceptualizes cases and plans interventions utilizing at least one consistent theoretical orientation

0 1 2 3 4 [N/O]

10B. Skills

Displays clinical skills

0 1 2 3 4 [N/O]

10C. Intervention Implementation

Implements evidence-based interventions

0 1 2 3 4 [N/O]

10D. Progress Evaluation

Evaluates treatment progress and modifies treatment planning as indicated, utilizing established outcome measures

0 1 2 3 4 [N/O]

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

11A. Role of Consultant

Demonstrates knowledge of the consultant's role and its unique features as distinguished from other professional roles (such as therapist, supervisor, teacher)

0 1 2 3 4 [N/O]

11B. Addressing Referral Question

Demonstrates knowledge of and ability to select appropriate means of assessment to answer referral questions

0 1 2 3 4 [N/O]

11C. Communication of Consultation Findings

Identifies literature and knowledge about process of informing consultee of assessment findings

0 1 2 3 4 [N/O]

11D. Application of Consultation Methods

Identifies literature relevant to consultation methods (assessment and intervention) within systems, clients, or settings

0 1 2 3 4 [N/O]

V. EDUCATION *

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

12A. Knowledge

Demonstrates awareness of theories of learning and how they impact teaching

0 1 2 3 4 [N/O]

12B. Skills

Demonstrates knowledge of application of teaching methods

0 1 2 3 4 [N/O]

13. Supervision: Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.

13A. Expectations and Roles

Demonstrates knowledge of, purpose for, and roles in supervision

0 1 2 3 4 [N/O]

13B. Processes and Procedures

Identifies and tracks progress achieving the goals and tasks of supervision; demonstrates basic knowledge of supervision models and practices

0 1 2 3 4 [N/O]

13C. Skills Development

Displays interpersonal skills of communication and openness to feedback; Demonstrates knowledge of the supervision literature and how clinicians develop to be skilled professionals

0 1 2 3 4 [N/O]

13D. Supervisory Practices

Provides helpful supervisory input in peer and group supervision

0 1 2 3 4 [N/O]

VI. SYSTEMS *

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

14A. Knowledge of the Shared and Distinctive Contributions of Other Professions

Demonstrates beginning, basic knowledge of the viewpoints and contributions of other professions/professionals

0 1 2 3 4 [N/O]

14B. Functioning in Multidisciplinary and Interdisciplinary Contexts

Demonstrates beginning knowledge of strategies that promote interdisciplinary collaboration vs. multidisciplinary functioning

0 1 2 3 4 [N/O]

14C. Understands how Participation in Interdisciplinary Collaboration/Consultation Enhances Outcomes

Demonstrates knowledge of how participating in interdisciplinary collaboration/consultation can be directed toward shared goals

0 1 2 3 4 [N/O]

14D. Respectful and Productive Relationships with Individuals from Other Professions

Develops and maintains collaborative relationships and respect for other professionals

0 1 2 3 4 [N/O]

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

15A. Appraisal of Management and Leadership

Forms autonomous judgment of organization's management and leadership

0 1 2 3 4 [N/O]

15B. Management

Demonstrates awareness of roles of management in organizations

0 1 2 3 4 [N/O]

15C. Administration

Demonstrates knowledge of and ability to effectively function within professional settings and organizations, including compliance with policies and procedures

0 1 2 3 4 [N/O]

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

16A. Empowerment

Uses awareness of the social, political, economic or cultural factors that may impact human development in the context of service provision

0 1 2 3 4 [N/O]

16B. Systems Change

Understands the differences between individual and institutional level interventions and system's level change; Promotes change to enhance the functioning of individuals

0 1 2 3 4 [N/O]

For 1st year students, please rate overall readiness for practicum:

Not at All/Slightly	Somewhat	Moderately	Mostly	Very
0	1	2	3	4

For all other students, please rate overall readiness for internship:

Not at All/Slightly	Somewhat	Moderately	Mostly	Very
0	1	2	3	4

Overall Assessment of Trainee's Current Level of Competence

Please provide a brief narrative summary of your overall impression of this trainee's current level of competence. In your narrative, please be sure to address the following questions: (a) What are the trainee's particular strengths and weaknesses?; (b) Do you believe that the trainee has reached the level of competence expected by the program at this point in training?; and (c) If applicable, is the trainee ready to move to the next level of training or internship?

APPENDIX G

CLINICAL PLACEMENT SITES

The University of Tennessee Psychological Clinic is an on-campus training and research center which has been operated by the Department of Psychology for over thirty years. Open weekdays and evenings, the Clinic offers psychological services to the greater Knoxville Community, as well as to students and employees of the University. Adults and children alike are seen at the Clinic, and trainees have the opportunity to select cases from a clinically varied client population. Clinic services include individual psychotherapy, group therapy, family and couples therapy, child therapy, psychological evaluations, and neuropsychological evaluations. The Clinic is the training facility for the Clinical Program and unlike other placement sites has training, and not service, as its primary mission. For this reason it is possible for the Clinic to offer a rich and flexible training experience which can be tailored to the individual needs and interests of trainees. In addition to providing evaluation and treatment services, trainees also attend business meetings, staffings, in-services, and case presentations. Also, trainees are expected to serve on various committees. A more advanced student has opportunities to provide consultation and to assume limited supervision responsibilities. All clinical work is video-taped, and supervision is abundant. Trainees on placement usually have three individual supervisors, carrying one to three cases with each supervisor. Case supervision is provided by the clinical faculty, which includes some of the finest practitioners in the Knoxville area. Supervision assignments eventuate out of the mutual interest of trainees and supervisors. Because of its training priority and abundant supervision resources, the Clinic is able to support a substantial number of less experienced trainees. Other advantages to recommend the Clinic include its support of clinical research and its proximity to classes and the library. Students placed in the Clinic in their second year of study may also have the relatively rare opportunity to follow cases for up to three years before leaving on internship. Trainees are viewed as developing professionals, and accordingly, they are free to develop their own work schedules.

Cherokee Health System *(http://www.cherokeehealth.com/)* serves residents of the Lakeway region of East Tennessee. Through its main office in Knoxville and satellite clinics located throughout its service area, Cherokee provides a comprehensive array of clinical, consultative, and community support services as well as medical treatment and integrative care. Outpatient behavioral services include individual, family and group therapy, day treatment, and pharmacotherapy. Cherokee also provides a broad spectrum of evaluative services, including psychodiagnostic, forensic, psycho-educational, and vocational assessment. A strong commitment to influencing the psychological sophistication of the region is reflected in various programs of consultation and education offered to schools, physicians, business and industry, the courts, and other community agencies. Cherokee staff are licensed and certified by the State of Tennessee and national professional organizations. Training at Cherokee consists of supervised involvement in all phases of Center services appropriate to the specific training needs of each student. Clients are adults, adolescents and children, and the intervention strategies range from cognitive-behavioral, psychodynamic, family systems, and interpersonal. They also are part of multi-disciplinary treatment teams. Advanced students also have the opportunity to participate in Cherokee's award-winning integrative behavioral health care programs.

Cornerstone of Recovery (http://www.cornerstoneofrecovery.com/) is a residential substance abuse treatment hospital that treats adult patients from across the country. Students at Cornerstone gain experience conducting family therapy sessions, facilitating group therapy sessions, participating in interdisciplinary treatment team meetings, and administering comprehensive structured intake interviews and other assessment

procedures. Cornerstone's treatment philosophy integrates Jeffrey Young's cognitive-behaviorally based Schema Therapy with a traditional AA/NA model. They also utilize family therapy techniques and appropriate psychopharmacological treatments.

By the time these experiences occur, students have had two years of doctoral study which includes a year of supervised clinical practicum in our Psychological Clinic, plus two years of supervised research experience. Thus, most students are ready to see patients and clients in off campus settings or to serve as instructors in undergraduate courses (Introductory, Abnormal, Child, and Social Psychology). The five off-campus clinical placement sites all offer supervision by licensed clinical psychologists, and the teaching practicum is supervised by clinical and experimental program faculty who have taught the relevant courses (this practicum has a prerequisite seminar in college teaching).

Participating agencies have a strong training mission, as evidenced by their willingness to provide supervision, regular feedback on student performance, and financial support (an agency typically does not completely recoup its costs through capitation contracts). Based on the supervisor's written feedback (twice per year), there is a consistent basis for faculty reviews of the student's experience. While each student's transition from the second year campus clinic practicum (i.e., comprehensive assessment and both long and short-term psychotherapy) to the real world of managed care is usually awkward at first, most quickly gain breadth in their assessment and intervention skills. When students are ready to leave for internship, they appear to be comfortable in most clinical settings and seem to have reasonably well thought out views of their professional identities.

East Tennessee Children's Hospital – Pediatric Psychology Placement **-** Students will be working in a children's hospital medical setting with exposure to various populations of children, adolescents, and families with acute and/or chronic physical conditions and co-morbid psychological concerns. Students will have the opportunity to be involved in interdisciplinary clinics, especially the pediatric outpatient weight management clinic. In this clinic, students will be working with children, adolescents, and their families who struggle with obesity and their endeavor to make healthy lifestyle and behavioral changes. Students will also have the opportunity to learn and engage in the consultation-liaison process as well as having the opportunity for outpatient assessment and/or therapy. Students with research-related interests may also have some exposure and participation in ongoing research projects within the pediatric psychology service.

Helen Ross McNabb Crisis Stabilization Unit (CSU) **-** The CSU is a 15 bed, non-hospital, facility-based service rendering stabilization services for up to 72 hours. Its purpose is to prevent further increase in symptoms of a behavioral health illness and/or to prevent acute hospitalization. The CSU provides services to adults (18 years and older) experiencing a behavioral health crisis. All services are provided on a voluntary basis. The CSU is located on the Center's CenterPointe Campus and serves Knox County and thirteen surrounding counties.

Services include medication evaluation and treatment services, including illness management and recovery programming. The goal is to stabilize the crisis and divert a psychiatric hospitalization or incarceration, and to engage with mental health services upon discharge. Psychology doctoral students provide one-on-one psychotherapy, psychological assessment, group psychotherapy, crisis intervention, case consultation with medical staff, and family therapy.

Knoxville Family Justice Center **-** The Center serves domestic violence and sexual assault victims. The mission of the Knoxville Family Justice Center is to provide victims of domestic abuse with a single location to access advocacy and other services necessary to build a future of choice, safety and opportunity. This comprehensive support center provides co-located services for victims and their children including prosecutors, detectives, clergy and social service professionals.

University of Tennessee Medical Center Cancer Institute. The Integrative Healthcare program at The University of Tennessee Medical Center is designed to provide supportive and integrative therapies for cancer patients and their caregivers during all stages of cancer care, from initial diagnosis and cancer treatment through aftercare. The program supports a holistic model of treatment involving the mind, body, and spirit. Offered services include psychotherapy, behavioral activation, massage therapy, Reiki, Yoga, Rubenfeld Synergy, and music therapy. Collectively, these therapies are used along with traditional cancer treatments and often enhance the effect of treatment by reducing mental and physical stress during the cancer journey. Students in this placement will have the opportunity to work in a multidisciplinary setting that emphasizes communication and collaboration. Students will attend cancer conferences, directly communicate with oncologists, nurses, and medical staff, provide individual and group therapy to cancer patients, serve as a mental health consultant, and also have the opportunity to pursue a variety of research projects – all in the context of a newly built state-of-the-art cancer treatment facility.

APPENDIX H

THE PRACTICE-RESEARCH INTEGRATION PROJECT (PRIP)

A STUDENT MANUAL

A. DESCRIPTION

The Practice-Research Integration Project (PRIP) is required of all doctoral clinical students and constitutes the Comprehensive Examination for the doctoral degree. No student may apply for internship unless this project is completed and the paper approved by the doctoral committee by May 15 before the internship year. The PRIP is described below, and involves an empirically-grounded clinical case study of a patient treated by the student (in the UT Psychological Clinic or other acceptable context as determined by clinical faculty). The paper detailing this clinical research reflects the student's real-world integration of relevant practice and research knowledge about the chosen topic. The empirically-grounded case study is used to illustrate the student's ability to integrate science and clinical practice.

The basic requirements include:

1. The paper reviews relevant research in an integrative manner.

2. The empirically-grounded case study itself must continuously track some aspect(s) of clinical relevance across the course of clinic contact (e.g., outcome, process, or both).

3. The number of observations must impart to the study an ability to detect (statistically) whether or not the obtained change (or association) can be easily explained by random fluctuation within or between phases.

4. Explanation of how the empirical findings relate to the descriptive material of the case and the treatment.

5. Show understanding of the Tennessee Model.

B. PRIP FORMAT: CRITERIA FOR PSYCHOTHERAPY OUTCOME AND PROCESS STUDIES

For the purpose of the PRIP, students are required to integrate science and practice as per the Tennessee model. Toward the objective of examining patient change on an empirical basis, the PRIP must focus on psychotherapy outcome and/or process variables that are data driven, and not merely qualitative (or narrative) in structure or format. If the decision is made to focus on psychotherapy process, you will examine the process of change in psychotherapy as it unfolds over time. It is entirely acceptable for you to have a PRIP focused solely or partly on process. In this case of course, you must obtain frequent observations throughout therapy. This happens naturally in the clinic, but can be arranged in other settings.

With the necessity that data are collected, there is flexibility in terms of the timing of data collection. For example, therapy outcome or process variables may be assessed daily, weekly, at pre- and post-treatment (and perhaps subsequent follow-up intervals). There also is flexibility in methods used to analyze your psychotherapy outcome and/or process data. For example, there are at least three general approaches to analyzing whether change in treatment is notable or clinically meaningful. These approaches deliver yields that are to a degree conceptually distinct, but there is nothing exclusive about their utilization. For example, a PRIP using a patient and associated time-series data can test across all three approaches outlined below: null hypothesis, measure/norms, and meaningfulness. Although incorporation of at least one of these approaches is recommended, it is feasible to propose another sound data-driven approach. Importantly, with consultation from their mentor, students are encouraged to examine the references cited below in developing the research design for their PRIP.

1. Testing the null hypothesis. As with any true experiment, here we ask: "How likely is it that the observed improvement would occur under random conditions (i.e., controlling for ups and downs of *this* patient's symptoms occurring across time)? This is the design of the clinic time-series project, and datastreams such as those generated in the clinic are needed for this approach (such data sets generated through other clinical contexts and other patient samples also are acceptable). See the following founding articles with associated software (Borckardt et al., 2008). There you will also find descriptions of other ways to test the null hypothesis with autocorrelated data (e.g., ARIMA):

   Borckardt, J. J., Nash, M. R., Murphy, M. D., Moore, M., Shaw, D., & O'Neil, P. (2008). Clinical practice as natural laboratory for psychotherapy research - A guide to case-based time-series analysis. *American Psychologist, 63*, 77-95.

   Jones, E. E., Ghannam, J., Nigg, J. T., & Dyer, J. P. (1993). A paradigm for single-case research: The time series study of a long-term psychotherapy for depression. *Journal of Consulting and Clinical Psychology, 61,* 381–394.

2. Testing against the criterion measure's reliability and norms. Here we ask a twofold question: a) "Is the patient's magnitude of change on the criterion measure (pre to post) sufficiently unlikely to occur among people who just take the same measure twice (essentially the measure's standard error of measurement)? b) If so, is the patient's post-treatment symptom status more like that of non-patients than it is like that of untreated patients with the disorder?" Note that it is critical that the criterion measure's norms and psychometric properties be known for both disordered and normal subjects such that a Reliable Change Index (RCI) can be determined. For this approach see the following founding articles:

   Jacobson, N. S., & Truax, P. A. (1991). Clinical significance: A statistical approach to defining meaningful change in psychotherapy research. *Journal of Consulting and Clinical Psychology, 59,* 12-19.

   Jacobson, N. S., Roberts, L. J., Berns, S. B., & McGlinchey, J. B. (1999).Methods for defining and determining the clinical significance of treatment effects: Description, application, and alternative. *Journal of Consulting and Clinical Psychology, 67,* 300–307.

3. Testing Meaningfulness. Here we ask: "Non-random improvement and norms aside, what evidence is there that the treatment made a *meaningful* difference in the patient's life?" As one

example, arbitrary metrics may be used to assess the meaningfulness of change (Kazdin, 2006). It also is feasible to use the percentage of non-overlapping data (PND) approach as is often used in single-subject behavioral research methodology (Scruggs, T. E., & Mastropieri, 1998). For these approaches to meaningfulness see the following articles:

Kazdin, A. E. (2006). Arbitrary metrics: Implications for identifying evidence-based treatments. *American Psychologist*, *61*, 42-49. (20).

Scruggs, T. E., & Mastropieri, M. A. (1998). Summarizing single subject research. *Behavior Modification, 22,* 221-242.

REQUIREMENTS FOR PSYCHOTHERAPY PRIP:

Based on these guidelines, the following criteria must be met in completing your PRIP:

a. The PRIP must be based on the Tennessee Model and involve skillful integration of science and practice.

b. The PRIP must involve a design and data analysis that enables the student to test the findings against the null hypothesis (approach 1 above) or against the criterion measure's reliability/norms (approach 2 above).

c. Regardless of whether psychotherapy outcome and/or process is examined, every effort must be made to examine the clinical meaningfulness of data as described (approach 3 above).

Note. At present it is highly recommended that your PRIP meet these requirements. Beginning June 1, 2012, it is mandatory that these requirements are satisfied.

With these requirements as the foundation of your PRIP, there is some degree of flexibility in how you structure your final document. That stated, many students have found it highly useful to use the structure adhered to in the journal *Clinical Case Studies.* This structure is as follows:

- FOCUS AND RATIONALE FOR THE EMPIRICALLY-GROUNDED CASE STUDY
- REVIEW OF RELEVANT CLINICAL AND RESEARCH LITERATURE
- PATIENT DESCRIPTIVE MATERIAL
  - PRESENTING COMPLAINTS
  - HISTORY
  - PSYCHOLOGICAL TESTING IF ANY
- CASE FORMULATION
- TREATMENT PLAN
- CLINICAL RESEARCH QUESTION(S)

- RESEARCH DESIGN (LIKE A METHOD SECTION)
- COURSE OF TREATMENT
- EMPIRICAL FINDINGS WITH ANALYSIS
- FOLLOW-UP IF ANY (WITH ANALYSIS IF POSSIBLE)
- DISCUSSION OF DESCRIPTIVE AND EMPIRICAL FINDINGS
- REFERENCES

C. THE DOMAIN OF QUESTIONS THE STUDENT CAN ADDRESS

All non-emergency patients seeking treatment in the Clinic are participating in a clinical care protocol which provides the fundamental data required for an empirically grounded case study (although as indicated earlier it is acceptable to use patients treated in another context providing adherence to PRIP requirements). This Generic Clinical Care Protocol is described below, and involves tracking a patient's progress on three or four measures across baseline and treatment phases. The student is strongly encouraged to choose for his/her empirically-grounded case study a patient of special interest. Further, the student is encouraged to customize or otherwise embellish the generic protocol/analysis (described below in section D) to optimally suit his/her clinical research agenda.

Many of the sample clinical research questions listed below can be addressed via the generic clinical care protocol, with no special input by the student beyond choosing the 2 or 3 symptoms to be tracked daily during treatment. However, for some questions the student might customize the protocol further. Here are some sample questions that could be addressed in the empirically grounded case-study. Those with (*) require a little extra customizing by the student/mentor on the front end. The remainder can be handled by the generic protocol already in place as long as the student helps identify the symptoms to be tracked.

Psychotherapy outcome questions:

- Is my patient better off than he/she was before therapy began (phase effect)?
- If he/she improved, at what point did the improvement begin?
- Which aspects of his/her functioning improved; and which did not improve?
- Did the improvement last after termination?*
- If my patient improved on symptom scales, was the improvement on the symptom scales reflected on pre-treatment/post-treatment research measures?

Psychotherapy process questions:

- What was the pattern of change?
- Were there things I did that made matters worse?*
- Did he/she get worse before he/she got better?
- What symptoms improved first?
- When my patient's anxiety lessened did it lead to mood improvement, or visa versa?
- Did a richer therapeutic alliance lead to clinical improvement?*

- Did clinical improvement lead to a richer therapeutic alliance?*
- What was the pace of improvement?
- When I started to interpret transference, did he/she get better?*
- When he/she began to expose himself/herself to the feared stimulus did he/she get better?*
- What happened to the therapeutic alliance when I interpreted?*
- What happened to the therapeutic alliance when I supported?*
- Were more sessions better or was most of the improvement early on?
- If I added or deleted an aspect of the treatment, how did he/she respond?*

The above list of questions is definitely NOT exhaustive. Indeed the limits of what can be addressed in the empirically-grounded case study as defined by the student's ingenuity, his/her understanding of the generic care protocol itself, and a sound appreciation of case-study design possibilities. Be as creative as you like.

D. THE GENERIC CLINICAL CARE PROTOCOL (SEE FIGURE 1)

The fundamentals. The outcome (overseen by the student's advisor) handles much of the logistics for the ongoing psychotherapy outcome project. See Figure 1 for a graphic depiction of this generic protocol. The generic protocol is primarily (though not entirely) an outcome design with a pre-treatment baseline phase and a treatment phase. Hence, it is an A-B design. During both phases patients are tracked daily on three or four symptom scales. These are very simple Likert-type scales which the patient fills out daily before treatment formally begins, as well as during treatment. The questions are determined at intake or IMMEDIATELY thereafter (within 48 hours). One question addresses general distress. It is the same for all patients. The other two or three questions are tailored to the patient's symptom picture. So it behooves you to know exactly what type of patient you are looking for, to be tracking intakes, and ideally to do the intake on a particularly interesting patient. After treatment ends, eventually all patients are contacted for follow-up evaluation, but this is of course 6-12 months after termination. Therefore, students should not count on there being any follow-up data for their PRIP, unless they make special arrangements with the patient (which is fully possible). The point here is that what will be tracked for you is three or four symptoms across baseline and treatment. You can count on that. In addition, the patient will be administered the OQ-45 at baseline (usually at intake) and once a month during treatment.

Satisfy baseline requirement. The generic care protocol requires a sufficient number of baseline datapoints to allow statistical analysis of phase effects. That means that before therapy is begun formally, there must be at least two weeks (preferably three weeks) of pre-treatment baseline datapoints (14 to 21 days). That is why the symptom questions must be identified so quickly and distributed to patients for daily tracking. This means that the therapy cannot begin until those datapoints are obtained (at least 14 of them). Hence, there is room for a little post-intake assessment. This will be monitored carefully by the project director, but when you have chosen a patient for your empirically-grounded case study, you must move very fast, and be exceedingly careful to make sure that the baseline requirement has been met before therapy begins. In reality, this is rarely a problem. But it requires attention. Do not start therapy before an adequate baseline is established.

The data and the analysis. The Doctoral Committee handles almost all the logistics and the analysis of the data. The Doctoral Committee will help you analyze the data using statistical software tailored to the requirements of ideographic serially dependent datastreams. You can use this work to complete the requirements for your paper. Writing your paper is of course up to you. As per APA guidelines (and common decency) if you decide to publish the case in a journal, and if that publication report contains components of the generic project, you will need to cite as co-authors the people who shared the

creative process and the work load (e.g., the Doctoral Committee member who worked closest with you, perhaps your supervisor, and maybe your mentor). In the case of the clinic time series project, reports of accumulated data derived from the generic design will eventually be published by those serving as principal investigators on the project (currently Dr. Mike Nash). In terms of your PRIP case analysis, you have every right to publish your study, and generally as first author should you show such initiative. Of course the message here is to communicate, be open, and share well, and discuss potential authorship issues a priori.

The importance of being creative. Though the generic clinical care protocol is an A-B design, there is nothing to prevent you and your mentor from choosing other time-series designs (e.g., A-B-A, A-B-A-B), multiple baseline designs, or other acceptable research methods which could be add-ons to the generic project or completely independent of the generic project. So, be as creative as you like.

E. EXAMPLES

The empirically-grounded case study that constitutes the Practice-Research Integration Project (PRIP) is a new initiative. There are no completed examples. However you will be receiving training on this topic in the first-year Research Design seminar, and again in the second year Psychotherapy II seminar. You will be receiving three papers which ought to give you an idea of the concept and importance of this type of approach, as well as what passes for a good empirically-based case study. These papers are:

Borckardt, J. J., & Nash (2002). How practitioners (and others) can make scientifically viable contributions to clinical outcome research using the single-case time-series design. *International Journal of Clinical and Experimental Hypnosis*, *50*, 114-148.

Borckardt, J. J. (2002). Case study examining efficacy of a multi-modal psychotherapeutic intervention for hypertension, *International Journal of Clinical and Experimental Hypnosis*, *50*, 189-201.

Borckardt, J. J., Nash, M. R. Murphy, M. D., Moore, M., Shaw, D., & O=Neil, P. (submitted: *Clinical Psychology: Research and Practice*). Realizing the promise of time-series designs in psychotherapy outcome research.

F. TIMING OF THE PRACTICE-RESEARCH INTEGRATION PROJECT (SEE FIGURE 2)

Completing the Practice-Research Integration Project is a two-step process (see Figure 2). The first step is roughly tethered to completion of the pre-doctoral dissertation project, and is a requirement for completion of the Psychotherapy II course. The second step is tethered to completion of the requirements for admission to the doctoral degree program.

Step 1: Crafting a plan by the end of the second year: A course requirement for Psychotherapy II

No later than the end of Year 2 and in consultation with his/her research mentor, the student crafts a scholarly written document (the plan) describing a topic and design suitable for the Practice-Research Integration Project. The document consists of the following sections of the Outline for the Empirically-Grounded Case Study:

- Focus and rationale for the study
- Review of relevant clinical and research literature study
- Clinical research questions
- Research Design

An advisor-approved document and proposal will be a requirement for completion of the Psychotherapy II course-671 (Spring Semester year 2). Whether the student has his/her

Proposal approved before, during, or at the end of the Psychotherapy II course, once it is approved by the advisor the student can move ahead with implementation.

Step 2: Completion of the study and submission of PRIP paper

Once the patient is selected by the student and advisor, any Psychology Clinic supervisor may oversee the case. The supervisor, student, and the mentor are encouraged to meet together once a semester to discuss the case. Some effort will be made to maximize the chance that the entire case is overseen by the same supervisor. The Practice-Research Integration Project (PRIP) paper is submitted by the student to his/her doctoral committee no later than May 1st of the year you plan to apply for internship. When the doctoral committee has approved the PRIP paper, the student has then formally passed the Comprehensive Examination. Without approval of the PRIP by May 15, the student may not apply for internship that year.

G. EXPECTED STUDENT PROGRESS ON PRIP

1st year: Exposure to single-subject research topic in Research design seminar.

2nd year: A completed and Advisor-approved Proposal for PRIP is part of the course requirement for Psychotherapy II-671 (Taken Spring of Year 2). The proposal must be approved by the advisor before it is submitted for the course requirement. Once approved, the student may begin implementation of the project. If problems occur with unplanned termination or failure of compliance by the patient, a new patient must be identified. Revision to the PRIP proposal can be made by the advisor and student.

3rd year: Completion of course work, formation of the doctoral committee, and implementation of the PRIP design. **Submission of the PRIP paper to the doctoral committee by May 1.** ***Approval by May 15 is necessary if the student wishes to apply for internship.***

FIGURE 1.
The Generic Clinical Research Protocol

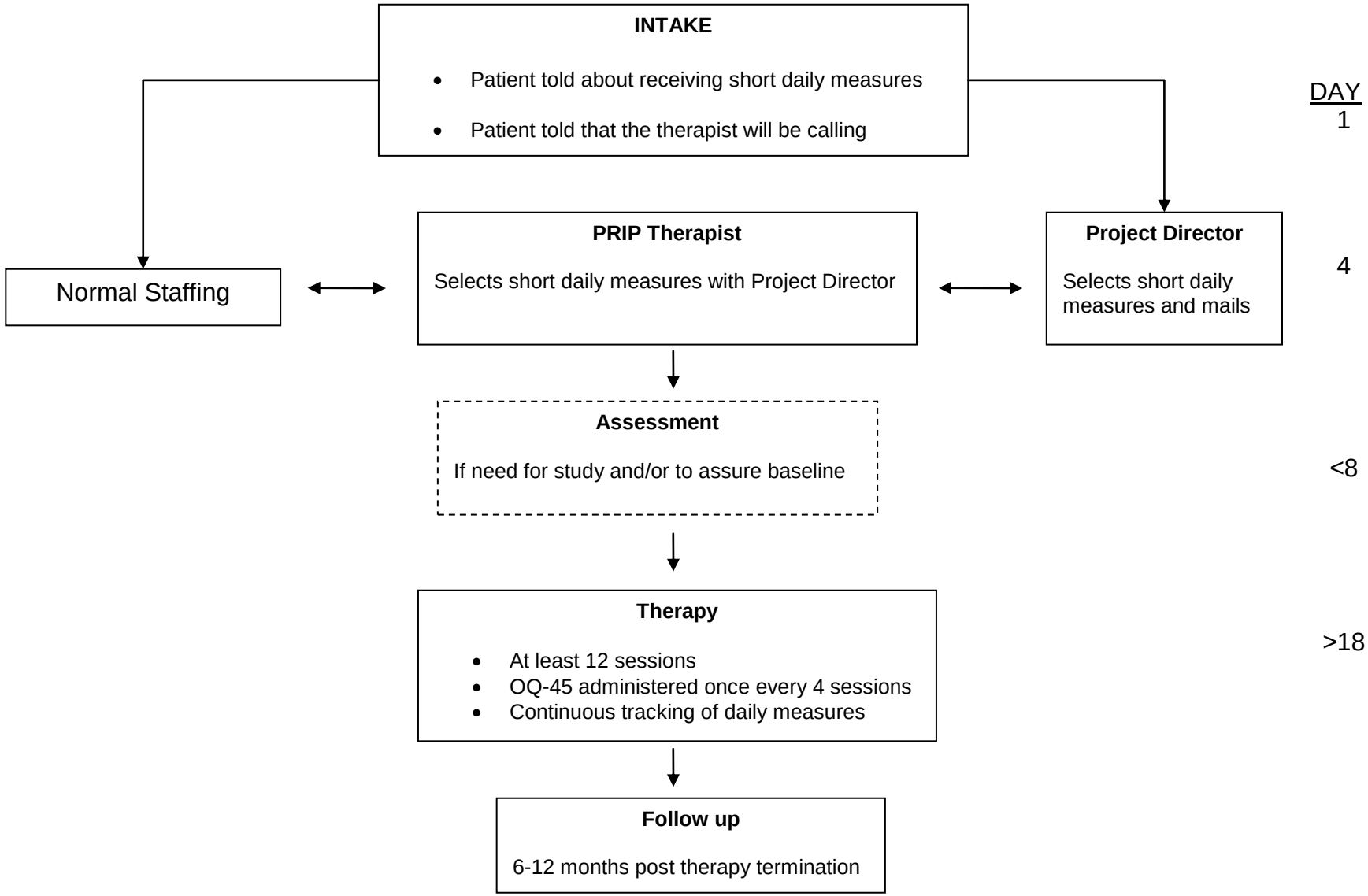
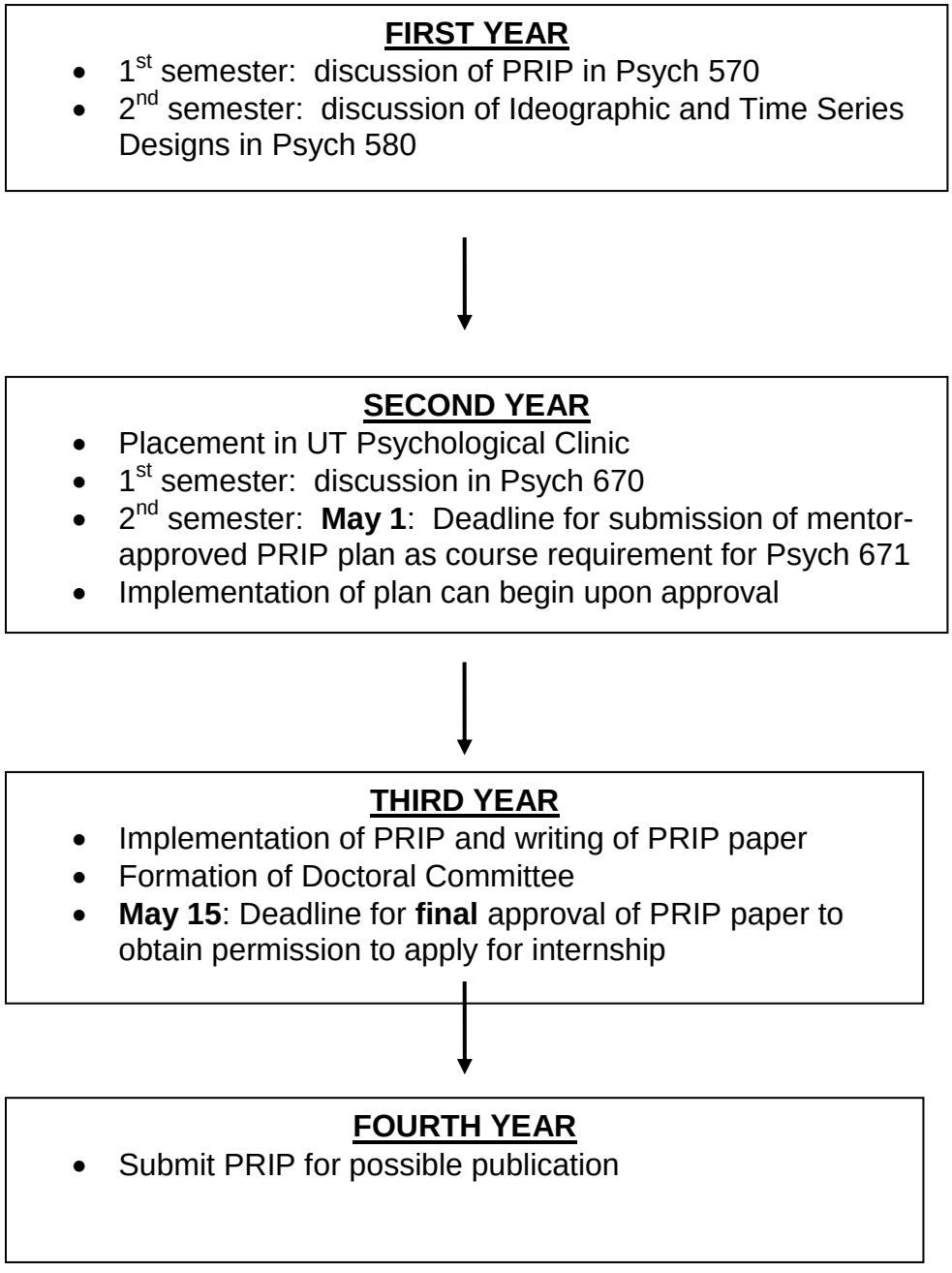


Figure 2.
Chronology for Progress on the
Practice-Research Integration Project (PRIP)



APPENDIX I

APPIC CLASSIFICATION OF PRACTICUM HOURS

APA Annual Report

APA requires that Clinical Programs submit an Annual Report. Information about the Clinical Program and student activities are required for this report.

- Because this report is prepared during the **Summer Semester (May 15 - August 15),** it is extremely important that the Program Director have the student's **home mailing address and email address** during the Summer Semester.

- One of the items in the student activities section is the recording and classification of practicum hours. Therefore, **the student is required to maintain a record of his/her practicum hours during each academic year (Fall, Spring, and Summer).**

- Only hours that the student receives during supervised formal academic training and credit or are program-sanctioned training experiences are included. The Program Director must be aware of and approved of the clinical activity.

- APA follows the APPIC criteria because students are also required to submit practicum hours when completing their APPIC Internship Application. Because students will already have this information, it will facilitate the completion of the APPIC Internship Application.

APPIC CLASSIFICATION OF PRACTICUM HOURS

- A **Practicum Hour** is a clock hour, not a semester hour. A 45-50 minute client hour may be counted as one practicum hour.
- Hours should **not be counted in more than one category**.

Intervention and Assessment Hours:

- Please report actual clock hours **in direct service** to clients.
- Time spent gathering information about the client, but not in the actual presence of the client, should instead be recorded under Support Hours.

Support Hours:

- This item includes activities spent **outside the counseling/therapy hour** while still focused on the client (e.g., chart review, writing process notes, consulting with other professionals about cases, video/audio tape review, time spent planning interventions, assessment interpretation and report writing, etc.).
- In addition, include hours spent at a **practicum setting** in didactic training (e.g., grand rounds, seminars, staffing).

Supervision Hours:

- Supervision is divided into one-to-one, group, and peer supervision/consultation.
- Hours are defined as regularly scheduled, face-to-face individual supervision with specific intent of overseeing the psychological services rendered by the student.
- The hours recorded in the group supervision category should be actual hours of group focus on specific cases.

APPENDIX J

APPIC INTERNSHIP APPLICATION PROCEDURES

1. Under the guidance of the Doctoral Committee and in concurrence with the Director of Training and clinical Program committee, the student decides which internships would be appropriate for their training and professional development. Because the internship experience is an important factor, discussion with the Doctoral Committee should begin in a timely manner.

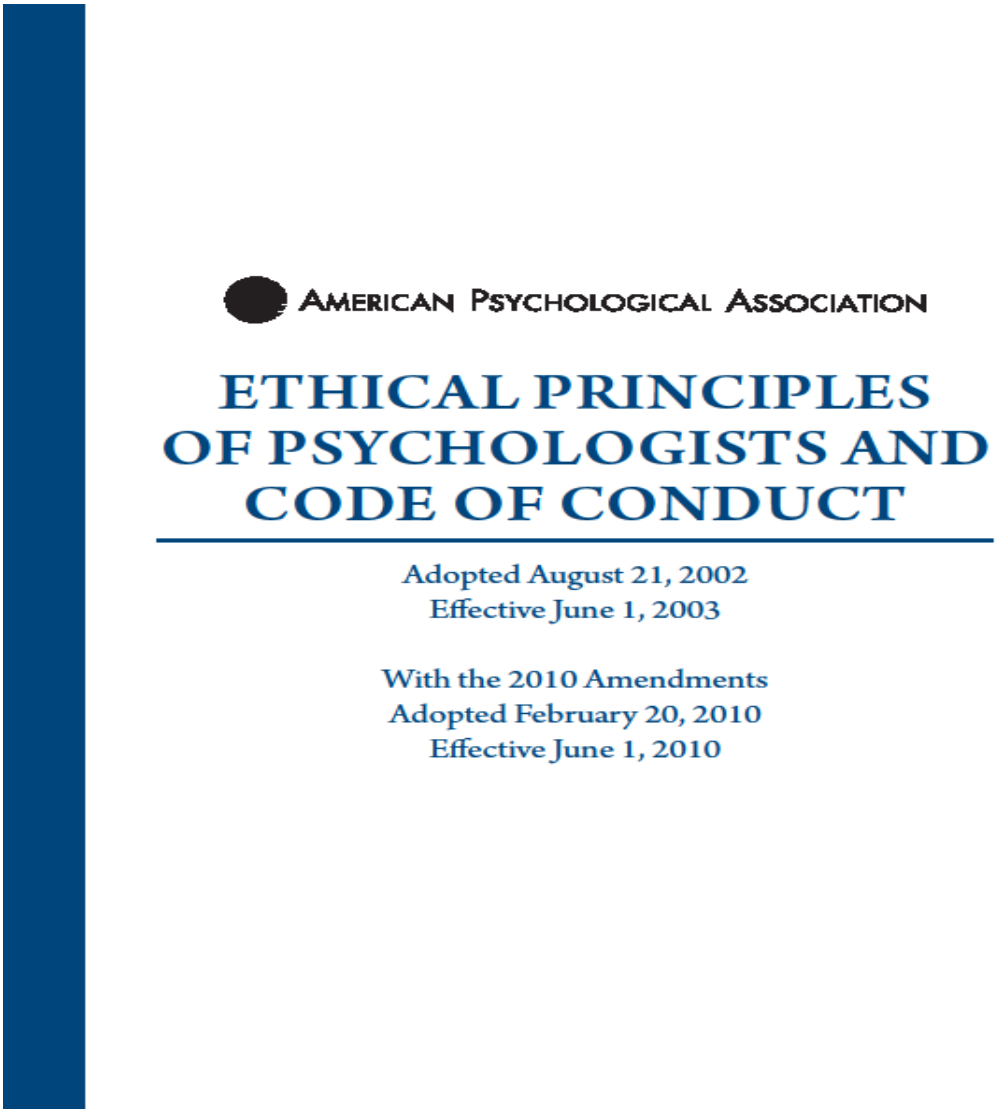
2. The Association of Psychology Postdoctoral and Internship Centers (APPIC) publishes an online directory of predoctoral internship and postdoctoral training programs in professional psychology that meet APPIC membership standards http://www.appic.org/). APPIC member programs conform to the basic ethical requirements of the profession as set forth in the current APA Ethical Principles for Psychologists. APPIC develops policies and procedures to facilitate a fair and orderly process of matching internship applicants with internship programs. In addition, APPIC facilitates the placement of unmatched internship applicants through the APPIC Clearinghouse. Therefore, students should apply to internships which are members of APPIC.

3. Students apply for internship in the Fall Semester, typically in the 4th or 5th year, in accordance with APPIC policy. The application process requires planning. Informational meetings about the application process are held in the spring semester with students who recently went through the process and with the DCT early in the fall semester.

4. The APPIC website http://www.appic.org/ has APPIC application forms, information about the Match Program, and access to the APPIC Directory online. The information available on APPIC's website will be the most up-to-date that APPIC has to offer.

APPENDIX K

APA ETHICS CODE



INTRODUCTION AND APPLICABILITY

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

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

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

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

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

The modifiers used in some of the standards of this Ethics Code (e.g., *reasonably, appropriate, potentially*) are included in the standards when they would (1) allow professional judgment on the part of psychologists, (2) eliminate injustice or inequality that would occur without the modifier,

(3) ensure applicability across the broad range of activities conducted by psychologists, or (4) guard against a set of rigid rules that might be quickly outdated. As used in this Ethics Code, the term *reasonable* means the prevailing professional judgment of psychologists engaged in similar activities in similar circumstances, given the knowledge the psychologist had or should have had at the time.

The American Psychological Association's Council of Representatives adopted this version of the APA Ethics Code during its meeting on August 21, 2002. The Code became effective on June 1, 2003. The Council of Representatives amended this version of the Ethics Code on February 20, 2010. The amendments became effective on June 1, 2010 (see p. 15 of this pamphlet). Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Director, Office of Ethics, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242. The Ethics Code and information regarding the Code can be found on the APA website, http://www.apa.org/ethics. The standards in this Ethics Code will be used to adjudicate complaints brought concerning alleged conduct occurring on or after the effective date. Complaints will be adjudicated on the basis of the version of the Ethics Code that was in effect at the time the conduct occurred.

The APA has previously published its Ethics Code as follows:

American Psychological Association. (1953). *Ethical standards of psychologists.* Washington, DC: Author. American Psychological Association. (1959). Ethical standards of psychologists. *American Psychologist, 14,* 279–282. American Psychological Association. (1963). Ethical standards of psychologists. *American Psychologist, 18,* 56–60. American Psychological Association. (1968). Ethical standards of psychologists. *American Psychologist, 23,* 357–361. American Psychological Association. (1977, March). Ethical standards of psychologists. *APA Monitor,* 22–23. American Psychological Association. (1979). *Ethical standards of psychologists.* Washington, DC: Author. American Psychological Association. (1981). Ethical principles of psychologists. *American Psychologist, 36,* 633–638. American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989). *American Psychologist, 45,* 390–395. American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. *American Psychologist, 47,* 1597–1611. American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist, 57,* 1060-1073.

Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First Street, NE, Washington, DC 20002-4242, or phone (202) 336-5510.

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

PREAMBLE

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

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

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

GENERAL PRINCIPLES

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

Principle A: Beneficence and Nonmaleficence

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

Principle B: fidelity and Responsibility

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

Principle C: Integrity

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

Principle D: Justice

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

Principle E: Respect for People's Rights and Dignity

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

ETHICAL STANDARDS

1. Resolving Ethical Issues

1.01 Misuse of Psychologists' Work

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

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority
If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

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

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

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

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

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

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

2. Competence
2.01 Boundaries of Competence
(a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.
(b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies.
(c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.
(d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.
(e) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.
(f) When assuming forensic roles, psychologists are or become reasonably familiar with the judicial or administrative rules governing their roles.

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

2.03 Maintaining Competence
Psychologists undertake ongoing efforts to develop and maintain their competence.

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

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

2.06 Personal Problems and Conflicts
(a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner. (b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties. (See also Standard 10.10, Terminating Therapy.)

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

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

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

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

3.05 Multiple Relationships
(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person. A psychologist refrains from entering into a multiple relationship if the multiple relationships could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists. Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical. (b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code. (c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur. (See also Standards 3.04, Avoiding Harm, and 3.07, Third-Party Requests for Services.)

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

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

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

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

3.10 Informed Consent
(a) When psychologists conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)
(b) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual's assent, (3) consider such persons' preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual's rights and welfare.
(c) When psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.
(d) Psychologists appropriately document written or oral consent, permission, and assent. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

3.11 Psychological Services Delivered to or Through Organizations
(a) Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons. (b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

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

4. Privacy and Confidentiality

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

4.02 Discussing the Limits of Confidentiality
(a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities. (See also Standard 3.10, Informed Consent.)
(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant. Discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.
c) Psychologists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limits of confidentiality.

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

4.04 Minimizing Intrusions on Privacy
(a) Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.
(b) Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

4.05 Disclosures
(a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law.
(b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to (1) provide needed professional services; (2) obtain appropriate professional consultations; (3) protect the client/patient,

psychologist, or others from harm; or (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See also Standard 6.04e, Fees and Financial Arrangements.)

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

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

5. Advertising and Other Public Statements
5.01 A voidance of False or Deceptive Statements
(a) Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant applications, licensing applications, other credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae, or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials. Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated.
(b) Psychologists do not make false, deceptive, or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.
(c) Psychologists claim degrees as credentials for their health services only if those degrees (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.

5.02 Statements by Others
(a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.
(b) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item. (See also Standard 1.01, Misuse of Psychologists' Work.)
(c) A paid advertisement relating to psychologists' activities must be identified or clearly recognizable as such.

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

5.04 Media Presentations
When psychologists provide public advice or comment via print, Internet, or other electronic transmission, they take precautions to ensure that statements (1) are based on their professional knowledge, training, or experience in accord with appropriate psychological literature and practice; (2) are otherwise consistent with this Ethics Code; and (3) do not indicate that a professional relationship has been established with the recipient. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

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

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

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

6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work
(a) Psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. (See also Standards 4.01, Maintaining Confidentiality, and 6.01, Documentation of Professional and Scientific Work and Maintenance of Records.)
(b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.
(c) Psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records

and data in the event of psychologists' withdrawal from positions or practice. (See also Standards 3.12, Interruption of Psychological Services, and 10.09, Interruption of Therapy.)

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

6.04 Fees and Financial Arrangements
(a) As early as is feasible in a professional or scientific relationship, psychologists and recipients of psychological services reach an agreement specifying compensation and billing arrangements.
(b) Psychologists' fee practices are consistent with law.
(c) Psychologists do not misrepresent their fees.
(d) If limitations to services can be anticipated because of limitations in financing, this is discussed with the recipient of services as early as is feasible. (See also Standards 10.09, Interruption of Therapy, and 10.10, Terminating Therapy.)
(e) If the recipient of services does not pay for services as agreed, and if psychologists intend to use collection agencies or legal measures to collect the fees, psychologists first inform the person that such measures will be taken and provide that person an opportunity to make prompt payment. (See also Standards 4.05, Disclosures; 6.03, Withholding Records for Nonpayment; and 10.01, Informed Consent to Therapy.)

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

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

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

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

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

7.03 Accuracy in Teaching
(a) Psychologists take reasonable steps to ensure that course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when the instructor considers it pedagogically necessary or desirable, so long as students are made aware of these modifications in a manner that enables them to fulfill course requirements. (See also Standard 5.01, Avoidance of False or Deceptive Statements.)
(b) When engaged in teaching or training, psychologists present psychological information accurately. (See also Standard 2.03, Maintaining Competence.)

7.04 Student Disclosure of Personal Information
Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

7.05 Mandatory Individual or Group Therapy
(a) When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program. (See also Standard 7.02, Descriptions of Education and Training Programs.)
(b) Faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy. (See also Standard 3.05, Multiple Relationships.)

7.06 Assessing Student and SuperviseePerformance
(a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.
(b) Psychologists evaluate students and supervisee on the basis of their actual performance on relevant and established program requirements.

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

8. Research and Publication

8.01 Institutional Approval

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

8.02 Informed Consent to Research

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

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

8.03 Informed Consent for Recording Voices and Images in Research

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

8.04 Client/Patient, Student, and Subordinate Research Participants

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

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

8.05 Dispensing With Informed Consent for Research

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

8.06 Offering Inducements for Research Participation

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

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

8.07 Deception in Research

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

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

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

8.08 Debriefing

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

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

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

8.09 Humane Care and Use of Animals in Research

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

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

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

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

(e) Psychologists use a procedure subjecting animals to pain, stress, or privation only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.
(f) Psychologists perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimize pain during and after surgery.
(g) When it is appropriate that an animal's life be terminated, psychologists proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures.

8.10 Reporting Research Results
(a) Psychologists do not fabricate data. (See also Standard 5.01a, Avoidance of False or Deceptive Statements.)
(b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

8.11 Plagiarism
Psychologists do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally.
8.12 Publication Credit
(a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed. (See also Standard 8.12b, Publication Credit.)
(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.
(c) Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student's doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate. (See also Standard 8.12b, Publication Credit.)

8.13 Duplicate Publication of Data
Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.
8.14 Sharing Research Data for Verification
(a) After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.
(b) Psychologists who request data from other psychologists to verify the substantive claims through reanalysis may use shared data only for the declared purpose. Requesting psychologists obtain prior written agreement for all other uses of the data.

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

9. Assessment
9.01 Bases for Assessments
(a) Psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate their findings. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)
(b) Except as noted in 9.01c, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or recommendations. (See also Standards 2.01, Boundaries of Competence, and 9.06, Interpreting Assessment Results.)
(c) When psychologists conduct a record review or provide consultation or supervision and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the sources of information on which they based their conclusions and recommendations.

9.02 Use of Assessments
(a) Psychologists administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.
(b) Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.
(c) Psychologists use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language is relevant to the assessment issues.

9.03 Informed Consent in Assessments
(a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.10, Informed Consent, except when (1) testing is mandated by law or governmental regulations; (2) informed consent is implied because testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties, and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers.
(b) Psychologists inform persons with questionable capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.
(c) Psychologists using the services of an interpreter obtain informed consent from the client/patient to use that interpreter,

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

9.04 Release of Test Data

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

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

9.05 Test Construction

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

9.06 Interpreting Assessment Results

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

9.07 Assessment by Unqualified Persons

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

9.08 Obsolete Tests and Outdated Test Results

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

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

9.09 Test Scoring and Interpretation Services

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

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

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

9.10 Explaining Assessment Results

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

9.11 Maintaining Test Security

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

10. Therapy

10.01 Informed Consent to Therapy

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

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

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

10.02 Therapy Involving Couples or Families

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

(b) If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such family therapist

and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately. (See also Standard 3.05c, Multiple Relationships.)

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

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

10.05 Sexual Intimacies With Current TherapyClients/Patients
Psychologists do not engage in sexual intimacies with current therapy clients/patients.

10.06 Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients
Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.

10.07 Therapy With Former Sexual Partners
Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

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

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

10.10 Terminating Therapy
(a) Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.
(b) Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.
(c) Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate

APPENDIX L

LIST OF FORMS

Each form may be obtained from Connie Ogle, Graduate Programs Coordinator, 312C Austin Peay and is available on the Clinical Program website (http://web.utk.edu/~clinical/forms.shtml).

PETITION TO WAIVE
DEPARTMENT OF PSYCHOLOGY

In order to waive required courses, students must submit this completed form with appropriate signature for your individual program.

Clinical: In order to waive a required course in the Clinical Program, the student must first meet with his/her advisor to determine if the petition is appropriate for consideration by the instructor of the course (approval by the advisor does not necessitate approval by the instructor) . After obtaining advisor approval/signature, the instructor of the Psychology course must approve this petition. Generally, a student submitting a petition to waive a graduate course would do so by including one or more of the following documents with the petition: syllabus for the course previously taken, copy of transcript indicating grade obtained, sample exams or term papers from course, etc. Following advisor and instructor approval, take the request to Mary Ellen to present for the clinical faculty to review and vote on the petition, and if approved, the Clinical Program Director will sign the petition.

Counseling: Students wishing to have previous coursework count for UT requirements must provide their SAC with documentation (e.g., course syllabi). The SAC may also request copies of the table of contents of assigned texts and the course catalog description of previous courses taken. Only courses taken for graduate credit may be presented for SAC review. Check with your advisor and assemble all the required documentation soon after Fall semester of your first year begins. Occasionally the SAC will consult with UT faculty members who teach the courses you wish to waive to solicit an advisory opinion about whether the course you have taken covers essentially the same material. Note that the Graduate School does not allow "transfer credit." The decision of the SAC is limited to whether or not the content of a course that the UT Program requires has been covered by a course, or combination of courses you have previously taken. The decision of the SAC is reviewed by the Program Director, whose approval is also required before previous courses can count for UT requirements. If your proposal is approved, the requirement for specific courses on your UT Curriculum Planner is waived, and the total number of credits you are required to take is reduced accordingly.

Experimental: Students may submit a petition to waive a graduate course, but must have justification for doing so. Typical justification may include having taken a similar class at the graduate level at a previous university, for example. Generally, a student submitting a petition to waive a graduate course would do so by including one or more of the following documents with the petition: syllabus for the course previously taken, copy of transcript indicating grade obtained, sample exams or term papers from course, etc. The student should consult with her/his Student Advisory Committee to determine their recommendations regarding such a petition. Finally, the instructor of the particular class in question and the Experimental Program Director must agree to, and sign, the petition.

Please type or print legibly:

Student Name:_____ ID#:_____

UT Psychology Course (name of course and course number): _____

Instructor name: _____

APPROVALS FOR WAIVER OF COURSE

Advisor:_____ Date:_____
(Clinical, Counseling) (signature)
(Experimental advisor signature after SAC has approved Petition to Waive)

Psychology Instructor:_____ Date:_____
(Clinical, Experimental) (signature)

Program Director:_____ Date:_____
(Clinical, Counseling, Experimental) (signature)

Bring this form to Connie Ogle (312C) when complete. **(10/10/12)**

ADVISOR CHANGE FORM

Date: _____

Student Name:_____
(Please print)

Program: _____

I agree to the student's request for change of advisor:

_____ _____
Current Advisor (print name) Signature

I accept the appointment as the student's new advisor:

_____ _____
New Advisor (print name) Signature

APPROVED:

_____ _____
Program Director Date

PLEASE SUBMIT SIGNED AND DATED FORM TO CONNIE OGLE (312C)

c:/graduate/forms/changeofadvisor.doc

APPROVAL OF PREDISSERTATION RESEARCH

Predissertation Research Accepted: _____
Date

_____ _____
Student Name (please print) Student ID#

Title of Predissertation Research:

_____

_____

_____

Accepted by:

Major Professor:_____ _____
Signature Print or Type Name

and

Second Reader:_____ _____
Signature Print or Type Name

or

Accepted for Publication in Refereed Journal (substitute for Second Reader only):

Citation: _____

_____

_____

AND/OR (REFER TO PROGRAM GUIDELINES):

Conference submission (organization, date):_____

_____

_____

RETURN SIGNED AND DATED FORM ALONG WITH A COPY OF PREDISSERTATION RESEARCH PROJECT TO CONNIE OGLE (312C)

c:/graduate/forms/predisfm

DOCTORAL COMMITTEE APPOINTMENT FORM

The University of Tennessee
The Graduate School

Submit Form by Deadline to:
The Graduate School
111 Student Services Building
Knoxville, TN 37996-0211

Name:_____
Last First Middle

Student ID #:_____

E-mail address: _____

Street:_____

_____
City State Zip

TO BE COMPLETED BY GRADUATE SCHOOL

_____
Dean of the Graduate School

_____
Date

Committee Recommended:

Type or print name and department. Signature indicates both acknowledgment of request and willingness to serve.

Name (Please print)	**Department**	**Signature**
_____ (Major Professor)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Change in Previously Appointed Committee:

Indicate above the recommended membership of the Committee. Signatures are needed for new members and those being removed.
* A statement indicating the reason for the proposed change must be provided below by the department head.

Add to the Committee:

_____	_____	_____
_____	_____	_____

Remove from the Committee:

_____	_____	_____
_____	_____	_____

Reason for Changes:

_____

_____

* Signatures are not required to remove persons whose UT faculty appointments have been terminated or who are absent from the campus for an extended period.

TO BE COMPLETED BY THE DEPARTMENT:

_____ _____
Department Head (Approval) *Date*

PRACTICE-RESEARCH INTEGRATION PROJECT (PRIP)
Department of Psychology

Student Name	Student ID #

When all members of the Doctoral Committee approve this Project, the student has completed the Comprehensive Examination required by The Graduate School. By completing this requirement, the student can now complete an Admission to Candidacy form.

We have read and approved this student's PRACTICE-RESEARCH INTEGRATION PROJECT (PRIP) entitled:

_____

_____

_____

_____

APPROVALS:

Chair Signature	Chair Printed Name	Date
Member Signature	Member Printed Name	Date
Member Signature	Member Printed Name	Date
Member Signature	Member Printed Name	Date
Member Signature	Member Printed Name	Date

Please submit this signed and dated form together with
a copy of the Practice-Research Integration Project to Connie Ogle (312C).

c:/graduate/forms/specpapers

RECOMMENDATION FOR APPROVAL OF DISSERTATION PROPOSAL

Date: _____

Student Name:_____

Program: _____

Proposed Dissertation Title:

_____

_____

_____

_____

****

We, the undersigned, have read this dissertation proposal and recommend its acceptance.

_____	_____
Printed Name of Chair	Signature of Chair
_____	_____
Printed Name of Member	Signature of Member
_____	_____
Printed Name of Member	Signature of Member
_____	_____
Printed Name of Member	Signature of Member
_____	_____
Printed Name of Member	Signature of Member

PLEASE SUBMIT SIGNED AND DATED FORM TO CONNIE OGLE (312C)

c:/graduate/forms/approvdis.doc

ADMISSION TO CANDIDACY APPLICATION
DOCTORAL DEGREE

The University of Tennessee
The Graduate School

Submit Form by Deadline to:
The Graduate School
111 Student Services Building
Knoxville, TN 37996-0211

Name: _____
Last First Middle

Student ID #: _____

Street: _____

_____
City State Zip

To be completed by the Graduate School

Admitted to Candidacy: _____

Met Residence Requirements? ☐ YES ☐ NO

Time Limit
Your degree must be granted by the _____ Term.

_____
Dean of the Graduate School

Email Address: _____

Major: _____

Concentration: _____

X _____
Signature of Applicant ***Date***

List all graduate courses to be counted toward the doctoral degree in chronological order of courses taken. Must include a minimum of six (6) hours of 600-level courses and 24 hours of 600 dissertation, taken at the University of Tennessee.
If using Master's degree coursework to meet part of the 48 hour requirement, list those courses on next page.

Year/Term	Department	Course #	Course Title	Hours	Grade

Please complete requirement statements on next page

Name: _____

List Coursework from Master's degree to fulfill part of requirement for doctoral degree.

Master's Institution Name: _____ **Date Awarded:** _____

Year/Term	Department	Course #	Course Title	Hours	Grade

Residence Requirement

List the two terms of full-time enrollment used to meet the residence requirement:

_____

* Residence is defined as a minimum of two consecutive terms of full-time enrollment. Individual programs may have additional residence requirements. If using 6-hours enrollment per semester while holding a half-time graduate assistantship, attach a letter of appointment from the department.

Examination and Other Requirements

Comprehensive Examination Passed: _____
Date

Doctoral Language Examination in _____ was passed on _____
(if required) Language Date

Committee Approval and Endorsement

We certify that the above program, when successfully completed, meets all coursework requirements for this degree. We also certify that all University regulations regarding research compliances (use of human subjects, animal care, radiation, legend drugs, recombinant DNA, or handling of hazardous materials) have been appropriately approved prior to the initiation of the research if approval is relevant to the applicant's research.

(Print Name)	*(Department)*	*(Signature)*
_____ (Major Professor)	_____	X _____
_____ (Committee Member)	_____	X _____
_____ (Committee Member)	_____	X _____
_____ (Committee Member)	_____	X _____
_____ (Committee Member)	_____	X _____

X _____
Graduate Program Director Signature

Important: This form will not be accepted by the Graduate School without original signatures of the four committee members and the Graduate Program Director.

PSYCHOLOGY DEPARTMENT

REQUEST FOR CLINICAL AND COUNSELING INTERNSHIP LEAVE OF ABSENCE

I hereby request an official Leave of Absence for the following terms: _____, _____, _____. This leave is requested in order to complete a one-year Program-Required Internship.

Official Internship start date:_____. The official Internship completion date will be no less than 12 months and no more than 24 months from date listed above [APA].)

Internship site (print name, address, phone):

_____

_____

_____

_____

Home address, phone during Internship:

_____

_____

_____

_____

I plan to return to Knoxville to complete the dissertation beginning with the Term _____

_____ All Program and University requirements will be fulfilled upon completion of Internship.

The following requirements must be completed before Leave of Absence will be approved:

Predissertation Research: Approved on _____

Comprehensive/Specialties Exam: Approved on _____

Dissertation Proposal: Accepted on _____

I will not be using UTK facilities during this Leave of Absence and understand that faculty are not obligated to devote time and supervision to my dissertation.

_____
Student Printed Name

_____
Signature

_____
Student ID Number

I have reviewed and verified the information herein.

_____
Doctoral Committee Chair

_____
Program Director

APPROVED:

APPROVED:

_____
Deborah P. Welsh, Ph.D., Professor and Head

_____
Dean of The Graduate School

AFTER OBTAINING COMMITTEE CHAIR AND PROGRAM DIRECTOR SIGNATURES, PLEASE GIVE FORM TO THE GRADUATE PROGRAMS COORDINATOR (312C). WHEN THE DEPARTMENT HEAD HAS APPROVED THE LEAVE OF ABSENCE, THIS FORM WILL BE FORWARDED TO GRADUATE STUDENT SERVICES.

Note: For students in the PhD Program in Clinical Psychology, completion of this experience by _____ is considered timely progress toward completion of the Program.

SCHEDULING DEFENSE OF DISSERTATION

The University of Tennessee
The Graduate School

Submit completed form to:
Graduation Specialists
The Graduate School
111 Student Services Building
Knoxville, TN 37996-0211
Fax: (865)946-1090

So that arrangements can be made for the defense of dissertation, please submit the completed form to the Graduate School **at least one week** before the date of the defense.

Last Name First Name Middle

Student ID Number

Street Address

E-mail Address

City State Zip

Phone Number

Major

Term Graduating (Semester / Year)

DEFENSE

Date/Time

Building / Room Number

Dissertation Title:

List Defense Committee:
(NO SIGNATURES ARE REQUIRED.)

Name (Major Professor) Department

Name Department

Name Department

Name Department

Name Department

INTERNSHIP COMPLETION NOTIFICATION

Department of Psychology, University of Tennessee

UT student name: _____
(please print)

Student UT ID number: _____

Internship location: _____

_____

_____

Internship start date: _____

Date completed internship requirements: _____

APPROVAL:

_____ _____ _____
Signature of Internship Director Printed name Date

****

After approval of Internship Director is received, please return this form to Connie Ogle (email: cjogle@utk.edu; fax: 865-974-3330; mail: UT Psychology, 1404 Circle Dr., 312C, Knoxville, TN 37996-0900.

****

_____ _____ _____
Signature of Program Director Printed name Date

_____ _____
Deborah P. Welsh, Ph.D. Date
Professor and Head

1st TRIP

PSYCHOLOGY STUDENT REQUEST FOR TRAVEL REIMBURSEMENT

This form and a copy of acceptance letter/program page must be submitted to Connie (312C) at least four (4) weeks before travel date. Please check with Connie if you have any questions.

(Print) Name:_____ **Email:**_____ **Program:**_____

(Print) Home address:_____

_____

Purpose of trip (if conference, provide complete name of conference):_____

_____

Are you presenting (1st) author? _____Yes _____ No (If "Yes," confirmation of acceptance must be attached.)

Travel dates (not conference dates): From:_____ **To:**_____

Departure time:_____ **Return time:**_____

***Hotel name:**_____ **Conference/Convention hotel? Yes:____ No:____**

City, State:_____

**Complete name of conference hotel must be listed on your travel authorization or room rate reimbursement may be limited. Please attach documentation of conference hotel rate information.

Mode of travel (check one): *Plane:_____ UT Car:_____ Private Car:_____ Other:_____
(Economy/coach only) (.42¢ / mile)

Projected Expenses:

Travel:	**$**_____
Meals:	**$**_____
Hotel:	**$**_____
Registration:	**$**_____
Other (taxi, shuttle, airport parking):	**$**_____
TOTAL:	**$**_____

Are you applying for funds from other sources (Dean's Office, Dean of Students):

If so, please specify:_____

NOTE: IF YOU ARE AWARDED FUNDING FROM OUTSIDE THE DEPARTMENT, WRITTEN DOCUMENTATION MUST BE SUBMITTED WITH RECEIPTS FOR REIMBURSEMENT.

_____ _____
Student Signature **Date**

FOR OFFICE USE ONLY

Amount Approved: $_____ **Account Number:**_____

_____ _____
Deborah P. Welsh, Ph.D. Department Head **Date**

Executive Committee Approval (if necessary) for: $_____ **Date:**_____

2nd TRIP

PSYCHOLOGY STUDENT REQUEST FOR TRAVEL REIMBURSEMENT

This form and a copy of acceptance letter/program page must be submitted to Connie (312C) at least four (4) weeks before travel date. Please check with Connie if you have any questions.

(Print) Name:_____ **Email:**_____ **Program:**_____

(Print) Home address:_____

_____

Purpose of trip (if conference, provide complete name of conference):_____

_____

Are you presenting (1st) author? _____Yes _____ No (If "Yes," confirmation of acceptance must be attached.)

Travel dates (not conference dates): From:_____ **To:**_____

Departure time:_____ **Return time:**_____

***Hotel name:**_____ **Conference/Convention hotel? Yes:____ No:____**

City, State:_____

**Complete name of conference hotel must be listed on your travel authorization or room rate reimbursement may be limited. Please attach documentation of conference hotel rate information.

Mode of travel (check one): *Plane:_____ UT Car:_____ Private Car:_____ Other:_____
(Economy/coach only) (.42¢ / mile)

Projected Expenses:

Travel:	**$**_____
Meals:	**$**_____
Hotel:	**$**_____
Registration:	**$**_____
Other (taxi, shuttle, airport parking):	**$**_____
TOTAL:	**$**_____

Are you applying for funds from other sources (Dean's Office, Dean of Students):

If so, please specify:_____

NOTE: IF YOU ARE AWARDED FUNDING FROM OUTSIDE THE DEPARTMENT, WRITTEN DOCUMENTATION MUST BE SUBMITTED WITH RECEIPTS FOR REIMBURSEMENT.

_____ _____
Student Signature **Date**

FOR OFFICE USE ONLY

Amount Approved: $_____ **Account Number:**_____

_____ _____
Deborah P. Welsh, Ph.D. Department Head **Date**

Executive Committee Approval (if necessary) for: $_____ **Date:**_____

CONFERENCE ATTENDANCE ONLY – NO PRESENTATION

PSYCHOLOGY STUDENT REQUEST FOR TRAVEL REIMBURSEMENT

This form must be submitted to Connie (312C) at least four (4) weeks before travel. Please check with Connie if you have any questions.

(Print) Name:_____ **Email:**_____ **Program:**_____

(Print) Home address:_____

_____

Purpose of trip (if conference, provide complete name of conference):_____

_____

Travel dates (not conference dates): From:_____ **To:**_____

Departure time:_____ **Return time:**_____

***Hotel name:**_____ **Conference/Convention hotel? Yes:**____ **No:**____

City, State:_____

**Complete name of conference hotel must be listed on your travel authorization or room rate reimbursement may be limited. Please attach documentation of conference hotel rate information.

Mode of travel (check one): *Plane:_____ **(Economy/coach only)** **UT Car:**_____ **Private Car:**_____ **(.42¢ / mile)** **Other**:_____

Projected Expenses:

Travel:	**$**_____
Meals:	**$**_____
Hotel:	**$**_____
Registration:	**$**_____
Other (taxi, shuttle, airport parking):	**$**_____
TOTAL:	**$**_____

Justification for conference attendance (attach additional sheet if necessary):_____

_____

_____

_____

_____ _____

Student Signature **Date**

FOR OFFICE USE ONLY

Amount Approved: $_____ **Account Number:**_____

_____ _____

Deborah P. Welsh, Ph.D. Department Head **Date**

Executive Committee Approval (if necessary) for: **$**_____ **Date:**_____

EEO/AA Statement/Non-Discrimination Statement

The full University of Tennessee Knoxville, Non-Discrimination Statement EEO/AA statement reads as follows:

All qualified applicants will receive equal consideration for employment and admissions without regard to race, color, national origin, religion, sex, pregnancy, marital status, sexual orientation, gender identity, age, physical or mental disability, or covered veteran status.

Eligibility and other terms and conditions of employment benefits at The University of Tennessee are governed by laws and regulations of the State of Tennessee, and this non-discrimination statement is intended to be consistent with those laws and regulations.

In accordance with the requirements of Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990, The University of Tennessee affirmatively states that it does not discriminate on the basis of race, sex, or disability in its education programs and activities, and this policy extends to employment by the University.

Inquiries and charges of violation of Title VI (race, color, national origin), Title IX (sex), Section 504 (disability), ADA (disability), Age Discrimination in Employment Act (age), sexual orientation, or veteran status should be directed to the Office of Equity and Diversity (OED), 1840 Melrose Avenue, Knoxville, TN 37996-3560, telephone (865) 974-2498 (V/TTY available) or 974-2440. Requests for accommodation of a disability should be directed to the ADA Coordinator at the Office of Equity and Diversity.