
Clinical Psychology
Doctoral Program
2025 - 2026
Graduate Student Handbook
College of Arts & Sciences
Department of Psychology
University of Tennessee

FALL 2024-CLINICAL HANDBOOK-TABLE OF CONTENTS

I. WELCOME STATEMENT

The Department of Psychology and the doctoral program in Clinical Psychology welcome 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.

Gregory L Stuart, 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&nayoid=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. Ourfaculty approach clinical work from a variety of theoretical perspectives including psychodynarnic, cognitive behavioral (including 3rd wave), emotion-focused, and systemic.

A. UT Clinical Program Statement of Training Values

Each student and faculty member of the Program is expected to abide by the *APA 2002 Ethical Principles of Psychologists and Code of Conduct* and the following statement of training values:

[1]Respect for diversity and for values different from one's own is a central value of clinical psychology training programs. The valuing of diversity is also consistent with the profession of psychology as mandated by the American Psychological Association's Ethical Principles and Code of Conduct (2017) and as discussed in the Guidelines and Principles of Programs in Professional Psychology (APA, 2005).

Clinical psychologists provide services, teach, and/or engage in research with, or pertaining to, members of social groups that have often been marginalized in the larger society.

Academic training programs and internships that employ clinical psychologists and espouse clinical values exist within multicultural communities that include people of diverse racial, ethnic, and socioeconomic backgrounds; national origins; religious, spiritual, and political beliefs; physical abilities; ages; gender identities and sexual orientations. Clinical psychologists believe that training communities are enriched by members' acceptance and openness to learning about others who are different than them. Internship trainers, professors, practicum supervisors (herein "trainers") and students and interns (herein "trainees") agree to work together to create training environments characterized by respect and trust.

Trainers recognize that no individual is completely free from bias and prejudice, and that each training community will evidence a range of attitudes, beliefs, and behaviors. Training programs expect trainees and trainers to be committed to the respect for diversity, inclusion, and equity. Further, training programs expect trainees and trainers to be committed to engaging in critical thinking and self-examination. Critical thought and self-examination of prejudices or biases (and the assumptions on which they are based) should also be evaluated in light of available scientific data, professional standards, and the ethic of mutual respect.

Trainers will examine their own biases and prejudices in the course of their interactions with trainees so as to model and facilitate this process for their trainees. Where appropriate, trainers will also model the process of personal introspection. Trainers are committed to lifelong learning relative to multicultural competence.

Trainees will be expected to engage in self-reflection and introspection on their attitudes, beliefs, feelings and personal history. Trainees will be expected to examine and work through any of the above to reduce/eliminate potential negative impact on their ability to provide effective services to a diverse society in accordance with APA guidelines and principles.

In summary, all members of clinical psychology training communities are committed to a training process that facilitates the development of professionals who can work effectively with diverse communities. Such training processes are consistent with clinical psychology's core values, respect for diversity and for values similar and different from one's own.

[1]This document was modified from one that was written and endorsed by the Association of Counseling Center Training Agencies (ACCTA), the Council of Counseling Psychology Training Programs (CCPTP), and the Society for Counseling Psychology (SCP).

B. Statement on Values Conflicts

The APA-accredited UT Clinical Program is committed to preparing psychologists to serve a diverse public and to successfully negotiate their worldviews, beliefs, and/or values as they relate to providing psychological services. Consistent with professional competency standards set by the American Psychological Association (2016) and the program policy statement approved by APA's Board of Educational Affairs (2015), we are committed to a training process that ensures that graduate students develop the knowledge, skills, and attitudes to work effectively with members of the public who embody intersecting demographics, attitudes, beliefs, and values.

We adopt the policy put forward by the APA Board of Educational Affairs Virtual Working Group on Restrictions Affecting Diversity Training in Graduate Education (2015), p 268:

When graduate students' attitudes, beliefs, or values create tensions that negatively impact the training process or their ability to effectively treat members of the public, the program faculty and supervisors are committed to a developmental training approach that is designed to support the acquisition of professional competence. We support graduate students in finding a belief- or value-congruent path that allows them to

work in a professionally competent manner with all clients/patients. For some trainees, integrating personal beliefs or values with professional competence in working with all clients/patients may require additional time and faculty suppott. Ultimately though, to complete our program successfully, all graduate students must be able to work with any client placed in their care in a beneficial and non-injurious manner. Professional competencies are determined by the profession for the benefit and protection of the public; consequently, students do not have the option to avoid working with particular client populations or refuse to develop professional competencies because of conflicts with their attitudes, beliefs, or values.

This policy and our program commitment to training graduate students to work with all client/patient members of the public is consistent with ***the APA Ethical Principles of Psychologists and Code of Conduct (2010), p. 4: Principle E: Respect for People's Rights and Dignity.***

Psychologists respect the dignity and wotth 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 prejudice.

American Psychological Association. (2016). Revision of ethical standard 3.04 of the *"Ethical Principles of Psychologists and Code of Conduct"* (2002, as amended 2010). *American Psychologist,* 71(9), 900. https://psycnet.apa.org/doi/10.1037/amp0000102

BEA Virtual Working Group on Restrictions Affecting Diversity Training in Graduate Education (2015). Preparing professional psychologists to serve a diverse public: A core requirement in doctoral education and training a pedagogical statement. *Training and Education in Professional Psychology,* 9(4), 259-268. https://doi.org/10.1037/tep0000092

C. Clinical Program Diversity Statement

Faculty, staff, and students of the Clinical Psychology program at the University of Tennessee view diversity, multiculturalism, and social justice as fundamental values crucial to education, research, clinical training, and practice. Our program is committed to fostering an environment where the diverse identities, cultures, and beliefs of our faculty, staff, and students are sincerely valued and supported.[1] In our efforts to prioritize the promotion of diversity, multiculturalism, and social justice within our department and in the greater Knoxville community, our program maintains a variety of initiatives and practices related to increasing cultural humility among faculty, staff, and students and creating a more equitable and informed profession. We are dedicated to developing collaborations with community partners to co-create psychological knowledge which may be applied to community mental health services.

Moreover, our program recognizes that increasing positive change towards diversity, inclusion, and social justice is a continuous process that requires ongoing effort, discussion, and reflection. As such, our goal is to expand these efforts and to create a respectful and open environment. We aim to foster a culture that supports willingness to discuss issues of identity and diversity and facilitates transparent dialogue around areas of concern and potential areas of growth. We value social responsiveness, which involves actively addressing key issues affecting the public, assuming the inherent interdependency of all stakeholders, and recognizing the interaction among our professional values, institutional structures, and personal biases. We also acknowledge that our program, the University of Tennessee, and East Tennessee more broadly are in many ways demographically homogenous. As such, we are committed to increasing diversity and providing support, safety, and resources for current and future members of our program who hold marginalized identities. It is our collective and individual responsibility to increase diversity and increase the well-being of members of our community who hold traditionally oppressed and marginalized identities. We aspire to support students, faculty, and staff holding marginalized identities in fostering a sense of belonging, improvins, their access to relevant resources, achieving

academic and professional success, and finding a local community both within and outside of our program.

[1] We value diversity in its myriad forms, including, but not limited to, ability status, age, ethnicity, family structure, gender, gender identity, national origin, race, religion and spirituality, sexual orientation, SES background, and veteran status.

D. Introduction to Clinical Faculty and Staff

Dr. Jennifer Bolden Bush (jbolden2@utk.edu). Dr. Bolden's office is in 310B 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 scienc and evidence-based practices.

Dr. Jasmine Coleman (jcolem71@utk.edy). Dr. Coleman's office is in 310C Austin Peay.

Dr. Coleman received a doctorate in Clinical Psychology from Virginia Commonwealth University with a concentration in child and adolescent psychopathology. Dr. Coleman completed a postdoctoral fellowship at the University of South Alabama.

Dr. Chris Elledge (lelledge@utk.edu). Dr. Elledge's office is in 301E 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. Leticia Flores (lflores3@utk.edu). Dr. Flores is the Director of the Psychological Clinic. Dr. Flores' office is in 208 Conference Center Building.

Dr. Flores oversees operations at the Psychological Clinic. She is responsible for managing the audiovisual and client database systems for the downtown site. She teaches Multicultural Psychology, Ethics, and 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), Knoxville Area Psychological Association (KAPA) and the Appalachian Psychoanalytic Association (APS).

Dr. Tim Hulsey (thulsey@utk.edu). Dr. Hulsey's office is in 215A Austin Peay.

Dr. Hulsey is a member of the Psychology Faculty. He teaches one of the Foundation Courses, 565 History and Systems. He also is active as a mentor for clinical students.

Dr. Lucybel Mendez (mendezl@utk.edu). Dr. Mendez's office is in 303A Austin Peay.

My program of research focuses on: 1) trauma-informed developmental trajectories to mental health and behavioral problems among marginalized and minoritized youth - those from vulnerable, systemically oppressed, underserved, and disenfranchised populations; 2) socioecological risk and protective factors underlying these pathways; 3) trauma-focused prevention and intervention outcomes; 4) trauma- informed care in youth-serving systems; and 5) policy and advocacy efforts that promote access to mental health services and wellbeing for youth and their families.

Dr. Todd Moore (tmoore24@utk.edu). Dr. Moore is Associate Dean for Academic Personnel and Professor, College of Arts & Sciences. Dr. Moore's office is in 303A Ayres Hall.

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. Greg Stuart (gstuart@utk.edu). Dr. Stuart is the Director of Clinical Training. Dr. Stuart's office is in 225C Austin Peay.

My program of research has a particular emphasis on the role of substance use 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 and substance use disorders.

Dr. Deborah Welsh (dwelsh@utk.edu). Dr. Welsh's office is located in 416F 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. with their romantic partners' interactions.

Dr. Alexis Rhames Keith (alexisrhames@gmail.com). Dr. Keith is the Associate Director of the Psychological Clinic. Dr. Keith's office is in 208 Conference Center Building.

In my role, I contribute to the daily operations of the UT Psychological Clinic, teach a year-long course focused on supervision and consultation, and provide clinical supervision in psychological assessment. My professional interests include comprehensive psychological evaluations for a variety of concerns, with a particular focus on autism and other neurodevelopmental differences, especially in cases where mental health concerns may also be present. I am also passionate about offering consultation to educators and school-based professionals, supporting graduate students as they develop skills and confidence in psychological assessment, and promoting ongoing professional development within the field.

Christy Lynch (cmaples3@utk.edu). Christy's office is in the UT Psychological Clinic, 208 Conference Center Building.

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

Connie Ogle (cjogle@utk.edu). Connie is the Psychology Graduate Programs Coordinator. Connie's office is in 312C Austin Peay.

Connie serves as the Graduate Programs Coordinator for all Psychology graduate programs. Her phone number is (865) 974-3328.

The doctoral program in Clinical Psychology at the University of Tennessee is well established and has a long history. The program has been APA accredited since 1949. 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 must be familiar and compliant with all requirements of: (a) *Academic Policies and Requirements for Graduate Students,* athttp://lcatalog.utk.edu/content.php?catoid=19&navoid=2113 and (b) policies governing student conduct and academic integrity in *Hilltopics Student Handbook,* online at http://hjUtopics,utk,edu.

The Graduate Council Appeal Procedure http://gradschool.utk.edu/documents/2016/02/student-appeals- procedures.pdf and the Graduate Student 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 receive 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 five full-time students. Each faculty member typically invites 3 to 5 applicants to visit the University of Tennessee and participate in our annual applicant visiting day. (Note: the Program may conduct visiting day virtually.) 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 may follow 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.

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, responses to essay questions, fit with the Tennessee Model and with a potential mentor, 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 sometimes choose to work with a different advisor, and that is acceptable within the Program.

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. 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* grade point averages are posted on our website under the heading "Student Admissions, Outcomes and Other Data." In general, most of our students have undergraduate GPA's *over* 3.5. A Master's degree is not required for admission into our doctoral programs; however, students who hold a 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/admissions/

VI. FUNDING

Currently, the Psychology Department typically 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 *va,y* 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 (TAs) for Psychology undergraduate courses. Second Year Clinical Student assistantships involve conducting psychological assessments in the Psychological Clinic, some therapy hours, and a TAship. Typically, Third, Fourth- and Fifth-year Clinical Student's assistantships involve some combination of teaching an undergraduate course or providing applied psychological services to clients in community settings. Teaching assignments are made by the Psychology Director of Undergraduate Studies. Community external placement assistantships require an interview, and assignments are made by the 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. In order to be granted an assistantship or placement, students are required to be in good academic standing. If students are on a remediation plan for performance in the program, they generally are not permitted to be on external placement. Students are evaluated by the Clinical Program faculty at the end of each semester. Assistantships include a stipend, tuition remission and health insurance. ***This funding policy is 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://gradschoo!,utk,edu/graduate-student- life/costs-funding/graduate-fellowships/. 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://finajd.utk.edu/.

Financial support from the department is available for students to present their scholarship at conferences (see Sharon Sparks, 312F) also see the Graduate School {https://gss.utk,edu/trayef-awards).

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. A student on a 50% assistantship who takes 6 hours is considered full time. Refer to the Policy for the Administration of Graduate Assistantships for additional information. Students may enroll in only one course during a mini-term session.

   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.

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 the dissertation is defended, accepted, and approved by the Graduate School.

5. Once registration for Psyc 600 (dissertation hours) begins, students must register continuously for at least 3 hours of PSYC 600 each semester including summer terms and internship year until the dissertation is successfully defended and accepted by the graduate school. This registration is required, except during an approved leave of absence, which must be applied for and granted by the Graduate School.

B. ADVISING

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 connect on the basis of mutual interests, the Director of Training should be notified so they may formally reassign advisory responsibility. The Advisor Change form may be downloaded from the Clinical Program website http://psychology.utk.edu/docs/Advisor%20Change%20Form.pdf, or obtained from the Graduate Programs Coordinator, and returned to the Coordinator for filing.

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 (Practice-Research Integration Project; PRIP) proposal

In the **3rd or 4th** 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; students may not apply for internship unless they have completed their PRIP by May 15 of the academic year prior to applying for internship (i.e., students applying for internship in Fall of their 5th year must complete the PRIP by May 15 of their 4th year).**
- continue applied work in Psychological Clinic
- complete the **dissertation research proposal by October 15**
- complete Admission to Candidacy by end of Spring Semester

In the **4th or 5th** 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 or 6th 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 the student education throughout the Program. The first year is largely research focused with each student assigned to work with a particular faculty member as a research apprentice. In addition, students are encouraged to visit all faculty lab 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 lab meetings and the Psychotherapy course sequence (670 & 671), the viability and integration of both activities are focal points of discussion. During the 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, Psyc 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, Part-time 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. Two faculty have predominantly psychodynamic orientations (Flores and Hulsey), five faculty approach treatment from a cognitive/behavioral orientation (Bolden, Elledge, Moore, Stuart, and Thompson) 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, Elledge, Moore, Welsh, and Stuart), and (2) health concerns (Moore and Stuart). More specifically, faculty's clinical and research interest areas include couples' romantic relationships including aggression (Moore, Stuart, and Welsh), family processes in health adjustment (Elledge and Welsh), psychotherapy research (Bolden, Elledge, and Stuart), developmental psychopathology (Bolden, Elledge, and Welsh), sexuality (Welsh), pain (Moore), and substance misuse (Moore and Stuart).

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.

CLINICAL PSYCHOLOGY DOCTORAL PROGRAM REQUIREMENTS

In order to receive a Doctor of Philosophy degree (Ph.D.) in the Clinical Psychology 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 simultaneously as the student progresses through the program and are marked complete when required forms are submitted to the Graduate Programs Coordinator.

Requirements:

A. Coursework

B. Apprenticeship

C. Thesis/Predissertation 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 after forming a Doctoral Committee and before applying for Admission to Candidacy. In addition, this requirement must be completed before 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 after forming a Doctoral Committee and before applying for Admission to Candidacy. This requirement must be approved before October 15 of the year of applying for Internship.

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

I. **Internship**

J. Dissertation Research

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

A. COURSEWORK

Students are required to take five foundation courses (Affect & Cognition, 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 the Clinical Program Administrative Assistant (312G Austin Peay) a 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.

The Clinical Program Administrative Assistant 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. Students will register for Research Practicum (Psyc 509) and will receive either a Satisfactory or No Credit grade for the course.

C. MASTER'S 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.

If a student intends to complete a Master's thesis rather than a predissertation project (described below), they are considered a Ph.D. student who intends to remain active in the Ph.D. program while completing the Master's degree concurrently. Therefore, the student must complete and submit a Request for Concurrent Masters form (see appendix), email the completed form to the Director of Graduate Studies who will then provide the required information and endorse the student's request. The Director of Graduate Studies will email the completed form to the Graduate Programs Coordinator and the Graduate School graduation specialist. The student is expected to submit their paper to iThenticate, https://research.utk.edu/oried/references/research-tools-software/ithenticate/. and to send copies of the report to their Chair, their Program Director, and to the Graduate Programs Coordinator, before presenting to their committee.

A Master's Committee composed of the major professor and at least 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 Master's Admission to Candidacy form must list 26 hours of coursework and 6 hours of Thesis (Psyc 500), with half of the coursework being letter-graded courses. All graduate coursework should be at a 3.0 average or higher. There should be no more than 32 hours listed on this form (26 hours of coursework and 6 hours of Thesis). This form is to be submitted early in the semester **prior** to the semester in which students intend to defend the thesis. The Admission to Candidacy form must be signed by the student's committee members and all courses to be used for the degree must be listed, including transfer coursework. The completed form should be returned to the Graduate Programs Coordinator 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 defended, accepted, and approved by the Graduate School. After receiving the Master's Degree, students are 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 https://gradschool.utk.edu/documents/2016/03/guide-to-thesesdissertations.pdf/.

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 http://gradschool.utk.edu/documents/2016/02/thesisdissertation-approval.pdf and relevant graduate school documents to the defense meeting (these forms can be obtained from the Graduate Programs Coordinator).

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 the Graduate Programs Coordinator'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 an additional faculty member will sign the appropriate approval form and submit it to the Graduate Programs Coordinator.

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 pursuing a Master's degree in this manner must file an Admission to Candidacy as previously indicated.

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 Pre-Dissertation Research Approval form http://osychology.utk.edu/docs/prediss.pdf. The completed form as well as one (1) copy of the manuscript should be returned to the Graduate Programs Coordinator.

D. CLINICAL PRACTICUM

See Appendix F for a description of clinical placement sites.

1. Students in the 2nd year will complete a 12-month clinical training practicum in the Department Psychological Clinic. Unless supported by a grant, students will have a 20-hour / week assistantship in the department (PSYC 110 Discussion section leader, PSYC 294 Research Methods Lab instructor, or Teaching Assistant) for the 9 months of the academic year.

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), continue to see clients in the Departmental Psychological Clinic (Psychology 673 or 696), and do at least 5 hours instructional support (TA duties).

   However, depending on availability, 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), placement in the Psychological Clinic (Psychology 673 or 696), and instructional support.

   Option 2: Undergraduate teaching in the Department (2 semesters) for a greater number of hours and placement in the Psychological Clinic (Psychology 673 or 696).

   i. This option requires a course prerequisite: Seminar in College Teaching (Psychology 528) which we encourage you to take during your 1st year.

   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 (if available) 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 **4thyear** may elect to continue carrying cases in the Department Psychological Clinic. If so, students should register for Advanced Psychology Clinic

696.

4. The process for being selected for internal and external practica experiences (including Peer Mentoring, Assessment TA and Clinic Coordinator) involves many factors, including the training needs of the students, student preferences, the particular qualifications of students, and goodness of fit considerations. While *every* effort is made to accommodate student preferences, it should be expected that some students will not receive their ideal positions each year.

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** (email is fine) to the Clinical Program Administrative Assistant to take to the next Clinical Program Faculty meeting. After approval 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 are 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:llgradschool.utk.edu/forms-central/doctoral-committee-form/ to the Graduate Programs Coordinator 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 [41 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 have (1) at least 4 members, (2) at least two committee members must be UT tenured or tenure-track faculty members, (3) at least one committee member must be from outside of the student's department/interdisciplinary program (this external member can be from outside UT, (4) UT tenured or tenure-track faculty without a doctoral degree and other experts in the field may serve on PhD committees with department head approval, (5) Emeritus faculty can serve on committees on which they are serving in that capacity at the time of retirement. Students may check with the Graduate Programs Coordinator 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. They are 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 advisor during the pt **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 acquired from the Graduate Programs Coordinator. The completed form, as well as one (1) copy of the manuscript, should be submitted to the Graduate Programs Coordinator for filing.

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 jn order to apply for internship for the fifth year. We strongly recommend students complete this requirement well before this deadline or else risk not passing the defense and not meeting the deadline. The **Dissertation Proposal Approval form** may be obtained from the Graduate Programs Coordinator and the completed form should be returned to the Graduate Programs Coordinator for filing. 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), maintaining at least a B average in all graduate course work, and successfully completing the dissertation proposal. 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 Graduate School website http://gradschool.utk.edu/forms-central/admjssion-to-candidacy-doctoral-degree/ The completed form should be returned to the Graduate Programs Coordinator 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 requirements in order for the student to graduate.

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

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

5. **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.

6. !fa student fails internship, this will require faculty review and could result in termination from the program.

J. 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 https://gradschool.utk.edu/documents/2016/03/quide-to- thesesdissertations.pdf/} must be submitted to and accepted by the Graduat_p 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 student is expected to submit their paper to iThenticate, https://research.utk.edu/oried/references/research-tools-software/ithenticate/. before presenting to their committee.

K. 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. Students will submit the Scheduling form at https://gradschool.utk.edu/forms-central/schedule-of-dissertation- defense/, When this form is submitted, send a copy to the Graduate Programs Coordinator, with the complete title of the dissertation listed in the email. 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. It is strongly recommended that students submit these materials and defend their dissertation well before this deadline to allow for committee members· feedback and suggested changes to be addressed.

IX. 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
	=	Student has performed satisfactorily, but due to unforeseen circumstances has been unable to finish requirements.
S/NC	=	Satisfactory/No Credit. Satisfactory has credit hours, but no quality points, limited to 25% of the total credit hours
P/NP	=	Pass/No Progress. No quality points (for dissertation 600 or thesis 500) hours.
W	=	Withdrawal

NOTE: An Incomplete is **IiQI** 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 one 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. **When a student earns a grade of C+ or less in a REQUIRED COURSE, their status in the Program is reviewed.** A C+ or lower grade in a required course may be 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. At the discretion of the Clinical Program faculty, a grade of C+ or lower could lead to a remediation plan or putting a student on probation. **When a student earns a grade of NC in a Clinical course, their status in the Program is reviewed.** A grade of NC in a Clinical course may lead to a remediation plan, probation, or may be grounds for dismissal from the Clinical Program. 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. UTK TECHNICAL STANDARDS

Earning a degree from the Clinical Psychology Doctoral Program requires mastery of a coherent body of knowledge and skills. Doctoral students must acquire substantial competence in the discipline of clinical psychology as specified in the American Psychological Association (APA) Standards of Accreditation and must have the ability to relate appropriately to clients/patients, fellow students, faculty and staff members, and other health care professionals. Combinations of cognitive, behavioral, emotional, intellectual, and communication abilities are required to preform these functions satisfactorily. These skills and functions are not only essential to the successful completion of the Clinical Psychology Doctoral Program, but they are also necessary to ensure the health and safety of clients/patients, fellow students, faculty and staff members, and other health care providers.

D. ETHICAL BEHAVIOR & TRAINING VALUES

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 M. 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 students are very likely to experience one or more ethical dilemmas during their tenure in our program. It is important that students seek guidance

from faculty available to them while in this program to learn how to handle these dilemmas in a thoughtful and thorough manner before they become independent professionals. Therefore, if a student experiences an ethical dilemma or has questions about ethical issues, we encourage the student to discuss any concerns with their supervisors, advisor, director of training, clinic director, and/or department head. Student violations of the APA Ethics Code may lead to a remediation plan, probation, or dismissal from the Clinical Program.

In addition, students are expected to abide by the UT Clinical Program Statement of Training Values.

E. 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 Program Administrative Assistant 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. Students will be required to sign the letter, not necessarily indicating agreement with the feedback, but indicating that they have read and understand the feedback and have been given the opportunity to ask questions.

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 0).

F. 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 OCT 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, if a student receives a second "of concern" on their annual evaluation letter, the faculty will be prompted to have a discussion regarding remediation and probation. Documents pertaining to clinical program remediation policy, an example remediation plan, and a copy of the graduate student exit interview are contained in Appendices J, K, and L.

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.

G. 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. 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, a **Leave of Absence** request must be submitted by the student at https://gradschool.utk.edu/forms- central/graduate-student-leave-of-absence/. Notifications of the request will be sent to the OCT as well as to the Department Head for signing. When the form has been approved and signed, the student will receive notification and instructions on how to view and download a copy of the form. A copy of the approved form should be submitted to the Graduate Programs Coordinator for filing.

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.

H. GRIEVANCE PROCEDURES

The Graduate Council Appeal Procedure can be obtained at the Graduate School or at: https://gradschool.utk.edu/graduate-council/appeals-committee/the-university-of-tennessee-graduate-council-appeal-procedure/#:~:text=A%20student%20wishing%20to%20initiate,ensure%20the%20appeal%20is%20heard.

An appeal should be handled first at the Department level through the student's academic advisor, then the Clinical Program Director, or the Psychology Department Head. The initial appeal must be filed no later than 30 days after the incident that occasions the appeal. Further appeal may be made to the Dean of Arts and Sciences (within 30 days of a final decision at the department level). Only after grievances duly processed, without resolution, through appropriate appeals procedures at the department and college levels, would further appeal proceed at the Graduate Council through the Assistant Dean of the Graduate School, and ultimately to the Dean of the Graduate School.

A determination that a student is not making adequate progress, decision to place a student on academic probation, or decision to terminate a student from the Program may all be appealed following the procedures described in this section. These are not the only situations when an appeal is possible. Any decision made by the Program Director, a faculty member, or a faculty committee may be appealed. Students who believe they have been treated in a biased or unfair manner have the right to file a grievance.

The following procedures are outlined to provide guidance for students when there is a grievance or when conditions warrant an appeal/review of a decision made by a faculty member, Program Director, or committee. Students who wish to appeal a decision or seek action in the matter of a grievance are encouraged to first solicit clarification and review through informal methods (i.e., consultation with a faculty member, advisor, or Program Director).

When a less formal approach fails, the student has the right to appeal a grievance in the following manner:

1. Present the grievance to the faculty member.
2. If unwilling to accept the decision resulting from this discussion, the student may appeal the grievance to the Program Director.
3. If the student still does not agree with the decision of the Program Director, he or she may make a formal appeal to the Department Head.
4. The Department Head may try to resolve the issue or convene a Departmental "Appeal Panel" (comprised of Program/Department faculty members).
5. If the situation is still not resolved to the students' satisfaction, he or she may appeal to the Dean of the College.

In addition, the following Graduate School policies apply:

(a) Students with grievances related to race, sex, color, religion, national origin, age, sexual orientation, disability, or veteran status should file a formal complaint with the Office of Investigation and Resolution https://oir.utk.edu with a copy to the appropriate academic department head. If a student makes a complaint or files a grievance, retaliation from faculty member(s) will not be tolerated.

(b) Students with grievances concerning grades should file a formal complaint with the Graduate Council through the office of the Associate Dean of Graduate Studies, but only after grievances have been duly processed, without resolution, through appropriate appeals procedures at the department and college levels.

(c) Students with grievances concerning the interpretation of and adherence to university, college, and department policies and procedures as they apply to graduate education should file a formal complaint with the Graduate Council through the office of the Associate Dean of Graduate Studies, but only after grievances have been duly processed, without resolution, through appropriate appeal procedures at the department and college levels. An appeal of policies or procedures must be filed no later than 90 days after the incident that occasions the appeal.

(d) Appeal procedures in regard to allegations of misconduct or academic dishonesty are presented in Hilltopics http://hilltopics.utk.edu/ under "Disciplinary Regulations and Procedures."

(e) Allegations of mistreatment, including sexual harassment, in your role as a graduate assistant are described in the Graduate School webpage, http://gradschool. utk.edu/graduate-student- life/understanding-your-rights-and-obligations/

If possible, a student should speak first with their immediate supervisor, then with the graduate liaison, and, if the problem has not been resolved, with the

department head. If the student still feels the complaint has not been adequately addressed, they should contact the appeals committees in their home unit or college and the dean of their college/school. If they feel that a resolution should be sought beyond the department/ college level, they should contact the Graduate School about a formal appeal. In all cases in which they feel unable to speak with your supervisor, department, or college about the specific problem because of the nature of the problem or fear of repercussions, they should seek assistance in resolving the matter from the assistant to the dean in the Graduate School. However, in such a case, they should carefully consider the wisdom of bypassing the department and college levels since any resolution of the problem will require notification of all parties involved.

XI. Pertinent Graduate Student Web Pages

Best Practices in Teaching - http://gradschool.utk.edu/training-and-mentorship/bpit/

Center for International Education - https://jnternatjonal.utk.edu/

Counseling Center- http://counselingcenter utk edu/

College of Arts and Sciences - http://artscj.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

Graduate Student Appeals Procedure - http://gradschool.utk.edu/documents/2016/02/student-apoeals-procedures.odf

Student Handbook- Hilltopics - http://hilltopics.utk.edu

Graduate Student Senate - https://gss.utk.edu/

Graduate and International Admissions - https://gradschool.utk.edu/admissions/applying-to-graduate- school/admissions-for-internatjonat-students/

International House - http://ihouse.utk.edu/

Judicial Affairs - https://sga.utk.edu/branches/judicial-branch/

Library Website for Graduate Students - https://www.lib.utk.edu/info/grad/

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

OIT - http://oit.utk.edu

Office of Multicultural Student Life - http://multicultural.utk.edu

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

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

International Teaching Assistant (ITA) Testing Program - http://gradschool.utk.edu/graduate-student- !ife/ita-testing-program/

Thesis/Dissertation Website - https://gradschool.utk.edu/forms-central/thesisdissertation-approval/

Tennessee Today- http://tntoday.utk.edu

LIST OF APPENDICES

APPENDIX A

REQUIRED COURSES BY PROGRAM AREA

Currently, there are five (5) foundation sections, fifteen (15) core courses, and five (5) practicum (research & clinical) courses comprising the Clinical Program.

A. FOUNDATION COURSES:

1. **Biological Foundations of Behavior**
   550 Social Psychology

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

3. **Developmental Psychology**
   597 Development and Psychopathology or
   510 HDFS Theories of Human Development

4. **Social Aspects of Behavior**
   527 Behavioral Neuroscience

5. **Affect and Cognition**
   570 Cognitive and Affective Bases of Behavior

B. CORE COURSES:

1. 515 Colloquium in Psychology .....pt yr Fall & Spring
2. 521 Analysis of Variance for Social Sciences.....1st yr Fall
3. 522 Multiple Regression for Social Sciences.....1st yr Spring
4. 577 Multicultural Psych: Theory and Research .....2nd yr Spring
5. 580 Research Questions and Designs.....1st yr Spring
6. 594 Psychological Assessment I .....1st yr Fall
7. 595 Psychological Assessment II.....Pt yr Spring
8. 597 Development and Psychopathology.....pt yr Spring
9. 598 Ethical Issues in Professional Psychology.....2nd yr Fall
10. 599 Clinical Psychopathology .....1st yr Fall
11. 607 Seminar in Applied Psychometrics .....3rd yr Fall
12. 645 Adv Prof. Issues Clinical: Supervision and Career Dev.....3rd yr Spring
13. 670 Psychotherapy 1 .....2nd yr Spring
14. 671 Psychotherapy II .....2nd yr Fall
15. 698 Seminar in Supervision and Consultation.....4 yr Fa & Sp

C. PRACTICUM EXPERIENCES

1. 509 Research Practicum.....P[1] 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 to External Placement

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

APPENDIX B

REQUIRED COURSES CURRICULUM-BY-YEAR LIST

Year 1 Fall

Course#	Course Name	Hours	Professor
509-001	Research Practicum	1	Stuart
515	Colloquium in Psychology	1	Corbetta
521	Analysis of Variance for Social Sciences	3	Gaertner
594	Psychological Assessment I	3	Bolden Bush
596	Lab in Psychological Assessment	2	Bolden Bush
599	Clinical Psychopathology	3	Vazquez
528	Teaching Pre-requisite Course	1	Hardin orTBA

Total Credit Hours: **14**

Year 1 Spring

Course#	Course Name	Hours	Professor
509-001	Research Practicum	1	Stuart
515	Colloquium in Psychology	1	Stuart
522	Multiple Regression for Social Sciences	3	Gaertner
580	Research Questions & Designs	3	Elledge or Grzanka orTBD
595	Psychological Assessment II	3	Mendez
596	Lab in Psychological Assessment	2	Mendez
597	Developmental Psychopathology	3	Elledge

Total Credit Hours: **16**

Year 1 Summer
No required courses.

Year 2 Fall

Course#	Course Name	Hours	Professor
509-001	Research Practicum	1	Stuart

Or 500 (for thesis work)	Thesis	1-3	Stuart
598	Ethical Issues in Professional Psychology	1	Flores
671	Psychotherapy II	3	Flores
673	Lab in Psychotherapy	2	Flores
577	Multicultural Counseling: Theory and Research	3	Miles
???	Foundation Course	3	TBA
	Total Credit Hours:	**15**	

Year 2 Spring

Course#	Course Name	Hours	Professor
509-001	Research Practicum	1	Stuart
Or 500 (for thesis work)	Thesis	1-3	Stuart
570	Cognitive and Affective Bases of Behavior	3	Larsen
670	Psychotherapy I	3	Coleman
673	Lab in Psychotherapy	2	Flores
???	Foundation Course	3	TBA
	Total Credit Hours:	**15**	

Year 2 Summer

Course#	Course Name	Hours	Professor
500 (for thesis work)	Thesis	1-3	Stuart
673	Lab in Psychotherapy	2	Flores
	Total Credit Hours:	**3**	

Year 3 Fall

Course#	Course Name	Hours	Professor
600-001	Doctoral Research & Dissertation	**3***	Stuart

607	Seminar in Applied Psycho etrics	3	Waugh or TBD
673	Lab in Psychotherapy	2	Flores
695	Field Placement in Clinical Psychology	3	Stuart
???	Foundation Course	3	TBA
	Total Credit Hours:	**14**	

Year 3 Spring

Course#	Course Name	Hours	Professor
600-001	Doctoral Research & Dissertation	**3***	Stuart
645	Advanced Professional Issues in Clinical Psychology: Supervision and Career Development	1	Bolden Bush
673	Lab in Psychotherapy	2	Flores
695	Field Placement in Clinical Psychology	3	Stuart
???	Foundation Course	3	**TBA**
???	Foundation Course	3	**TBA**
	Total Credit Hours:	**15**	

Year 3 Summer

Course#	Course Name	Hours	Professor
600-001	Doctoral Research & Dissertation	**6***	Stuart
673	Lab in Psychotherapy	2	Flores
695	Field Placement in Clinical Psychology	3	Stuart
	Total Credit Hours:	**11**	

Year 4 Fall

Course#	Course Name	Hours	Professor
600-001	Doctoral Research & Dissertation	**6***	Stuart
695	Field Placement in Clinical Psychology	3	Stuart
696	Advanced Psychology Clinic	1	Flores
698	Seminar in Supervision and Consultation	1	Rhames Keith
???	Foundation Course	3	TBA

Total Credit Hours: **14**

Year 4 Spring

Course#	Course Name	Hours	Professor
600-001	Doctoral Research & Dissertation	6*	Stuart
695	Field Placement in Clinical Psychology	3	Stuart
696	Advanced Psychology Clinic	1	Flores
698	Seminar in Supervision and Consultation	1	Rhames Keith
???	Foundation Course	3	TBA

Total Credit Hours: **13**

Year 4 Summer

Course#	Course Name	Hours	Professor
600-001	Doctoral Research & Dissertation	6*	Stuart
695	Field Placement in Clinical Psychology	3	Stuart
696	Advanced Psychology Clinic	1	Flores

Total Credit Hours: **10**

*Credit hours for 600 are variable. Must have a total of 24 hours for graduation. Also, once 600 registration has begun, students must be registered for at least 3 hours during every semester until the dissertation has been defended, submitted, and accepted by the Graduate School.

Appendix C

Annual Student Report

Academic Year: 2024-25

BACKGROUND INFORMATION					
Name (last, first, middle):		Ethnicity:		Gender:	Today's Date:
		D Amer Ind 0Hisp D Asian 0 A/AO White O Other		M F T D Other	
Email address:		Date Began at UT:	Year in Program:		**Advisor:**
Foreign National:	Subject to **ADA:**	Telephone Cell:	Telephone Work:		
nYes I I No	f 7 Yes f l No				
Home Address:					
UG University:		UG **GPA:**	GREV:%	GREQ: %	Yr. Grad
Master's Degree Prior to UT? f l Yes n No					
If ves, School:		I Field:	Date Degree Completed:		
		I			

PROFESSIONAL ACTIVITIES:	
Membership in Professional/Research Societies. (This includes student affiliates.) ☐Yes ☐ No	
Presentations: Author or Co-Author of Papers, Posters, or Worksho :>s at Professional Meetin_gs.	
Number {projected) in this Academic year?	
Publications: Author or Co-Author of Articles in Professional or Scientific Journals. Books may be included.	
Projected number published in this Academic year?	
Involvement in Grant-Supported Research (NIMH, etc.):	Yes No
Involved in leadership roles/activities, professional organizations	Yes No
Presented a psychological topic to lay or community audience	f 7 Yes 11 !No

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 aoals for next year?
What are vour research aoals for next vear?
What are vour teaching goals (if applicable) for next vear?

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, consultina)?

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:**	**SemesterNear:**	**Grade*:**
Clinical Core Classes (does not include Foundation classes, labs. or Practicum classes}:				
515	Colloquium of Psycholoav			
521	Analysis of Variance for Social Sciences			
522	Multiple Reoression for Social Sciences			
570	Cognitive and Affective Bases of Behavior			
577	Multicultural Psychology: Theory and Research			
580	Research Questions and Designs			
594	Psvcholoaical Assessment I			
595	Psychological Assessment II			
597	Developmental Psychopathology			
598	Ethical Issues in Professional Psycholoav			
599	Clinical Psychooatholoqy			
607	Seminar in Applied Psychometrics			
645	Seminar on Supervision, Prof Development, Internship, Ethical Conduct			
670	Psychotherapy I			
671	Psvchotherapy II			
698	Seminar in Supervision and Consultation			
Foundation Classes				
565	History/Svstems of Psychology			
527	Behavioral Neuroscience			
550	Social Psychology			
HDFS 510	Theories in Human Development			
Teaching Prerequisite Course {if applicable):				
528	College Teaching in Psvchology			
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 Ootion:				
Title	Advisor	(Name of 2nd Reader or Publication Citation)		Date Aooroved
PRIP:				
Title	Chair	Committee Members	Date Proposal Aooroved	Date Approved
Dissertation:				
Title	Chair	Committee Members	Date Proposal APProved	Date Defended

OTHER **RESEARCH ACTIVITIES (if applicable)**			
SemesterNe ar	Setting	Superviso **r**	Project Title/Description

PRACTICUM EXPERJENCES (the 4 most recent) see appic.ora for a detailed record form for keeping track of your oracticum hours and exoeriences		
Academic **Year!**	Name of Site:	
	Name and Degree of Primary Suoervisor:	
	Type of Settina:	
	Type of Services Provided:	
	Type of Clients Served:	
	Total Intervention and Assessment Hours:	
	Total Supervision Hours:	
	Total Supp0rt Hours:	
Academic Year:	Name of Site:	
	Name and Degree of Primary Supervisor:	
	Tvoe 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 Suoervisor:	
	Type of Services Provided:	
	Type of Clients Served:	
	Total Intervention and Assessment Hours:	
	Total Supervision Hours:	
	Total Suooort Hours:	
Academic **Year:**	Name of Site:	
	Name and Degree of Primary Supervisor:	
	Tvpe of Settina:	
	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	f l Yes No		

APPENDIX D

Student Assessment of Clinical Supervision

Department of Psychology
Clinical Psychology Program
University of Tennessee, Knoxville

___ Fall ___ Spring _____(Fall 2024 - Spring 2025)

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?

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 Clinical Admin Asst)

Student Assessment of Clinical Supervision

Comment Sheet

Department of Psychology
Clinical Psychology Program
University of Tennessee, Knoxville

Supervisor: _____

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 return this form to Clinical Admin Asst)

APPENDIX E

CLINICAL PLACEMENT SITES

The University of Tennessee Psychological Clinic, *https:llpsvchclinic.utk.edul* 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. 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. 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:llwww.cherokeehealth com()* serves residents 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 ser:yices. 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 individual therapy sessions, family therapy sessions, facilitating group therapy sessions, and 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, cognitive processing therapy, cognitive behavioral therapy, and dialectical behavior therapy. They also utilize family therapy techniques and appropriate psychopharmacological treatments.

East Tennessee Children's Hospital- Pediatric Psychology Placement-

lhttos'l/www **etch com/}** 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.

APPENDIX F

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. 8., & McGlinchey, J. 8. (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-8 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. 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-8 design, there is nothing to prevent you and your mentor from choosing other time-series designs (e.g., A-8-A, A-B-A-8), 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 11-671 (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

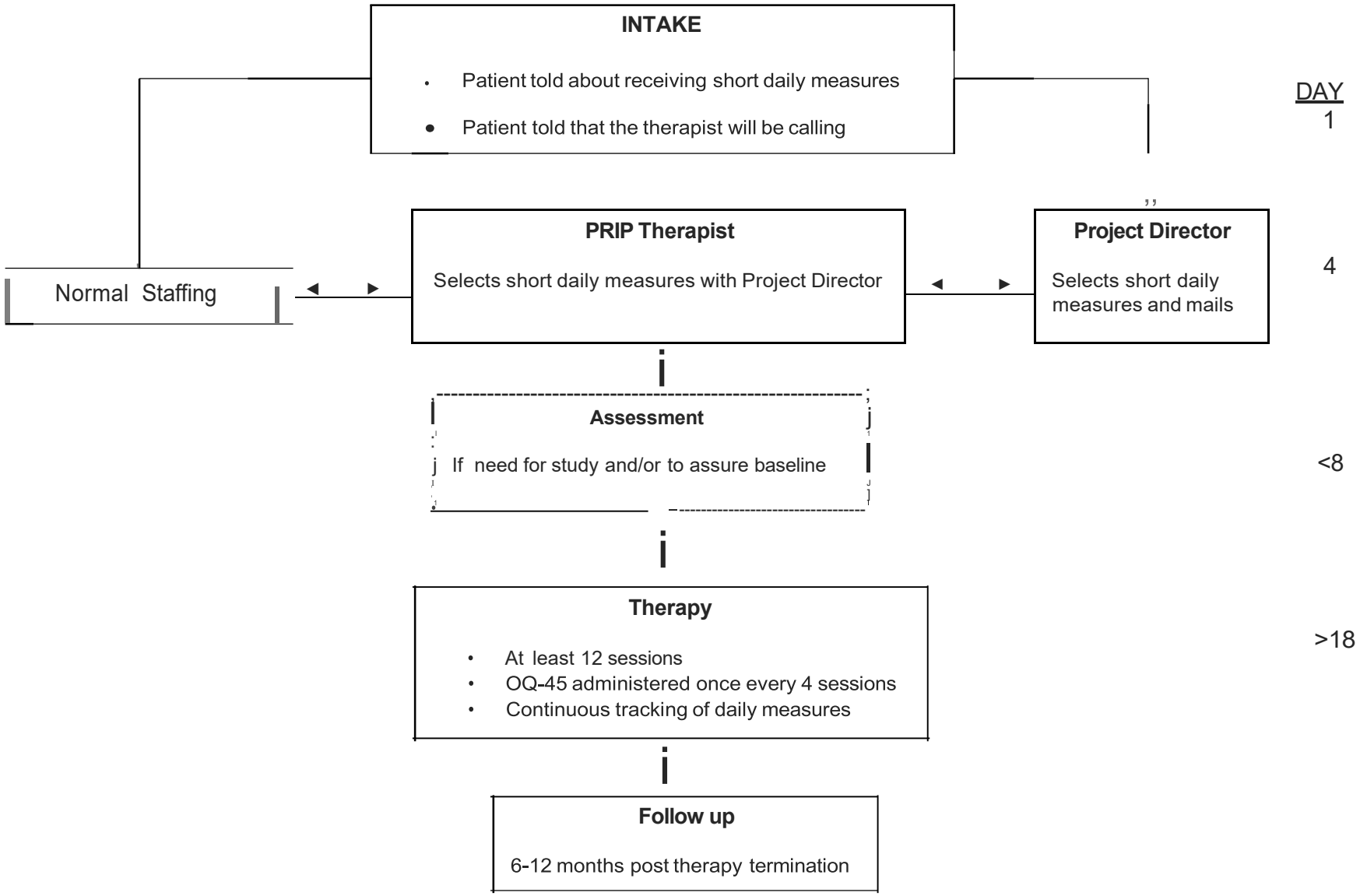
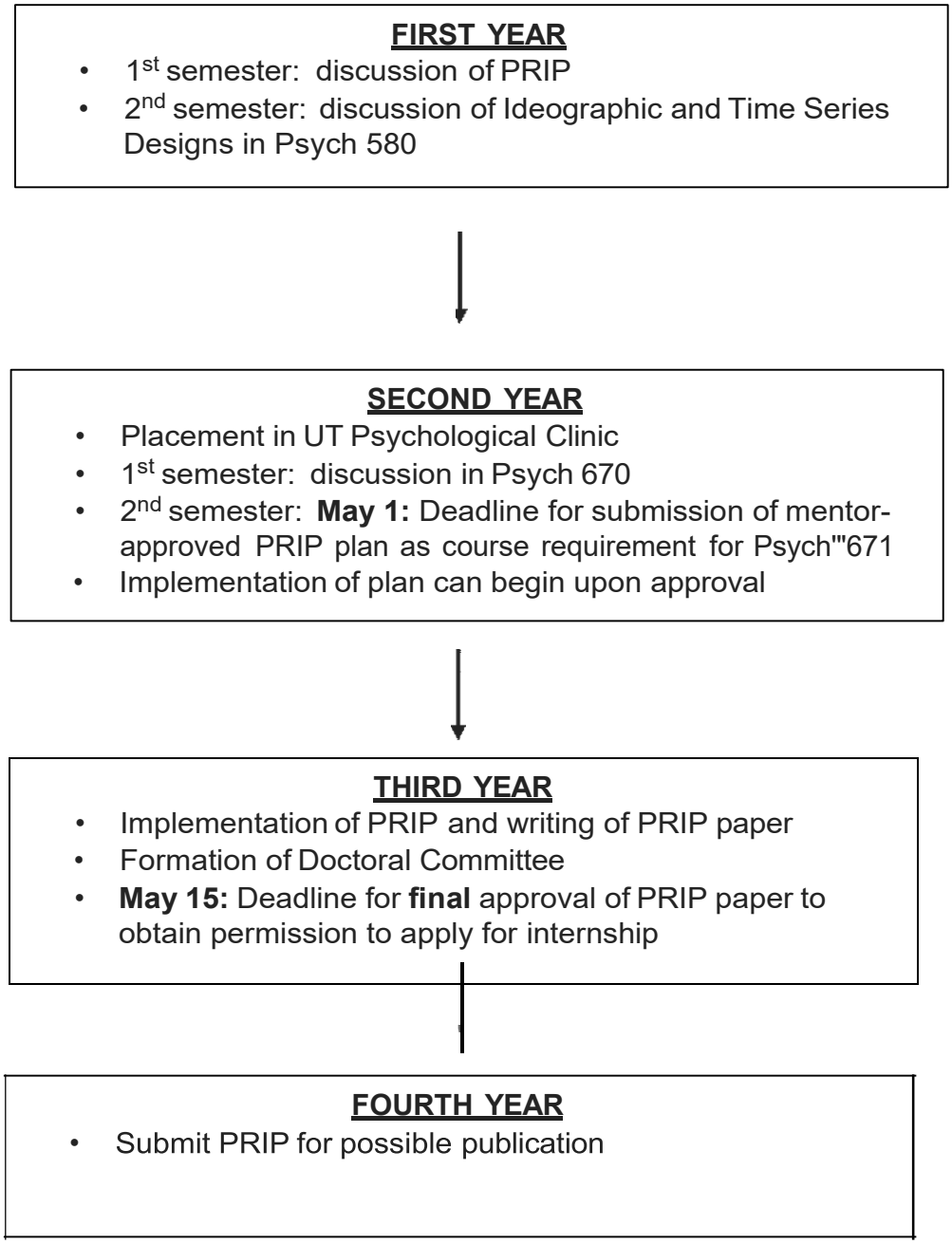


Figure 2.
Chronology for Progress on the
Practice-Research Integration Project (PRIP)



APPENDIX G

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 W,** it is extremely important that the Program Director have the student's **.b.s2.Dlil 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 Cfall, sorjna, 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 H

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/Directory/APPIC-Djrectories-PDF-Copjes. 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 OCT 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 I

Consumer Disclosure Information
Educational Requirements for Licensure in Psychology
Clinical Psychology Program
University of Tennessee Knoxville

The Clinical Psychology PhD Program in the Department of Psychology at the University of Tennessee Knoxville (referred to as "our Program") makes every effort to provide education that is compliant with national standards and to prepare students to practice clinical psychology. As recognition of our compliance with national standards, our Program is accredited by the American Psychological Association. The practice of psychology, however, is regulated at the state level. State licensing authorities, commonly referred to as "State Boards," determine the specific educational and training requirements for licensure in their State. Of note, many States require post-doctoral training as well as examinations beyond educational and training requirements. As such, a PhD degree from our Program in Clinical Psychology is not sufficient, in and of itself, to meet licensure requirements in most states.

If you are planning to pursue professional licensure or certification, it is strongly recommended that you contact the appropriate licensing entity in the state for which you are seeking licensure or certification to obtain information and guidance regarding licensure or certification requirements before beginning an academic program. Given that State requirements for licensure or certification vary and may change over time it is also strongly recommended that you review licensing or certification requirements as you get closer to seeking licensure or certification. You are encouraged to review the Association of State and Provincial Psychology Boards' online tool, PsyBook {https://www.asppb.net/page/psybook). which summarizes requirements for most states and territories. You are also encouraged to confirm state licensing requirements directly with the state you are interested in seeking licensure or certification.

The University of Tennessee Knoxville, to the best of its ability, determined that the curriculum offered by our Program meets - or does not meet - the educational requirements for licensure or certification to practice psychc;,logy in each of the States listed in Table 1,
https://psychology.utk.edu/docs/UT%20Consumer°/o20Disclosure%20Chart.pdf,
For States in which the Program's educational offerings do not meet a specific State's requirements for licensure or certification, students may be required to obtain alternate, different, or more courses, or more experiential or clinical hours required. These findings are accurate, to the best of our ability, as of June 30, 2021.

APPENDIXJ

Clinical Psychology Progressive Remediation/Disciplinary Policies

The purpose of this policy is to address misconduct or poor performance in a manner that ensures:

- Prompt, consistent, and fair treatment
- That the rights, benefits, and responsibilities of the student are articulated and protected
- Full protection of the clients we serve
- That faculty supervisors/advisors follow standard remediation/discipline procedures
- All legal requirements are met

The Director of Clinical Training (DCT) has the delegated authority to place on remediation or probation, or suspend or terminate a student from the program. No clinical supervisor or faculty advisor has the authority to initiate these actions without prior consultation and approval from the DCT. During each phase of progressive discipline, the DCT and Department Head must be notified, and to whatever degree other faculty or clinical supervisors are involved, they will be brought into the process as well. All clinical supervisors and faculty advisors must maintain appropriate and adequate documentation.

Situations that may trigger progressive remediation or disciplinary action include, but are not limited to, the following:

- Violations ofestablished Program, Department, University, affiliated training sites, and the UTK Board of Regents' policies and procedures;
- Failure to achieve and maintain standards of professional conduct;
- Unprofessional or unethical behavior;
- Unsatisfactory performance, including:
    - Academic performance in courses
    - Timely completion of milestone projects
    - Fulfilment of teaching responsibilities
    - Clinical competencies
- Non-compliance with training and graduate assistant contracts;
- Gross misconduct including, but not limited to:
    - o Violations of the APA Code of Conduct;
    - o Absence or habitual tardiness from duty (e.g., graduate assistant assignments);
    - o Any act or omission which may seriously disrupt or disturb the normal operation of the training program or psychological clinic;
    - o Theft or dishonesty, including academic and scientific misconduct;
    - o Gross insubordination;

- Destruction of university property;
- Falsification of records and/or data;
- Acts of moral turpitude;
- The illegal use, manufacture, possession, distribution, or dispensing of controlled 3 substances;
- Disorderly conduct;
- Provoking a fight;
- Incompetence resulting in clinical ineffectiveness or public harm;
- Impairment due to stress, distress, psychological dysfunction, or substance use;
- Other intolerable behavior.

I. Remediation Process

Issues requiring remediation will be discussed at the mid-year or end-of-year student evaluation meetings held by clinical faculty. Students should know that any designation of "needs improvement" in research or clinical work may trigger a remediation plan. Remediation plans will be voted on by the clinical faculty. Formal remediation is not considered a punishment, but rather a tool to solve problems and improve performance. Remediation can be used to address minor conduct or performance issues. The process should encourage student's tmderstanding and concurrence on the issues of concern and encourage their participation in developing a solution. The DCT and/or Head will assist in the identification of appropriate remediation options as necessary (e.g., counseling, coaching, and training options). The DCT will keep a written record of all remediation discussions.

The remediation process should include:

- A memorandum to the student sent by the DCT informing the student of the need for remediation, the reason for remediation (e.g., date of incident, rule or standard violated), and the consequences of not following through with remediation;
- Development of a remediation plan that includes input from the primary academic advisor and the student about the corrective action(s) to be taken;
- Acknowledgement of receipt of the remediation plan by the student;
- Documentation of the remediation plan and the student's acknowledgement of the remediation plan (maintained in the student's departmental file);

The remediation plan will address:

- The professional competencies or academic performance issues to be remediated;
- The specific criteria for determining successful completion of the remediation plan (e.g., benchmarks);
- The time frame for completion;
- Planned strategies/activities to acquire (or re-acquire) competence;

- Designated supervisor of activities throughout the plan;
- The responsibilities of each party;
- The assessment strategies to be implemented;
- The expected level of achievement for each assessment strategy at completion;
- The consequences of success or failure;
- Clarification of what remains confidential in the remediation process and under what circumstances the process and outcomes will be shared and with whom;
- The signatures affirming acceptance of the plan by the trainee, director of clinical training, and appropriate others;
- Specification about who is involved in design, implementation and outcome assessment (e.g., the trainee's advisor, and faculty and supervisors).

Examples of strategies for remediation include:

- Behavioral contracts;
- Reflective papers;
- Informal discussions;
- Increasing knowledge by:
    - Reading a targeted book;
    - Attending workshops;
    - Repeating a course;
    - Researching answer to specific questions;
    - Completing targeted assignments and discussing with an outside expert;
    - Authoring a literature review, and identifying how it specifically relates to the current issue;
    - Teaching a class or workshop focused on the targeted area;
- Honing clinical skills by:
    - Transcribing a session with a client and then evaluating the therapist's response, articulating choice points, and providing justification;
    - Reviewing tape of client sessions with supervisor;
    - Presenting client case outlining clinical interventions to supervisor;
    - Watching other therapists/or their tapes of sessions with clients;
    - Receiving increased, expanded, or extended supervision;
    - Engaging in community service;
    - Repeating practicum;
- Enhancing self-awareness by:

- Practice in reflective journaling following each client session;
- Learning and engaging in mindful practices;
- Completing a reflective writing assignment on targeted topics;
- Entering individual psychotherapy;
- Shadowing a role model;
- Identifying issues of self-care and developing strategies to implement;
- Consulting with others who have experienced similar difficulties and were successful in remediating them;
- Participating in group psychotherapy;
- Participating in social skills training;
- Articulating values of professionalism and/or specific competency areas;
- Receiving additional mentoring or coaching.

II. **Faculty Facilitation Process:**

- Gather examples of poor work product or misconduct;
- Observe firsthand the situation or misconduct, if possible, or quote sources of information;
- Determine what rule was broken, which practice or policy was not followed, or what clinical competency was not achieved;
- Plan a private meeting with the student to include an additional faculty or committee member as a witness;
- Keep a record of problems, dates, correct behavior expected, and craft a timeline for correction;
- Develop a list of training opportunities for the student;
- Offer the student the help of the university's Employee Assistance Program and/or the Student Counseling Center to assist with problems that may be affecting work perfom1ance and/or attendance;
- Ask for the student's understanding of the problems and ideas for correcting them;
- Explain that further disciplinary consequences may occur if the problem is not corrected;
- Document all meetings; save emails or other written/electronic communications; transcribe voice messages.

III. **Disciplinary Process**

If remediation is unsuccessful in solving the problem(s), additional remediation may be assigned or disciplinary processes may be initiated. Prior to the initiation of any disciplinary process, the supervisor/faculty member must contact the DCT.

The disciplinary sequence may involve:

a. A verbal warning;
b. A written warning;

I

c. Probation for up to six months (which may include restriction of duties). This step would be discussed at a full faculty meeting and requires approval from the full faculty before initiating.

d. Suspension of graduate assistantship.*

e. Suspension from the program.*

f. Termination from the program.*

A. Written warning should include:

- Details and history;
- The specific rules or standards violated;
- The improvement required;
- The timetable for improvement;
- The consequences of not improving;
- The signature ofDCT, primary academic advisor, and/or clinical supervisor;
- Student acknowledgement;

A copy of the written warning will be placed in the student's official departmental file.

B. Probation for up to six months

Failed remediation may result in additional remediation or the student being placed on probation. If, after consultation with supervisors and members of the Clinical Program faculty, the primary academic advisor believes that failed remediation should result in probation, s/he is expected to provide the DCT with:

- The details and history of the student's failed efforts at remediation;
- The rules or standards violated;
- The improvement required to be taken off of probation;
- The duties to be restricted while on probation, if any;
- Supporting documentation.

The clinical faculty will first vote on whether or not to place the student on probation. The full faculty will then discuss and vote on the matter at a full faculty meeting. The student will be notified in writing of a decision to initiate probation. A copy of the notification and supporting documents will be placed in the student's official departmental file. The primary academic advisor is expected to meet regularly with the student to gauge student progress during the probationary period.

All students are entitled to an appeal. Please see for an explanation of the appeals process.

C. Suspension of graduate assistantship or suspension from the program:

Requires a vote of the full departmental faculty.
Requires a vote of the full departmental faculty.
Requires a vote of the full departmental faculty.

If the primary academic advisor believes that after failed remediation and failed disciplinary actions such as a written warning and probation, the student should be suspended from their graduate assistantship responsibilities or the program, s/he is expected to provide the DCT and Department Head with:

- The details and history of the student's failed efforts at remediation and probation;
- The rules or standards violated;
- The improvement required to be taken off of suspension;
- Supporting documentation.

This decision will also be voted on by the full faculty. The student will be notified verbally and in writing of a decision in favor of suspension from the DCT and signed by the Department Head. A copy of the notification and supporting documents will be placed in the student's official departmental file. The primary academic advisor is expected to meet regularly with the student to gauge student progress during the suspension period. All students are entitled to a grievance hearing. Please see for an explanation of the appeals process.

D. Termination from the Program

In cases where students have failed to correct problems after previous attempts at remediation and disciplinary processes, and/or the problem is severe, termination from the program may be justified. In the event of a decision for termination, a written request will be submitted to the Graduate Dean by the DCT (signed by the Department Head) and will include:

- The details and history of the student's failed efforts at remediation;
- The rules or standards violated;
- Supporting documentation (including prior disciplinary actions, counseling, training).

The request is voted on by the full faculty and reviewed by the Psychology Department Head, who consults as appropriate with legal affairs, disability services, etc. A formal termination letter to the student will be written by the DCT and signed by the Head and the Graduate Dean. A copy of the letter and documentation will be placed in the student's official departmental and Graduate School files. All students are entitled to a grievance hearing. Please see for an explanation of the appeals process.

IV. Faculty Investigations and Documentation

Faculty must investigate a problem or incident before determining what response is warranted. Faculty should investigate the facts and circumstances surrounding the problem and determine the rules broken and/or the work practice not followed. Faculty in their investigation should review work products and/or clinical evaluations, interview witnesses, review timesheets, and attempt to directly observe the problem/violation. Faculty should then communicate their findings to the DCT and the Clinical Program faculty. Formal remediation requires a vote of the Clinical Program faculty, formal probation requires a vote of the full Psychology faculty.

V. Right to Rebuttal

Students are permitted to submit a written rebuttal to the remediation letter and during each phase of the disciplinary process. Written rebuttals must be submitted formally to the OCT. All documents will be reviewed and placed in the student's official departmental file. Documentation regarding disciplinary procedures remains a permanent part of the student's official departmental file. Students should be aware that for the purposes of DCT verification letters for internship readiness, remediation plans will not be disclosed, but any and all levels of disciplinary action will be disclosed.

APPENDIXK

Sample Remediation Plan

Date: XXXXXX
To:XXXXXXX
From: XXXXXX, Director of Clinical Training; XXXXXXX:, Advisor
Re: Remediation Plan

DearXXXX
As you are aware, the supervisors for your clinical placement **XXXXXXX** expressed significant concern regarding your performance in several domains. After speaking with you about the situation and consulting as a faculty, we think it is important for you to address the areas of concern outlined below. Below we briefly outline the areas of particular concern followed by a detailed plan for remediation with specific goals and timeline for attainment.

Concerns

1. **Appropriate assessment and management of client risk.** Concern includes [LIST OF SPECIFIC BEHAVIORS/ INFRACTIONS OBSERVED].

2. **Appropriate engagement in the supervisory relationship.** Concerns include [LIST OF SPECIFIC BEHAVIORS/ INFRACTIONS OBSERVED].

The faculty agrees that these behaviors raise significant concern regarding the core competencies expected of students in the Clinical Psychology Program at the University of Tennessee listed below. After seeing evidence of remediation as outlined below, the faculty will vote again on your standing in the program on [DATE].

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

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; sets appropriate training goals.

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

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. Seeks consultation appropriately (making relevant ethical decisions on own while keeping supervisor informed of ethical issues).

Response & Contribution to Supervision

Seeks out supervision: Based on level of training and competence, a) student shares important clinical information and seeks supervisor's perspective on client progress during regular supervision and b) requests contact with supervisor between supervisory sessions when faced with clinical issues involving client safety, ethical concerns and/or concerns calling for immediate supervisor attention.

Response to Feedback & Directives: Student demonstrates use of specific feedback in clinical work. Student is able to respectfully discuss differences in supervisor/student perspectives and act on mutually agreeable decisions.

Honest Communication in Supervision: Effectively participates in supervision. Demonstrates straightforward, truthful, and respectful communication in supervisory relationship.

Plan for Remediation

To address the three areas of concern, we have identified a remediation framework for supporting you. The intent is to allow you to engage in initial reflection prior to XXXX semester, followed by execution of a remedial experience designed to focus on the problems outlined above and then a cumulative reflection. As noted below, we think that ongoing self-reflection and evaluation throughout the next semester will be an important part of making progress.

1. **Understanding and appropriately engaging in the supervisory relationship.** The faculty would like you to undergo additional supervision in the Psychology Clinic. You should work with XXXX to develop the

specifics of this experience. You are expected to (a) demonstrate an understanding of and appropriate implementation of risk assessment, (b) engage in honest and non-defensive communication in supervision, and (c) maintain the highest level of professionalism in all aspects of the work. Associated competencies in your end-of-semester evaluation are expected to be passed at the third year level in order for this part of your remediation plan to be successfully completed.

2. **Reflecting on past behavior.** The faculty would like you to write a paper reflecting on the situation that occurred, indicating why these behaviors indicate a failure to demonstrate competencies in the areas outlined above (and any other competencies noted by the faculty) and how you might have better addressed these issues at the time or, conversely, how you might address similar issues in the future. A revised version of the paper will be due at the end of the semester, reflecting on your expanded/extended supervisory experience. **A first draft of this paper will be due by the start ofXXXX classes:** [DATE]. **This paper should be submitted to and discussed with your advisor and the DCT. Tbe revised paper is due to these same individuals one week prior to our XXXX Semester evaluation:** [DATE]. Your advisor and the OCT will assess whether your paper demonstrates a sufficient level of self-reflection.

3. **Meeting all expectations in future cJinicaJ settings.** If you are funded on a clinical externship next academic year, it is expected that you will meet all expectations of the site (i.e., demonstrating a level of competence expected of trainees ready for internship) and demonstrate professionalism in that role. This will be assessed via the competencies in your end-of-semester evaluations.

Evaluation of progress

Your progress will be reevaluated by the faculty, with heavy input from your advisor and the DCT, in the [DATE] student review meeting. Additionally, your grade in **XXXX** will be changed from No Credit (NC) to Credit (C) upon meeting the expectations outlined above. Should you be on a clinical externship in [DATE], point 3 will be evaluated at the [DATE] and [DATE] student review meetings based on your supervisor's feedback from the site. Successfully completion of the above plan will conclude the remediation process. Failure to complete the above plan will either result in an additional attempt at remediation or you may be placed on probation, whic-h is an official disciplinary procedure. Please note that if you are placed 011 probation in the future, this is a disciplinary action that we would have to disclose to potential internship sites in our DCT internship verification letter.

Confidentiality:

This remediation plan was discussed with all clinical faculty at our student evaluation meeting on [DATE], as well as with all psychology faculty at the departmental meeting on [DATE]. Faculty will be kept apprised of your progress and will ultimately vote on the completion of this remediation plan. Under no circumstances will this plan be discussed with other students in the department.

Summary

We are invested in your success, and appreciate your initiative in working collaboratively on this remediation process and your many achievements within the program to date. While there are several significant challenges to address, we are here to support your improvement. We recognize that these problems have occurred within the context of :XXXX and we are sympathetic to these issues. We hope that together we will be able to work on this plan to build upon your talents and resources and help you achieve success in graduate school and your professional path.

I, ----------have reviewed the above remediation plan with my advisor and the Director of Clinical Training. My signature below indicates that I fully understand the above. I agree/disagree with the above plan (please circle one). My comments, if any, are below (PLEASE NOTE: lftraine.e disagrees, comments, including a detailed description of the trainee's rationale for disagreement, are REQUIRED).

Student Name Date Director of Clinical Training Date

Student's comments (Feel free to use additional pages):

APPENDIX L

Graduate Student Exit Interview

Date:
Student's name:
Degree sought:

Personal Background:

What is your hometown?
What other colleges _or universities have you attended?
What attracted you to UT? The Clinical Psychology Program?
When did you first enroll at UT?
Did you take any breaks in your program? If so, why?
Why are you leaving UT?

General Questions:

What were the best parts of your learning experience in the program? Why?
What were the worst parts of your learning experience in the program? Why?
What components do you expect to serve you well in the future? Why?
What parts do you feel were less critical for your education? Why?

Coursework:

Of all the courses you took in the program, which were your favorites and why?
Of all the courses you took in the program, which were your least favorite and why?
Of all the courses you took in the program, which were most challenging and why?
Of all the courses you took in the program, where did you learn the most? Why?

Mentorship:

How do you feel about the advising you received from your graduate mentor?

Clinical training:

How do you feel about the supervision you received in our training clinic?
How do you feel about the clinical training opportunities provided on externship?

Research training:

How do you feel about the research training you received in our program?

Closing questions:

What changes would you suggest that we make in the program?
What would you do differently if you could do it over again?
What are your immediate plans? Employment or continuing education?
If education, what are your goals?
What are your long-term employment goals?

Future contact information:

If you are willing, what would be the best way to contact you in the future? We would like to see if you think our program met your needs after you are in another degree program or employed.

APPENDIX M

APA ETHICS CODE

ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND

CODE OF CONDUCT

Adopted *August 21, 2002*

Effective June 1, 2003
(With the 2010 Amendments
to Introduction and Applicability
and Standards 1.02 and 1.03,
Effective June 1, 2010)

With the 2016 Amendment
to Standard 3.04

Adopted August 3, 2016

Effective January 1, 2017

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 nec- essarily 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 ofthe 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. potentiallx)* are included in the standards when they would (I) 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 I, 2010 (seep. 15 of this pamphlet). Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Director, Office otEthics, 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 occmTed.

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, J.f.,* 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 P ychologist, 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 Depm1ment, 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. lfthis 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, ge d_er, gender identity, race, ethnicity, culture, national origin, rehgton, 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 M.isuse of Psychologists' Work

If psychologists learn of misuse or misrepresentation of their ,vork.. 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

lfpsychologists' 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 ofan 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 tak; 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 be.lieve 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 l.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 hann a person or organization and is not appropriate for informal resolution under Standard 1.04, Informal Resolution ofEthical 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 Cooperating With Ethics Committees

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

2. Competence

2.0l 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 ind.ividuals 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 eff01t to obtain the competence required by using relevant research, training, consultation, or study.

(e) In those emerging areas in which generally recognized standards for preparato.ry 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.

(t) 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

Tn 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 2.0le, Boundaries of Competence, and 10.0lb, Informed Consent to Therapy.)

2.05 Delegation ofWork 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 (l) 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 ,.vork-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, Tel minating 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 harac;sment 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 (l) 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 ori in, religion, sexual orientation, disability, language, or socioeconomic status.

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

3.05 Multiple Relationships
(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (l) 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 rela!ionshi in the future with the person or a person closely associated with ?r re.lated to the person. A psychologist refrains from entering mto a multiple relationship if the multiple relationships could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in perfonning his or her functions as a psychologist, or otherwise risks exploitation or hann to the person with whom the professional relationship exists. Multiple relationships that would not reac;onably be expected to cause impairment or risk exploitation or harm are not unethical. (b) lf 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 Hann, and 3.07, Third-Party Requests for Services.)

3.06 Conflict oflnterest
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 enti!Y at the request of a third party, psycho.logists attempt to cl niy a th ?utset of the service the nature of the relationship with all mdlvlduals ororganizations 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 infonnation 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, Baiier With Clients/Patients; 7.07, Sexual Relationships With Students and Supervisees; I 0.05, Sexual Intimacies With Current Therapy Clients/Patients.: I 0.06, Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/ Patients; I 0.07. Therapy With Former Sexual Partners: and I 0.08, 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 <1ssessment, thernpy, counseling, or consulting services in person or via electronic trnnsmission or other forms of communication, they obtain the infonned 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 <1ppropriate 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 <1nd 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 ,vritten 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 **(l)** 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 obt<1ined, (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 effotls to plan for facilitating services in the event that psychological services are intermpted 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 mediwn, recognizing that the extent <1nd limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific rel8tionship. (See also Stand<1rd 2.05, Delegation olWork 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 pennission from all such persons or their leg<1l 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 infonnation 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 (I) provide needed professional services; (2) obtain appropriate professional consultations; (3) protect the cli.ent/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 An-angements.)

4.06 Consultations

When consulting with colleagues, (1) psychologists do not disclose confidential information that reasonably could lead to the identification ofa 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 information concerning their clients/patients, students, research participants, organizational clients, or other recipients of their services that they obtained dming the course of their work. unless (l) 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.

S. Advertising and Other Public Statements

5.0 I Avoidance of False or Deceptive Statements

(a) Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant applications, licensing applications, other credentialing applications, brochures. printed matter, directo1y 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 (J) 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 ot: 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 stateme ts.

(b) P cbologists do not compensate employees of press. radio, television, or other communication media in return for publicity in a news item. (See also Standard 1.0I, 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 adve11isements 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 (I) arc 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

P ycholog sts do not solicit testimonials from current therapy chents/patl ents or other persons who because of their particular circumstances are vulnerable to undue influence.

5.06 Io-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 (l) attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged ti I erapy 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 (I) 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 ofrecords 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 offherapy.)

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, lnteITuption of Therapy, and 10.I0, Terminating Therapy.)
(e) lfthe 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 oppo1tunity to make prompt payment. (See also Standards 4.05, Disclosures; 6.03, Withholding Records for Nonpayment; and 10.01, Infonned 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(l) 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 ofresearch 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
WI len 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 trai11ing programs take reasonable steps to ensure that the programs are resioned to provide the appropriate knowledge and proper experie ces, 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 infonnation must be made readily available to all interested parties.

7.03 Accuracy in Teaching
(a) Psychologists take reasonable steps to ensure that course sy llabi 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 5.0I, Avoidance ofFalse 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 infonnation 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 Supervisee Performance
(a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Infonnation 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 perfonnance on relevant and established program requirements.

7.07 **Sexual Relationships With Students and Supervisees**
Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority. (Sec 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, lnfonned Consent, psychologists inform participants about (I) 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 pmticipants' 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 Infonned Consent for Research; and 8.07, Deception in Research.)
(b) Psychologists conducting intervention research involving the use of experimental treatments clarity 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 infonned consent from research pa1ticipants prior to recording their voices or images for data collection unless (I) the research consists solely ofnaturalistic 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 paiticipants, 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 oppo1tunity 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, cunicula, 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 paiticipants 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' emp.loyability,
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 patticipation when such inducements are likely to coerce pa1ticipation.
(b) When offering professional services as an inducement for research participation, psychologists clarity the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 6.05, Baiter 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 nondcccptive 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 ofan experiment to participants as early as is feasible, preferably at the conclusion of their patiicipation, but no later than at the conclusion of the data collection, and permit patticipants 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 concl.usions 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 ofanimals 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 otlaboratory 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) Psychoiogists use a procedure subjecting animals to pain, stress, or privation only when an alternative procedure is unavailable and the goal is justified hy its prospective scientific, educational, or applied value.
(t) 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 5.0la, 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 \,VOrk 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 dcpatiment chair, does not justify authorship credit. Minor contributions to the research orto 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 aiiicle that is substantial Iv based on the student's doctoral dissertation. Facultv ad\;isors discuss publication credit with students as early s 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 verily 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 he 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 ofand the proprietary lights 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 infonnation and techniques sufficient to substantiate their findings. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)
(b) Except as noted in 9.0lc, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to suppo11 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 infonnation on the reliability and validity of their opinions. and appropriatc.ly limit the nature and extent oftheir 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 wa I Tanted or necessary for the opinion, psychologists explain this and the sources ofinfonnation 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 oftest 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. IO. Informed Consent, except when (]) testing is mandated bv l w or governmental regulations: (2) informed consent is i1 plied 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 oftest 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, a cl psychologists' notes and recordings concerning client/patient statements and behavior during an examination. Those portions oftest 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 mav refrain from releasing test data to protect a client/ patient or thers 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 ofa 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 el.imination 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 2.0lb 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 suc::h 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 2.0lb 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 sci vices.

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 tenn *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 patiies. and limits of confidentiality and provide sufficient opportunity for the client/ patient to ask questions and receiv.e answers. (See also Standards 4.02, Discussing the Limits ofConfidentialitv. and 6.04, Fees and Financial Anangements.) , •

(b) When obtaining infom I ed 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 2.0le. 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 (I) 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 servi.ces provided or the information obtained. (See also Standard 4.02, Discussing the Limits of Confidentiality.)

(b) !fit becomes apparent that psychologists may be called on to perfonn potentially conflicting roles (such family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarity 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 Iimits 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, Psychologjsts 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 rn inim ize 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 Therapy Clients/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 cunent 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 (I) the amount o-ftime 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 Iikel ihood 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 ofresponsibility 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 tem1inate 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.

th) 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 payers, prior to termination psychologists provide pretennination counseling and suggest alternative service providers as appropriate

APPENDIX N

University of Tennessee Clinical Psychology Ph.D. Program
Social Media Policy

Many graduate students and psychologists use social media platforms (e.g., TikTok, Snapchat, Instagram, Facebook) for personal and professional communications. The UT Clinical Psychology Ph.D. Program's Social Media Policy is designed to provide guidance as to appropriate professional use of social media for health service psychologists.

This policy draws on and is consistent with the Guidelines for the Use of Social Media by Psychologists in Practice and by Regulatory Bodies of the Association of State and Provincial Psychology Boards (ASPPB, 2020). The policy also aims to address the competencies outlined in the APA Commission on Accreditation's Implementing Regulations, Section C: IRs Related to the Standards of Accreditation. specifically that doctoral students and interns are expected to "behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others."

With regard to their social media presence and use, UT Clinical Psychology Ph.D. Program community members should:

- Be familiar with and utilize all available privacy settings to reduce risks to confidentiality.
- Exercise caution and consider the appropriateness of searching social media sites for client information without the client's permission and their informed consent.
- Be mindful that any social media post or communication may be forwarded to other recipients.
- Consider the words used and the impact their communications might have on the public's confidence in the profession.
- Be aware of multiple relationships that may develop through the initiation of social media connections and whether these are potentially harmful.
- Refrain from initiating social media connections with clients, supervisees, and students one is currently teaching. (It may be appropriate to connect with students on professional platforms, like ResearchGate and LinkedIn, but care needs to be taken to consider reasons for doing so, appropriate and ethical professional boundaries, and potential multiple roles that may result. Program members are expected to act in a manner consistent with the spirit of these guidelines).
- Be respectful in what they communicate and in how they communicate when using social media in their professional work.
- Be respectful of professional boundaries, culture, and preferences when using social media.
- Accurately represent themselves in all social media communications.
- Be cautious about making public comments related to colleagues, faculty, students, worksite, and/or employer and refrain from making inflammatory public social media posts, including "sub-tweeting" (i.e., making inflammatory remarks aimed at a specific individual without explicitly naming them).
- Maintain their personal online presence distinct from their professional online presence to minimize the risk of problematic multiple relationships and maintain clear boundaries between their professional and personal roles.

(Note: Most of these guidelines are taken directly or modified from the ASPPB Guidelines.) Violations of this policy in ways that violate the "values and attitudes of psychology," as outlined by the APA CoA, may subject the student to remediation or disciplinary action. If students have questions about managing their social media presence within these guidelines, they are encouraged to consult with their advisor, the program director, or other faculty.

APPENDIXO
LIST OF FORMS

1. Petition to Waive Course Petition to Waive Form

2. Advisor Change .....http://psychology.utk.edu/docs/Advis6r Change Form.pdf

3. Req for Concurrent Master's https://gradschool.utk.edu/forms-central/request-for-concurrent-masters-degree/

4. Approval of Predissertation Research http://psychology.utk.edu/docs/prediss.pdf

5. Master's Thesis Proposal https://psycholoqy.utk.edu/docs/MA%20Proposal%20competencies.pdf

6. Master's Thesis Oral Defense Competency https://psycholoqy.utk.edu/docs/MA%20competencies.pdf

7. Doctoral Committee Appointment https://gradschool.utk.edu/forms-central/revise-phd-committee-form/

8. PRIP Approval

9. PRIP Competency Evaluation https://psycholoqy.utk.edu/docs/PRIP%20competencies.pdf

10. Recommendation for Approval of Dissertation Proposal http://psychology.utk.edu/docs/diss-approval.pdf

11. Admission to Candidacy PhD https://qradschool.utk.edu/forms-central/revise-phd-committee-form/

12. Dissertation Prop Competency https://psychology.utk.edu/docs/DISS%20PROPOSAL%20competencies.pdf

13. Schedule Defense of Dissertation https://gradschoof.utk.edu/forms-central/schedule-of-dissertation-defense/

14. Dissertation Defense Comp https://psychology.utk.edu/docs/DISS%20DEFENSE%20competencies. Pdf

15. EEO/AA Statement/Non-Discrimination statement

Each form may be obtained from the Graduate Programs Coordinator, 312C Austin Peay. Forms should also be available on either the Graduate School website http://gradschool.utk.edu/forms-central/ or the Department of Psychology website: https://psycholoqy.utk.edu/gradforms.php