

GRADUATE STUDENT HANDBOOK

**Clinical Psychology Ph.D. Program
Department of Psychology
Southern Methodist University**

Academic Year 2014-2015



SMU | DEDMAN COLLEGE
OF HUMANITIES & SCIENCES

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I. The Clinical Ph.D. Program

A. Mission Statement

The doctoral program in clinical psychology at SMU follows a scientist-practitioner model of training. The mission is to train clinical psychologists whose professional activities, in both research and practice, are based on scientific knowledge and methods. The program integrates rigorous research training with evidence-based clinical training. Thus, our program emphasizes the development of conceptual and research skills as well as scientifically-based clinical practice. The overarching goal is to train graduates to use empirical methods to advance psychological knowledge and to approach clinical activities in a manner consistent with scientific evidence.

Research Training

Research training is provided through coursework, active membership in the faculty advisor's research lab, and completion of student-directed research. Courses covering research and quantitative methods and the foundations of clinical, developmental, social, biological, and cognitive/affective psychology are designed to familiarize students with the theoretical and research literature in these areas as well as the methods used to study psychological phenomena. All students are expected to be full members of their advisor's research lab, to contribute to the design, completion, and presentation of research studies at professional conferences and in professional journals, and to attend department colloquia. Finally, students complete at least two student-directed research projects in the form of their thesis and dissertation as well as a comprehensive review of the literature on a topic in their field of interest (the third year review paper). These activities are designed to expose students to psychological research and theory, as well as research methods in a variety of settings, and to train students to independently generate scientific knowledge.

Clinical Training

Clinical training is closely integrated with research training. Coursework addresses theory and research on clinical disorders/problems, evidence-based assessment and intervention techniques, and methods for evaluating the effectiveness of clinical practice. Internal and external clinical practicum experiences provide students with training and supervision in the application of evidence-based clinical practice and function to expose students to a breadth of client/patient populations. Clinical training also takes place in many faculty research labs through research on clinical phenomena and evaluation of the effectiveness of specific assessment and treatment techniques. Thus, students often receive training in clinical practice (e.g., interviewing skills, training in the delivery of specific assessment or intervention techniques) as part of their involvement in faculty research as well as in their practicum training experiences.

B. Administrative Structure

The clinical psychology Ph.D. program was established in 2004 and has been accredited by the American Psychological Association since 2009. The program is administered by the Director of Graduate Studies (also referred to as the Director of Clinical Training or “DCT”) in conjunction with the program faculty and one student (appointed annually by the DCT to attend faculty meetings). The DCT is appointed by the Chair of the Psychology Department. The faculty meets regularly throughout the year to address student training concerns, development and maintenance of clinical coursework and practicum training experiences, reviews of student progress, and graduate admissions, among other topics (the student attendee is not present for discussion of student progress and evaluation).

C. Faculty

The faculty of the clinical psychology program consists of 8 tenured/tenure-track clinical faculty members, 1 non-tenured lecturer, and 6 tenured/tenure-track associated faculty members who conduct clinically relevant research. Drs. Calvert, Hampson, and Rosenfield, do not serve as primary faculty advisors for graduate students.

- Austin Baldwin, Ph.D., Assistant Professor (University of Minnesota, 2006, Social Psychology). The broad goal of Dr. Baldwin’s research is to better understand the decisions that people make about their health-related behaviors. He approaches this endeavor by investigating how the social cognitive factors that guide these decisions are influenced by relevant contextual and individual difference factors. The questions that guide his research sit at the interface of social, clinical, and health psychology and include such topics as behavior change maintenance (e.g., Why are most people unsuccessful at maintaining behavior changes?), chronic illness management and treatment (e.g., Do patients’ preferences in health care influence the treatment and management of health conditions?), and health communications (e.g., Why are people’s own persuasive arguments effective in changing behavior?). This research has important clinical and public health implications, as it seeks to identify important factors on which interventions and care can be more effectively tailored, as well as important theoretical contributions to behavioral decision-making.
- Alan S. Brown, Ph.D., Professor (Northwestern University, 1974, Cognitive Psychology). Dr. Brown’s research primarily involves how we store and retrieve information about the real world, and the manner in which these processes fail us. One of these phenomena is tip of the tongue (TOT) experience, where one is momentarily stymied in accessing well-stored knowledge. Another is the false positive recognition experience of déjà vu, where a present experience seems subjectively familiar when you know that it is objectively new. He is currently extending the TOT research to identify the factors underlying repeated TOTs, and whether these change in frequency with age. His lab also explores the prevalence of other varieties of spontaneous familiarity, related to déjà vu, and whether there are changes across the age span. There are also several research projects on how people incorporate other’s life experiences in their own autobiography. Finally, another recent line of research involves the retention of health-related information, and

what concepts from basic research in cognition can be applied to improving memory for intervention instructions. The key question is if this can facilitate behavior change to remediate problematic behaviors, such as excessive alcohol consumption.

- Jim Calvert, Ph.D., Lecturer (Louisiana State University, 1989, Clinical Psychology). Dr. Calvert is a licensed clinical psychologist and former Director of Clinical Training for the pre-doctoral psychology internship program at the Salesmanship Club Youth and Family Centers in Dallas, TX. Dr. Calvert provides graduate student training in interviewing skills, ethics, and the application of evidence-based interventions, supervises students in the SMU Assessment Clinic, and serves as chair of the Internship Guidance Committee.
- Michael Chmielewski, Ph.D., Assistant Professor (University of Iowa, 2012, Clinical Psychology). Dr. Chmielewski's program of research broadly covers psychopathology and normal-range personality with an emphasis on structure and assessment in both domains. He is interested in how psychopathology and personality relate to each other as well as how to best conceptualize and classify both domains (e.g., Is psychopathology dimensional or categorical in nature? How valid and reliable are *DSM* diagnoses?). As such, his research is based on a strong measurement foundation and the use of empirically based quantitative models, both of which he views as essential for the continued advancement of psychology as a science. One of the long term goals of his research is to expand recent quantitative models of psychopathology (i.e., the Internalizing/Externalizing model) incorporating excluded diagnoses and integrating them with normal-range personality traits. Within this broad research framework he also has several specific lines of research in psychopathology (schizotypy, depression/anxiety, and personality disorders), assessment (e.g., scale and measure creation, measurement error), and personality (e.g., personality stability and change).
- Robert (Buck) Hampson, Ph.D., Associate Professor and Director of Clinical Training/Director of Graduate Studies (University of Virginia, 1977, Clinical Psychology). Dr. Hampson's research over the years has focused on family assessment and evaluation and using assessment to guide and facilitate interventions with families. With his colleague, W. Robert Beavers, M.D., he has developed and utilized the Beavers Systems Model of family assessment, which uses both observational and self-report methodology. Dr. Hampson has studied the effectiveness of couple and family therapy in clinic settings, studied the relationship between family functioning and treatment response in families with obese adolescents, and studied family functioning in a variety of special-needs families (adoptive families, families with disabled children). Dr. Hampson is currently analyzing archival clinic data to determine what therapist and family factors predict success and early termination in family therapy.
- George W. Holden, Ph.D., Professor and Director of Undergraduate Studies (University of North Carolina, Chapel Hill, 1984, Developmental Psychology). Dr. Holden focuses on understanding the determinants and significance of the parent-child relationship in development. Much of his work has addressed the proximate causes of parental behavior with an emphasis on parental social cognition. For example, he has investigated parental attitudes and thinking as it relates to parental use of physical punishment. Dr. Holden is

currently examining parental yelling from both the parents' and children's perspective. A second but closely related area of research concerns the causes and effects of family violence, including how intimate partner violence affects parenting and children's development.

- Ernest N. Jouriles, Ph.D., Professor and Chair (SUNY at Stony Brook, 1987, Clinical Psychology). Dr. Jouriles has two overlapping research programs. The first focuses on children's exposure to interparental conflict and violence. Together with Dr. Renee McDonald (also on the faculty), he attempts to better understand why children's exposure to interparental conflict and violence sometimes leads to mental health problems—and why sometimes it does not. He uses this knowledge to develop and evaluate intervention strategies to assist children in families that are characterized by frequent and severe interparental conflict and violence. Dr. Jouriles' second research program focuses on violence in adolescent romantic relationships. Again, with colleagues at SMU, he attempts to better understand risk factors for teen relationship violence, and uses this knowledge to develop and evaluate intervention strategies for preventing teen relationship violence. An exciting new development in the research on this topic is the use of virtual reality technology to teach adolescents skills for preventing relationship violence.
- Chrystyna D. Kouros, Ph.D., Assistant Professor (University of Notre Dame, 2008, Developmental Psychology). Dr. Kouros' research focuses on understanding individual differences in depressive symptoms and depression in the context of family stress, and involves two inter-related programs of research. One line of research examines the etiology, maintenance, and progression of child and adolescent depression. Specific research aims examine how individual symptoms of depression change over time and predict later diagnoses, sex differences in symptom trajectories and the structure of depression, and the role of children's responses to family stressors—at the physiological, emotional, and behavioral levels—in their symptom trajectories. Among family stressors, she has a particular interest in children's exposure to everyday marital conflict and parental psychopathology. A second line of research examines the interplay between relationship functioning (e.g., conflict, satisfaction) and depressive symptoms in married and dating couples. This includes examining the mechanisms by which relationship functioning and mental health are dynamically related.
- Renee McDonald, Ph.D., Professor (University of Houston, 1994, Clinical Psychology). Dr. McDonald's research interests have focused on understanding how specific child adjustment problems, such as aggression and antisocial behavior, are associated with exposure to family conflict and violence. Understanding how violence exerts its detrimental effects on children is central to developing effective interventions, is a second emphasis of her research. Much of this research has been conducted in collaboration with her colleague and co-faculty member at SMU, Dr. Ernest Jouriles. Finally, and more recently, given that children's perceptions of events are often as important as the events themselves, Dr. McDonald is interested in the role of children's subjective experiences of interparental conflict and violence as determinants of child adjustment.

- Andrea Meltzer, Ph.D., Assistant Professor (University of Tennessee, 2012, Social Psychology). Dr. Meltzer's research examines how intimate relationships affect individual health and how individual health affects intimate relationships. Because the prevalence of overweight and obese individuals is growing at an alarming rate, and because body weight is a significant predictor of a variety of health outcomes, one line of her research focuses on the role of intimate relationships in shaping body weight and vice versa. Through the use of large longitudinal studies of newlyweds, Dr. Meltzer works to understand the dyadic effects of numerous relationship factors (e.g., satisfaction, support) on physical health. A second line of her research examines the way health and markers of health, such as weight, sex, and physical appearance, affect intimate relationship functioning. Together, these lines of research can inform interventions aimed at maintaining physical health in the context of intimate relationships.
- Alicia E. Meuret, Ph.D., Associate Professor (University of Hamburg, 2003, Clinical Psychology). Why do patients with panic disorder feel dizzy and fear they may faint, even though they never do, while patients with blood phobia experience the same symptoms and do faint? And why is it that some individuals even take comfort in seeing their own blood and engaging in self-injury? Are lay instructions such as "taking a deep breath when feeling panicky" really helpful? What triggers seemingly "out-of-the blue" panic attacks? Can we predict who is most likely to respond or fail to respond to a specific type of psychosocial treatment? Dr. Meuret's research focuses on identifying disorder-specific mechanisms (cognitive, behavioral, and biological) that may contribute to differential symptom production among the anxiety disorders. Of particular interest is the question of how different therapeutic techniques can affect and change these assumed "symptom producers." In her anxiety program, Dr. Meuret is investigating symptom changes in traditional (cognitive behavioral) and novel (biobehavioral, mindfulness, acceptance) interventions, with the goal to better understand what might be the active ingredients of various types of psychotherapy and who will respond best to a particular treatment.
- Thomas Ritz, Ph.D., Professor (University of Hamburg, 1996, Clinical Psychology). How does our experience impact our physiology? Can this impact lead to, or perpetuate, chronic disease, and if yes, under which conditions? These are some of the general questions that Dr. Ritz addresses with his biologically focused research program in psychology. Some of the major areas he has been working on in recent years are the psychophysiology and psychoimmunology of the airways in asthma, the autonomic and respiratory regulation in anxiety disorders, the psychophysiology of vagal regulation, and behavioral interventions to improve pathophysiology and management of chronic respiratory disease.
- David Rosenfield, Ph.D., Associate Professor (University of Texas at Austin, 1976, Social Psychology). Dr. Rosenfield's current research focuses on the application of recent advances in statistical methods to psychological research. New tools for statistical analysis allow us to answer questions we never could address before. They also provide greater power to detect effects than previous analytical techniques. In particular, Dr. Rosenfield is interested in applying hierarchical linear modeling and structural equation

modeling to longitudinal data analysis. His goal is to develop tools that allow us to understand the processes which drive individual change over time. Once we understand the factors that are truly responsible for change, we can design more effective treatments and interventions.

- Lorelei Simpson Rowe, Ph.D., Associate Professor and Co-Director of Graduate Studies (University of California, Los Angeles, 2005, Clinical Psychology). Dr. Rowe's research focuses on understanding and intervening with couples facing behavioral or psychological difficulties. Her research program includes evaluation of relationship and individual functioning among couples in which one partner has a severe mental illness and examination of couple therapy outcomes when such issues are present. In particular, she is interested in how aspects of relationship functioning may exacerbate or mitigate individual symptoms and, conversely, how the presence of psychopathology affects the course of intimate relationships. Her research also focuses on couples experiencing intimate partner violence (IPV) including the dyadic factors likely to set the stage for IPV and the degree to which couple-based therapies may be of use to couples with a history of violence. Other related research include mechanisms of change in couple therapy more broadly and the prevention of sexual violence in dating relationships through assertiveness training.

D. APA Accreditation

The clinical Ph.D. program at SMU was founded in 2004 and accredited by the American Psychological Association (APA) for the first time in 2009. Accreditation can be awarded for 3, 5, or 7 years and many new programs are only accredited for 3 years upon first application. The program at SMU was accredited for 5 years. The next evaluation for accreditation will take place in 2014. APA accreditation is essential for students who are applying for internships, post-doctoral training, and jobs, as it indicates that the primary professional organization and evaluating body has concluded that the program provides training experiences that are consistent with the national standards established by the field of clinical psychology.

APA Contact Information:

American Psychological Association
Office of Program Consultation and Accreditation
750 First Street, NE
Washington, DC 20002-4242
Phone: 202-336-5979 TDD/TTY: 202-336-6123
Fax: 202-336-5978

E. Areas of Focus

All graduates of the Ph.D. program in clinical psychology at SMU receive training in the foundations of clinical psychology and in research and clinical practice. Students may also choose to pursue additional training in two areas of focus: Family & Child and Health. Students are not required to complete focus training, but those graduate students working with faculty affiliated with a specific focus typically do so.

Family & Child Focus

SMU provides the opportunity for doctoral students to develop specialized knowledge and skills in working with children, adolescents, couples, and families. Doctoral students interested in participating in the family and child focus will complete all core requirements for the doctoral program in clinical psychology, and may supplement these requirements with training experiences from the family and child focus. Family and child training opportunities include:

- Participation in a research lab addressing family/child issues
- Clinical training with children, adolescents, couples, or families
- Coursework focusing on family/child psychology and participation in a monthly family/child seminar

The SMU family and child focus is unique in that it is comprised of family/child psychologists representing different disciplines within psychology (clinical, developmental, and social) and integrates research, clinical work, and academic coursework. Information about the family and child training experiences is provided below:

Research. SMU has five active family/child research labs, with many faculty members and students working together across labs. Research focuses on understanding certain types of family and child problems, as well as the development and evaluation of interventions designed to prevent or treat them. Topics that have been addressed in these labs include:

- Specific child and adolescent externalizing, internalizing, and interpersonal problems
- Reciprocal influences of couple functioning with child adjustment, and adult physical and mental health
- Evaluation of intervention programs targeted at problems related to families, couples, children, and adolescents
- Family violence

Students have the opportunity to learn specialized methodologies for working with families and children, as well as advanced data analysis. Please view the web pages of the faculty members affiliated with the specialty (listed below) to obtain additional details on research.

Clinical Training. Students interested in family/child clinical practice have opportunities to learn about evidence-based practices and to obtain training and experience. Current types of training experiences that have recently been available include:

- Behavioral and emotion-focused couple therapies
- Evidence-based interventions for internalizing and externalizing disorders among children and adolescents
- Assessment of emotional and behavioral symptoms and cognitive, learning, and attention difficulties among children and adolescents

Coursework and Family/Child Seminar. Formal coursework includes the required courses for the clinical psychology training program, many of which incorporate a focus on families and children (e.g., Developmental Psychology, Seminar in Psychotherapy/Assessment), and a specialized elective course, Developmental Psychopathology. Advanced Quantitative Methods courses are also offered so that students can learn data analytic techniques useful for examining couple and family data.

In addition, we hold monthly meetings of the family/child faculty and graduate students to discuss current trends in the field and ongoing research. During these meetings, faculty and graduate students present their research and outside speakers are invited approximately once per semester to present on family/child research or clinical topics.

Participating faculty members include:

Robert Hampson, Ph.D.
George Holden, Ph.D.
Ernest Jouriles, Ph.D.
Chrystyna Kouros, Ph.D.
Andrea Meltzer, Ph.D.
Renee McDonald, Ph.D.
Lorelei Simpson Rowe, Ph.D.

Health Focus

SMU provides the opportunity for doctoral students to develop focused knowledge and skills in a variety of health-related studies and practicum settings. Doctoral students interested in participating in the health psychology training focus will complete all core requirements for the doctoral program in clinical psychology, and may supplement these requirements with training experiences within the health focus. These training opportunities include:

- Participation in a research lab addressing health-related issues
- Clinical training in behavioral medicine and health-related services
- Coursework focusing on health psychology and participation in a monthly health seminar

The SMU health focus is unique in that it is comprised of health psychologists representing several different disciplines within psychology (clinical, social, biological) and integrates research, clinical work, and academic coursework. Information about the health psychology experiences is provided below:

Research. SMU has four active health psychology research labs, with many faculty members and students working together across labs. Research focuses on understanding certain types of health problems and health-related decision-making, as well as the development and evaluation of interventions designed to prevent or treat them. Topics that have been addressed in these labs include:

- Treatment programs for respiratory disease, including asthma and COPD
- Decisions about various health behaviors (e.g., physical activity, vaccinations)
- Health-related cognitions and illness perception
- Biopsychosocial development and maintenance of chronic disease
- Weight and couple functioning

Clinical Training. Students interested in health and behavioral medicine clinical work have opportunities to learn about evidence-based practices and to obtain training and experience. Current types of training experiences that have recently been available include:

- Treatment of respiratory disorders, including comorbid anxiety disorders
- Evidence-based interventions for obesity and bariatric surgery post-operative follow-up
- Consult/liaison services in general medicine settings

Coursework and Health Psychology Seminar. Formal coursework includes the required courses for the clinical psychology training program, which incorporate a focus on health and biological psychology (Seminar in Physiological Psychology), and a focused elective course, Health Psychology Seminar. Advanced Quantitative Methods courses are also offered so that students can learn data analytic techniques useful for examining effects of specific interventions and time-series data.

In addition, we hold monthly meetings of the health faculty and graduate students to discuss current trends in the field and ongoing research. During these meetings, faculty and graduate

students present their research and outside speakers are invited approximately once per semester to present on health-related research or clinical topics.

Participating faculty members include:

Austin Baldwin, Ph.D.

Andrea Meltzer, Ph.D.

Alicia Meuret, Ph.D.

Thomas Ritz, Ph.D.

II. Program Requirements

Program requirements comprise performance in all areas of graduate study (i.e., coursework, research, and clinical training). The training experiences were designed to meet the APA accreditation requirements that a) training be “sequential, cumulative, graded in complexity, and designed to prepare students for further organized training,” b) training cover the breadth of psychology and depth of clinical psychology, the scientific, methodological, and theoretical foundations of practice and research, and c) training provide students with a clear understanding of professional ethics and issues of cultural and individual diversity.

A. Curriculum

1. **Psychology Breadth Requirements:** Students are required to take courses that ensure broad familiarity with the basic science of psychology. These courses are general (rather than specialized) in their content, and provide an advanced survey of current knowledge in fundamental areas of psychology. Students are required to take the following courses to meet the breadth criteria.

- Quantitative Methods I and II (6305, 6307)
- Seminar in Social Psychology (6311)
- Seminar in Cognitive Psychology (6316)
- Seminar in Physiological Psychology (6317)
- Research Methods (6324)
- Integrative Psychological Assessment (6353)

In addition, the breadth topics of History and Systems of Psychology and Cultural and Individual Diversity are infused throughout the required core courses (both breadth and depth), so that students obtain an understanding of these topics in multiple contexts.

2. **Clinical Psychology Depth Requirements:** Students are required to take courses that provide them with an in-depth foundation of the scientific, methodological, and theoretical foundations of clinical psychology and that provide them with a solid grounding in the diagnosis and definition of problems through psychological assessment and measurement and the formulation and implementation of intervention strategies. Students are required to take the following courses to meet the depth criteria.

- Integrated Practicum Seminar (6091-6098)
- Seminar in Developmental Psychology (6312)
- Seminar in Adult Psychopathology (6314)
- Theories and Methods of Psychotherapy (6351)
- Seminar in Interviewing Skills (6357)
- Methods of Psychotherapy and Assessment (6355)
- Ethics in Psychology (6360)

3. Elective Courses: In addition to breadth and depth requirements, students may pursue specific interests in the following elective courses.
- Seminar in Health Psychology (6309)
 - Contemporary Issues in Scientific Psychology: Quantitative Methods III (6322)
 - Seminar in Psychopharmacology (6330)
 - Seminar in Developmental Psychopathology (6334)

Students receive letter grades for their performance in courses. Grades can be interpreted as follows:

- A Student has mastered all or the majority of performance criteria; excellent performance
- A- Student has mastered most of the performance criteria and showed high levels of scholarship in the remaining criteria
- B+ Student has shown high levels of scholarship across most performance criteria and good scholarship in the remaining criteria
- B Student has shown good scholarship across the performance criteria
- B- Student has shown good scholarship across many performance criteria, but there are problems in one or two areas that need remediation. If a student receives a grade of B-, a remediation plan for the material must be developed and completed.
- C Unsatisfactory scholarship across more than two performance criteria; the student does not receive passing credit

To maintain good standing in the program, graduate students must maintain a B average across all courses that they take while enrolled in the program that are relevant to their course of study. Any student whose GPA drops below 3.0 is automatically placed on academic probation by the program and the Office of Graduate Studies. A student may not remain on academic probation for more than one semester (i.e. they will be dismissed from the program). Grades of C or “No Credit/No Pass” are failing grades. Failure of two or more classes is grounds for dismissal from the program without further qualification, regardless of the student’s overall GPA. An instructor who gives a grade of C or “No Credit” is indicating that the student has failed the class and is in jeopardy of being dismissed from the program. Three grades of B- or lower are also grounds for dismissal from the program without further qualification, regardless of the student’s overall GPA. A grade of B- should thus be considered a serious warning of inadequate scholarship.

B. Research Benchmarks

Students are expected to be active members of their faculty advisor's research lab and to conduct research throughout their enrollment in the Ph.D. program. To facilitate their involvement and training, the program has several "research benchmarks" that students must complete prior to graduation. Research benchmarks must be completed in accordance with the SMU graduate catalogue (see www.smu.edu/catalogs/).

1. *First Year Research*: First-year students are expected to work on a research project with their faculty advisor. This research experience should provide students with exposure to a research area and help shape the skills necessary to develop hypotheses, design studies, analyze data, and communicate the results.
2. *Thesis*: Students are expected to complete a student-directed empirical research project by the end of their second year in the program (July 31st). Students must complete a written proposal (to be provided to the committee no less than 2 weeks before the defense date) and an oral defense of the proposal prior to initiating thesis research. The proposal will be presented to a thesis committee that consists of three faculty members (the student's faculty advisor, one additional tenured/tenure-track SMU psychology faculty member, and a third faculty person with expertise in the area who may or may not be a member of the SMU psychology department). The thesis proposal is expected to occur during the summer of the student's first year in the program or the fall of the second year. Upon passing the thesis proposal, students may initiate their research.

After completing the research, students will write the thesis in the form of a manuscript that could be submitted to a professional journal (using APA style), followed by an oral defense of the research. The student will provide a copy of the thesis to their committee no less than 2 weeks before the defense date.

At the time of the proposal and the defense, the committee must evaluate the quality of the work to determine if it is sufficient to meet the benchmark. The committee may 1) pass the proposal/defense as written, 2) require revisions from the student to address specific limitations, or 3) indicate that the proposal/defense is insufficient as written. Committee decisions are based on several criteria, including the quality of the written product and oral presentation, the student's understanding of the research literature and theory in the area of study, their understanding and application of research methodology and quantitative methods, ability to interpret the results of their research in the context of prior research and theory, and ability to answer questions about the research, its meaning, and implications. See Appendix A for more information about Thesis guidelines and expectations.

3. *Presentation of Research at a Professional Conference or Publication of Research in a Professional Journal*: All graduate students are required to either present research at a professional conference (poster or paper presentation) as first author OR to have their research accepted for publication, in press, or published in a professional journal (at any level of authorship) by the end of the summer of their third year (July 31st). The research

needs to be work that was completed while the student was enrolled in the Ph.D. program at SMU and it is expected that the presentation and/or publication of this research will be done in conjunction with the faculty advisor. *Please note, although only one presentation/publication is required to meet this benchmark, graduate students should be active in presentation/publication throughout their graduate career (at least 1 presentation/publication per year after the first year).*

4. *Third Year Review Article:* To demonstrate in-depth knowledge of their research area, and to demonstrate their ability to interpret and synthesize the research literature and theory in this area, students are required to write a review article in the tradition of *Psychological Bulletin*. This benchmark must be completed by the middle of the third year (January 15th). Student are encouraged to consult articles by Bern (1995), "Writing a Review Article for *Psychological Bulletin*", *Psychological Bulletin*, 18, 172-177, and Maxwell & Cole (1995), "Tips for Writing (and Reading) Methodological Articles", *Psychological Bulletin*, 118, 193-198.

This benchmark is completed under the supervision of a committee of two faculty members (one of which is the student's faculty advisor; the second of which is a faculty member who has expertise in the area of interest and who may or may not be a member of the SMU psychology department). Students must submit an outline (no more than 10 pages) to the committee, detailing the purpose and content of the review. Following approval of the outline, the student has 45 days to write the review article. Although they may discuss the nature of the article with their committee and other faculty members, review and editing of the manuscript itself by any person other than the student is not permitted. The initial submission of the review paper is due by November 15th of the student's third year. The committee then has 15 days to review the manuscript. Each committee member will independently submit a written review of the manuscript by the end of that time period, in the style of a review written for a professional journal. Committee members will not provide specific edits of the document to the student. Upon receipt of the committee's written reviews, the student has 45 days to revise the manuscript and submit a final draft (again, with no review or editing by any other person), which must be submitted by January 15th of the third year. The committee reviews the final manuscript and awards a pass/fail grade. This decision is based on the quality of the writing, the degree to which the student demonstrates a comprehensive, in-depth understanding of the empirical literature and theory on the topic, and the student's ability to discuss the meaning and implications of the literature). If appropriate, the review paper may serve as the basis for the introduction to the student's dissertation.

5. *Dissertation:* The dissertation is an original empirical research project designed and completed by the student that has the potential to contribute to the knowledge base in their specific area of clinical psychology. Before the student can officially begin the dissertation, he/she must be advanced to candidacy (see below). As with the thesis, students must complete a written and oral defense of their proposal to a committee before beginning the research. The written product must be submitted to the committee no less than 2 weeks before the defense date. The dissertation committee must consist of 1) the faculty advisor, who is a tenured/tenure-track member of the SMU psychology

department, and who will serve as committee chair, 2) at least 2 other tenured/tenure-track members of the SMU psychology department, and 3) at least 1 external reviewer who has expertise in the topic and is either a faculty member of another department at SMU or, with the approval of the department chair and Dean of Graduate Studies, a scholar not affiliated with SMU. The dissertation proposal must be completed by September 30th of the year that the student plans to apply for a pre-doctoral internship (see below).

After successful defense of the proposal, the student may begin work on the dissertation. The final product should be written in the style of a manuscript to be submitted to a professional journal (in APA style). The dissertation must be submitted to the committee no less than 2 weeks prior to the final defense date.

As with the thesis proposal and defense, the committee evaluates the quality of the student's work. They may 1) pass the proposal/defense as written, 2) require revisions from the student to address specific limitations, or 3) indicate that the proposal/defense is insufficient as written. Committee decisions are based on several criteria, including the quality of the written product and oral presentation, the student's understanding of the research literature and theory in the area of study, their understanding and application of research and quantitative methods, ability to interpret the results of their research in the context of prior research and theory, and ability to answer questions about the research, its meaning, and implications. A passing dissertation should reflect the work of an early career psychologist prepared to begin independent research as a post-doctoral researcher. See Appendix B for more information about Dissertation guidelines and expectations.

Advancing to Candidacy

Prior to proposing the dissertation, students must meet all criteria to advance to doctoral candidacy. These include:

- Completion of the first four benchmarks (first year research, thesis, presentation of research, and review article)
- Completion of the core clinical courses (Research Methods, Seminar in Adult Psychopathology, Theories and Methods of Psychotherapy, Integrative Psychological Assessment, and Ethics in Psychology).

Advancement to candidacy is necessary for students to formally initiate dissertation research (i.e. propose their dissertation) and to apply for internship. Students are expected to complete their first four benchmarks (constituting the "Qualifying Examination") by the end of their third year in the program (July 31st). Note, there is no additional written test at this juncture. An extension of one year may be granted by the Dean of Graduate Studies in exceptional circumstances upon submission of a petition that is endorsed by the department.

C. Clinical Training Requirements

In addition to the didactic requirements completed through coursework, students receive practical clinical training in assessment, consultation, and interventions through a variety of internal and external clinical practicum experiences. Students are enrolled in a clinical practicum

from their 2nd through 4th years in residence at SMU. Students who remain in residence for a 5th year of graduate study are also encouraged, but not required, to complete a clinical practicum during that year. **All students must carry malpractice insurance before beginning their first clinical placement.** Affordable insurance can be obtained through the American Psychological Association Insurance Trust (see www.apait.org for more information).

All students who are enrolled in a clinical practicum must also be enrolled in the Practicum Seminar (6091-6098). This course is divided into two sections, one for junior students (2nd and 3rd year) and one for senior students (4th year and above). Sections meet bimonthly and are taught by the DCT. The purpose of this course is to provide group and peer supervision, ongoing training in a variety of intervention, assessment, supervision, and consultation techniques, to expose students to different areas of clinical practice outside of their own experience, and to permit the DCT to conduct an ongoing evaluation of student clinical skills, which are assessed through graded case presentations, papers, and assessment reports.

The primary purposes of the clinical practicum experiences are:

- To offer students the training, supervision, and experience in the use of evidence-based methods of intervention, consultation, and assessment that is necessary for them to become independently practicing clinicians.
- To expose students to a variety of clinical settings where intervention, assessment, and/or consultation services are offered.
- To expose students to diverse client populations and to a variety of clinical problems/diagnoses.
- To hone technical and interpersonal skills necessary to become a skilled clinician.
- To obtain biannual external evaluations of students clinical skills and readiness for more advanced training.
- To provide students with clinical training experiences which are sequential, cumulative, and graded in complexity.

Students are expected to dedicate approximately 16-20 hours/week to their clinical practicum experiences during years in which they are assigned a practicum. Hours are recorded on MyPsychTrack (www.mypsychtrack.com), an on-line tracking program in preparation for internship applications (see discussion of the pre-doctoral internship below); all students who are engaged in clinical practicum are provided with an account.

There are a variety of clinical practicum experiences that students may engage in. Each site has been approved by the DCT after an evaluation to confirm that the site is able to provide students with sufficient direct contact hours over the course of the year and that the site meets the following criteria:

- Appropriately credentialed professionals (i.e., licensed clinical psychologists) are available to train and supervise students.
- Students receive at least 1 hour of face-to-face supervision per week.
- Evidence-based methods of intervention, consultation, and assessment are the primary clinical tools used at the site.

Practicum supervisors are asked to complete an evaluation of the student's performance at the end of each semester (see Appendix C) which provides sufficient detail to allow the DCT to assign the student a grade. **Students who fail a practicum experience or fail to show improvement in clinical skills after deficits have been noted may be subject to dismissal from the program.**

Clinical Practicum Experiences during the 2nd Year

Students have their first face-to-face clinical experiences in the 2nd year, so the initial in-house practicum experience is designed to provide close supervision, extensive training in specific intervention/assessment/consultation techniques, and exposure to a diverse clientele with a variety of problems. Second year students conduct psychological assessments (primarily psychoeducational and diagnostic) in the SMU Psychology Clinic under the supervision of Dr. Buck Hampson. Each student must complete at least 12 full assessment batteries with integrated report and feedback over the course of their 2nd year. In addition, 2nd year students complete an in-house psychotherapy practicum under the supervision of Dr. Alicia Meuret. Finally, 2nd year students are enrolled in Theories and Methods of Psychotherapy/Assessment (6355), during which they receive group supervision as well as training in psychological assessment theory and techniques.

Training during the 3rd Year and Beyond

After the 2nd year, students enroll in internal and external practicum experiences that are specific to their interests. Students must obtain at least one depth experience, in which they receive training in an area in which they wish to gain specific expertise, and one breadth experience, in which they receive training in an area outside of their specific interests. In the spring of each year, students in the 2nd year upward meet with the DCT to discuss training interests and preferences for practicum and review their interests and plans with their faculty advisors. They are then assigned practicum sites based on their training needs and preferences as well as site availability. Below is a list of current sites by type of training.

The SMU Psychology Clinic

The SMU Psychology Clinic was founded in 2014 to serve as an internal training clinic for graduate students and to provide high quality, low cost psychological services to the surrounding community. Students are expected to complete psychological assessments through the Psychology Clinic throughout their time at SMU (12 in the 2nd year and 1-2 per semester in the subsequent years). Students may also provide psychotherapy services through the Clinic under the supervision of SMU faculty or external supervisors.

Practicum Sites	Adult	Child/ Family	Neuropsychology & Assessment	Behavioral Medicine
Dallas County Adult Probation	✓		✓	
Dallas Metrocare Services	✓			
North Texas Veterans Affairs Hospital	✓	✓	✓	✓
Parkland Hospital, Consult Liaison Psychiatry	✓		✓	✓
Univ of Texas at Dallas, Student Counseling Center	✓			
UT Southwestern Mood Disorders Clinic	✓			
Galaxy Counseling Center	✓	✓		
Children's Medical Center		✓	✓	✓
Cook Children's Health Care, Behavioral Health		✓	✓	✓
St. Phillips' School and Community Center		✓		
Jewish Family Services		✓		
Presbyterian Hospital Neuropsychology			✓	
SMU Internal Research Practica	✓	✓	✓	✓
Univ. of Texas at Dallas, Center for Brain Health			✓	
Baylor Rehabilitation Clinic/Tom Landry Center			✓	✓
Baylor Medical Center, Behavioral Medicine Unit				✓
The SMU Psychology Clinic	✓	✓	✓	

Evaluation of Clinical Skills and Progress

Students' skills in intervention, assessment, and consultation are evaluated in several ways.

- All practicum supervisors are asked to complete a rating form of student performance at the end of each semester (see Appendix C). These ratings provide ongoing external evaluations from multiple supervisors about the student's clinical skills, ethics, and professionalism.
- Students are active in the Assessment Clinic throughout their graduate careers (completion of 12 assessments during the 2nd year and 2-4 per year after that), under the supervision of the DCT. Assessment activities (i.e. intake, choosing and administering assessment tools, scoring, producing an integrated report with individualized recommendations, and providing feedback) are evaluated throughout the student's graduate career and inform their grade in the Integrated Practicum Seminar.
- Students are expected to complete regular case presentations and participate in group supervision during the Integrated Practicum Seminar; these activities affect their grades.
- At the end of the 3rd year, students must complete a Clinical Oral Exam. Students present a de-identified case from one of their practicum experiences, including discussion of background information, differential diagnosis, treatment formulation and interventions, outcome, professional and ethical issues, and individual diversity issues. The Oral Exam is conducted by 2-3 faculty members (the DCT, the student's faculty advisor, and one other faculty member) and students must also respond to questions from the committee about the above issues. In order to pass the Oral Exam, the student must demonstrate diagnostic, assessment, and case formulation skills and be able to discuss ethical, professional, and diversity issues at the level expected of a student preparing to apply for the pre-doctoral internship (see Appendix D for evaluation forms).

The Pre-Doctoral Clinical Internship

Completion of a pre-doctoral clinical internship is a required component of all APA-accredited Ph.D. programs in clinical psychology. The internship consists of one year (2000 hours) of clinical training and experience at an external site. Students apply for internship through the Association of Psychology Postdoctoral and Internship Centers (APPIC) universal application and are assigned an internship through the yearly match (see www.appic.org for more information about this process).

1. *Eligibility to Apply for Internship.* Prior to applying for internship, students must receive approval from the DCT and their faculty advisor. To be eligible to apply students must have advanced to candidacy, met all relevant research benchmarks and clinical training requirements, and have proposed their dissertation by September 30th of the year they intend to apply. Students who wish to apply for internship should discuss their plans with the DCT and their faculty advisor during the spring semester before they plan to apply. The Internship Guidance Committee (including the DCT and additional faculty members) will meet with all students planning to apply for internship on a regular basis, beginning in July. The Guidance Committee will work with students to help them decide where they will apply, review and revise essays and CVs, conduct practice interviews, and help them to make ranking decisions.
2. *Approved Internships.* Students may only apply to APA-accredited internships.
3. *Enrollment.* While on internship, students enroll in a 0 credit course (PSYC 8091 and 8092). This maintains their full-time student status but does not require tuition.
4. *Evaluation.* Internship Directors of Clinical Training provide bi-annual evaluations of students to the program DCT. These evaluations inform the decision of whether a student has “passed” the internship and may graduate upon successful completion of the dissertation defense. Students must complete the internship in order to receive the Ph.D. in clinical psychology.

D. The Faculty Advisor

Each student works with a faculty advisor who is responsible for supervising the student’s research benchmarks, providing training and experiences in their area of research, involving the student in their own research, and facilitating the student’s development of research skills. The clinical Ph.D. program at SMU uses a mentorship model of advising; each student is admitted to the program under the supervision of a specific faculty member. The advisor is one of the most important resources for graduate students. Advisors serve as role models, mentors, teachers, and advocates. Thus, a relationship that is characterized by mutual respect, trust, and responsibility is essential for successful advisor-student collaborations.

Students are expected to meet regularly with their faculty advisor to discuss research, professional development, clinical training, and course work. The advisor should be the first person that the student goes to with questions about the program, professional concerns, etc. Students are also expected to be active members of the advisor’s research group. Participation in a research group is vital to the development of research skills and collaborations with fellow students and faculty.

Changing Advisors

The majority of graduate students remain with the same Faculty advisor throughout their graduate careers. Applicants are accepted into the program to work with a specific faculty advisor, so their interests are usually well matched and both the student and faculty member are happy to work together and do so successfully. This matching is done thoughtfully and carefully to ensure, as much as possible, that the student-advisor relationship will be successful, as this in the best interests of both student and advisor. However, there are circumstances under which the student and advisor may wish to change or terminate the relationship.

- 1) The student's research interests have changed or broadened to the point that they are either in need of a second "co-advisor" or a change to a different lab entirely.
- 2) The student is making satisfactory progression through the program, but the student-advisor interpersonal relationship is no longer productive for collaboration.
- 3) The student's progress through the program is not satisfactory and either the student or the advisor wishes to terminate the relationship.

Scenario 1 typically does not present a problem for students, advisors, or the program. If a student's research interest have changed to the point that their initial advisor is no longer able to advise them or there is need of a "co-advisor" who can provide expertise about a specific area, students and advisors may pursue this change without prejudice. The primary concern is finding an alternative advisor or co-advisor who is available and willing to supervise the student's research. If such a person is available, the student should follow the steps below to pursue the change:

- 1) Discuss the intended change with all parties involved, beginning with the current Faculty advisor. Students should also discuss the proposed change with the DCT and the Faculty advisor who might serve as the new advisor or co-advisor.
- 2) Complete the Advisor Change request form (request from the Assistant to the Director of Graduate Studies) stating the reason for the requested change and obtain signatures from all relevant parties.
- 3) Submit the Advisor Change request to the DCT for final approval. If the student is funded through Dedman College (as opposed to a research grant, teaching appointment, or paid clinical position), the proposed changes also need to be approved by the department Chair. The DCT and the Chair will either approve or deny the change; they reserve the right to talk to all parties involved before reaching a decision.

Students wishing to change Faculty advisors because of interpersonal difficulties in the relationship with their current advisor but who are making adequate progress through the program (scenario 2) are encouraged to first discuss those difficulties with their current advisor and attempt to seek reconciliation. The DCT is also available to assist the student and advisor with addressing relationship issues. It is important to resolve the issue if at all possible because if the student's research interests are unchanged, it is unlikely that a new advisor will be able to fulfill the advisory responsibilities as well as an advisor who is an expert in that area of research. The student may then be faced with either having to change their research area midstream or having inadequate advising from a mentor who is not fully comfortable with the research area.

However, if the interpersonal difficulties cannot be reconciled, changing advisors and/or research areas is preferable to a hostile or unproductive working relationship between the student and advisor. If the interpersonal difficulties are primarily due to personality or working style differences, then the student should follow the same steps outlined above for requesting a change in advisor. In contrast, if the student feels that the advisor's behavior has been unethical or unprofessional, he/she is advised to follow the grievance procedures outlined in Section V.

The final scenario, when a student is not progressing through the program satisfactorily and the student and/or advisor wishes to terminate the mentoring relationship, is most problematic. In this circumstance the DCT and psychology faculty must first review the student's progress to determine what factors are preventing successful completion of training goals. The DCT, chair, psychology faculty, and the student's current advisor will discuss the student's status in detail and attempt to create a remediation plan addressing factors interfering with the student's progress. The DCT will also meet with the faculty advisor and student to better understand the reasons why the student and advisor wish to terminate the mentoring relationship. An advisor change request will only be granted if there is a strong evidence indicating that a) the relationship between the student and advisor is interfering with the student's progression through the program, b) the student will be more likely to succeed if he/she works with a different advisor, and c) an alternative advisor is available and willing to mentor the student.

E. Timetable

The typical progression through the program consists of 5 years in residence followed by the pre-doctoral clinical internship. Students are expected to complete their Ph.D. within 6 years of beginning the program, although in rare instances some students may be permitted a 6th year in residence and completion of the internship in the 7th year. A student may petition for a longer period of study under extreme circumstances (e.g., serious illness or injury, family emergency, etc.). Students are permitted up to 2 semesters of maternity leave which does not count toward the total years of study.

Students are expected to complete their master's thesis by the end of the 2nd year (July 31st), their review paper by the end of the third year (July 31st), and to propose their dissertation by September 30th of the year they plan to apply for internship. Most classes are completed in the first 3 years of the program, although many students take elective courses in their 4th year and some classes are only offered every other year.

Students with Previous Graduate Study

Some students begin the doctoral program at SMU after having completed a Master's degree or obtaining graduate credits at another institution and wish to transfer those credits. In order for credits to be transferred to the program at SMU, the DCT must review the syllabus and assignments for the class the student wishes to transfer. If the material appears to be consistent with material covered in SMU graduate classes and is of sufficient rigor, the transfer may be awarded. Students are encouraged to be cautious in requesting too many transfers of credit, however, as the classroom experience provides important discussion and collaborative experiences above and beyond the simple transmission of knowledge. A thesis completed at another institution will not be transferred to SMU. All students in the Ph.D. program must complete all of the research benchmarks as part of their training at SMU.

III. Student Support

Doctoral students in clinical psychology at SMU are guaranteed funding for four years of graduate study through Dedman College, pending satisfactory performance (see Appendix E for the Funding Contract). Funding includes a stipend of \$18,500 per year plus tuition and fees, and SMU benefits. Dedman College funding carries with it a responsibility to serve as a Teaching Assistant (TA). During the first 3 years, students can serve as either a Lab TA or a Class TA. Lab TAs typically work under the supervision of their Faculty advisor and are responsible for coordinating and supervising the activities of undergraduate research assistants (RAs) within the lab. Lab TAs create a syllabus for the RAs each semester, lead weekly discussion groups about research which include assigned readings, and are responsible for reviewing and grading RA end-of-semester papers. Class TAs work under the supervision of a faculty member who is teaching an undergraduate course. They are responsible for assisting the instructor with course activities, such as grading papers and exams, and must give at least 1-2 guest lectures each semester. Graduate students are encouraged to obtain experience as both a Lab and a Class TA in order to obtain a breadth of teaching experience. Students in their 4th year who receive Dedman College funding teach 1 undergraduate class per semester as the primary instructor and under the supervision of program faculty. Students who remain in-residence for a 5th year of training prior to internship have a number of options for funding, including external funding (see below), applying for paid clinical practicum, and if funds are available, teaching an undergraduate class.

Other Funding Opportunities

Although internal funding is available for four years of study, all students are expected to apply for external funding, either as a primary investigator or through assisting their faculty advisor in completing a funding application. The process of applying for external funding is an important research experience and may lead to funding for data collection and/or student support and tuition/fee remission for one or more years. Students are encouraged to speak with their faculty advisor and with staff in the Office of Graduate Studies about options for external funding.

Students may also receive funding through paid teaching positions (i.e., acting as the instructor of record for an undergraduate course) and paid clinical positions. Students interested in a teaching position for the following year should apply to the DCT (see Appendix F for information on applying and the graduate student instructor contract). Paid clinical positions are occasionally available at certain practicum sites. When such a position becomes available, the DCT will inform eligible students about the application process.

Graduate Student Travel Funds

Travel funds of up to \$700.00 per year (one trip) are available to graduate students through the Psychology Department. To be eligible for these funds, students must be: (1) attending a national conference, (2) the first author of a poster or paper to be presented at the conference, (3) presenting research that was conducted while the student was a graduate student at SMU, (4) in good standing in the program, (5) in either their second, third, fourth or fifth year of the program, and (6) be actively working in a faculty member's lab at SMU.

Funds can only be used for the following expenses: conference registration, hotel reimbursement, per diem meal expenses, and reimbursement for ground transportation and airfare. The same restrictions Dedman College places on faculty regarding lodging and airline tickets apply to graduate students as well.

The Psychology Department will provide travel assistance for one trip/year.

Students who receive department financial support for travel will need to present their research at the SMU Research Day during same academic year that they travel. If a student receives department travel funds in the summer or fall, they will need to present their research at the SMU Research Day in the spring semester of that same academic year (after their trip). If a student receives department travel funds for a conference in the spring semester, they will need to present their research at the SMU Research Day that same semester.

Students must apply for travel funds prior to taking the trip. No funds will be awarded for trips already taken.

IV. Evaluation of Student Progress & Processes for Probation & Remediation

Students undergo an annual review of progress through the program in July of each year (1st year students also undergo a mid-year review between semesters of the 1st year). The student and research mentor are asked to complete the Graduate Student Review Form (see Appendix C). Clinical supervisors are asked to complete the review form twice, by December 31st and June 1st of each year. In addition, the student must submit an updated CV, the yearly Activity Report (see Appendix G), copies of any publications or presentations completed in the past academic year, and grades for all courses taken in the past academic year.

The assistant to the Director of Graduate Studies compiles the ratings and student materials for the review meeting, which is scheduled after June 1st, and attended by all relevant faculty (i.e., the Director of Graduate Studies, the student's mentor, and any faculty who have taught or supervised the student in the past year). The faculty discuss the student's progress through the program, their development of specific competencies, and areas that need improvement. Specific goals for professional development and an action plan are then proposed (the goals and action plan should be limited to no more than 4 points, addressing the most pressing issues for the student's development).

Following the review meeting, the student's mentor meets with the student to review the results and to discuss and revise the goals and action plan. When an appropriate plan is agreed upon, the mentor and student sign the plan and submit to the Director of Graduate Studies. If necessary, the Director of Graduate Studies may suggest further revisions to the plan.

Probation and Remediation

Although all students will receive an action plan every year as part of their review, on some occasions a more formal remediation plan and probationary status may be required. The need for a remediation plan is decided on a case-by-case basis, but generally reflects failure to make significant progress on areas identified on previous action plans and/or significant difficulties in one of the 13 areas of competence covered in the Graduate Student Review Form. Success in a remediation plan is evaluated in the subsequent annual review or earlier, if appropriate; if the student has met all goals then the remediation is complete and the student is taken off of probation. If the student does not meet the goals, this is grounds for extended probation and remediation or, in rare cases, dismissal from the program.

V. Problem Resolution and Grievance Procedures

Sometimes conflicts arise between faculty and students. In such cases, there are several possible steps of problem resolution that students should pursue.

1. *Informal Resolution*

Typically problems that arise can be resolved informally through discussion between the individuals involved. Sometimes matters arise that cannot be resolved in an informal manner. In addition, sometimes cases arise where informal consultation is not appropriate. In these cases, students should proceed to the next step.

2. *Consultation with the Faculty Advisor*

One role of the faculty advisor is to help students find solutions to problems. Except in rare circumstances, students should always discuss program issues with their faculty advisor. If this is not effective in resolving the problem, then the students should go to the next step.

3. *Consultation with the Director of Graduate Studies*

Students who cannot resolve problems informally or through their faculty advisor should consult the Director of Graduate Studies, who will seek to advise the student on the best way to handle the conflict. If the student is not satisfied with this step, or is so advised by the Director of Graduate Studies, the student may proceed to the next step.

4. *Consultation with the Department Chair*

Students who have been unable to resolve problems through consultation with the Director of Graduate Studies should seek consultation with the Department Chair.

5. *Appeal to the Dean of Dedman College*

Having pursued all other steps, if the student is not satisfied, the matter may be appealed to the Dean of Dedman College.

VI. University Life and Student Services

The university provides students with a number of services, detailed in the Graduate Catalogue (www.smu.edu/catalogs/). Services include options for on-campus housing, access to athletic and recreational facilities, health services at the SMU Memorial Health Center, which include Counseling and Psychiatric Services, child care, and academic support for students with disabilities through Disability Accommodations and Success Strategies (DASS).

Appendix A: Thesis Guidelines and Expectations

Thesis Proposal

The proposal is typically submitted in the form of a Manuscript (APA style), including the following sections: Introduction, Methods, and Proposed Analyses. Alternatively, the proposal may be submitted in the form of a Grant Application (NIH style), including the following sections: Specific Aims and Hypotheses, Background and Significance, and Research Design.

The proposal should adequately convey to the reader knowledge of the pertinent literature and how the proposed study will build upon this literature (the same way a well-written introduction of a full-length article published in an APA journal, such as the *Journal of Consulting and Clinical Psychology* would do, or alternatively, as the Specific Aims and Hypotheses and Background and Significance sections of a well-written grant application would do). It should also convey the scientific methods to be used to conduct the study (i.e. participants, procedures, measures, and planned statistical analyses). Proposals should also incorporate a discussion of research ethics and individual diversity as they pertain to the proposed study.

Proposal Meeting

Students should submit their written proposal to committee members *no less than* two weeks in advance of the scheduled proposal meeting. Proposal meetings should be scheduled for 2 hours in a seminar room on campus. Many meetings will not last this long, but it is good practice to allot the full time. The departmental administrative assistants will assist you in scheduling a room. Students are *not* expected to provide refreshments for their committee. The departmental administrative assistants will also send an announcement inviting all psychology faculty and graduate students to attend the proposal meeting; these meetings are intended to be open occasions for the discussion of student research.

Proposal meetings have several purposes: 1) To allow the student an opportunity to practice presenting his/her research in front of an audience. 2) To evaluate the student's knowledge of the field (substantive knowledge and knowledge of basic research methods) in which he/she is planning to conduct research. 3) To help the student develop a high-quality research study. Proposal meetings typically adhere to the following format:

- 1) The committee members meet briefly to discuss the proposal in private (the room is cleared or the committee members excuse themselves to discuss the proposal elsewhere).
- 2) The student provides an oral presentation of their proposal, typically 15-20 minutes long.
- 3) The Committee Chair (the student's faculty advisor) invites questions from the other committee members. It is presumed that the advisor has worked closely enough with the student on the proposed study that he/she has already had an opportunity to ask questions.
- 4) Questions from others in attendance.

- 5) The committee meets in private for a second time to discuss the presentation and come to conclusions about whether the student has passed the proposal, needs to make revisions before beginning the research, or if the work is insufficient to meet the benchmark.
- 6) The committee meets in private with the student to offer feedback and inform him/her of their decision.

Within 30 days of the proposal, the student should make any recommended revisions to the document and draft a cover letter summarizing those changes (this should be done in the style of a cover letter submitted to a journal editor with a revised manuscript). The committee must sign off on the cover letter and revised proposal before the student begins his/her research.

Thesis Defense

The completed thesis should be written in a manuscript format (i.e. in the form of a full-length manuscript that could be submitted to an APA journal such as the *Journal of Consulting and Clinical Psychology*). Such manuscripts are typically 30-35 pages in length. The student may wish to include appendices with details that are not appropriate for a journal article, but the manuscript itself should be in a form ready for submission.

Thesis Defense Meeting

In general, the guidelines for the defense meeting are the same as those for the proposal meeting, although the oral presentation may be longer (20-30 minutes). The written document should be distributed to committee members *no less than 2 weeks* before the scheduled meeting. If committee members believe that there are significant problems with the written document, the oral defense should be postponed until the written document has been approved. Upon completion of the oral defense, the committee will decide whether the thesis passes the benchmark in its present form, requires revision, or does not pass.

Students must revise the thesis in accord with the suggestions made by the committee at the defense meeting and each committee member must sign off on the final thesis before the student files the thesis with the graduate office. Instructions and forms for filing a completed thesis with the Office of Graduate Studies can be found at www.smu.edu/graduate.

Frequently Asked Questions

How do I decide who to select as committee members? The committee should be selected in consultation with your faculty advisor. The goal is to form a committee that will help you to develop a high-quality study. Thus, committee members should be able to contribute to your project in a meaningful way (substantively and/or methodologically). You must have at least 3 scholars on your committee: Your faculty advisor (the Chair of the committee), one other tenured/tenure-track faculty member of the psychology department, and a third scholar who may or may not be a member of the psychology department.

When should I ask faculty to serve on my committee? This should be done at least 3-4 weeks prior to the thesis proposal meeting. All committee members should have the opportunity to provide feedback and approve the proposed thesis research.

What if I need to change my committee or a committee member is no longer at SMU? There may be circumstances in which the membership of the thesis committee might change (e.g., a member is no longer able to serve for a variety of circumstances). To make a change in the thesis committee, you must submit the revised Establishment of Examination Committee form (see www.smu.edu/graduate/forms.asp) and have it approved by the DCT.

What if I decide I no longer want a faculty member on my committee? You cannot remove a faculty member from your committee simply because you no longer want that person to serve anymore. Prior to selecting committee members, you may wish to meet with them individually and explain in detail what you are planning for your thesis research. Most faculty members will not agree to serve on your committee unless your project interests them and they believe that they can help you to produce a high-quality product.

May I conduct my thesis research with data that have already been collected? Yes. In fact there are often advantages to using existing datasets. However, it should be made clear to all committee members at the outset (prior to your proposal meeting) that you plan to use an existing dataset. Also, to the extent possible, the limitations of the data should be made clear at the outset.

Do I need to have significant results for my project to count as a thesis? No. It is advantageous for a number of reasons if your hypotheses are supported, but it is impossible to know the results before you test the hypotheses.

What happens if committee members disagree about a change to my proposal or final thesis? Such disagreements are likely to happen and should be resolved by the committee members from the psychology department. If they are unable to come to a resolution, the DCT will arbitrate the disagreement. If the DCT is the faculty advisor, the Chair will act as arbitrator.

Should I publish my thesis? Ideally, yes, although not all studies are publishable as originally proposed or written. You should work with your faculty advisor to make a decision about whether and where to submit your thesis and in what form. If you and your advisor cannot agree, the DCT will arbitrate the disagreement. If the DCT is your faculty advisor, the Chair will act as arbitrator.

Appendix B: Dissertation Guidelines and Expectations

The general structure and content of the dissertation process is identical to that of the thesis process. Students must present a written proposal to their committee and complete an oral defense of that proposal before beginning their research. The final product is also defended in written and oral form. There are several differences between completing the dissertation and the thesis, however.

- 1) The expectations for the level of sophistication and nuance in student understanding and discussion of the research and theory in the field and of research methodology and data analytic techniques are considerably higher for the dissertation compared to the thesis.
- 2) The committee should consist of at least four scholars: The student's faculty advisor, who serves as the chair, at least two tenure/tenure-track members of the SMU psychology department, and one external member from another department at SMU or, with approval of the Department Chair and the Dean of Graduate Studies, is a non-psychology faculty member at another university.
- 3) Once the student has completed an approved dissertation, he/she must file the dissertation with the Office of Graduate Studies (see www.smu.edu/graduate/forms.asp for forms) and may then proceed to complete the Application for Candidacy to Graduate. However, students may *only* apply for a graduation date that occurs *after* completion of the pre-doctoral internship (see <http://smu.edu/graduate/deadlines.asp> for graduation deadlines).

Appendix C: Graduate Student Review Form (updated 8/13/14)

Students undergo an annual review of progress through the program in July of each year (1st year students also undergo a mid-year review between semesters of the 1st year). The student and research mentor are asked to complete the Graduate Student Review Form (see Appendix C). Clinical supervisors are asked to complete the review form twice, by December 31st and June 1st of each year. In addition, the student must submit an updated CV, the yearly Activity Report (see Appendix G), copies of any publications or presentations completed in the past academic year, and grades for all courses taken in the past academic year.

The assistant to the Director of Graduate Studies compiles the ratings and student materials for the review meeting, which is scheduled after June 1st, and attended by all relevant faculty (i.e., the Director of Graduate Studies, the student's mentor, and any faculty who have taught or supervised the student in the past year). The faculty discuss the student's progress through the program, their development of specific competencies, and areas that need improvement. Specific goals for professional development and an action plan are then proposed (the goals and action plan should be limited to no more than 4 points, addressing the most pressing issues for the student's development).

Following the review meeting, the student's mentor meets with the student to review the results and to discuss and revise the goals and action plan. When an appropriate plan is agreed upon, the mentor and student sign the plan and submit to the Director of Graduate Studies. If necessary, the Director of Graduate Studies may suggest further revisions to the plan.

Probation and Remediation

Although all students will receive an action plan every year as part of their review, on some occasions a more formal remediation plan and probationary status may be required. The need for a remediation plan is decided on a case-by-case basis, but generally reflects failure to make significant progress on areas identified on previous action plans and/or significant difficulties in one of the 13 areas of competence covered in the Graduate Student Review Form. Success in a remediation plan is evaluated in the subsequent annual review or earlier, if appropriate; if the student has met all goals then the remediation is complete and the student is taken off of probation. If the student does not meet the goals, this is grounds for extended probation and remediation or, in rare cases, dismissal from the program.

Sample Goals and Action Plan

Goal 1: Increase awareness of individual and cultural diversity and increase use of this knowledge to enhance professional interactions

Action Plan:

1. Read 1-2 articles per month related to individual and cultural diversity in own field of research and discuss with mentor how information can be applied to research
2. Identify clients from backgrounds with which student is unfamiliar; review literature on these characteristics and discuss with supervisor how best to apply to treatment

Goal 2: Increase self-care to reduce stress and last-minute and/or incomplete work

Action Plan:

1. Create weekly and monthly schedules to outline upcoming deadlines and set aside sufficient time to complete projects and assignments
2. Review schedule with mentor during weekly meetings and problem-solve if have not met goals

Goal 3: Improve understanding and application of longitudinal data analytic techniques

Action Plan:

1. Enroll in PSYC 6322: Quantitative Methods III
2. Work with Dr. Rosenfield to complete analysis of dataset XXX using methods learned in 6322

Student: _____

Year in Program: _____

Faculty Mentor: _____

Date: _____

Graduate Student Annual Review: Foundational and Functional Competencies

Ratings to be completed yearly (by June 1st) by the student (self-assessment), the faculty mentor, and the primary clinical supervisor (also completed at mid-year [by December 1st] for first year students only). Any other faculty member or supervisor who has had significant interaction with the student and/or feels that he/she has important information to contribute to the review may also provide ratings.

Raters should choose the category that best describes how the student has *generally* functioned in the last year (i.e., exceptions from typical behavior should only be considered if they are relevant to student competence).

I. Professionalism as evidenced in behavior and comportment that reflect the values and attitudes of psychology

A. Integrity

- Student is open and honest in communication with others, takes responsibility for errors and takes appropriate steps to remedy them, seeks guidance when needed
- Student attempts to minimize or cover up errors rather than address them directly or fails to identify important situations when guidance is needed
- Student engages in dishonest behavior (e.g., lying, academic dishonesty), denies or blames others for own errors, or ignores/avoids guidance from mentors or supervisors
- No opportunity to observe

B. Deportment

- Student's language, demeanor, grooming, and attire are consistently professional and appropriate to context
- Student's language, demeanor, grooming, or attire are not consistently appropriate to context, but deviations from professional deportment do not cause significant problems
- Student's deportment is frequently inappropriate to context (e.g., poor hygiene, inappropriate attire, use of disrespectful language, etc.) and causes problems in professional settings
- No opportunity to observe

C. Accountability

- Completes tasks on time and does so in a thorough manner; is available when "on-call"; actively seeks opportunities to enhance professional competence; follows policies and procedures of the relevant institution(s)
- Completes tasks on time, but may need assistance or reminders; is open to opportunities to enhance professional competence, but does not actively seek them out; attempts to follow policies and procedures, but may need assistance or reminders
- Fails to complete tasks in a timely manner or does so inaccurately or incompletely; is not available when "on-call"; shows little interest in opportunities to enhance professional competence; is unaware of institutional policies and procedures or ignores them
- No opportunity to observe

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

- A. Awareness of self and others as shaped by individual and cultural diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and context
- Demonstrates knowledge of individual and cultural diversity and contextual factors that may affect professional activities and interactions through discussion of own and others' characteristics in written work and interactions with mentors/supervisors; actively seeks out knowledge through review of literature and discussion with mentors/supervisors
 - Is aware of the importance of individual, cultural, and contextual factors in shaping self and others, but discussion of issues reflects only a general understanding of specific factors; is open to new knowledge, but does not actively seek it out
 - Shows little awareness of or interest in individual, cultural, or contextual factors; may dismiss their importance to self and others and/or actively reject opportunities to obtain new knowledge
 - No opportunity to observe
- B. Interaction of self and others as shaped by individual and cultural diversity and context
- Has successful professional interactions with individuals from a variety of backgrounds and uses knowledge of diversity and context to enhance those interactions; actively seeks out guidance regarding diversity and context when needed in both clinical and research contexts
 - Has successful professional interactions with individuals from a variety of backgrounds, but interactions are generally uninformed by knowledge of diversity and context; open to supervision/mentorship regarding diversity and context, but does not actively seek it out
 - Has difficulty in interactions with individuals from different backgrounds and/or rejects supervisors'/mentors' encouragement to consider factors related to diversity and context in professional settings
 - No opportunity to observe

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

- A. Knowledge of ethical, legal, and professional standards and guidelines
- Demonstrates detailed and thorough knowledge of ethical, legal, and professional standards and guidelines in discussion and written work; actively seeks out knowledge about ethical/legal/professional issues through review of literature and supervision
 - Demonstrates awareness of ethical, legal, and professional standards and guidelines, but expression of awareness in discussion and/or written work is limited to general principles; is open to new knowledge and supervision regarding issues in this domain, but does not actively seek it out
 - Shows little awareness of ethical, legal, and professional standards and guidelines in discussion and/or written work; rejects opportunities to obtain new knowledge or supervision in this domain
 - No opportunity to observe
- B. Ethical decision-making and conduct
- Adheres to ethical, legal, and professional standards and guidelines in all domains of professional behavior; identifies ethical, legal, or professional issues and addresses them according to established standards and guidelines; actively seeks out guidance for ethical, legal, or professional questions
 - Adheres to most ethical, legal, and professional standards and guidelines, but may be unaware of particularly complex issues; open to guidance regarding ethical, legal, or professional questions, but supervisor/mentor may need to identify important topics
 - Does not adhere to most ethical, legal, or professional standards and guidelines; is unaware of relevant issues and resists recommendations or discussion of ethical, legal, or professional issues
 - No opportunity to observe

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

A. Self-assessment

- Has an accurate understanding of own competencies and areas requiring professional growth and actively seeks guidance and uses literature to facilitate professional growth
- Demonstrates awareness of competencies needed for professional training in written work and discussion with supervisors/mentors; develops goals for professional growth with mentor/supervisor and is receptive to suggestions
- Has an inaccurate understanding of own competencies and areas requiring professional growth; attempts activities that student is not yet competent to perform; rejects recommendations from mentors/supervisors
- No opportunity to observe

B. Self-care

- Identifies personal issues before they impair professional functioning and takes appropriate steps for self-care; manages schedule to permit sufficient time for self-care
- Is receptive to suggestions from mentors/supervisors regarding self-care and is able to manage schedule to permit sufficient time for self-care with assistance
- Disregards self-care and/or engages in professional activities despite impairments that should preclude such work; rejects recommendations from mentors/supervisors regarding self-care as it is relevant to professional functioning
- No opportunity to observe

C. Participation in the supervisory/mentorship process

- Actively seeks supervision/mentorship to improve performance; solicits feedback regarding specific concerns and when confronted with difficult issues
- Demonstrates willingness to admit errors and accept feedback and is generally receptive to constructive criticism, but does not actively seek out supervision/mentorship
- Is defensive or resentful of constructive criticism from supervisors/mentors; rejects suggestions from supervisors/mentors
- No opportunity to observe

V. Relational, Affective, and Expressive Skills: Relates effectively and meaningfully with individuals, groups, and/or communities

A. Interpersonal Relationships

- Forms effective working relationships in all professional settings; manages conflicts and grievances in such a way as to maintain or strengthen professional relationships; demonstrates respectful and collegial interactions with others
- Forms effective working relationships and manages conflicts in most professional settings, but needs guidance from mentors/supervisors to do so
- Has difficulty working with others across settings or relationships; interactions are often characterized as lacking in respect/collegiality for others
- No opportunity to observe

B. Affective Skills

- Demonstrates appropriate warmth and sensitivity to others; utilizes affective skills to facilitate professional interactions; provides and receives feedback in a constructive, non-defensive manner; has good awareness of effect of own behavior on others
- Shows caring and concern for the needs of others, but may need guidance to utilize affective skills effectively in professional interactions; able to acknowledge own role in problematic interactions, but may need assistance in problem-solving
- Is unaware or unresponsive to others' needs or own reactions to interpersonal situations; may reject guidance from mentors/supervisors in developing affective skills
- No opportunity to observe

C. Expressive Skills

- Verbal and written communication is clear, well-organized, and demonstrates a sophisticated understanding of material across professional settings
- Clear and appropriate verbal and written communication, but may need guidance to fully integrate all important material or to convey important points effectively
- Difficulty articulating thoughts in verbal or written communication; communication is often disorganized or inaccurate
- No opportunity to observe

VI. Science: Understanding, application, and interpretation of research and research methodology

A. Active membership in a research team

- Regularly participates in research meetings; provides substantive contributions to development of ideas and methodology, collection and analysis of data, and interpretation and presentation of results; facilitates the professional growth of other members of the research team and actively seeks guidance from others to facilitate own growth
- Attends research meetings and participates on most occasions; contributes to the research process with guidance from mentors and others; is open to guidance to facilitate professional growth
- Avoids research meetings or does not participate when present; contribution to the research process is minimal or only at the instigation of the research mentor; may reject guidance to facilitate professional growth
- No opportunity to observe

B. Presentation of research

- Student has submitted or had accepted a manuscript to a peer-reviewed journal at any level of authorship and/or has presented 1st-authored research at a professional conference (all students are expected to publish at least one manuscript in a peer-reviewed journal prior to graduation)
- Student has been actively engaged in preparing research for presentation at a professional conference or in a peer-reviewed journal
- Student has not been engaged in efforts to present research
- No opportunity to observe

C. Understanding of research literature

- Student communicates a thorough understanding of a research literature, verbally and in writing, that includes relevant theory, methodological strengths and weaknesses of the body of work, and its implications for future research and application; student integrates this knowledge in responding to questions about his/her own work and the relevant body of literature
- Student communicates an understanding of specific research studies, verbally and in writing, that reflects comprehension of specific theories, methodological strengths and weaknesses of specific studies, and their individual implications for future research and application; student is able to respond to factual questions about his/her own work, but may have difficulty integrating this with the larger body of literature
- Student's written and verbal communication about research is limited to general principles and theories, but he/she is not yet able to express a thorough understanding of the relevance of specific studies or a larger body of literature; he/she may have difficulty responding to factual questions about his/her own work
- No opportunity to observe

D. Generation of new ideas

- Student generates new directions for research and specific hypotheses that are well-grounded in existing research and theory and represent potentially important additions to the existing literature on the topic; he/she makes a clear and logical case for new directions and hypotheses based on the existing literature
- Student suggests new directions for research and specific hypotheses, but needs guidance from mentors to do so; is able to justify ideas generally, but may miss important points or lack clarity
- Student's suggestions for new directions and specific hypotheses are not based in existing research or theory and/or the student is unable to provide a logical justification for his/her ideas; may actively reject guidance from mentor
- No opportunity to observe

E. Knowledge and application of research methods

- Student designs and implements appropriate methods to test hypotheses; identifies and implements appropriate data analytic techniques (may use consultation for advanced techniques); interprets results accurately in verbal and written format
- Student is able to identify general ideas for methodology and analysis, but needs assistance from mentor in developing specific ideas and applying them; interprets results generally, but needs assistance to communicate specific points
- Student's methodological/analytic ideas are a poor fit to hypotheses and student is unable to clearly interpret results accurately; student may be resistant to guidance from mentor
- No opportunity to observe

F. Scientific writing

- Student generates well-organized, clear, and coherent written work that demonstrates a thorough understanding of theory, empirical literature, research methods and analytic techniques, and interpretation of results in the context of existing literature and future implications; final product could be acceptable at a high-quality peer-reviewed journal
- Student's written work is logical and organized, but may lack clarity and coherence at certain points, reflects minor errors in understanding of existing literature, methods, and interpretation of results, and/or student requires extensive assistance from mentor to achieve a product that could be acceptable at a peer-reviewed journal
- Student's written work is poorly organized, unclear, and lacks coherence; reflects significant gaps in understanding of research literature, methods, etc.; product would not be acceptable at a peer-reviewed journal
- No opportunity to observe

VII. Evidence-Based Practice: Integration of research and clinical expertise, to impact selection of interventions, assessment tools, and to influence differential diagnosis.

A. Clinical interviewing and differential diagnosis

- Uses appropriate tools (e.g., questionnaires, interviews, etc.) to obtain a full understanding of clients' presenting problems and symptoms; identifies and articulates relevant developmental, cultural, and individual factors impacting differential diagnosis; communicates evidence-based recommendations verbally and in writing that are well-justified by results of interview and consistent with diagnosis; articulates alternative conclusions/recommendations if present and provides a clear justification; actively seeks supervision in coming to conclusions
- Gathers information in an unstructured or overly rigid/formulaic approach, but attempts to apply appropriate tools and questions; may miss important information that could have implications for diagnosis or treatment plan; may have difficulty identifying alternative conclusions/recommendations or justifying them, but is open to supervision
- Does not utilize appropriate tools or techniques; fails to identify important information; conclusions are not based on evidence-based theory; may be resistant to supervision
- No opportunity to observe

B. Case conceptualization and treatment planning

- Conceptualizes clinical problems based on assessment tools, evidence-based theory, and client context (e.g., client individual characteristics, living situation, presence of life stressors, etc.); plans interventions that are justified by the conceptualization; makes necessary adjustments to case conceptualization and treatment plan over the course of treatment based on client response to treatment and supervision; actively seeks out supervision to ensure conceptualization and treatment plan are appropriate
- Conceptualizes clinical problems broadly based on evidence-based theory, but may not fully take into account client context or evaluation; interventions based on theory, but not fully justified by a detailed case conceptualization; may have difficulty identifying need to adjust conceptualization or treatment plan or implement adjustments but is open to supervision
- Case conceptualization is vague and/or not based in evidence-based theory, appropriate evaluation, or client context; treatment plan is not consistent with conceptualization; rigidly sticks to treatment plan even when adjustments are clearly warranted; may actively resist supervision
- No opportunity to observe

C. Implementation of interventions

- Effectively administers evidence-based interventions according to case conceptualization and treatment plan; keeps treatment on track, but is able to be flexible when crises or other important events arise; tracks client progress using evidence-based measures and works with client to make changes to treatment as needed based on outcomes; actively seeks supervision throughout treatment and utilizes supervisor recommendations effectively
- Is generally effective in administering evidence-based interventions, but may be overly rigid or too flexible with treatment plan; tracks client progress, but may have difficulty incorporating information into treatment; is open to supervision and attempts to utilize recommendations
- Interventions are not clearly based on evidence-based protocols or case conceptualization and treatment plan; fails to track client progress; ignores or resists supervision
- No opportunity to observe

D. Selection and application of assessment tools

- Independently selects appropriate assessment tools for a wide variety of presenting problems and client populations; accurately administers and scores measures; actively seeks supervision when there are questions with selection and application of assessment tools
- Able to administer and score standard tools for assessment of cognitive functioning, achievement, personality, and psychopathology, but needs assistance in identifying and appropriate measures for certain problems or populations; is open to supervision
- Not yet able to administer or score standard assessment tools
- No opportunity to observe

E. Interpretation and communication of assessment results

- Writes thorough, integrated reports that provide a clear summary of background, behavioral observations, assessment tools, results, and evidence-based justification of conclusions; makes appropriate recommendations based on research literature and client characteristics and needs; communicates results and recommendations to clients clearly and using appropriate terminology; actively seeks supervision to build knowledge and ability
- Reports provide an adequate summary of information, but may not be fully integrated; conclusions are consistent with the data, but student may need assistance in ensuring that they are evidence-based; communicates results and recommendations to client adequately, but may need assistance to improve clarity and appropriate use of terminology; open to supervision
- Not yet able to compile integrated reports with appropriate conclusions and recommendations and communicate results to clients; or resists supervision
- No opportunity to observe

VIII. Consultation, Teaching, and Supervision: Understanding and beginning implementation of basic skills as consultant, teacher, and supervising psychologist

A. Consultation:

- Can describe a consultant's role in a particular setting (e.g., school, social service, office management, hospital) and the appropriate tools for collecting data and making recommendations; seeks out literature and supervision appropriate to the setting
- Understands basic role of a consultant, but no actual field experience
- Does not yet have knowledge about consultation
- No opportunity to observe

B. Teaching

- Communicates new information to others (e.g., research assistants or students in class) in a clear, informative manner and is able to answer questions; can identify, administer, and interpret appropriate evaluation tools for student learning; manages teaching time effectively and communicates expectations and guidelines to learners; develops or adapts teaching tools appropriately to the setting and uses information provided by others appropriately
- Communicates new information relatively clearly, but may have difficulty staying on track or keeping organized; may need assistance in identifying and utilizing evaluation tools for student learning; may need assistance in communicating clear expectations to learners; may need reminders to complete teaching-related tasks
- Poor communication of information (e.g., disorganized, unclear, inaccurate); resistant to recommendations from supervisors for evaluating learning or communicating expectations
- No opportunity to observe

C. Supervision of Others

- Understands the role and responsibilities of supervisor and supervisee and the role of the supervisor vis-à-vis the supervisee's client; identifies core skills on which to provide feedback and does so in a clear, constructive manner; readily available to supervisee and facilitates supervisee's professional growth; actively seeks out literature and supervision to improve own abilities as a supervisor
- Has knowledge about the process of supervision and can articulate the roles of supervisor and supervisee, but has not acted as a supervisor OR if acting as a supervisor, feedback to supervisee is appropriate but vague; is open to own supervision, but does not actively seek out assistance and literature to improve own abilities as a supervisor
- Little to no knowledge about the process of supervision OR if acting as a supervisor, is unavailable to supervisee and/or provides inappropriate or destructive feedback or resists recommendations from own supervisor
- No opportunity to observe

IX. Goals and Action Plan from Previous Year: Has the student met previously established goals for professional development?

- All previously established goals have been met and/or student has exceeded plans for professional development
- Most goals have been met or in the process of being addressed, but some items on the action plan may not have been completed
- Few or none of the goals have been met; student has made little effort to complete items on the action plan
- Not applicable

Summary and Conclusions:

Please identify the student's primary strengths in the past year:

Please identify important areas for professional development that should be addressed in the next year:

Rater Signature

Date

Appendix D: Clinical Oral Guidelines and Expectations

Committee

The Clinical Oral Examination is conducted by a committee of at least 2-3 faculty members, consisting of the DCT, the student's faculty advisor, and any other relevant faculty member(s). After hearing the student's case presentation and completing the oral examination, the committee meets privately to determine whether the student has successfully completed (passed) the examination.

Case Presentation

The Clinical Oral case presentation should focus on a de-identified intervention or assessment case that the student knows well and can discuss in detail. The presentation itself typically lasts 20-30 minutes and should include (in the order listed) the following:

- 1) Client background information: age, sex, race/ethnicity, marital status, national origin, and important demographic features
- 2) Description of the presenting problem and symptoms
- 3) Differential diagnosis process: How was a diagnosis reached? What alternatives were considered? What psychometric tools were used to support the diagnosis?
- 4) Case conceptualization and treatment/assessment planning: How were the presenting problems and symptoms understood within a specific theoretical framework? How did this conceptualization inform the plan for intervention/assessment?
- 5) Course of treatment: What interventions were implemented and how did the client respond? What was the course of change in the presenting problems and symptoms? How was this change measured? Were there changes in the case conceptualization and treatment plan? If so, why and how were they handled?
- 6) Coping with crisis situations: Were there any crises during the course of treatment? If so, how were they handled and what was the outcome?
- 7) Individual and cultural diversity: How was treatment informed by the individual characteristics of the clinician and/or client?
- 8) Professional and ethical concerns: Were there any ethical dilemmas or issues related to professionalism in approaching this case? If so, how were they handled? For example, how was supervision utilized? Were there any areas in which the student felt they did not have competence? What did they do to gain competence?

Examination

During and after the case presentation, the committee will ask the student to expand upon his/her presentation and respond to hypothetical questions to evaluate the student's understanding of a variety of clinical issues. This process is conducted in the tradition of the Oral Examination held by the Texas State Board of Examiners of Psychologists (www.tsbep.state.tx.us) that is required for licensure in Texas.

Appendix E: Graduate Student Funding Contract

Important Information Regarding Graduate Funding:

Graduate students enrolled in the Ph.D. program in Clinical Psychology at SMU receive funding (stipends) from a variety of sources, including teaching assistantships, research assistantships, and paid clinical work. Student stipends for 2014-15 will be \$18,500, unless otherwise noted, and they will include a waiver of tuition and fees and SMU benefits.

Acceptance of Graduate Funding carries the following requirements:

- This appointment represents a commitment on your part to perform assigned duties in teaching, research, and/or clinical work. Depending on your specific duties, you will be supervised by your Faculty Advisor, the Directors of Graduate Studies, other relevant supervisors (e.g. the instructor of record if you are a teaching assistant), or some combination thereof.
- This is a year-long appointment. You will receive 26 payments throughout the year (every two weeks). Vacation time (2 weeks) must be scheduled in collaboration with your Faculty Advisor and any other relevant supervisors.
- You are expected to work approximately 20 hours per week.
- During the term of this appointment, you may not seek or accept other part-time or full-time employment at SMU or outside of the university without permission of the Directors of Graduate Studies, Chair of the Department of Psychology, and the Dean of Dedman College.
- Funding will be renewed for the next academic year (for up to 4 years of graduate funding) pending satisfactory completion of the current year's assistantship and satisfactory performance in the Ph.D. program.
- Satisfactory performance involves meeting several important expectations:
 - Attending regular meetings as scheduled by supervisors.
 - Satisfactorily completing duties/responsibilities assigned by your supervisors.
 - Satisfactory performance in other program requirements (e.g., coursework, research benchmarks, clinical training).
- Funding can be discontinued, at any time, if there is not satisfactory performance.

Department of Psychology Graduate Funding Acceptance Form 2014-2015

_____ I accept your offer of tuition, fees, health insurance, and stipend

_____ I decline the offer.

Printed Name

Signature

Date

Return to:
Robert Hampson, Ph.D.
Psychology Department, Box 750442
Southern Methodist University
Dallas, Texas 75275-0442

Phone: 214-768-2734
Fax: 214-768-3910

Appendix F: Graduate Student Instructor Application and Contract

Selection Process for Student Teaching

Students interested in teaching undergraduate Psychology courses (Intro, Abnormal, Social, Developmental, Family) at the 1000 through 3000 level must go through a formal application process, as outlined below. The application should be received by the Directors of Graduate and Undergraduate Training by February 15 of the calendar year in which teaching begins.

1. **Written application:** In essay format, an application including which course you would want to teach, the methods of delivery (lecture, discussion, audio-visual, power point), grading methods, and a statement of how teaching fits into your intended career path.
2. **Sample lecture:** A brief (15-20 minute) lecture on a topic of interest within the scope of the course you intend to teach. This includes prepared notes and any A/V materials.

Students will be informed of their selection within one week.

Department of Psychology, SMU
Graduate Instructor's Agreement Form

In order to maximize teaching effectiveness, it is important that graduate students who have not previously taught undergraduates work closely with seasoned faculty members. This will help to ensure maximum benefit to both undergraduates and graduate instructors.

Toward that end, graduate instructors need to agree to the following conditions:

- I agree to show and discuss my syllabus with my faculty supervisor at least two weeks before the first class day.
- I will make every effort to follow the psychology department's guidelines in teaching this class, especially regarding grading policies.
- I agree to invite my faculty supervisor to observe my class during the first week of school and a class toward the end of the semester.
- I will send a draft of each test to my faculty supervisor prior to giving it to students.
- I will discuss with my faculty supervisor, at least once a month during the semester, how the class is progressing.
- I will meet with my faculty supervisor after the course ends to discuss my evaluations.
- I will sign this form, obtain my supervisor's signature, and turn it in to the Director of Undergraduate Studies before August 1 .

Your signature below indicates your agreement to these conditions.

Graduate Instructor

Date

Faculty Supervisor

Date

Appendix G: Graduate Student Annual Activity Report

Name: _____ Date: _____ Year: 1st 2nd 3rd 4th 5th

Courses: Please list all courses you took in the last year with the grades that you received.

Summer		Fall		Spring	
Course	Grade	Course	Grade	Course	Grade

Research Training: Please provide a summary of your activities in each of the following areas.

- a) Research Activity

- b) Papers submitted to journals and review/acceptance status

- c) Papers published

- d) Papers/posters submitted to conferences, acceptance status, and date of presentation

- e) Grants and Awards

- f) Conferences and Workshops Attended

Clinical Training: Please describe your clinical activities in the past year, including the number of hours that you have attained.

Practicum	Type (Internal vs. External)	Therapy Hours	Assessment Hours	Supervision Hours
	<input type="checkbox"/> I <input type="checkbox"/> E			
	<input type="checkbox"/> I <input type="checkbox"/> E			
	<input type="checkbox"/> I <input type="checkbox"/> E			
	<input type="checkbox"/> I <input type="checkbox"/> E			
	<input type="checkbox"/> I <input type="checkbox"/> E			

Department and Professional Service: Please describe all activities and events that you have participated in in the past year.

Did you attend SMU Research Day? Yes No

Did you present a poster at Research Day? Yes No

If yes, list the title: _____

Did you participate in Graduate Admissions Weekend? Yes No

If yes, list your activities during Admissions Weekend:

Please list any other department or professional service in the past year.

Appendix H: Expectations for Professional Behavior

Students are expected to behave in a professional and appropriate manner at all times. The following rules apply:

- Students are required to act in accordance with the American Psychological Association's Ethical Principles and Standards. Violation of these principles and standards will constitute grounds for dismissal from the program irrespective of any other consideration.
- Violation of any of the Expectations for Professional Behavior will constitute grounds for dismissal from the program irrespective of any other consideration.
- Students may not engage in any professional activities on or off campus without the prior approval of their Faculty Advisor and the DCT. Under no conditions are students permitted to treat clients privately without supervision. Failure to obtain proper approval will jeopardize the student's standing in the program.
- The professional use of university property or facilities is limited to those functions that are a part of the student's training and that are approved by the faculty.
- Students may not obligate the university financially without prior written permission from the DCT, the Chair of the Department of Psychology and, if necessary, the Dean of Dedman College.
- Students are expected to fully meet all assistantship obligations. This includes adequate performance of all assigned duties for the duration of the position. Except by mutual agreement between the student and faculty supervisor (or unless the DCT needs to intervene), students may not withdraw from an assistantship position before the end of the assistantship.
- Students may not submit a paper in fulfillment of a class or research requirement if that paper, or one similar to it, was submitted in fulfillment of any other course or program requirement unless the teachers/supervisors involved give prior approval.

Appendix I: Plagiarism Policy

Plagiarism is the presenting of information without due credit or acknowledgement to the sources or originators of such information. Ideas, text, statistics, and illustrations can all become the subject of such improper use.

A plagiarized document or presentation can take the form of:

- A free article downloaded from the internet or other electronic source
- A ready-made or customized paper purchases from a commercial source
- A paper acquired from a third party, such as another student
- A verbatim reproduction of material from a source one has read (unless the material is appropriately quoted and cited)
- A partial reproduction by “cutting and pasting” from sources one has consulted or “weak paraphrasing” by rearranging or replacing a few words and details from the source material
- Facilitating plagiarism by others is also a form of academic dishonesty

Where is the harm in plagiarism?

- The harm is to the original authors whose work you reproduce without fair citation or quotation. This can be a violation of copyright, which is a legal offense.
- The harm is in gaining an unfair advantage over other students/colleagues who do their own work
- Thirdly, the harm is also to the plagiarist because he/she does not acquire the appropriate thinking and writing skills

Plagiarism violates the ethical guidelines of the American Psychological Association and the American Psychological Society (as well as numerous other scientific/professional bodies)

Thus, plagiarism is a form of scientific misconduct that has potential academic, career, and legal consequences.

How to prevent plagiarism:

- You must give credit (i.e. cite and reference the source) to those from whom you borrow ideas or other information, unless that information is common knowledge, or unless it is evident that you came up with the same ideas/information by sheer coincidence – a really rare event.
- Material reproduced verbatim must be in quotation marks. However, there are limits to how much quoted material is permissible. In other words, the solution is not to simply quote lengthy passages from source material – that is not independent work. Citation also does not permit you to reproduce or weakly paraphrase material.
- If you become aware of academic dishonest on the part of others, this needs to be reported to the appropriate authority (e.g. to the instructor, DCT, or chair if you know a fellow student is engaging in plagiarism; to the editor of a journal and/or to the APA Ethics Board if you know a colleague has submitted plagiarized work).

Appendix J: Leave of Absence and Discontinuation from the Program

Students may take a one-year leave of absence from the program if they are in good academic standing. A second year of leave may be granted in rare cases and when there are compelling reasons. A leave of absence must be approved by the student's Faculty Advisor, the DCT, and the Chair of the Department of Psychology.

Expect with prior permission from the DCT, a student who does not enroll in any SMU psychology courses during a semester will be considered to have discontinued from the program and will not be readmitted except with written permission from the DCT and the Dean of Research and Graduate Studies.

Policy on Impaired Student Functioning

A student will not be permitted to continue in active status in the program when the competency of the student to perform in the program is, or could reasonably be expected to be, impaired due to an apparent mental, emotional, physiological, pharmacological, or substance abuse condition. In the event that a faculty member or any individual associated with the program (e.g. a practicum supervisor) suspects that a student may have one or more conditions that are interfering with his/her competence to complete academic, research, or clinical responsibilities, the following steps will be taken.

1. The individual who believes that the student's competence is impaired will meet with the student's Faculty Advisor to discuss the matter and alert the DCT and Department Chair about his/her concern. If the Faculty Advisor is the individual who has concern about the student's competence, he/she will go directly to the DCT and Chair. If the DCT is the student's Faculty Advisor, the Chair will handle the matter.
2. The DCT will call a meeting with the student, his/her Faculty Advisor, and, if relevant, the person who alerted the Advisor and DCT of the potential problem, to discuss the matter. The Chair may also attend the meeting. The identified problems and proposed remedial action, or any other action deemed appropriate, will be presented to the student in writing by the Chair and DCT. If it is determined that a referral for psychological assessment is warranted, the referral will be made to a qualified psychologist or psychiatrist who has no personal or professional connection with the program. The student is responsible for any costs incurred by an assessment.
3. Depending on the results of the psychological assessment, the student may be asked to: a) take a leave of absence from the program, the length of which will be determined by the Chair and DCT (e.g., one semester or one year), in order to attempt to improve/resolve the problem; b) resign from the program; or c) be permitted to remain in the program under condition of specified remedial action. The Chair and DCT may also recommend to the student that he/she secure medical or psychiatric treatment for the problem. If the student takes a leave of absence or remains in the program, a plan for evaluating the student's progress and level of competence within a specified time will be documented in writing.

4. At the end of the agreed upon leave or evaluation period, the Chair and DCT will meet again with the student to decide if the student has successfully addressed the problem and is competent to remain within the program. To determine the student's fitness to remain in the program, the Chair and DCT may require the student to authorize the release of any and all records relating to the alleged mental and/or physical condition, including the student's personal medical, psychiatric, and/or psychological records.
5. If, at any point during the process, the student fails to comply with any of the requirements of the evaluation, rehabilitation, or remediation, the student may be dismissed from the program without regard to academic standing, status of research, or any other consideration.
6. The student may elect to resign from the program without submitting to a psychological assessment, leave or absence, or specified remediation/rehabilitation plan. In this case, the student will be informed in writing that re-admittance to the program at any time in the future will not be permitted. A copy of the documentation will be placed in the student's file. The student will be designated as having resigned from the program while not in good standing.

Appendix K: Professional Memberships

American Psychological Association

All graduate students are encouraged to become members of the American Psychological Association (APA), for many reasons (e.g. to help students become involved in the psychological community at large, to expose students to issues/trends in the field). Students enrolled in the clinical psychology doctoral program are especially encouraged to become members prior to beginning their first clinical practicum (all practicum students must carry malpractice insurance, which can be obtained through APA at affordable prices; see www.apait.org). Other benefits of APA student membership include:

- Membership in APAGS, a national group of Psychology Graduate Students. As part of this membership, you will receive APAGS publications and newsletters, which provide information about matters specific to graduate students in psychology.
- A subscription to the *Monitor on Psychology*, the official newsletter of APA, which is published monthly, and the *American Psychologist*, an APA journal covering issues and trends within the field.
- Discounts on APA conventions, programs, publications, and services. Consumer discounts including hotels and car rentals, among others, are also offered.
- To enroll as a Graduate Student Affiliate of APA go to *Membership* at www.apa.org.

Other Professional Organizations

Graduate students are encouraged to discuss the advantages of joining other professional organizations with their Faculty Advisors. SMU faculty and students hold memberships in many organizations, including:

American Association for Marital and Family Therapy
American Psychomatic Society
Anxiety Disorders Association of American
Association for Behavioral and Cognitive Therapies
Association for Psychological Science
International Family Aggression Society
International Society for the Advancement of Respiratory Psychophysiology
International Society of Behavioral Medicine
Psychonomic Society
Society for Behavioral Medicine
Society for Psychophysiological Research
Society for Research in Child Development

Appendix L: Graduate Course Offerings

Number	Course Title and Description
6091-6098	<i>Integrated Practicum Seminar.</i> Students participate in an off-campus practicum but also meet bi-weekly with faculty to review cases, learn supervision techniques, and review procedures for assessment and treatment.
6305	<i>Quantitative Methods I.</i> Theoretical bases of quantitative methods used in experimental research designs. Topics will include rules of probability, random variables and their distributions, statistical inference, tests of hypotheses and confidence intervals for population means, and analysis of variance.
6307	<i>Quantitative Methods II.</i> Theoretical bases of quantitative methods used in quasi- and non-experimental research designs. Topics will include correlation, regression, multiple regression, partial and multiple correlation, and nonparametric approaches.
6309	<i>Seminar in Health Psychology.</i> Current theories and research in health psychology.
6310	<i>History and Systems in Psychology.</i> Three hour seminar which covers important historical developments and major schools of thought (systems) in the field of psychology.
6311	<i>Seminar in Social Psychology.</i> Current theories and research on the social influences of behavior.
6312	<i>Seminar in Developmental Psychology.</i> Current theories and research in developmental psychology.
6314	<i>Seminar in Adult Psychopathology.</i> The presentation and discussion of selected topics involving research in psychopathology.
6316	<i>Seminar in Cognitive Psychology I.</i> An in-depth examination of selected topics in the general areas of human learning, memory, thinking, and related experiences.
6317	<i>Seminar in Physiological Psychology.</i> This course will provide comprehensive exposure to a selected area or problem in physiological psychology. Areas receiving such treatment might include limbic system-behavior relationships; biological bases of motivation; biological bases of learning and memory.
6318	<i>Seminar in Sensation and Perception.</i> Study physical stimuli, physiological receptors, and psychological processes involved in extracting information from the physical world.
6322	<i>Contemporary Issues in Scientific Psychology Issues II.</i> Examination of current issues and areas of scientific psychological research, including developmental psychology, cognition, biopsychology, social, and personality.
6324	<i>Clinical Research Issues & Methods.</i> Seminar addressing issues of research design and implementation in clinical psychology. Topics include validity and reliability of clinical assessment, experimental and quasi-experimental designs, causal inference, interpretation of data, and research ethics.

- 6325 *Psychological Research Methods and Assessment with Hispanic Populations.* This course will cover methodological issues involved in conducting Hispanic-targeted research and assessment, such as ethnic identification, linguistic issues, sampling, instrument design, data collection and analysis, and data interpretation.
- 6330 *Seminar in Psychopharmacology.* Introduces psychotropic drugs and their uses, with a focus on the relationship between psychology and psychiatry in practice.
- 6331 *Psychotherapy Practicum I.* Combined didactic/lecture and laboratory practicum experience for second-year graduate students. Emphasis is placed on assessment of and brief psychotherapy for medical patients in the Baylor Hospital Trauma Unit.
- 6332 *Psychotherapy Practicum II.* Continuation into the second term of a combined didactic/lecture and laboratory practicum experience for second-year graduate students. Emphasis is placed on assessment of and brief psychotherapy for medical patients in the Baylor Hospital Trauma Unit.
- 6332 *Seminar in Psychopharmacology.* This course will provide students with an introduction to psychotropic drugs and their uses. This course will focus on the relationship between psychology and psychiatry in practice.
- 6334 *Seminar in Developmental Psychopathology.* Advanced seminar examining theories and data on psychopathology in childhood and adolescence.
- 6340 *Psychobiology of Emotion.* This course will provide students an empirically-based foundation in the psychobiology processes involved in human emotion, including anger, fear, anxiety, and depression. These will serve as important foundations underlying interventions for clinically elevated levels of these emotions.
- 6351 *Theories and Methods of Psychotherapy.* Discussion of research concerning the efficacy and effectiveness of individual psychotherapy; discussion about and training in the major theoretical methods of individual psychotherapy; ethics of individual psychotherapy.
- 6352 *Theories and Methods of Group Therapy.* Discussion of major theoretical perspectives and training in techniques in group psychotherapy; ethics of group psychotherapy.
- 6353 *Integrative Psychological Assessment.* Application of psychological methods to the study of the individual; rationale of test construction and interpretation; problems in the prediction of human behavior; and theory and practice in psychological assessment techniques to measure personality, intelligence, and behavior. The focus throughout is on the integration of diverse sources of data to better inform psychodiagnostic decision making.
- 6354 *Assessment Practicum* is the on-campus practicum course for Ph.D. students to learn to administer and interpret cognitive, achievement, personality, and behavioral psychological tests, conduct feedback sessions, and generate appropriate reports.
- 6355 *Methods of Psychotherapy/Assessment.* Emphasizes fundamental skills of interviewing and diagnostic assessment.

- 6356 *Theories and Methods of Couple Therapy.* Introduction to theories of marriage, family, and divorce counseling; research on these approaches; and attention to types of interaction between spouses and between family members.
- 6357 *Seminar in Interviewing Skills.* This is a three-hour credit courses designed for Ph.D. students in psychology. Students will be taught basic interviewing techniques, basic supportive counseling skills, and effective communication and planning of clinical therapy sessions. This course will employ didactic and experiential methods of instruction.
- 6358 *Cross-Cultural/Multicultural Diversity Primer.* This is a three-hour credit course in which Ph.D. students will be exposed to cultural and ethnic differences, and how these differences can affect and influence the planning and delivery of mental health services to people of different cultures.
- 6360 *Ethics in Psychology.* Reviews the current ethical code of conduct followed by professional psychologists. Ethical principles will be discussed in terms of their legal, social, and philosophical relevance.
- 6361 *Assessment Practicum II.* Second term of an on-campus practicum course for Ph.D. students to learn to administer and interpret a variety of psychological tests, conduct feedback sessions, and generate reports based upon these assessments.
- 6362 *Advanced Special Topics.* An advanced seminar on selected topics in various sub-areas of psychological research.
- 6371-6372 *Research in Psychology.* Supervised individual empirical research on selected problems. A research proposal must be submitted to and approved by the instructor before admission.
- 6398 *Thesis.* Academic credit for design, data collection, analysis, and writing of student master's thesis.
- 7091-7098 *Practicum in Psychology.* Students will conduct psychological assessments and interventions in a field placement under the direct supervision of an approved supervisor.
- 7171-7272 *Research.* Academic credit for data collection, analysis, and writing of student research project.
- 7361 *Advanced Special Topics*
- 7362 *Adv Spec Top.* An advanced seminar on selected topics in various sub-areas of psychological research.
- 7371-7372 *Research.* Academic credit for data collection, analysis, and writing of student research project.
- 8049 *Graduate FT Status.* Continuing graduate students who are finished with coursework but completing their thesis/dissertation research.
- 8091-8092 *Clinical Internship I and II.* Credit for the first/second term that the student has been matched with a formal internship training site. This is a full-time, supervised clinical position.

- 8096 *Dissertation.* Academic credit for design, data collection, analysis, and writing of student doctoral dissertation.
- 8105 *Research*
- 8391-8392 *Directed Studies.* Advanced study on selected topics in various sub-areas of psychological research.
- 8396-8397 *Dissertation.* Academic credit for design, data collection, analysis, and writing of student doctoral dissertation.

Appendix M: Rating Forms for Clinical Orals and Thesis/Dissertation Defense

Evaluation/Scoring Rubric
 Ph.D. Program in Clinical Psychology
 Clinical Orals

Student _____

Date _____ Title _____

Committee: _____

The student's presentation should be graded on 9 domains using the rubric below (see the next page for details). Students are expected to demonstrate acceptable performance in all domains, but deficits may be addressed in clinical remediation and later re-evaluation of skills. Passing students should achieve a rating of **Advanced Graduate Student** on all items.

	Professional	Advanced Graduate Student	Beginning Graduate Student	Pre-Graduate Study
Identifies the problem(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies and obtains information/psychometrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develops and processes the implementation of a plan of action/intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handles crisis situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attends to cultural and other relevant differences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates awareness of professional limitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of professional standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of laws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Professional	Advanced Graduate Student	Beginning Graduate Student	Pre-Graduate Study
Identifies the problem(s)	Accurate, well-justified diagnosis and description of problem	Mostly accurate, with minor errors	A general description, but lacks knowledge to make or justify diagnosis	Lacks basic knowledge of differential diagnosis
Identifies and obtains information/psychometrics	Uses (or identifies) appropriate psychometric tests and/or measurement tools; interprets accurately	Mostly accurate, with minor errors	General awareness of psychometric tests, but unable to identify specific tools or to interpret results	Lacks basic knowledge of psychometrics
Develops and processes the implementation of a plan of action/intervention	Plan of action fits diagnosis/problem, is based on theory and empirical data, and is appropriately detailed and justified	Mostly appropriate, with minor errors	General plan of action; not supported by theory or data	Lacks basic knowledge of intervention
Handles crisis situations	Able to detect potential crisis situations and plan and implement a viable intervention or prevention procedures	Mostly appropriate, with minor errors	May not detect some crises; significant errors in plan	Unable to detect crisis situations or create plan of action
Attends to cultural and other relevant differences	Aware of own values and biases, specific areas of consultation/referral needed and how to obtain them; has knowledge that enables effective work with individuals whose demographics differ from candidate	Mostly accurate, with minor errors	Slight awareness of individual differences	Lacks basic knowledge of individual differences
Demonstrates awareness of professional limitations	Aware of own areas of expertise and limitations; aware of areas of need for continuing education; aware of when to refer or seek consultation	General awareness of own limitations; may not be able to identify specific areas of need for further education, consultation or referral	Knows has limitations, but cannot identify them	Lacks basic knowledge of professional limitations
Application of professional standards	Demonstrates knowledge of standards, guidelines, and rules related to supervision and practice	General knowledge, with minor errors	Little knowledge of professional standards	Lacks basic knowledge of professional standards
Application of laws	Suitable application of Texas laws involving professional practice of psychology	Mostly appropriate, with minor errors	Little knowledge of relevant laws	Lacks basic knowledge of laws
Application of ethics	High degree of knowledge about ethical standards, application of ethical standards, and awareness of viable options when facing an ethical dilemma	Mostly appropriate, with minor errors	General knowledge of ethical standards and application	Lacks basic knowledge of professional ethics

Evaluation/Scoring Rubric
 Ph.D. Program in Clinical Psychology
 MA. Thesis/Ph.D. Dissertation

Student _____ Thesis _____ Dissertation _____

Date _____ Title _____

Committee: _____

The student's presentation should be graded on 11 domains using the rubric below (see the next page for details). The committee should grade the presentation based on both the written and oral presentation. Students are expected to demonstrate acceptable performance in all domains, but deficits may be addressed in revisions. Acceptable performance is defined as follows:

Thesis: Beginning Graduate Student or higher
 Dissertation: Advanced Graduate Student or higher

	Professional	Advanced Graduate Student	Beginning Graduate Student	Pre-Graduate Study
APA Style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coverage of Literature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypotheses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data Analytic Approach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethical Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual & Cultural Diversity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implications & Conclusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to Questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Professional	Advanced Graduate Student	Beginning Graduate Student	Pre-Graduate Study
APA Style	Fully adheres to APA style	Few, minor errors	1-2 major errors	Numerous errors
Quality of Writing	Of exceptional clarity and organization	Clear, well-organized, and easy to follow	Occasional lapses in clarity and organization	Numerous lapses in clarity and organization
Coverage of Literature	Comprehensive review; reflects a thorough understanding; provides a strong argument for the hypotheses	Comprehensive review; strong understanding; good argument for hypotheses	Adequate review; basic understanding; workable argument for hypotheses	Misses major aspects of research and theory; poor understanding; does not make case for hypotheses
Hypotheses	Completely grounded in the literature; important addition to the science	Well-grounded in literature; clearly add to the science	Some errors in grounding; hypotheses are logical but may not add to the science	Poor grounding in literature; unlikely to add to science
Methods	Methods are rigorous and an excellent fit to hypotheses	Methods are rigorous and an appropriate fit to hypotheses	Methods are reasonable and fit hypotheses	Poor rigor; do not fit hypotheses
Data Analytic Approach	Uses appropriate analytic techniques; reflects expert understanding; exceptional clarity in reporting	Uses appropriate analytic techniques; reflects strong understanding; reporting is clear	Generally appropriate analytic techniques and reporting; may have minor errors	Analytic techniques are inappropriate and/or poorly understood; reporting is inaccurate or unclear
Ethical Issues	Comprehensive discussion of ethical issues related to topic, methodology, interpretation, and implications	Generally comprehensive, but with occasional errors	General discussion of ethical issues in most areas	Little to no discussion of ethical issues
Individual & Cultural Diversity	Comprehensive discussion of diversity issues related to topic and generalizability and interpretation of results	Generally comprehensive, but with occasional errors	General discussion of diversity issues related to topic and generalizability and interpretation of results	Little to no discussion of diversity issues
Implications & Conclusions	Comprehensive and accurate discussion of the results and their implications	Generally comprehensive, but with occasional errors	General discussion of the meaning and implication; may occasionally go beyond the data	Discussion is absent or inappropriate
Limitations	Identifies limitations clearly and accurately; links to detailed suggestions for future research	Generally accurate and thorough, but with occasional errors	Identifies most limitations but may miss 1-2; only general link to future research	Little to no discussion of limitations; not linked to future research
Response to Questions	Demonstrates a thorough understanding of relevant literature and methodology	Demonstrates a strong understanding, but with occasional errors	Generally understands literature and methodology, but responses may be limited to specific study	Poor understanding of literature and methodology; responses limited to specific study