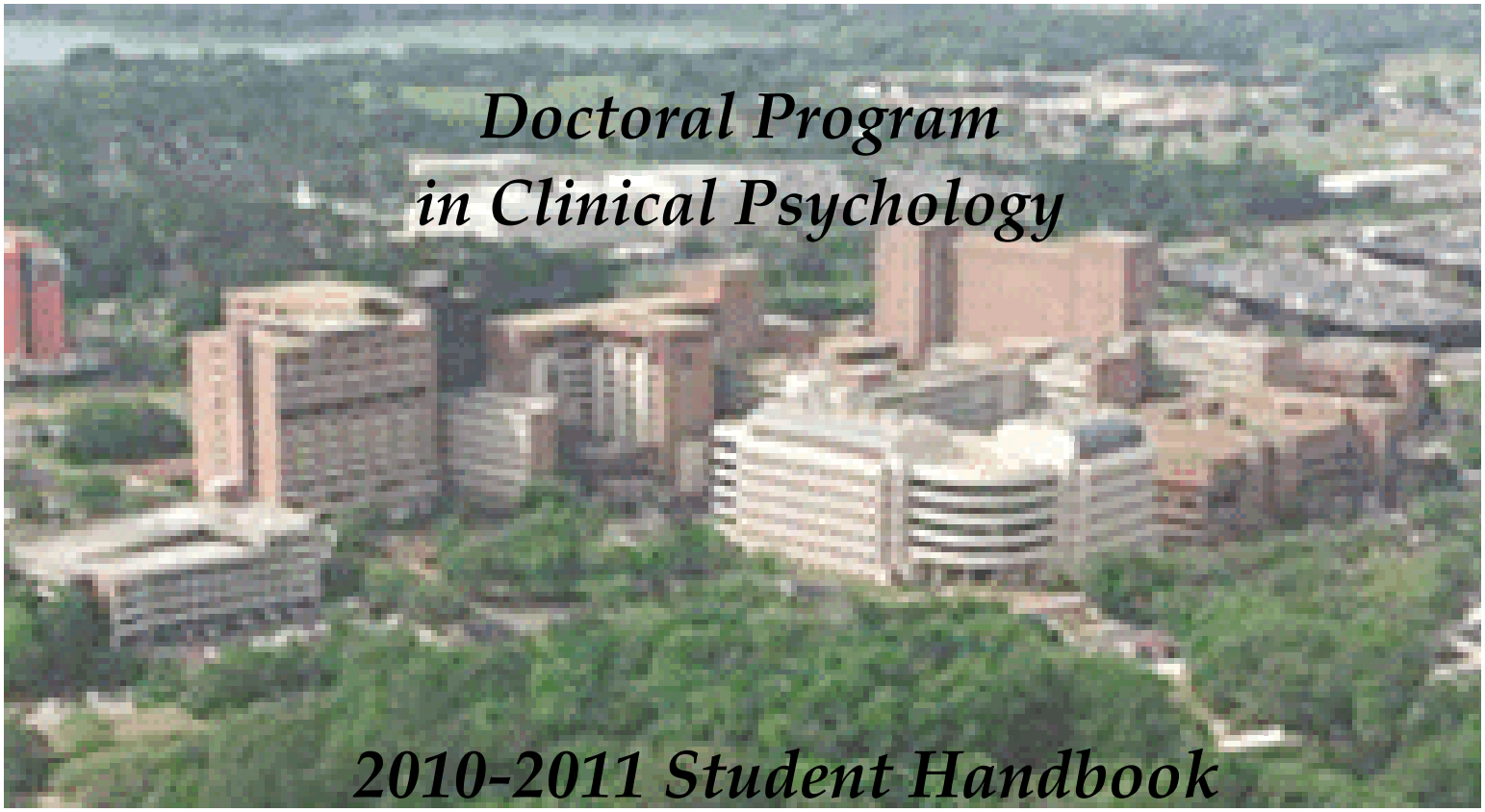
UNIVERSITY *of* FLORIDA
College of Public Health and Health Professions

Department of Clinical and Health Psychology



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http://chp.phhp.ufl.edu/programs/doctoral

An APA Accredited Program
American Psychological Association
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(202) 336-5500

Office of Program Consultation and Accreditation
(202) 336-5979

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On behalf of the students and faculty of the Department of Clinical and Health Psychology (CHP), I would like to welcome you to our Graduate Program. This Handbook is intended to be used as an aid in successfully progressing through the CHP Program. It includes procedures, policies and regulations for the Department, College and University of Florida. It should be noted that this Handbook does not include ALL College or University of Florida policies; rather it references those that are pertinent to our PhD students. Whenever possible we have included relevant web addresses for your reference.

All students should familiarize themselves with this Handbook, as well as with the University of Florida and Graduate School policies. All new CHP students are required to read this Handbook and sign the affidavit on the following page no later than the 3rd week of the fall semester and return the signed form to the Program Office in 3158 HPNP.

Important Links you should familiarize yourself with are:

UF Graduate School	http://gradschool.rgp.ufl.edu
UF Graduate School Catalog	https://gradschool.ufl.edu/catalog/current-catalog/catalog-coverpage.html
UF Graduate Student Handbook	http://gradschool.rgp.ufl.edu/downloads/handbook-2010-2011.pdf
UF Graduate Student Newsletter *EXCEL*	http://gradschool.rgp.ufl.edu/students/excel.html
UF Graduate School Editorial Office	http://gradschool.rgp.ufl.edu/editorial/introduction.html
	https://gradschool.ufl.edu/pdf-files/deadlines-editorial.pdf
UF General Website	http://www.ufl.edu/
UF Critical Dates and Deadlines:	http://www.registrar.ufl.edu/
Gator GradCare:	http://www.hr.ufl.edu/benefits/gatorgradcare/default.asp
My UFL	https://my.ufl.edu/ps/signon.html
UF Registrar Forms	http://www.registrar.ufl.edu/forms.html
Health Science Center Privacy Office	http://privacy.health.ufl.edu/
CHP	http://www.chp.phhp.ufl.edu/ http://www.chp.phhp.ufl.edu/intranet/

Again, welcome to the CHP Program and I wish you success as you progress through the program.

Stephen R. Boggs, Ph.D., ABPP/Child
Associate Professor and Director of Clinical Training

After reading this Student Handbook, complete the information below, sign and return to the Program Office in 3158 HPNP. This should be done no later than the 3rd week of your first fall semester.

Date: _____

I, _____, have read the Clinical and Health Psychology 2010-2011
Print Name

Student handbook.

_____
Signature

Mission and Vision Statements

Clinical and Health Psychology

MISSION STATEMENT

The Department of Clinical and Health Psychology educates tomorrow's leaders in Psychology in the scientist-practitioner tradition, advances psychological science and improves the health and quality of life of all people through excellence in research, education and health service delivery.

VISION STATEMENT

We endeavor to provide a collegial environment that advances scholarship and the pursuit of knowledge while striving for excellence in both graduate education and training and the delivery of the highest quality of health care services. On a daily basis, we focus upon the integration of science and practice in all our activities. The faculty, staff, graduate students, interns, post doctoral fellows and alumni of the Department seek to maintain and advance our state-wide, national and international reputation as a "Center of Excellence" in psychological science, education and service delivery.

College of Public Health and Health Professions

Mission

The mission of the College of Public Health and Health Professions is to preserve, promote and improve the health and well-being of populations, communities and individuals. To fulfill this mission, we foster collaborations among public health and the health professions in education, research and service.

Goals

Goal I: Provide excellent educational programs that prepare graduates to address the multifaceted health needs of populations, communities and individuals.

***Objectives*:**

1. **Enroll a strong and diverse student body**
2. **Recruit and retain outstanding faculty**
3. **Maintain and enhance excellent academic programs that emphasize current knowledge, discovery and practice**
4. **Prepare students who, upon graduation, are competitive in the public health and health professions employment markets**

Goal II: Address priority health needs by conducting high quality research and disseminating the results.

Objectives:

1. **Compete successfully for research funding**
2. **Promote collaborative research within the college and across the university**
3. **Produce and disseminate new knowledge that contributes to the health of communities and individuals**

Goal III: Lead and actively participate in serving our university, our professions, and individuals and communities.

Objectives

1. **Develop and maintain partnerships with community organizations to promote health**
2. **Provide professional service to the community**
3. **Provide professional service to the college and the university**
4. **Provide educational programs that meet workforce development needs**

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PROGRAM PHILOSOPHY

The doctoral program in clinical psychology has been accredited by the American Psychological Association since 1953 and adheres to the scientist-practitioner model of education and training. The Clinical Psychology Doctoral program is unique in the country in that it is housed in an independent department of Clinical and Health Psychology in a major academic health science setting along with an APA accredited internship program. These features foster program strengths in research, teaching and professional training in health care psychology.

> "The scientist-practitioner model produces a psychologist who is uniquely educated and trained to generate and integrate scientific and professional knowledge, attitudes, and skills so as to further psychological science, the professional practice of psychology, and human welfare. The graduate of this training model is capable of functioning as an investigator and as a practitioner, and may function as either or both, consistent with the highest standards in psychology. The scientist-practitioner model is ideal for psychologists who utilize scientific methods in the conduct of professional practice."
>
> (National Conference on the Education and Training of Scientist-Practitioners for the Professional Practice of Psychology) Belar and Perry, [1991].

To accommodate the broad range of career trajectories possible within scientist-practitioner education and training, the program offers a Clinical Researcher Emphasis within the Scientist-Practitioner Curriculum. Our Scientist-Practitioner Curriculum allows students to obtain broad clinical, academic, and research training that readies them for careers anywhere along the science-practice continuum. The student obtains focused research mentorship in a faculty member's laboratory and obtains broad training in clinical assessment and intervention both in and outside of their designated area of concentration. The Clinical Researcher Emphasis is designed to provide the interested student with more intensive mentor-based training for purposes of preparing for a research career. The Clinical Researcher Emphasis is designed for students who are clearly focused on a research career and therefore want an increased opportunity to perform mentored empirical work. This emphasis focuses on the acquisition of research skills, training in scientific methods and technologies to better understand behavior problems, psychopathology, and psychological adjustment to illness and wellness, and to develop empirically validated assessment and treatment procedures. The primary goal of the Clinical Researcher emphasis is to train psychologists for academic settings and other employment venues in which research productivity and innovation is a major job expectancy. In comparison to the scientist-practitioner emphasis, more time is dedicated to research (less time is spent in supervised practicum with the general faculty), and advanced clinical training is focused on patient populations and methods in the student's area of research interest. The Clinical Researcher emphasis follows a “mentorship” model in which the faculty mentor is the student’s overall guide and supervisor, and the student’s primary research training is accomplished in his/her laboratory. Students can elect the Clinical Researcher Emphasis in the first or second year of study, based on their commitment to a clinical research career and the agreement of a faculty mentor.

All students admitted to graduate study in the Department of Clinical and Health Psychology are expected to work toward the Ph.D. degree. The program is designed so that the student can master

broad areas of knowledge in psychology and clinical psychology, can demonstrate competency to contribute to the knowledge base of the field through research and scholarship, can develop professional knowledge, skills and attitudes in psychological assessment, consultation and intervention, and develop an appreciation for the role of cultural diversity in research and clinical work while obtaining knowledge and practical skills in a defined area of concentration or minor. The doctoral program is comprised of core requirements along with elective study areas chosen by the student.

The following regulations apply specifically to the 2010-2009 entering class in the Department of Clinical and Health Psychology and are ***in addition*** to those in the Graduate School Catalog and those summarized in the Graduate Student Handbook. Requirements for previous classes are outlined in the handbook they received at the time of their first registration. All students should retain a copy of the student handbook that applies to their entering class. These regulations are provided to all students upon matriculation in the program, and it is the student's responsibility to read these materials.

> "The student is responsible for becoming informed and observing all program regulations and procedures. … Rules are not waived for ignorance" (University of Florida Graduate School Catalog)

The purpose of these regulations is to facilitate progress through the program and to provide students with common explicit procedures and standards. Please be sure to keep these documents on hand, and review them on a periodic basis. Updates and additions will be provided throughout the course of graduate study, and it is up to the student to keep his/her handbook current by adding new policies to it. If new policies are established during the student's tenure in the program, specific instructions and dates of implementation will accompany each new policy. With regard to program requirements, students are responsible for fulfilling those requirements in place at the time of their initial enrollment.

The Clinical and Health Psychology graduate student is also responsible for knowledge of the ethical principles and standards of the American Psychological Association and is bound to these as guidelines in his or her role as a student. A copy of the current APA ethical principles, standards and code of conduct is available at http://www.apa.org/ethics/code2002.pdf and in Appendix I. In Florida, practice as a psychologist is governed by statute. Graduation from the doctoral program in clinical psychology does not by itself qualify a person to practice as a psychologist, nor does it guarantee that the person will pass all requirements for licensure. For further information contact the Board of Psychology, 4052 Bald Cypress Way, BIN C05, Tallahassee, FL 32399-3255, Phone (850) 488-0595, or visit the Board of Psychology website:
http://www.doh.state.fl.us/mqa/psychology/psy_general.html

GENERAL INFORMATION

Setting

The first programs leading to the Ph.D. at the University of Florida were initiated in 1930, although Master's programs date back to 1906. The Graduate School is responsible for the enforcement of minimum general standards of graduate work throughout the University. The responsibility for the detailed operations of graduate programs is vested in individual Colleges and Departments.

The Department of Clinical and Health Psychology administers the Doctoral Program in Clinical Psychology. Upon graduation, students obtain a Ph.D. in Psychology. The program has been continuously accredited by the American Psychological Association since 1953, and had its last APA accreditation site visit in 2008. Dr. Russell Bauer is the Chair of the Department, and Dr. Stephen Boggs is the Director of the Doctoral Program in Clinical Psychology. The Department is housed in the College of Public Health and Health Professions in the University of Florida Health Science Center. The Health Sciences Center is comprised of six colleges (Dentistry, Public Health and Health Professions, Medicine, Nursing, Pharmacy, and Veterinary Medicine) plus the Shands Hospital at UF, an academic health care setting that is the major location for formal clinical practice required of all doctoral students. The Department operates the Psychology Clinic, a primary health science center resource for academic and clinical expertise regarding bio-psychosocial aspects of health and illness. In addition to the clinic, students often obtain supervised clinical experience in other health care units such as Child Psychiatry, the Veterans Administration Medical Center, and various rural primary care facilities throughout north central Florida.

More than 350 applications for admission are received each year from students in universities throughout North America. Currently there are 82 students in the doctoral program, including those who are off-campus completing their internships and dissertation research.

In addition to the doctoral program, the faculty administers an APA accredited Clinical Psychology Internship Program that attracts interns from doctoral programs throughout the country. Dr. Lori Waxenberg directs this program. The health care setting, the independent departmental status of Clinical and Health Psychology, and the integration with a nationally recognized pre-doctoral internship program are all unique features in current graduate education in psychology.

Faculty

The term "core faculty" is used to describe faculty who have major education and training functions within the two departmental programs. Some of these faculty members are on the tenure/permanent status track, while others are on the clinical or research track. All core faculty members play integral and varied roles in the education and training of graduate students. Most supervising core faculty are licensed psychologists who are involved in clinical practice, supervision, teaching and scholarly activities. A number of additional faculty in the Health Science Center and University play roles in the didactic, clinical and research training program.

Although diverse clinical and research interests are represented in the faculty, all faculty are committed to the scientist-practitioner model of graduate education and training in clinical psychology. They exemplify this model through high quality teaching, research and clinical activities. For example, in the 2009-2010 academic year, faculty published 96 peer reviewed journal articles, 20 book chapters, and 1 book. In addition, faculty made 154 national and international presentations at meetings. Many of these publications and presentations contained student co-authors. Faculty participated in newly funded grants during 2009-2010 totaling $3.7 million in direct coats and participated in ongoing projects totaling over $21.5 million. See Appendix A for a listing of graduate faculty and a sample of their current activities. A vita for each faculty member is available for your review on the department

website at http://chp.phhp.ufl.edu/ Many faculty also have individual web pages accessible from the department's site.

Facilities

Each student has a department record in the Program Office. The Program Office is located in 3158 HPNP. Appointments can be made by contacting the Program Assistant at 273-6455. Dr. Boggs can also be reached at 273-6455. It is the student's responsibility to see that this record is up to date with respect to supervisory evaluations and graduate school documents. Periodic reminders will be given to students to review their file prior to annual reviews, internship applications, or other major milestones.

A current list of contact information for faculty, interns, students, and staff can be found on the intranet portion of our website http://chp.phhp.ufl.edu/intranet or in Appendix B. This information is for internal use ONLY. Because this information is periodically updated throughout any given semester, students should utilize the list on the department intranet to ensure they have the most updated information. In order to access the department intranet you must have a Gatorlink account set up. If you experience problems with the intranet, please contact Nettie Van Wyer in 3152 HPNP.

All students must have a Badge/Gator1 Card, which serves as a picture ID and contains a barcode that is used to access a variety of University services. This ID must be worn in patient care areas and is also used for access to labs, libraries, recreation facilities, check cashing, after-hours access to the HPNP building, and many more things, including the purchase of coveted football tickets. ID cards can be created at the ID Card Services in the UF Bookstore (http://www.gator1.ufl.edu/idcard/location.asp). The cost to the student is $16.25 ($15 for the ID and $1.25 for the holder and clip). ID Services has a list of students authorized to obtain a card. Bring your picture ID when reporting to ID Services. Students who already have a card from undergraduate work will have to buy a new ID card as students in the HSC are required to have additional information encoded on their IDs.

Neither the Department nor the Psychology Clinic has the resources to provide telephone answering services for students. Only patient related business may be conducted on the clinic phones. Students conducting patient-oriented research that requires telephone contact should make specific arrangements through their mentors/labs and should not rely on Clinic staff to manage these calls. Many students have message services at home that they check for incoming personal messages. Use the departmental numbers for personal contact only in the case of an emergency.

The department has a computer literacy policy, in keeping with the University-wide policy on computer access. All students must have access to a desktop or laptop computer with e-mail, word processing, presentation and data base management capabilities, using statistical packages such as SPSS. Computer literacy is conceived as an evolving process whereby students, in the context of their formal education, acquire the knowledge and skills to utilize computer technology in the service of their professional activities. The full text of the Department's computer literacy policy is contained on the CHP website at http://chp.phhp.ufl.edu/ and is reproduced in Appendix J

The Department adheres to all copyright rules and regulations. Photocopying of books, chapters, articles or other written material without the author's approval is governed by specific legal

standards with which students are expected to be familiar. Copyright regulations also apply to computer programs. The PHHP network provided on all departmental computers enables access to a variety of programs for word processing, presentation, statistical analysis, web development, e-mail and Internet access. Unauthorized reproduction of departmental computer programs for personal use is prohibited. Also, do not put your own personal programs on departmental computers. Many programs are administered by a site license governing educational use. Consult the Public Health & Health Professions Information Technology website at www.it.phhp.ufl.edu for information and regulations.

Departmental letterhead stationery is restricted to DEPARTMENT USE ONLY. A request for use of it must be approved by either the Chairperson or Program Director. Clinic letterhead is to be used for PATIENT CARE ONLY and must have the endorsement of the supervising faculty. The University has strict new policies on the use of the UF logo and signature system. Students should consult http://identity.ufl.edu/ for further information.

Photocopy machines and printers are available on every floor of the Health Science Center Library. To use these, students must set up a vending account on their Gator1 card and have the card with them when making copies. Value can be added to the Gator1 card online using a credit card ($15 minimum) and should appear on the account in approximately 10 minutes. More information on the process can be found at http://www.uflib.ufl.edu/printing/printingfaq.html. The phone number for the library is 273-8400, and the website is http://www.library.health.ufl.edu/.

There is a full service U.S. Postal Office located in the Health Center on the Ground Floor. The sending or receiving of personal mail through the Department is not encouraged. The Department does not provide postage for student mail, mail related to research or internship inquiries or other personal matters.

Parking is available for students in commuter lots. Decals may be purchased in the Parking Administrative Services Office located on the corner of Mowry Road and Gale Lemerand Drive. This office is open from 8:00-4:30 weekdays (phone lines open until 5:00pm). Please bring your Student ID (Gator 1) card and license plate number. Payment may be made in the form of check, cash, debit, or can be charged to your student account. Decals may be purchased online. Visit http://www.parking.ufl.edu/ for more information. The telephone number is 392-7275.

Blood Borne Pathogen Policy

All students are required to participate in blood borne pathogen education and have this documented on a yearly basis. Training is provided on line at http://chp.phhp.ufl.edu/intranet/ ; click the link “Bloodborne Pathogens Training” under the heading “Faculty Staff/Interns/Students/ Postdocs.” Log in using your Gatorlink user ID and password, and follow on-screen directions. You will watch a Powerpoint presentation and will then complete a test. At the end, print out the Acceptance statement, sign, and turn in to Nettie Van Wyen in Room 3152 HPNP. If you have questions, contact Nettie at 273-6556 or Nettiepa@phhp.ufl.edu.

All students are required to have an annual TB test (or documentation from a physician that this test is contraindicated). This must be documented in your student file and you are expected to keep this up to date each year in order for you to maintain patient contact. The department pays for the test when obtained at the Student Health Center’s Health Science Center Branch (Room D2-49). You can call

392-0627 for an appointment. Students must also complete the Hepatitis B series before beginning clinical training experiences that bring them into contact with patients. Since the Hepatitis B takes six months to complete, you should start the series as soon as you begin your first semester. These are paid for by the student and can be obtained from the Student Health Care Center, or from a private physician. See Appendix G, which includes the newest policy on required immunizations. Please provide the Program Assistant with documentation of completion on each of these requirements as they become available. Failure to maintain current immunization documentation will result in suspension from clinical activities and potential disciplinary action until updated documentation is provided.

Dress Code

In addition to being a research and teaching setting, this is also a professional setting where patient services are rendered. As is usual in such settings, the hospital Chief of Staff has issued a dress code. No shorts or logo t-shirts should be worn in patient care areas.

Graduate Advisement and Supervisory Committees

Upon admission, the student requires both general and detailed information on the complex role of the graduate student. The Program Director and staff initially perform this advisory function. The advisory function begins to shift during the first semester as the student becomes acquainted with individual faculty and their areas of clinical and research expertise. Students are expected to choose a first-year mentor who becomes the chair of their master's supervisory committee. Students entering with a master's degree will also identify a mentor during this time, even though they are not required to perform a formal first year project. Subsequent advisement is shifted to the doctoral committee chair, who may or may not be the same faculty who supervised the first year research activities or master's thesis. Students entering with baccalaureate degrees should form their doctoral committee by the end of the sixth semester of study. Students entering with masters' degrees should form their doctoral supervisory committee by the end of the second semester of study.

Supervisory (doctoral) committees are nominated by the department, and appointed by the Dean of the Graduate School, who is an ex officio member of all supervisory committees. The chairperson of a supervisory committee must have Graduate Faculty Status in the student's major department. The Program Assistant has the appropriate forms for the appointment of a supervisory committee. Be sure to be familiar with issues regarding the appointment process and eligibility for membership prior to requesting a committee, although consultation with the Program Assistant and Program Director is always permissible and encouraged. Not all CHP faculty are members of the Graduate Faculty. Under special circumstances, a student may request that a faculty not so designated be given a "special appointment" to a committee, subject to certain restrictions. It is also important to know the department and graduate school requirements concerning committee members' presence at meetings (e.g., examinations, proposal defense meetings) prior to scheduling any such meeting. The duties of the supervisory committees are:

a. To inform the student of all regulations governing the degree sought. (This does not absolve the student from the responsibility of becoming informed of the regulations).
b. To meet with the student to discuss and approve his/her program of study. Prior to registration for an upcoming semester, students should seek academic advisement from

their chair and other appropriate faculty.

c. To meet and discuss a dissertation topic and to approve this topic and the plans for carrying out the research.

d. To evaluate in writing, on an annual basis, the student's research progress.

The composition of the doctoral committee is outlined under Doctoral Research on page 28.

Notices

Information and notices originating from the Doctoral Program Office are sent via e-mail and posted on the doctoral program bulletin board located just outside 3158 HPNP. It is important that each student keep him/herself informed of the periodic Departmental announcements. Please make sure that the Program Assistant has your current e-mail address at all times. STUDENTS ARE EXPECTED TO:

1. Scan the bulletin boards and training blog frequently.
2. Check their mailbox at least every other day.
3. Check their e-mail daily. Both e-mail accounts should be checked; We use the student's PHHP e-mail address for program announcements and the University will use your GatorLink e-mail for official university correspondence. New regulations resulting from HIPAA prohibit the University from forwarding certain e-mail beyond UF portals, so it is important to insure that immediate and constant access to your GatorLink e-mail is preserved.

Meetings

The Department holds a formal Teaching Conference every Friday. Attendance is required and is recorded by sign-in. Student attendance at meetings called by the Program Director is strongly encouraged since students are responsible for knowing information discussed in these meetings. The Program Director regularly meets with individual classes to discuss program progress, upcoming events, and issues and concerns. These meetings are usually scheduled on Fridays from 10:30 – 11:30am, and students are asked to reserve that time to the extent possible until the meeting schedule for the academic year is established. A meeting with all students is typically held at the end of each semester. In the event that research or clinical responsibilities conflict with attendance, the student should arrange follow-up with another student who has attended these meetings.

Other required meetings are related to participation in certain research teams and/or areas of concentration. Mentors, chairs of supervisory committees and Area Heads will inform students regarding these meetings. A list of ongoing research meetings is posted on the bulletin board.

Deadline Dates Calendar

A "Critical Dates" calendar for each semester is available online at http://gradschool.rgp.ufl.edu/students/critical-dates-and-deadlines.html and http://www.registrar.ufl.edu/ Note that there are two links for critical dates, one for the University of Florida and one for the Graduate School. These are published each year and include important information on University of Florida and Graduate School deadlines, including submission of thesis and dissertations. Be sure to consult it, particularly if you are planning to receive a degree that semester.

Enrollment
The doctoral program operates on a 12-month schedule. Students are expected to register for coursework every semester until graduation. Failure to do so will subject the student to disciplinary action and may require reapplication through regular admission procedures. Any graduate student who is utilizing university facilities and/or faculty time must register for a minimum of three credits in the fall and spring semesters and two in the summer. Students on fellowship (e.g., NIH, NRSA, Presidential and McKnight funded fellowships) are expected to register for at least 12 credits in fall and spring semesters and 8 credits in the summer. Assistantship students (those appointed as a GA regardless of funding type or title) register for at least 9 credits in fall and spring and 6 in the summer. Upon written request to the Program Director, a student may be granted a leave of absence for a period no longer than one year. In such cases the student may re-enter the program with the knowledge of assured acceptance. Such requests are generally approved if the student is in good standing and has good and sufficient reasons for requesting a leave. It is the responsibility of the student to meet re-entrance requirements (if applicable) through the Registrar's Admissions Office.

Florida Residency

Although recent legislation may make residency reclassification difficult or potentially impossible, all graduate students admitted as a non-Florida resident and receiving a tuition waiver should initiate procedures to become Florida residents immediately upon arrival in Gainesville. This is requested in the event that a residency reclassification becomes possible and is approved. All requests for residency reclassification are done just prior to the student's 2nd year in the Program and are processed with the Registrar's Office. Any student who does not follow this rule and who does not apply for residency reclassification after 12 months will not be regarded as an in-state student beginning their second (2nd) year. If a change of residency is later possible, this would result in the student not receiving an out of state tuition waiver to negate the out of state portion of tuition credits for which they are registered. Thus it is essential to pursue becoming a Florida resident within the first 12 months of arriving in Gainesville. There can be no exceptions to this rule. Please be aware that being claimed as a dependent on parental income tax filed in another state may affect your ability to become a Florida resident. To complete this process, follow the steps below:

1. Upon arrival in Gainesville, file a Declaration of Domicile in Florida at the Alachua County Civil Courthouse at 201 E University Avenue, phone 374-3636, OR use this link to a PDF form
   www.alachuaclerk.org/forms/DECLARATION_OF_FLORIDA_DOMICILE.pdf

   The fee for recording the Declaration of Domicile form can be found at:
   http://www.alachuacounty.us/Depts/Clerk/Fees/Pages/RecordingFees.aspx#fee-schedule

   NOTE: If you mail in the form use the PO Box on the form, make sure you have it notarized by a Florida notary, write the check to "Clerk of the Court" in the amount of $10. If you take the form in, the cost is $15 and they will notarize it there for you.

Once the form is filed and recorded they will mail it back to you – this is your receipt proving your intention to change your residency to Florida. It is the student's responsibility to keep this record for future use during the reclassification process. This should be filed prior to the first day of classes your fist fall term; Regardless of when the court indicates – it can be filled at anytime but it's the student's responsibility to establish such at least a year prior to their second year.

2. As soon as possible, complete documents to obtain a Florida Driver's License, Florida Voter's I.D., register your car in Florida, etc. Keep any receipts providing proof of the date you began living in Florida along with your recorded copy of declaration of domicile, (e.g., rental agreement, deposit on utilities, or proof of employment –your admissions letter and LOA). Please note: residency in Florida must be as a bonafide domiciliary rather than for the sole purpose of maintaining a residence incident to enrollment at an institution of higher education. Living in or attending school in Florida will not, in itself, establish legal residence. Please refer to the University's Graduate Student Handbook and the Graduate Catalog for more information on establishing residency.

3. The summer before your 2nd year, typically in July, complete the "Residency Reclassification/Residency Change" form on the University of Florida's Registrar's forms page at: http://www.registrar.ufl.edu/forms.html

Application for residency is done at the Registrar's Office before the fee payment deadline of the semester in which you wish residency. In most cases application cannot be made to the Registrar's Office until you have resided in Florida 11.5 to 12 months. However, there are cases that allow for an earlier application and approval, such as having a spouse that has been a Florida resident for 12 months, the spouse works full time in certain jobs, etc. NOTE: This form MUST be completed in sufficient time for their office to process it and make a decision **PRIOR** to the fee payment deadline of the fall term of your 2nd year. However it cannot be processed prior to 11 months after you processed your declaration of domicile form.

For those of you that are already Florida residents, you may still need to change your residency, especially if you attended an undergraduate institution outside the State of Florida. Sometimes, even if you never changed your residency to the state in which you attended an undergraduate program, the UF admission's office codes your records as "out of State". This is a clerical error that requires you to petition the Registrar's Office to have your residency changed. You should see the Program Assistant in 3158 to check your residency upon arrival to determine if you need to change this during your first semester.

Awards

A number of departmental awards are available to students:

1. The Molly Harrower Memorial Award is given to the student who is voted by faculty as having achieved outstanding performance in psychodiagnostic assessment ($500).

2. The Florence Schafer Award is given to the student who is voted by faculty as having achieved outstanding performance in psychotherapy ($500).
3. The Clinical and Health Psychology Student Research Award is given to the student who demonstrates excellence in research activities ($500).
4. The Robert and Phyllis Levitt Neuropsychology Research Award is given to an advanced graduate student in the Neuropsychology area for excellence in neuropsychology research ($500)
5. The Nathan W. Perry Scientist-Practitioner Memorial Scholarship for excellence in integrating science and practice ($500).
6. The Geoffrey Clark-Ryan Memorial Award is for excellence in pediatric psychology research ($500).
7. The Medical Psychology Research Award is for excellence in clinical health/medical psychology research ($500).
8. The Jenny Sivinski Memorial Award for Excellence in Community Service ($500).
9. The Eileen Fennell Graduate Student Teaching Award ($500).

These awards are given at our Fall Research Symposium. In addition to department awards, the American Psychological Association and a number of other professional societies offer fellowships, dissertation awards, and other opportunities. The Graduate Student Council offers small travel awards to help defray the expenses of conference attendance where the student is presenting a paper. Our students have been highly successful in competitions for these awards. Be sure to consult the bulletin board and your e-mail about availability.

Scheduling Time Away

As indicated on the previous page, this is a year round program, with faculty on 12 month contracts. Graduate assistantships, while not always for 12 months, are based on a weekly work schedule. The professional component of the training program requires consistent availability and ongoing involvement. In planning leaves, you need to consider the following.

1. If you are receiving a graduate assistantship, you must consult with your supervisor prior to each academic break in order to determine how you will handle your ongoing professional responsibilities. How you do this will determine whether you will stay in "pay status" (i.e., receive pay for that period) or not during the time you are gone. Should you and your supervisor agree, one option might be making up the hours you have missed at another time. As an alternative, you could go off “pay status”, which would result in your not being paid for the time off. If you choose to go off pay status, notify our Program Assistant in 3158 HPNP. A third alternative would be to take “leave days”, as described below.

2. Once you begin your professional clinical training, the model of semesters with breaks in between no longer fits at all. Professional patient care responsibilities require significant advance planning in order to be away, and not all professionals in a setting can be gone at the same time. Plan for a <u>maximum</u> of five days per semester (fall, spring, and summer) of prearranged personal leave per year, plus appropriate professional leave for meetings, paper presentations, etc. You will need to consult with each of your clinical supervisors regarding scheduling, as well as with the faculty member you are working

under if you are a graduate assistant.

Regarding the above, it should be noted that, if the university is closed for a state holiday or a declared emergency (unless the special condition of the graduate assistant appointment requires working at these times) these days shall not be held against the graduate assistant with regard to permitted days of leave.

Consistent with the University of Florida Board of Trustees/Graduate Assistants United - United Faculty of Florida agreement, personal time shall be with pay for up to five (5) days per semester appointment. Each graduate assistant shall be credited with such five (5) days at the beginning of each semester and shall use leave in increments of not less than one (1) day. That is, leave of any part of a day is counted as a full day. Personal time provided under this article shall not be cumulative.

A Notification of Intent to be Away from the Department form is available in the Psychology Clinic and must be completed by all students with patient care responsibilities who plan to be away from the Department for more than two days.

NOTE: Nothing in this policy is intended to require students to take personal leave time in order to engage in reasonable involvement in activities necessary to meet Program training requirements/goals such as internship interviewing or taking certain extremely time/labor intensive courses (e.g., functional human neuroanatomy). Participation in such rare but intensive activities should involve prior discussion with clinical supervisors and research mentors.

Ethical Conduct

The student must acquaint him/herself with the APA ethical standards/code of conduct of psychologists concerning issues such as responsibility to the public, conduct of research, dissemination of information, confidentiality, patient welfare, and professional relationships. This responsibility of the student extends to knowledge of particular rules, regulations, and policies of the Department, Psychology Clinic, Health Science Center, and the University. APA ethics and standards of practice are binding on all graduate students. The current version of the APA ethical principles is in Appendix I. The student should consult the following sources for ethical and professional standards:

Ethical Principles of Psychologists and Code of Conduct
(http://www.apa.org/ethics/code/index.aspx)
General Guidelines for Providers of Psychological Services
(http://www.apa.org/about/governance/council/policy/general-guidelines-for-providers.pdf)
Guidelines for Computer Based Tests and Interpretations
(http://www.apa.org)
Florida Statute 490
(http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=Ch0490/ch0490.htm)
Ethical Principles in the Conduct of Research with Human Participants
(http://www.apa.org/ethics/code/index.aspx and page 95)
Publication Manual of the American Psychological Association
(http://www.apastyle.org/manual/index.aspx)

1. Research Regulations and ethical principles concerning research and the use of human and animal subjects must be consulted prior to beginning any research investigation. The Department of Health and Human Services (DHHS) has mandated that researchers receive training in human subject protections and the ethical conduct of research. Beginning October 1, 2000, any DHHS grant application must be accompanied by a cover letter indicating what training in human subject protections researchers have completed. Accordingly, all students conducting human research in the department will be required to provide documentation of human subjects training prior to beginning their research. A simple and effective way of completing this requirement is to obtain training online. The National Institutes of Health (NIH) provide an online Computer Based Training (CBT) module. We recommend that students take this training online and obtain a certificate of completion. Student investigators should maintain a file with copies of all relevant training. The web address is: http://PHRP.NIHTraining.com/users/login.php This training takes about 1 hour to complete. Students are also required to read the full Belmont Report, which can be obtained online at http://www.fda.gov/ohrms/dockets/ac/05/briefing/2005-4178b_09_02_Belmont%20Report.pdf and federal regulations governing the oversight function of IRB's at http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm . Upon completing these requirements, students should submit documentation of completion using the form available from the Program Assistant. Completed forms should be returned to the Program Assistant for placement in the student's file.

Students are required to complete HIPAA training for researchers (see http://privacy.health.ufl.edu/)on a yearly basis. Completion of HIPAA training generates an automatic certificate that must be turned in to Danean Ermentrout in response to a yearly announcement about completion.

Students having access to protected health information as a result of their involvement in clinical activities, research, educational activities, preparing work samples for internship, or any other activities must act in such a way so as to protect the privacy of patients and research participants. Protecting the privacy of patients and research participants requires ongoing continuing education in the form of required HIPPA training of all students.

Students who engage in activities that result in a violation of HIPPA guidelines will have these violations reported to the UF Health Sciences Center Privacy Office (http://www.privacy.ufl.edu) where an investigation of the incident will be undertaken. As careless and intentional HIPPA violations are seen as unprofessional behavior, a copy of the report of the violation along with a letter highlighting the results of the investigation and/or a letter from the training director will be placed in the students file. In accordance with institutional policy, depending on the nature of the HIPPA violation, the student may be subjected to disciplinary action up to and including removal from the graduate program as well as penalties imposed by the University of Florida and by law.

Most research protocols emanating from our department are reviewed by the Health Science Center Institutional Review Board (IRB-01). Students are expected to familiarize themselves with IRB-01 policies and procedures. This information, along with downloadable forms and documents, can be obtained from the IRB-01 website at http://irb.ufl.edu/irb01/ IRB-01 is located in Room 130 of the Broad Building, 1853 Mowry Road (273-9600).

2. Publications Students are strongly advised that it is wise to discuss and have agreements regarding roles, responsibilities and publication credit prior to engaging in collaborative research with faculty, fellow students, or other research associates. Many groups and individuals enter into formal written agreements with regard to authorship and publication credit. A sample copy of one such publication agreement that can be modified for the student's particular circumstances can be found in Appendix M. The authorship of dissertations should reflect the student's primary responsibility for the project, and as such, the student should be the first author. However, students may choose to relinquish their right to first authorship in certain circumstances. For example, they may decide not to publish their findings in a timely manner, yet make arrangements with a collaborator to do so. In any case, publication credit is assigned to those who have contributed to a publication in proportion to the weight of their professional contributions. Students should be aware that ethical principles govern the ownership of data collected in supervised research activities and that ethical standards govern the publication of data collected with external support or data that has important implications for individual or public health. It is the student's responsibility to become knowledgeable of these principles and to discuss them with faculty and other research collaborators.

3. Professional Practice A student must not engage in professional practice except under immediate supervision in a graduate course in which he/she is formally registered or under the direct supervision of a qualified person designated by the Program Director. Any activity involving psychological counseling, psychotherapy or the delivery of professional psychological services that exists in addition to those required by the program must be approved in writing by the Program Director.

Internet Policy

Student responsibilities regarding websites, blogs, e-mail, e-mail signatures and answering machine messages:

When students and trainees post personal information on publically available electronic media sources, they unfortunately may forfeit control over how that information is used or how it reflects on themselves or their training program. Recent concerns have heightened awareness of this fact, and of its potential implications, including:

1) Internship programs report conducting web searches on applicants' names before inviting applicants for interviews and before deciding to rank applicants in selection or matching systems.

2) Clients are conducting web searches on trainees' names and finding information about therapists. There have been many documented instances in the health professions of patients subsequently refusing to be seen in a clinic based on what they have found.

3) Potential employers are conducting online searches of potential employees prior to interviews and job offers.

4) Legal authorities are looking at websites for evidence of illegal activities. Some prima facie evidence may be gained from websites such as photographs, but text may also alert authorities to investigate further.

5) Postings on a variety of listservs may reflect poorly on you or on the training program in which you are enrolled.

6) Although signature lines and e-mail addresses are ways of indicating uniqueness or personal philosophy, the lack of control over e-mail forwarding makes it impossible to know who will read electronic postings. Signature lines and expressive e-mail addresses may affect how others view your professional standing. Quotations on personal philosophy, religious beliefs, or political attitudes might cause adverse reactions in other people.

7) Answering machine messages might be entertaining to your peers, express your individuality, and be indications of your sense of humor. Greetings on voice-mail services and answering machines should be thoughtfully constructed. If cell phones are used for professional communications (e.g., research, teaching, or clinical activities), be sure your greeting is appropriate to the context in which it is used.

There is now ample documentation of instances in training programs and at universities where students have been negatively affected by material on websites, e-mails, and answering machine messages. There are examples of e-mails from faculty and students getting published in newspapers, causing harm to recipients, senders, or others.

Information that seems to be fun, informative, and candid might put the program and the student at risk for adverse consequences. What might be seen as private self-disclosure may actually be very public. This includes information posted on blogs, personal pages in FaceBook, MySpace or other similar sites, including ones started before undergraduate or graduate school. *Anything on the World Wide Web is potentially available to all who seek.*

Trainees are reminded that, if you identify yourself as a graduate student in the doctoral program in Clinical and Health Psychology, we have an interest in how you portray yourself. If you report doing, or are depicted on a website or in an e-mail as doing something unethical, illegal or if the data depicts behavior that threatens your ability to fulfill your professional role, then this information may be used by the Program to determine your standing or retention. As a preventative measure the Program advises that students and faculty approach online blogs and websites, including personal information, very carefully. Is there anything posted that you would not want the program faculty, employers, family members, or clients to read, view, or share amongst themselves? Students are advised to engage in "safe" web practices and be concerned now about professional demeanor and presentations.

Health Science Center Policy

In compliance with the Health Science Center Security Program for the Information and Computing Environment (HSC SPICE) security policy, faculty, staff, and students shall visibly display their UF Gator1 or other approved identification badge at all times when at an HSC facility unless work requirements specify otherwise. (See SPICE standard PS0001.2 at https://security.health.ufl.edu/policies/)

Shands has a similar requirement and is actively enforcing the badge requirement. A lab coat with a name is not sufficient; you must wear your name badge.

As of April 20, 2009, policy changed regarding auto-forwarding e-mails from UF e-mail accounts. All faculty, staff, and students of the Health Science Center and affiliated entities are reminded that our current HIPAA compliant privacy policies PROHIBIT e-mail forwarding outside the ufl.edu domain. Therefore, faculty, staff, and students of the Health Science Center and its affiliated entities may NOT use the auto-forward function of the UF e-mail system because of the likelihood it will result in an unauthorized disclosure. To review current privacy-related e-mail policies, visit the privacy website at http://privacy.health.ufl.edu/policies/hipaamanual/opguide/PP-OG-15b-Email.pdf To review information on how to properly de-identify Protected Health Information, please see http://privacy.health.ufl.edu/policies/hipaamanual/opguide/PP-OG-02b-deidentifi.pdf

Note: You can forward your ufl.edu GatorLink e-mail to your PHHP e-mail, but you may not forward any ufl.edu e-mail to an outside e-mail server (i.e. Yahoo, AOL, gmail, etc.).

Financial Support

Faculty continually compete on university, state, and national levels for support of the educational components of the graduate program, its individual research projects, and clinical service programs. Almost all funded grants administered by the department support graduate students as research assistants. As students focus an interest area they also submit their own projects under faculty sponsorship for funding consideration. Students are highly encouraged to explore research fellowships through NIH or other federal organizations or foundations. Many professional societies (e.g., American Cancer Society, Arthritis Foundation, American Epilepsy Society, Society of Pediatric Psychology) have research grant or training grant award programs. An extensive list of external sources compiled by the Division of Sponsored Research is available on the Graduate School website (https://gradschool.ufl.edu/students/financial-aid.html). Other sources of funds have included part-time positions in other departments or units.

The Department attempts to support as many graduate students as possible and has utilized the philosophy of spreading resources out rather than supporting a few more highly funded positions. Duties of assistantships may involve research, teaching, clinical, or clerical responsibilities.
Some stipends are for nine months, while others are for twelve months. There are various requirements for different sources of funds. You will find our Program Assistant to be a valuable resource in helping you understand the various requirements.

At the present time all on-campus graduate students in Clinical and Health Psychology are supported through fellowships or assistantships of various kinds. This level of funding has been typical. However, allocated resources come in at different times throughout the year, thus there is often some anxiety associated with funding for the upcoming year. It is wise to check regularly with the Program Assistant and Program Director for new developments in available support. In some situations, you may wish to accept certainly available support rather than to “hold out” for support that is uncertain or “pending.”

Currently, the Department's funding initiatives allow for nearly full coverage of all first-year costs of tuition and fees, in addition to the provision of stipends. As students enter the second year, those on grant-related assistantships should be aware that the entire costs of their education are **not** supported by Departmental mechanisms. At the University of Florida, graduate assistantships require registration of 9, 9, and 6 credits during fall, spring, and summer semesters, respectively, while Fellowships require registration of 12, 12, and 8 credits during the three semesters of an academic year. During the first year, the Department supplements the tuition payments made by assistantships and fellowships to fully cover the costs of up to 26 credits of tuition required by the first-year curriculum, **except for the materials fee associated** with some departmental courses (e.g., Child and Adult Assessment courses and certain practicum courses). During the first year, the Department also pays local tuition fees that cover student activity, access to the Student Health Care Center, and other student programs. After the first year, the Department provides no tuition supplements or local or additional fees if these charges exceed those covered by the student's assistantship or fellowship. As long as the student is on a University of Florida appointment (some external funding sources pay the student directly, and thus do not create a UF account), a $500 payment toward health insurance is made by the funding source. Students should check with the Program Office regarding the specific implications that these policies have on their personal financial liability for the costs of graduate education.

Generally speaking, students should recognize that current funding does not provide for the entire cost of graduate education, and many students rely partially on savings, loans, and other external funds. Loans are usually acquired through the Student Financial Aid Office of the University. Most loans are Guaranteed Student Loans, given at a low rate of interest. Michael Menefee is the College representative for Public Health and Health Professions and is available to assist with any information you may need and can help to resolve any problems with financial aid that may occur. He is located on the ground floor of the HPNP building in the Student Services Office and his phone number is 273-6202.

Jobs

Any student receiving any funds from the University (grants, graduate assistantships, etc.) must not accept other employment of any kind without the written permission of the Program Director. The Program Director's written approval is required prior to acceptance of any other position or job in inside or outside of the department (see appendix M).

Generally, the department does not endorse students working for the faculty (even paid work) when the work is not professional in nature, except in extraordinary circumstances, where peer review suggests minimal risk of negative outcomes due to dual relationships.

Personal Therapy

Many students decide to seek personal therapy in the course of their graduate education, but this is NOT a requirement of our program. No stigma is associated with the decision to seek therapy. The Program Director and student representatives have a list of persons in the community who have agreed to provide services to our students on a lower fee basis. Other faculty can provide consultation regarding providers as well. It is the policy of the program that no student can enter a therapeutic relationship with a faculty member in the Department.

PROGRAM REQUIREMENTS

General Psychology Core Requirements

The clinical psychology program requires core training in basic psychological principles. Hence the student must demonstrate competence in a variety of domains of psychology, specifically cognition/perception, social, biological, history/systems, developmental and individual differences/personality. This is achieved through successful completion of graduate courses in the Departments of Psychology, Clinical and Health Psychology, and elsewhere on campus.

Students with a strong undergraduate course in any psychology core area may take an advanced seminar in lieu of the foundation course. This must be approved by the Program Director, and the student must make sure that there is documentation of the substitution in the departmental academic file. Courses may also be exempted where appropriate. Students are advised that licensing boards enforce core foundational education strictly, and it is thus wise and strongly suggested to retain copies of all graduate transcripts and syllabi in case they are needed for documentation during the licensure application process.

Statistics and Research Design Requirements

The core program requires 11 credit hours of graduate level statistics and research design. Eight of these credits are in required courses taken in the first year. Three are in an elective endorsed by the supervisory committee and selected from a list of approved Departmental or University courses. Students who have already had graduate level courses in these areas may petition the Program Director for modification of this requirement. Such petitions should be accompanied by a letter or memo from the appropriate instructor. It is the student's responsibility to determine that a copy of the approved exemption is in his/her departmental record.

Clinical Psychology Core Requirements

The clinical psychology core is comprised of research, theory, procedure and application courses basic to the scientist-practitioner model of clinical psychology. This core includes ethics and professional issues, child and adult psychopathology, child and adult psychological assessment, and psychological intervention.

Students entering with advanced standing may, with approval of the course instructor and the Program Director, substitute a course or exempt one where appropriate. The student must be sure that this is documented in the departmental graduate record.

Elective Requirements

The elective requirement consists of advanced seminars in which the student intensifies his/her knowledge and competencies and interests beyond the core. Depending on whether the student is pursuing training for the Scientist-Practitioner or Clinical-Research Emphasis, he/she is required to complete from nine to twelve credit hours of electives, three of which must be in an intervention course, three of which is in an advanced statistics course, with others being “breadth” or “general” electives. The general electives are designed to provide the student with broad education, and thus must involve content distinct from the area of concentration chosen by the student. The Departmental faculty is committed to providing elective courses in accordance with recent developments in the field. General electives must be courses outside the student’s area of concentration. An evolving plan of departmental course offerings and the requirements they meet can be found in Appendix K. Please

Note: If a student elects to do a minor outside of the department, then the advanced electives (advanced statistics, advanced intervention, 'breadth' elective) must be selected from our department courses.

Areas of Concentration

The clinical psychology program requires an area of concentrated study outside of the core sequence of general and clinical psychology. This consists of a minimum of 12 semester credits in any area of study that has been approved by the supervisory chairperson and the Program Director. The student may identify this area early in his/her program of studies, though it is normally not until the end of the sixth semester of enrollment that the area is formally declared. Most work toward meeting area of concentration requirements takes place during the third and fourth years of matriculation. The concept of "area of concentration" is used as a descriptor of education and training opportunities in an advanced concentration within clinical psychology. (See Appendix M)

Departmental Areas There are currently four identified areas of concentration within the department: Clinical Child/Pediatric Psychology; Neuropsychology, Neurorehabilitation, and Clinical Neuroscience; Clinical Health Psychology; and Emotion Neuroscience/Psychopathology. Concentrated study in one of these areas also requires the approval of the Area Head. A brief description of these areas is given below; specific area requirements can be found in Appendix D.

Clinical Child/Pediatric Psychology Area Head: Dr. David Janicke. Didactic instruction is provided in the basic foundations of clinical-child psychology including psychological disturbances of children, psychological assessment of the child, and specific treatment techniques with children and families. This is in addition to coursework in developmental psychology which is part of the general program requirements. Students also gain exposure to various topics relevant to clinical-child/pediatric psychology through the selection of various electives (e.g., pediatric psychology, seminar in ADHD, Parent Child Interaction Therapy). Additional competencies in assessment and treatment skills with children, adolescents and their families are gained through one or more semesters of advanced child practicum in which clinical skills are broadened with special populations and settings. Assessment and treatment cases are seen through the Psychology Clinic, with its extensive associations with pediatric medical services and the Division of Child and Adolescent Psychiatry. Specific training opportunities are provided with children and youth with learning disabilities and cognitive deficits, emotional and behavioral disorders, numerous medical and chronic illnesses, and family difficulties.

Neuropsychology, Neurorehabilitation, and Clinical Neuroscience Area Head: Dr. Dawn Bowers. Study in NNNP provides the opportunity to develop skills in research and clinical assessment of brain behavior disorders in children and adults. Advanced graduate students in this area select from a variety of courses in human neuroanatomy, clinical neuropsychological assessment of adults and children, human higher cortical functions, laboratory methods in neuropsychology, forensic neuropsychology, geriatric neuropsychology, minimal brain dysfunctions and seminars on selected topics. In the required practicum experience the student obtains advanced clinical experiences in the assessment and treatment of higher cortical dysfunction. Forensic neuropsychology experiences are generally available. The practica are conducted in the Psychology Clinic, outpatient and inpatient consult services and in specially

arranged rehabilitation sites. Visit the NNCN Division website at http://www.phhp.ufl.edu/neuropsy/ for more information.

Clinical Health Psychology Area Head: Dr. Lori Waxenberg. The Clinical Health Psychology area is designed to provide students with a foundation in the theory, research and practice of medical psychology/clinical health psychology. The program emphasizes an empirical approach to the study of psychological aspects of health and medical illness. Students are provided with didactic training in fundamentals of health psychology, pathophysiology and a variety of health related elective courses that complement their basic training in clinical psychology. Clinical training is provided through exposure to a variety of health problems in which psychological factors may play a role or in which psychological intervention is necessary for a comprehensive treatment approach. Activities include assessment, consultation, and intervention with a variety of medical/surgical problems, inpatient consultation liaison work within the Health Center and a monthly conference. Supervised research opportunities are also provided.

Emotion Neuroscience and Psychopathology Area Head: Dr. Peter J. Lang. The ENP area of concentration provides the student with training in two related areas: 1) The basic science of emotion, as affects are expressed in language, overt action and physiology with emphasis on the investigation of mediating neural structures and circuits in the human brain. This involves in-depth training in the major current research technologies, including methods in cognitive/computer science, psychopathology, and brain imaging. 2) Applications of emotion science in experimental psychopathology, clinical evaluation, and treatment, with a current emphasis on the anxiety disorders. The plan of study includes didactic training in adult psychopathology, practicum training in assessment and differential diagnosis (using interview, test, and psychophysiological tools) and in cognitive and behavioral methods of treatment. A goal of this area is to train first-class researchers in experimental psychopathology who have a strong clinical skills foundation and a high level of technological expertise.

Graduate School Minor The student may elect to complete requirements for a Graduate School minor for his/her area of concentration. A graduate school minor is completed through a department or center other than the Department of Clinical and Health Psychology or the Department of Psychology. A faculty member who clearly represents the minor area must be on the supervisory committee. A petition must be submitted to the Graduate School delineating the specific coursework required to complete the interdisciplinary minor and naming the graduate faculty member who has the area of expertise. For more information, see the Graduate School website at https://gradschool.ufl.edu/index.html

Other areas of concentration can be individually designed by students and their supervisory committees. Previous students have elected to concentrate on rural psychology, psychology and law, primary care psychology, and other areas. Students interested in pursuing these areas should consult the Program Director for guidance on how to proceed. Once approved, the student's doctoral committee provides primary advisement and oversight of the student's plan of study and research program.

Research Requirements

Students are expected to be engaged in research activities and to be continuously registered for research credits throughout their tenure in the program. The only exception to this rule is in the event the student has already successfully defended his/her dissertation (typical of those in the year in which the student leaves for his/her internship).

First Year Project A first year research project is required of all students entering with a Bachelor's degree and is encouraged for students entering with a Master's degree. The goal of the First Year Project is to provide the student with a mentored research experience that promotes competency in the conduct of empirical research. Students choose a mentor during the first semester and must complete the project by the time of the Fall Symposium held during the fourth semester of enrollment. The Fall Symposium involves a public oral presentation to the department and is usually held in September or October of the second year. This project is then developed into a formal written master's thesis that is defended on selected dates in the spring semester of the second year before a designated departmental committee. The policies and procedures regarding the master's degree can be found below.

Policies and Procedures Regarding First Year Project and Master's Research

1. Students who enter the program with a Baccalaureate degree must satisfactorily complete a first year project under the supervision of a mentor mutually agreed upon during the first semester of graduate study. This project may be part of a program of study in a faculty's laboratory, or an individually initiated study. Each semester the mentor evaluates whether satisfactory progress is being made on this project. The mentor also provides the basis for evaluation of research progress for the annual review by the faculty.

2. Students present the first year project at the Fall Symposium, held in the fall semester of the second year, that is attended by each student's master's committee. Feedback from the committee is provided within one week, and incorporated as appropriate into a written thesis that is then defended on specified dates during the spring semester of the second year.

3. In preparing the thesis for the oral defense, the write-up of the thesis should take the form of a well developed research manuscript, such as that suitable for publication in an APA journal, except for the manuscript being formatted in a manner consistent with Graduate School Editorial Office guidelines.

4. Each student's master's committee consists of four members: the student's mentor (Chair) plus three faculty from different areas of concentration in the department. Areas of concentration select members to serve on one of two standing committees for the department.

5. Students will be randomly assigned to one of the two departmental master's committees. The committee will formally examine the student based on a written document during the spring semester of the second year. These examinations will occur on specified dates chosen for the students by lottery.

6. Students who have successfully completed 30 credits (including no less than 24 credits of

regular coursework and a minimum of 7 credits in master's thesis research) and successfully defend their thesis in their oral examination will be awarded the Master's Degree in the spring semester of their second year.

7. Students should be registered for master's thesis research until the final defense. Minimum registration in the final spring term for a thesis student is three semester hours of CLP 6971.

All students presenting first year projects are required to provide the Program Assistant the project title and abstract in Microsoft Word electronically with the name of the mentor. This will be requested, with instructions from the Program Assistant. This is usually due about three weeks prior to the Fall Symposium, and is used to create a program for the symposium.

Doctoral Research The doctoral dissertation is an independent and original research project that is conducted by the student with the approval and ongoing consultation of the doctoral committee. The committee should be appointed by the end of the sixth semester of matriculation. Those students who enter with a masters degree are reminded that the Graduate School requires that your doctoral committee be formed by the completion of 12 credit hours or at the end of the second semester in the program. The form documenting committee appointment must be approved and on file in the Program Office prior to submission of qualifying examination topics to the Program Director. (See Appendix M) A Proposed Program of Study must be submitted with the appointment of your committee; this Program of Study should clearly indicate what courses you are intending to count toward your general electives, Area requirements, and Area electives.

Per Graduate School requirements, doctoral committees will consist of at least four faculty members selected from the Graduate School Faculty, one of whom must be appointed to the Graduate Faculty from a department other than Clinical and Health Psychology ("external" member). The external member cannot be a member of the CHP Graduate Faculty (even if their primary Graduate Faculty appointment is with another program or unit). One of the remaining members must be selected from among those CHP faculty members who are outside the student's area of concentration. The purpose of this policy is to insure breadth in research mentorship.

At the discretion of the student and major advisor/chair, the committee may consist of more than four members. Further, Department policy requires that at least two of the committee members be tenure track faculty within the CHP department, see Appendix A for eligible faculty and Appendix M for the form). Students should check with the Program Assistant or the Graduate School regarding faculty eligibility. If the recommended chair is not a member of CHP core faculty, then a co-chair is selected from the CHP graduate faculty who takes responsibility for advisement regarding the student's program of study, program regulations, and the doctoral qualifying examination as it pertains to the Clinical Psychology program requirements.

The composition of the Doctoral Committee may be changed with an appropriate rationale, but ***the Graduate School will not accept committee changes during the semester in which the student receives a degree.*** All supervisory committee members must attend meetings and examinations. Graduate School policy now allows for remote participation of a committee member (i.e., teleconferencing, video conferencing and the like). However, the Graduate school still mandates that the student and the Chair meet or be in the same room while the meetings and exams are

conducted. In the event that the student has a co-chair, the co-chair can substitute for the chair in the event that the chair is unable to be present. If the student has any doubt about the proper procedure, he/she should consult the Program Assistant or Program Director to make sure that proper procedures are followed. Substitutions for the Chair or External Member are not permitted, except as noted above as pertains to the chair. In order for you to change membership on a supervisory committee, you must submit a Change of Committee Form signed by all current and new members. (See Appendix M).

Practica Requirements

The clinical practicum sequence is designed to develop a broad range of clinical skills and competencies in a professional health care setting under close supervision. Practicum placement and grade assignment are the responsibility of the Program Director in consultation with clinical supervisors. The goal of this professional training is to provide a firm grounding in basic clinical skills which can be further refined during the intensive one year internship. The areas in which the program strives for the development of basic competencies are described in Appendix E.

Core Practica Ten credit hours of core practica (CLP 6943) are required for students pursuing a Scientist-Practitioner Emphasis; six credits are required for students pursing a Clinical Researcher Emphasis. The full core practicum sequence consists of four 3-month rotations (three for Clinical Researcher Emphasis) that take place during the 3rd-6th semesters of enrollment plus one additional semester during the third year (not required of students pursuing a Clinical Research Emphasis). Under special circumstances determined by individual student goals and needs, the timeline of Core Practicum training may be modified with approval of the Program Director.

Advanced Practica Enrollment in advanced practicum typically begins during the third year of matriculation and, depending on the students training emphasis, may continue until the student leaves for internship. The Application for Advanced Practicum form (see Appendix M) must be approved prior to registration for these hours and accompany your regular form during advanced registration. There are several kinds of advanced practica and many students take more than the minimum required.

1. Advanced Intervention Practicum (CLP 6947). Program requirements include between two (clinical researcher emphasis) and five (scientist-practitioner emphasis) CLP 6947 hours. There are two ways of completing the advanced practica:

   (1) Ongoing therapy training. Students may register for 1 or more credits in a given semester, and must maintain a caseload appropriate to the credit load. *It is expected that students will obtain 25 direct contact hours for each credit of registration.* Generally, speaking, the minimum requirements for therapy training is 2-3 weekly cases, or their equivalent, under the supervision of core program faculty.

   (2) Individually designed advanced practica. These include specific training experiences with one or more CHP faculty or participation in an off-site practicum such as at the Student Mental Health Services or Counseling Center (See Appendix F for a description of off-site practica). Credits are determined on an individual basis.

2. Advanced Specialty Practica (CLP 6945, 6946, and 6948). These advanced practica are associated with specific areas of concentration requirements and include those in Neuropsychology (6945), Applied Medical Psychology (6946), and Clinical Child/Pediatric Psychology (6948). Students concentrating in one of these areas will be required to complete one or more of these practica; other students may take these courses

with approval of the Area Head.

Students are expected to obtain regular supervision of their practicum training activities by program faculty. The specific policy governing supervision of student clinical activities is reproduced below.

Department of Clinical and Health Psychology Supervision Policies

The changing and expanding roles of psychologists in health care require the specification of supervisory relationships involving faculty and trainees. As little as five years ago, the vast majority of supervision in the department was directly offered by faculty for trainee-performed service delivery in the Psychology Clinic setting. Now, however, trainees are providing services in rural settings, in schools, in homes, and in other venues, and supervision is provided not only by faculty but also by postdoctoral associates. The Curriculum Committee has examined the issues brought up by such diverse supervisory relationships and offers the following guidelines and policies to govern each major type of relationship. The Curriculum Committee believes that these policies pertain to all supervised patient contacts occurring in research and practicum settings. A major distinction is made between "***direct supervision***" (supervision provided directly by a licensed faculty member) and ***"indirect supervision"*** (supervision provided by an unlicensed trainee [e.g., post-doctoral associate] or faculty member who is, in turn, under the supervision of a licensed faculty member). In "indirect" supervision, the student trainee might not meet weekly with the licensed faculty member, but receives most of the direct supervision from his/her unlicensed designee.

1) <u>Local Direct Supervision</u>. Local direct supervision is supervision offered directly by licensed faculty members for services delivered in the local health science center environment. Such supervision is expected to be face-to-face and is governed by the existing Psychology Clinic policy on Billing and Supervision. In cases where licensed faculty supervise ongoing psychotherapy cases, it is expected that the faculty will meet the patient directly during an initial therapy visit and that, during this meeting, the supervisory relationship between the faculty and trainee therapist will be discussed with the patient.

2) <u>Remote Direct Supervision</u>. Local direct supervision implies that the supervisor is physically available for supervisory consultation ***at the time services are rendered***. In instances where the supervisory is not officially at work at the HSC or is out of town, the default supervisor is the individual designated as back-up supervisor by the traveling faculty member, or in cases where this individual cannot be located, the Clinic Director. In these instances, the traveling faculty supervisor *de facto* transfers case responsibility to another physically present institutional representative (i.e., professional psychologist) for supervision of that service event.

> ***Remote*** service delivery is defined as a service delivery event in which no institutional official is physically available to provide immediate supervision or intervention (e.g., in home or school visits). In these instances, documentation must exist prior to service delivery that a decision-making process has taken place that specifically includes an assessment of risk to the student. Three categories of risk are differentiated as follows: (1) no or low risk, (2) medium risk, (3) high risk. Definitions of risk will be considered on a case-by-case basis, and the specific conditions considered must be documented in

the chart. For Category 1 cases, the student will be permitted to see the case alone. For Category 2 cases, students will be required to carry a cellular telephone that would permit immediate contact with the faculty supervisor. For Category 3 cases, students will be required to carry a cellular telephone and to be accompanied by an additional person who can perform the functions of oversight, witnessing, and/or physical intervention should such functions become necessary. After the service delivery event, the existing Psychology Clinic Policy on Billing and Supervision governs provision of direct supervision by the faculty supervisor.

3) Indirect Supervision. As indicated above, ***"indirect supervision"*** is defined as face-to-face supervision of student and intern service delivery by an unlicensed professional (post-doctoral associate, faculty) who is, in turn, supervised by a licensed faculty member. This is termed "indirect supervision" because the responsible professional (the licensed faculty member) normally provides oversight indirectly through the actions of an unlicensed psychologist.

(a) Supervision by Unlicensed Faculty. It is expected that unlicensed faculty members who provide supervision of graduate students and interns will follow all existing policies regarding billing and supervision. The licensed faculty member who is ultimately responsible for these cases should arrange to meet the patient during the assessment or during an early therapy session, at which point the supervisory relationships in place for that patient's care are explained. Unlicensed faculty members are expected to establish regular supervision meetings with a licensed faculty supervisor. Unlicensed faculty are expected to pursue and obtain licensure at the earliest possible time they are eligible for licensure.

(b) Supervision by Post-Doctoral Associates. Indirect supervision by post-doctoral associates is permissible provided that an explicit policy for direct supervision is in place and that student trainees are advised of that policy. All supervision by post-doctoral associates is expected to conform to existing policies on billing and supervision. The licensed faculty member who is ultimately responsible for these cases should arrange to meet the patient during the assessment or during an early therapy session, at which point the supervisory relationships in place for that patient's care are explained. In all cases in which this arrangement is used, students and interns must be furnished with an explicit plan they should follow if they wish to contact the licensed faculty supervisor directly for consultation. It is expected that the post-doctoral associate who provides supervision to students and interns should have in place a regular supervisory meeting with the responsible licensed faculty member. Periodic (e.g., at least monthly) combined supervisory meetings involving the responsible faculty member, the post-doctoral associate, and the student/intern supervisees should be arranged to allow for timely discussion of clinical and supervisory issues.

Approved by Curriculum Committee 7/28/05, effective date 7/28/05

Supervision of Training and Outside Employment Policies

In order for the department to support its students by assuring a high quality education and timely progress towards their degrees and to assure oversight that each student achieves competency in their clinical and scientific endeavors, the faculty of the Department of Clinical and Health Psychology provide the following policies for education and training.

Clinical Training

Required Assessment/Consultation Practica:

Students are assigned to their core assessment rotations (CLP 6943; Core Practicum in Clinical Psychology) by the Program Director; these rotations take place in the Psychology Clinic or at rural sites and are supervised by CHP core faculty. In addition to this core experience, students are required to complete advanced specialty practica in their areas of specialization under the direct, face-to-face supervision of faculty budgeted in the Department of Clinical and Health Psychology. The core assessment practica and the advanced practica required by the student's area (CLP 6945, Advanced Practicum in Neuropsychology; CLP 6946, Advanced Practicum in Applied Medical Psychology; CLP 6948, Advanced Practicum in Clinical Child Psychology) must be completed successfully *before* additional advanced practica, supervised by a faculty member outside the department, may be arranged.

Additional practica arranged outside the department must receive prior approval by the faculty of the training area, including signoff by the student's mentor, and by the Program Director. Petitions to approve outside practica should be submitted to the Area Head after discussion with and signoff by the mentor, who will present the proposal to area faculty for review and evaluation. Approval by the area is required before submitting the proposal to the Program Director for final approval.

A faculty member with an appointment in the Department of Clinical and Health Psychology (courtesy, adjunct, joint, etc.) must provide direct, face-to-face supervision of all specialty practicum experiences. That faculty member will be required to complete formal evaluations of students under their supervision and to attend relevant meetings in which the practicum evaluations are discussed by the faculty.

Individual or Group Therapy Training:

Supervision of individual or group therapy experiences, beyond the required core experiences, will typically be provided by budgeted faculty of the Department of Clinical and Health Psychology. Therapy training received outside the Psychology Clinic must be approved by the area and Program Director as described appearing under section "Required Assessment/Consultation Practica".

Research Training
All research activities conducted to meet the requirements of the doctoral training program (thesis and dissertation) must be supervised by budgeted faculty of the Department of Clinical and Health Psychology or those UF faculty holding a joint appointment with the department. Exceptions require approval of the Area Faculty and Program Director and appointment of a budgeted faculty member as co-chair of the research committee, as per existing departmental regulations.

All research activities outside of the thesis and dissertation project requirements that are not conducted under the supervision of a budgeted faculty member must be approved by the Area Faculty and the chair of the student's thesis or doctoral committee and Program Director, using the "Request to Participate in Outside Clinical/ Research Activity" form available in the bins outside the CHP main office and in Appendix M.

Didactic Training
Independent study courses taught by faculty members outside of the budgeted faculty of the department must be approved by the student's mentor, Area Faculty, and the Program Director.

Outside Employment
It is the policy of the Department of Clinical and Health Psychology that all trainees obtain the approval of the Program Director before accepting employment outside the assigned assistantship or fellowship. This approval requires the completion of the "Request to Participate in Outside Employment" form, endorsed by the student's assistantship or fellowship supervisor and research mentor. This form must be approved prior to commencing any employment (additional OPS clinic work and outside employment).

Internship Requirement
The internship is a full year intensive supervised clinical experience that is the capstone of professional training in the doctoral program. While the Department offers its own APA accredited internship, students normally apply to other APA accredited sites in order to broaden their professional experience. Choices of where to apply are made in consultation with doctoral committee chairs and the Program Director, who conducts a formal Internship Preparation Seminar (not for credit) in the fall semester for students planning to apply for internships at that time. A total of 6 credit hours (2 hours per each of three semesters) are required during the internship year of 12 months.

The student applies for internship in the fall term of the fourth year. The entire process is governed by agreements among Program Directors and Internship Centers and is more fully described in the APPIC notification procedures (see http://www.appic.org), which are revised yearly.

In order to apply for internship the student must have made satisfactory clinical progress and have the approval of the Program Director, the Clinical Progress Committee and the doctoral committee chair. In order to apply for internship, the student must have successfully defended the dissertation proposal by October 1 of the fall in which the internship application is made and must have a positive endorsement of the Clinical Progress Committee on file by that date. Students will be informed of the Clinical Progress Committee's evaluation of their intern readiness as soon as it is available.

SCIENTIST – PRACTITIONER EMPHASIS PROGRAM REQUIREMENTS SUMMARY 2010-2011

CLINICAL PSYCHOLOGY CORE COURSES

COURSE	TITLE	CRD
CLP 7934	Intro to Clinical Psychology	1
CLP 6527	Meas Res Design Analysis I	4
CLP6528	Meas Res Design Analysis II	4
CLP 7934	Cognitive Bases of Behavior	3
DEP 6099	Survey of Developmental Psychology	3
PSY 6608	History of Psychology	3
CLP 6307	Human Higher Cortical Function	3
CLP 6476	Lifespan Psychopathology	4
CLP 6430	Psychological Assessment	4
CLP 6407	Psychological Intervention/Treatment I	4
SOP 6099	Survey of Social Psychology	3
PHC 6001	Principles of Epidemiology	3
	TOTAL	39

PRACTICA/INTERNSHIP

COURSE	TITLE	CRD
CLP 6943	Core Practicum in Clinical Psychology	8*
CLP 6943	Practicum in Clinical Psychology (Rural/PC)	2*
CLP 6947	Practicum in Intervention	5
CLP 6945, 6946, or 6948	Advanced Practicum (Neuropsych, Applied Med Psych, Clinical Child Psych)	3-5
CLP 7949	Internship	6
	TOTAL	24-26

COURSE	TITLE	CRD
CLP 6971	Master's Research	7
CLP 7979/7980	Advanced/Doctoral Research (Minimum of 12 hours of Doctoral Research Required)	15
	Total	22

ELECTIVES

Course	Title	CRD
Varies	Breadth Elective	3
Varies	Advanced Intervention	3
Varies	Advanced Statistics	3
Varies	Area of Concentration	10-15
	Total	19-24

SUMMARY

CLP Core	39 credits
Pract/Internship	24 – 26 credits
Research	22 credits
Electives	19 – 24 credits
TOTAL CREDITS:	104 – 111 credits

*2 credits x 4 semesters: During the three semesters of the second year students will complete four clinical rotations (Child, Medical Psychology, Mental Health, Neuropsychology); During one of the three semesters of the third year, students will complete a Rural/Primary Care Practicum.

COMMON ELECTIVES
Adult Neuropsychological Assessment, Child Neuropsychological Assessment, Experimental Methods in Neuropsychology & Cognitive Neuroscience, Forensic Neuropsychology, Subcortical Function in Cognition, Multivariate Statistics, Special Topics in Behavioral Medicine, Advanced Health Psychology and Behavioral Medicine, Child Treatment, Pediatric Psychology, Seminar in ADHD, PCIT: Theory and Practice, Behavioral Treatment, Advanced Psychotherapy, Very Late Life, Scientific Writing, Health Promotion, Rehabilitation Psychology.

CLINICAL RESEARCH EMPHASIS PROGRAM REQUIREMENTS SUMMARY 2010-2011

CLINICAL PSYCHOLOGY CORE COURSES

COURSE	TITLE	CRD
CLP 7934	Intro to Clinical Psychology	1
CLP 6527	Meas Res Design Analysis I	4
CLP6528	Meas Res Design Analysis II	4
CLP 7934	Cognitive Bases of Behavior	3
DEP 6099	Survey of Developmental Psychology	3
PSY 6608	History of Psychology	3
CLP 6307	Human Higher Cortical Function	3
CLP 6476	Lifespan Psychopathology	4
CLP 6430	Psychological Assessment	4
CLP 6407	Psychological Intervention/Treatment I	4
SOP 6099	Survey of Social Psychology	3
PHC 6001	Principles of Epidemiology	3
	TOTAL	39

CORE PRACTICA/INTERNSHIP

COURSE	TITLE	CRD
CLP 6943	Core Practicum in Clinical Psychology	6
CLP 6947	Practicum in Intervention	2
CLP 6945, 6946, or 6948	Advanced Practicum** (Neuropsych, Applied Med Psych, Clinical Child Psych)	3-5
CLP 7949	Internship	6
	TOTAL	17-19

CORE RESEARCH

COURSE	TITLE	CRD
CLP 6971	Master's Research	7
CLP 7979/7980	Advanced/Doctoral Research (Minimum of 12 hours of Doctoral Research Required)	15
	Total	22

ELECTIVES

Course	Title	CRD
Varies	General Program Electives	6
Varies	Advanced Intervention	3
Varies	Advanced Statistics	3
Varies	Area of Concentration	10-15
	Total	22-27

SUMMARY

CLP Core	39 credits
Pract/Internship	17 – 19 credits
Research	22 credits
Electives	22 – 27 credits
TOTAL CREDITS:	100 – 107 credits

*(2 credits x 3 semesters): During the three semesters of the second year students will complete three clinical rotations, selected from Child, Medical Psychology, Mental Health, Neuropsychology; Unlike students in the scientist-practitioner track, clinical science students are not required to pick up therapy patients during this practicum.

** As part of the Area of Concentration Advanced Practica, Clinical Researcher Emphasis trainees will be required to log a minimum 50 face-to-face therapy contact hours as part of their clinical training activities. Also see additional information regarding Clinical Research requirements listed below.

A Note on "Clinical Researcher Emphasis" Intervention Requirements

This note is designed to provide additional clarification (over and beyond the tabular presentation of course requirements included in this handbook) regarding the minimal intervention requirements that must be met by students pursuing Clinical Researcher Emphasis training in the program.

Here, it should be noted that students <u>are not</u> required to pick up therapy cases (like scientist-practitioner students do) as part of their 3 (rather than 4) core practicum (CLP 6943) rotations. They <u>are</u> required to take two semesters (1 credit each) of Advanced Intervention Practicum (CLP 6947), during which they are required to have 25 face-to-face clinical contact hours (per credit) with a diverse therapy patient caseload. In addition, Clinical Researcher students are required to gain an additional 50 face-to-face supervised clinical contract intervention hours as a part of their Area of Concentration requirements. The intent here is for these students to be involved in supervised clinical intervention

hours as a part of their Area of Concentration requirements. The intent here is for these students to be involved in supervised clinical intervention efforts with patient populations relevant to their Area of Concentration and area(s) of research involvement, hopefully to allow an integration of their clinical and research efforts, within the context of therapy. Programmatically, these 50 face-to-face therapy hours must be documented as such by therapy logs and supervisor ratings; the meeting of this requirement would need to be attested to by the Area Head. In cases where the student is not able to get these 50 therapy hours in this way, they would be required to complete 2 additional credits of CLP 6947, seeing the diversity of therapy patient as is typically the case for students in this intervention practicum.

Apart from these requirements, Clinical Researcher students are required to perform clinically at a level that is seen as “satisfactory” by the Clinical Progress Committee, at the time of their annual evaluations, to be seen as performing satisfactorily by faculty at the time of end of semester practicum evaluations, and to have a clinical case mix of sufficient diversity to prepare them to compete successfully for an internship when the time comes. Students, who have not progressed in the development of clinical competencies, sufficiently to be prepared for internship, may have to meet requirements beyond those **minimal requirements** listed in the published “Clinical Researcher” curriculum.

COMMON ELECTIVES

Adult Neuropsychological Assessment, Child Neuropsychological Assessment, Experimental Methods in Neuropsychology & Cognitive Neuroscience, Forensic Neuropsychology, Subcortical Function in Cognition, Multivariate Statistics, Special Topics in Behavioral Medicine, Advanced Health Psychology and Behavioral Medicine, Child Treatment, Pediatric Psychology, Seminar in ADHD, PCIT: Theory and Practice, Behavioral Treatment, Advanced Psychotherapy, Very Late Life, Scientific Writing, Health Promotion, Rehabilitation Psychology.

Timeline for Major Tasks
Sample Curriculum Timeline: Scientist-Practitioner Emphasis*
(With Area of Concentration in Clinical-Child/Pediatric Psychology)

	Fall	Spring	Summer
1 26 cr.	CLP 6971 Master's Research (1) CLP 7934 Intro to Clin Psychology (1) CLP 6476 Lifespan Psychpathology (4) CLP 6527 Research/Design I (4) **10**	CLP 6971 Master's Research (1) CLP 6430 Psychological Assessment (4) CLP 6528 Research/Design II (4) **9**	CLP 6971 Master's Research (1) CLP 6943 Core Practicum (2) (Pre-practicum Summer A; Core Rotations begin Summer B) CLP 6407 Psychological Intervent/Treatmnt. I (4) **7**
2 26 cr.	CLP 6971 Master's Research (1) CLP 6943 Core Practicum (2) CLP 7934 Cognitive Bases of Beh (3) Elective/Found Course* (3) **Present First Year Project 9**	CLP 6971 Master's Research (3) CLP 6943 Core Practicum (2) CLP 7934/CLP 6307 Multivariate Statistics or Higher Cortical Function (3) SOP 6099 Social Psychology (3) **Defend Masters 11**	CLP 7979 Advanced Research (1) CLP 6943 Core Practicum (2) (Rotations end at the end of Summer A) Elective (3) **Form Doctoral Committee 6**
3 24 cr.	CLP 7979/7980 Advanced/Doctoral Res (2) CLP 6947 Practicum in Intervention(1) DEP 6099 Developmental Psychology(3) Electives (3) CLP 7934 **Child & Family Treat (Req Child: 3)** **Take Qualifying Exam 9**	CLP 7980 Doctoral Research (2) CLP 6947 Practicum in Intervention(1) CLP 7934/CLP 6307 Multivariate Statistics or Higher Cortical Function (3) PSY 6608 History of Psychology (3) **9**	CLP 7980 Doctoral Research (2) CLP 6947 Practicum in Intervention(1) Elective (3) CLP 7934 **Parent Child Interaction Therapy (3)**** **Propose Dissertation 6**
4 24 cr.	CLP 7980 Doctoral Research (2) CLP 6947 Practicum in Intervention(1) Elective (6) CLP 6948 **Adv. Practicum in CC/PP (Req Child: 3)** **Apply for Internship 9**	CLP 7980 Doctoral Research (2) CLP 6947 Practicum in Intervention(1) PHC 6001 Principles of Epidemiology (3) Elective (3) CLP 7934 **Pediatric Psychology (3)**** **9**	CLP 7980 Doctoral Research (2) Elective (3) CLP 6948 **Adv. Practicum in CC/PP (Req Child: 3)** **5**
5 10cr.	CLP 7980 Doctoral Research (1) CLP 7949 Internship (2) **3**	CLP 7980 Doctoral Research (1) CLP 7949 Internship (2) **3**	CLP 7980 Doctoral Research (2) CLP 7949 Internship (2) **4**

Note: Credit load depicted here may vary; loads based on requirements for student's financial assignment (Assistantship, Fellowship), the nature of selected Minor or Area of Concentration, and number of electives taken.

*Some foundations courses are administered in the Department of Psychology. These include Social Psychology and History of Psychology, which are offered only in the spring and Developmental Psychology which is offered only in the fall; two other foundations courses (Cognitive Bases of Behavior and Higher Cortical Function) are taught by CHP.

** Electives other than these Clinical Child/Pediatric Psychology electives can be selected.

The 2-credit "primary care" rotation is not separately depicted above, but is to be taken during one of the three semesters of the third year.

Configuration of Area of Concentration courses (AOC) with Curriculum may vary depending on the specific AOC selected and guidance by mentor.

Sample Curriculum Timeline: Clinical Research Emphasis
(With Area of Concentration in Neuropsychology, Neurorehabilitation and Clinical Neuroscience)

	Fall	Spring	Summer
1 26 cr.	CLP 6971 Master's Research (1) CLP 7934 Intro to Clin Psychology (1) CLP 6476 Lifespan Psychopathology (4) CLP 6527 Research/Design I (4) **10**	CLP 6971 Master's Research (1) CLP 6430 Psychological Assessment (4) CLP 6528 Research/Design II (4) **9**	CLP 6971 Master's Research (1) CLP 6943 Core Practicum (2) (Pre-practicum Summer A; Core rotations begin Summer B) CLP 6407 Psychological Intervent/Treatmnt. I (4) **7**
2 27 cr.	CLP 6971 Master's Research (1) CLP 6943 Core Practicum (2) CLP 7934 Cognitive Bases of Behavior (3) Elective (3) **Present First Year Project 9**	CLP 6971 Master's Research (3) CLP 6943 Core Practicum (2) CLP 7934/CLP 6307 Multivariate Statistics or Higher Cortical Functioning (3) SOP 6099 Social Psychology (3) **Defend Masters 11**	CLP 7979 Advanced Research (1) CLP 6943 Core Practicum (2) (Rotations end at the end of Summer A) Elective (3) GMS 6705 **Functional Neuroanatomy (Req for NP: 4)** **Form Doctoral Committee 7**
3 24 cr.	CLP 7979/7980 Advanced/Doctoral Res (2) CLP 6947 Practicum in Intervention (1) DEP 6099 Developmental Psychology (3) Electives (3) CLP 7428C **Adult NP Assessment (Req for NP: 3)** **Take Qualifying Exam 9**	CLP 7980 Doctoral Research (2) CLP 6947 Practicum in Intervention (1) CLP 7934/CLP 6307 Multivariate Statistics or Higher Cortical Functioning (3) Elective (3 - 6) CLP 6945 **Specialty Practicum in NP Level I (Req for NP: 3)** **9**	CLP 7980 Doctoral Research (3) PHC 6001 Principles of Epidemiology-Web (3) **Propose Dissertation 6**
4 23 cr.	CLP 7980 Doctoral Research (1) Foundations Course*/Elective (3) Elective (3) Elective (3) **Apply for Internship* 9**	CLP 7980 Doctoral Research (2) PSY 6608 History of Psychology (3) Elective (3) CLP 7934 **Subcortical Functioning (3)**** **8**	CLP 7980 Doctoral Research (3) Elective (3) CLP 7934 **Forensic Neuropsychology (3)**** **6**
5 10 cr.	CLP 7949 Internship (2) CLP 7980 Doctoral Research (1) **3**	CLP 7949 Internship (2) CLP 7980 Doctoral Research (1) **3**	CLP 7949 Internship (2) CLP 7980 Doctoral Research (2) **Defend Dissertation 4**

Note: Credit load depicted here may vary; loads based on requirements for student's financial assignment (Assistantship, Fellowship), the nature of selected Minor or Area of Concentration, and number of electives taken.

Configuration of Area of Concentration courses (AOC) with Curriculum may vary depending on the specific AOC selected and guidance by mentor

*Some foundations courses are administered in the Department of Psychology. These include Social Psychology and History of Psychology, which are offered only in the spring and Developmental Psychology which is offered only in the fall; two other foundations courses (Cognitive Bases of Behavior and Higher Cortical Function) are taught by CHP.
** Electives other than these NP electives can be selected.

COURSE POLICIES

All courses seek to provide for an integration of theory, research and practice through both didactic and experiential components, and address issues of ethics and human diversity as related to the subject matter.

Course Exemptions

The exemption or substitution of any course in the curriculum requires the written approval of the Program Director. In the case of a course exemption, the instructor of that course may examine the student in written or oral fashion, or may review previous course materials (e.g., syllabus, papers, examinations) in order to determine course comparability. The student should first discuss their desire to exempt a course requirement with the Program Director, who will help them first assess whether the content of their previous course is likely to meet UF program requirements. If this assessment is positive, the student, together with the Program Director, fills out the Course Exemption/Substitution form (Appendix M) and then submits along with the syllabus from the course the student wants to substitute to the individual faculty member who teaches the corresponding course within the UF curriculum. The faculty member then reviews the student's completed coursework and makes a recommendation to the Program Director. The faculty member may approve the request, deny the request, or recommend conditional approval based on the student's completion of additional requirements. In the case of conditional approval, the faculty member may recommend that the student attend certain lectures that would supplement their existing education, or may recommend completion of an additional requirement. If a course exemption is approved, the completed form will then be filed in the student's academic folder. A separate form petitioning the Graduate School for transfer of credits from the student's prior institution is necessary if the student wants to use these credits toward meeting graduation requirements. It should be noted that courses used to fulfill a previous degree requirement can not be transferred for UF credit. The student should consult the Program Assistant for instructions on how to obtain Transfer of Credit forms.

"Mentored" Courses

There are a number of courses that may be taken with a faculty member who is competent in the area of study and who is willing to devote time and energy to the work. Doctoral research must be taken under the appropriate research course title (CLP 7980), and cannot be taken until a committee chair has been appointed.

1. **CLP 6905 (Individual Work)** The form in Appendix M must be completed and approved by the Program Director and the instructor before a section number can be assigned. This is the only independent study course that is graded; others are S/U. This course is not to be used for preliminary work on the doctoral dissertation. No more than 3 credits of 6905 can be taken as part of the area concentration.

2. **CLP 6910 (Supervised Research)** (Maximum 5 credits.)

3. **CLP 6971 (Masters Research)** (Minimum 7 credits)

4. **CLP 7979 (Advanced Research)** This course is taken after completion of the M.S. thesis but prior to admission to candidacy for the doctoral degree. It cannot be taken after admission to candidacy.

5. **CLP 7980 (Doctoral Research)** A minimum of 12 credit hours is required. This course is taken only after admission to doctoral candidacy.

EVALUATIONS AND STANDARDS

Types of Evaluations

The student's progress in the program and his/her promise as a clinical psychologist are evaluated continuously by the faculty. While feedback is provided on a continuous basis in the context of supervisory relationships, formal feedback occurs at specific points throughout the program. Students should insure that their departmental file is up-to-date with relevant evaluation forms and documentation of their achievements. Formal evaluations include:

1. **Course grades** The course instructor determines course grades.

2. **Practicum evaluations** Evaluations of professional development with respect to knowledge, skills and attitudes are conducted on a semester basis. All faculty who supervise the student are expected to submit an individual evaluation of student performance for that semester. See Appendix M for a copy of the current practicum evaluation form.

3. **Clinical Progress Committee Review** In early summer the Clinical Progress Committee conducts the yearly evaluation of current and potential clinical skills of each student. Satisfactory progress in this area is equal in importance to progress in coursework and research. A lack of evaluations in the departmental file can result in an unsatisfactory progress report.

4. **Research Progress Review** Mentors and committee chairs provide the Program Director with a research progress evaluation each semester and a summary evaluation at the end of the year.

5. **Annual Review** An annual review is conducted each summer at which time the faculty reviews the academic, research and professional progress of each student. At the end of the summer term, the faculty consensus on the student's overall progress is conveyed to the student in a letter from the student's mentor or chair, with appropriate advisement as to his/her status in the program.

6. **Special Reviews**
   a. Students wishing to apply for internship undergo Clinical Progress evaluations in early fall with respect to their readiness to begin the application process.
   b. At the end of the student's second year, faculty will review student progress in the program and will formally decide whether the student should continue to pursue the doctoral degree.

7. **Qualifying examination** To achieve doctoral candidacy status in the Graduate School, the student must satisfy the qualifying examination requirement as described in the Graduate Catalog. The student must schedule the Qualifying Examination in conjunction with their supervisory committee and must work with the Program Assistant to schedule a room and to obtain the necessary Graduate School and Departmental forms that must be signed and submitted once the examination is concluded. This examination is usually taken during the third year of graduate study, and covers the major and minor subjects. At this time the supervisory committee decides whether the student is qualified to continue work toward the Ph.D. The Graduate School relies on individual programs to establish their own policies and procedures for administering the Qualifying Examination. Departmental policies and procedures for the Qualifying Examination in Clinical Psychology are found on the following page.

Overview

The Qualifying Examination is one of the bases upon which decisions are made regarding admission to candidacy for the doctorate degree at the University of Florida. According to Graduate School regulations, the Qualifying Examination (a) must contain both a written and an oral portion, and (b) must cover the major and minor areas of study. The Department of Clinical and Health Psychology administers the Qualifying Examination in accordance with these regulations and utilizes the examination in two ways. First, the examination is used to evaluate the student's mastery of content areas that form the scientific and applied foundations of professional psychology. Second, the examination provides an opportunity for students to demonstrate competence in those special areas of expertise they individually identify as important to their development as professional psychologists. Toward this end, the Qualifying Examination fosters the student's integration of information from didactic coursework, practical experience, and personal research on advanced topics of contemporary importance to clinical and health psychology.

Departmental Policy

The Qualifying Examination is conducted by the doctoral supervisory committee and is geared individually to specific areas in which the student wishes to gain special expertise. The student, in consultation with his/her committee and with the approval of the faculty, picks three subject areas (e.g., “cognitive therapies for depression,” “information processing accounts of amnesia,” “ethics in psychotherapy,” “disruptive behaviors of childhood”). Based on discussions with committee members, the student develops appropriate reading lists and prepares for a written examination to take place on a single day, mutually agreed upon by the student and committee. Specific questions developed by the student’s committee will not be specified beforehand. After the written examination is completed the student distributes his/her answers to the committee members, and an oral examination takes place within a reasonable period of time. The student must pass the written and oral examination to be admitted to candidacy. Criteria for passage are at the discretion of the committee.

Procedures

1. The Qualifying Examination is administered by the doctoral supervisory committee, the composition of which is subject to Graduate School and Department regulations. The membership of the committee will be selected based on their expertise in the student’s proposed areas of study and on their willingness to serve together as a mentoring committee. Committees are appointed according to standard Department and Graduate School procedures.

2. Graduate School rules specify that a student must be registered when the Qualifying Examination is administered, that the examination may be taken during the second semester of the second year of graduate study, and that between the Qualifying Examination and the date of the degree, there must be a minimum of two semesters if the candidate is in full-time residence and one calendar year if the candidate is in a less than full-time status. In our program, the typical time for the Qualifying Examination is the

fall or spring semester of the third year. The Qualifying Exam should not be scheduled prior to the student's 2nd year annual review.

3. The student designates a supervisory committee and obtains signatures from all committee members, the Program Director, and the Chair, and submit this form to the Program Office (3158 HPNP) before moving forward with preparations for the Qualifying Examination. The student works with the supervisory committee to designate three substantive content areas that will be the focus of the qualifying examination. These areas will be individually geared to specific areas in which the student wishes to gain expertise, and will contain subject matter that covers both the major and minor areas of study. "Major" is defined as "clinical psychology" and "minor" is defined as neuropsychology, medical/health psychology, clinical child/pediatric psychology, or another declared area of concentration. At least one area should focus on topics within the field of “clinical psychology” and should provide the student with breadth of content beyond the minor area.

4. A brief description of the proposed areas of study is subsequently submitted to the Program Director for presentation to the faculty for approval affirming that topics have been approved all members of the committee. The submitted plan includes a description of the program of study and specifies the date (or range of dates) on which the student wishes to take the examination. The faculty reviews the topic areas and approval is by simple majority of the Graduate Faculty members in attendance at the meeting.

5. If the proposed areas are disapproved, the faculty sends the plan back to the student with recommendations for modification. The student then, in collaboration with his/her supervisory committee, makes appropriate adjustments and resubmits the plan to the faculty.

6. The supervisory committee, together with the student, defines the scope of each area. The student, in consultation with the committee members, generates a reading list that will guide the student’s preparation for the examination. The reading list must be approved by each committee member, though signatures are not required. After approval of the reading list, the student prepares for the written portion of the qualifying examination. The methods used by the student to prepare for the qualifying examination are individually determined, subject to the guidance and approval of the chair and the student’s committee. The use of practice questions, mock orals, or other methods of preparation may be used at the discretion of the student’s chair and committee. The student should discuss the use of such methods with the chair at the time the qualifying examination topics are approved by the faculty.

Note: The reading list is developed by the student and the committee chair, supplemented by other committee members. A precise length cannot be mandated. The student is strongly advised to consult with all committee members in developing their topics and reading lists, and in preparing for the written and oral portions of the examination. The examination questions are not limited to only that information that is written in the reading list material, although there is expected to be a reasonable

relationship between the content of the reading list and the content of the examination questions. The reading list represents a take-off point, or a guide, for the student's reading. It is anticipated that the student will read additional, related material.

7. The written examination will be prepared by the student's committee. The chair will be responsible for overseeing its preparation, including soliciting questions and input from all committee members. The chair will disseminate the final examination questions to all committee members **no later than three days** prior to the scheduled written examination date.

8. The written portion of the examination will take place on a single date, mutually agreed upon by the student and his/her supervisory committee. It will begin at 8:00am and will end at 4:30pm.

9. When completing the Written Qualifying Exam, the student will be allowed to have a copy of the non annotated reading list that has been approved by their supervisory committee as well as food and drink and a wrist watch or clock. There is a standard format for the written portion of the Qualifying Examination that includes the following:

a. The examination will consist of six questions, two in each of the topic areas. Students, in consultation with their committee, will be informed at the time that qualifying examination topics are approved by the faculty, regarding whether a menu of questions (i.e., choices) will be provided on the exam. Whether or not a menu of questions is provided, all students will still have to answer six questions as specified above.
b. The student may bring a copy of the (non-annotated) reading list into the examination room.
c. The student will be given access to a desktop PC/word processor in a quiet room to take the examination.
d. The student will not be allowed to bring computer disks, jump drives, or other external storage devices to the examination or to load information to the computer’s hard disk (other than in typing the answers themselves). Students may not bring books, notes, cell phones (with or without internet capabilities), pagers or Palm Pilots or other such devices. The student may submit handwritten responses at the discretion of the supervisory committee.

10. The student will hand deliver the original written exam responses to his/her committee chair by 4:45 pm of the day of the written examination. The chair will distribute the student's answers to members of the supervisory committee by noon of the next business day. At the discretion of the chair, the student’s written qualifying exam can be distributed in hard copy or electronic format. The student should clarify the preferred method of delivery with the chair prior to taking the written examination.

11. The student is considered to be under examination from the time of the written examination through successful completion of the oral examination. Supervisory

committee members are not permitted to coach students during this time period. Committee members are not allowed to provide students with specific information about how to remediate any deficiencies in their written examination performance during this time, except as permitted on the Written Qualifying Examination Feedback Form.

12. The written examination is graded by each member of the committee who then informs the committee chair of their grades and comments for each of the six questions and for each of the three areas. The committee chair then organizes this information and provides the student with preliminary results **at least three calendar days before the oral examination** is scheduled to take place. Preliminary results are communicated to the student via the department's Written Qualifying Examination Feedback Form (Appendix M).

13. The oral examination is conducted by the members of the supervisory committee and can be scheduled between **10-14** calendar days after the written examination is taken. The oral examination is conducted only if written examination is passed (See 14, below).

At the time of the Oral Qualifying Examination the student will be able to have access to the following:

- A copy of written Qualifying Exam questions and answers
- A copy of the non annotated reading list that has been approved by their committee and used in preparing for the qualifying exam (references only; no abstracts).
- Up to five (5) type written pages of notes, reflecting the student's own evaluation of and reflections on their qualifying exam performance (not to include any information resulting from discussions with any person regarding the student's written exam). A copy of these notes will be provided to the committee chair prior to the beginning of the oral exam.

The oral qualifying examination will focus extensively on the products of the written qualifying examination, though questions more broadly relevant to concepts in the major and minor area are also appropriate. A specific objective of the qualifying examination is that the student demonstrate(s) the ability to discuss issues of ethics and diversity as they relate to the various topics chosen for examination. The Graduate School requires that four faculty members be present for the oral portion of the examination. Neither the chair nor the external member can be substituted.

14. Grades are assigned based on the judgment of the individual committee members. Each committee member must provide a grade for each question and area ("pass," "marginal," or "fail") the first time through. A student will "pass" the area if he or she receives a grade of "pass" by a 3/4 (or 4/5) majority of the committee members on this first grading. If a student receives less than a "pass" in every area, the student's committee will discuss the specific answers, and will then determine a grade for each area by a straight majority vote. When a tie occurs within a committee with an even number of members, the chair's vote is considered decisive. The student "passes" the written examination and proceeds to orals only when all three areas are passed. Each

topic area is separately passed or failed. If a student fails only one area, only that area needs to be subject to written re-examination. If, however, the student fails two areas, the written reexamination may include only the failed areas or may include all three areas, as determined by a majority vote of the committee members at their meeting. Passing performance on the qualifying examination cannot be made contingent upon additional tasks assigned to the student.

15. The Graduate School rules regarding re-examination state that if a student fails the qualifying examination, the Graduate School must be notified. A re-examination may be requested, but it must be recommended by the supervisory committee and must be approved by the Graduate School. At least one semester of additional preparation is required before re-examination.

16. Only one re-examination on a failed area is allowed. A student will not be permitted to advance to candidacy for the doctoral degree if an area on the Qualifying examination has been failed twice.

17. The Graduate School requires that all work for the doctoral degree be completed within five calendar years after the Qualifying Examination or this examination must be repeated.

Revised 4/7/05, Effective 4/14/05

8. **Doctoral dissertation proposal defense** The doctoral dissertation proposal is defended orally in a formal meeting with the doctoral committee. The written format of the proposal is the complete and final first two chapters of the dissertation. It must include:
    a. An Introduction Section that fully covers the relevant literature in the subject area, with a full and balanced critique, a clear definition of the problem, and a defense of the relevance of the problem;
    b. A Method Section that is complete and that contains clear and explicit hypotheses that demonstrably follow from the literature review. It must contain all requirements from the APA Publication Manual for methods, as well as detailed description and defense of all measures to be used; a detailed proposal of all statistical analyses to be performed (including the analyses of descriptive statistics, defense of the number of variables per subject and power estimates if appropriate); and a clear explication of the specific analysis tied to each hypothesis.
    c. A Reference Section that is complete.
    d. IRB forms completed for the proposed study.

9. **Doctoral dissertation defense** The student must defend his/her doctoral dissertation in a formal public meeting with the doctoral committee. The dissertation must be prepared as described in the Graduate School's guide for preparing the electronic thesis and dissertations. The student must schedule the Doctoral Dissertation Defense in conjunction with their supervisory committee and must work with the Program Assistant to schedule a room and to obtain the necessary Graduate School and Departmental forms that must be signed and submitted once the dissertation defense

is concluded. Please visit the Graduate School's website for information and technical assistance at http://gradschool.rgp.ufl.edu/editorial/introduction.html .

Standards of Performance

To maintain enrollment in the graduate program, satisfactory and timely progress must be made with respect to scholarship, research and professional development. Any decision of the Program Director and faculty regarding the student's status in the program may be appealed to the Chair of the Department. The grievance procedures for the Graduate School are reprinted on page 47.

1. **Scholarship** In addition to the requirement of an overall 3.0 GPA, the student must meet other minimum standards of performance. Any student who earns two unsatisfactory grades (C+, C, C-, D+, D, D-, E+, E, U) in any one semester, or three such grades at any time in the program will be dropped from enrollment. Grades of C+, C, C-, D+, D, D- or lower in any required course must be remediated by repeating the course, or the student may present evidence that he or she has satisfied the instructor by acquiring the minimum knowledge necessary to earn a B in the course (e.g., re-examination, additional assignments). In these cases, "satisfaction of the instructor" is defined as the written request, on the part of the instructor, to change the recorded grade from failing to passing status. In cases where remediation is recommended, the course instructor determines the method of remediation. If the course is repeated, both grades will be counted in the overall GPA. Grades of E+, E, and U can be remediated only by retaking the course. A grade of "I" must be removed by the end of the following semester or it will be considered a failing grade for program decision purposes.

2. **Research** Satisfactory progress in research is demonstrated by completion of major research milestones (first year project, if required, dissertation proposal, etc.) and ongoing involvement in research with satisfactory evaluations by committee chair and mentor.

3. **Professional Development** To maintain satisfactory performance in professional development, students must receive satisfactory evaluations in practica and satisfactory reviews by the Clinical Progress Committee. In the event a student's performance is not satisfactory, the faculty will evaluate the level of performance and its potential for improvement. Additional training may be required as a result of this review. The program faculty makes decisions regarding the need for further training, as well as issues concerning termination of the student in the program.

The faculty will evaluate violations of ethical conduct and practice standards by graduate students. If in their judgment the unethical behavior is of sufficiently serious nature as to compromise a student's promise as a psychologist, the student will be dropped from the program. Examples of such serious violations are felony convictions, disregard for safeguarding confidential material, violation of academic dishonesty (subject to University rule), failure to discharge professional responsibilities, failure to maintain appropriate professional relationships with patients and engaging in professional activities without approval or appropriate supervision.

Program Evaluations

Students provide feedback on the instructional quality of the program through course evaluations that are completed every semester. Students are strongly encouraged to write comments to give specific and

detailed feedback. Instructional issues that arise during a course should be discussed with the course instructor, and, if appropriate, with the Program Director.

Each student is expected to meet with the Program Director on a yearly basis for the purpose of program review and an evaluation of personal progress. Individual students are encouraged to make recommendations or suggestions regarding program improvements or modifications, and can be guaranteed that such suggestions will be treated with thoughtfulness and respect.

In addition to the above opportunities for students to have input into the conduct of the program, as noted earlier, the Program Director also maintains a training blog (http://www.CHPtrainingBlog.com) that serves as a vehicle for program-related information. This blog also provides an "Electronic Suggestion Box", whereby students can provide anonymous feedback regarding any aspect of the program or other issues to the Program Director.

Students contribute formally to program evaluation and enhancement. Students serve on the Curriculum Committee, the policy-making group for the program curriculum, and the Clinic Operations Group. Each class has a student representative that meets with the Program Director on a regular basis to address student issues in a timely manner.

GRIEVANCE PROCEDURE FOR ACADEMIC PROBLEMS

Below is the UF Grievance procedure from the Graduate School's Student Handbook.
The entire handbook is available at: http://gradschool.rgp.ufl.edu/downloads/handbook-2010-2011.pdf

The University of Florida is committed to a policy of treating all members of the university community fairly in regard to their personal and professional concerns. To ensure that each graduate student is given adequate opportunity to bring complaints and problems of an academic nature, exclusive of grades, to the attention of the University administration with the assurance that each will be given fair treatment, a formal grievance procedure exists. Individual departments or colleges may have more detailed grievance procedures. The student should check with his or her department graduate coordinator.

A grievance is defined as dissatisfaction occurring when a student thinks that any condition affecting him or her is unjust or inequitable or creates unnecessary hardship. Areas in which student grievances may arise include scientific misconduct, sexual harassment, discrimination, employment-related concerns, and academic matters. The University has various mechanisms available for handling these problems when they arise, and it can sometimes be confusing for the student in knowing where to turn. In general it is desirable to settle grievances in an informal fashion rather than initiating a formal grievance. Communication is the key element. As soon as a grievance issue arises, the student should speak with either the supervisory committee chair or the department graduate coordinator. If neither of these individuals is available, the department chair is the next alternative. In most cases these individuals can work with the student and the person causing the grievance to resolve the issue informally, as specified below.

Students must first attempt to resolve the issue through their department and then college. Only if the issue cannot be resolved may students contact the Ombudsman for an appointment. Documentation must be provided of all formal actions taken to resolve the issue. The Ombudsman for graduate and professional students is located in 31 Tigert Hall, 392-1308.

Informal Stage

In the informal phase of the academic grievance procedure, oral discussion between the student and the person(s) alleged to have caused the grievance is strongly encouraged. The discussion should be held as soon as the student first becomes aware of the act or condition that is the basis of the grievance. Additionally, or in the alternative, the student may wish to present his or her grievance in writing to the person(s) alleged to have caused the grievance. In either case, the person alleged to have caused the grievance must respond to the student either orally or in writing.

Formal Stage

If the student considers the response to the discussion to be unsatisfactory and feels that the grievance still exists, the grievance should be brought in writing, with all supporting documentation, to the department chair or a designated representative of the department. The response of the department to the student's grievance must be given in a timely fashion.

If the grievance is still considered to be unresolved, the student may then file the grievance in writing with the dean of the college, who shall investigate the matter and respond to the student within a reasonable time.

The right of appeal in writing to the Ombudsman for graduate and professional students, as the authorized representative of the President of the University, shall be the final appeal but only after the prescribed administrative channels and grievance procedures have been exhausted.

Employment-related grievances are covered by the Collective Bargaining Agreement, Article 11, between the Florida Board of Education of the State University System and Graduate Assistants United. Students with employment-related concerns should contact the GAU office at 392-0274.

Issues of research misconduct are covered by Rule 6C1-1.011, Florida Administrative Code. Any allegations of research misconduct should be brought to the attention of the administrative officer (e.g., department chair, dean) to whom the accused party reports. Students may wish to seek advice from the Director of the Division of Sponsored Research, 219 Grinter, 392-3516, before making a formal complaint.

Graduate students who have complaints or problems with other aspects of university life should consult the Student Guide (available from Student Services, P202 Peabody Hall) for the appropriate grievance procedure.

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APPENDIX A
CHP FACULTY WITH CORE RESPONSIBILITIES IN THE DOCTORAL PROGRAM

Glenn S. Ashkanazi, Ph.D., (1990, Florida State University). Traumatic Brain Injury/Stroke, Rehabilitation, Psychological Service Delivery, and Managed Care, Substance Abuse, Administration. (1,3)

Russell M. Bauer, Ph.D., (1979, Pennsylvania State University). Chairperson, Department of Clinical and Health Psychology, Associate Chair for Academic Affairs. Board Certified in Clinical Neuropsychology ABPPABCN, Fellow, APA Division 40 (Clinical Neuropsychology). Adult Neuropsychology, Memory Disorders, Dementia and Mild Cognitive Impairment; Epilepsy, Emotion and Neuropsychiatric Illness (1,2).

Stephen R. Boggs, Ph.D., (1986, West Virginia University). Board Certified in Clinical Child and Adolescent Psychology, ABPP. Doctoral Program Director, Pediatric Psychology, Inpatient Consultation, Behavior Therapy with Children and Families (1,2).

Dawn Bowers, Ph.D., (1978, University of Florida). Adult Neuropsychology, Emotion, Cognitive Neuroscience, Aging and Dementia, Subcortical disorders, Psychophysiology, TMS, Rehabilitation. (1,2).

Timothy Conway, Ph.D. (2003, University of Florida). Adult and Child Neuropsychology, fMRI, Rehabilitation of Aphasia, Remediation of Dyslexia, ADHD, Language, Attention and Memory Processes (1,4)

Bruce A. Crosson, Ph.D., (1978, Texas Tech University). Board Certified in Clinical Neuropsychology, ABPP-ABCN, Fellow APA Division 40 (Clinical Neuropsychology). Adult Neuropsychology, Language and Aphasia, Functional Neuroimaging, Memory Disorders, Head Injury, Rehabilitation, Individual Psychotherapy (1,2).

Duane Dede, Ph.D., (1992, University of Louisville). Neuropsychology, Caregiver Burden, Adult Learning Disabilities, Mild Traumatic Brain Injury (1,3).

Vonetta Dotson, Ph.D. (2006, University of Florida) Geriatric Neuropsychology, Late-life Depression, Subthreshold Depression, Cognitive Neuroscience (1, 2)

Patricia Durning, Ph.D. (2001, University of Florida). Health psychology, women's health, general mental health (1,3)

Sheila M. Eyberg, Ph.D., (1972, University of Oregon). Board Certified in Clinical Psychology and Clinical Child and Adolescent Psychology, ABPP. Fellow, APA Division 12 (Clinical Psychology), 38 (Division of Health Psychology), and 37 (Child, Youth, and Family Services). Clinical Child Psychology, Behavioral Assessment, Parent-Child Interaction Therapy, Treatment Research Methodology (1,2).

Eileen B. Fennell, Ph.D. (1978, University of Florida) Board Certified in Clinical Neuropsychology ABPP-ABCN, Fellow Division 40 (APA) Fellow (NAN) Professor

Emeritus, Pediatric Neuropsychologist –Childhood Epilepsies, Developmental/Genetic Disorders, Learning Disabilities, ADHD (1,2).

Gary Geffken, Ph.D., (1985, University of Florida). Department of Psychiatry; Pediatric and Clinical Child Psychology, Diabetes, Enuresis, Obsessive Compulsive Disorder (1,2).

Robert T. Guenther, Ph.D. (1988, Arizona State University). Board Certified in Rehabilitation Psychology, ABPP. Medical/health psychology with particular focus on psychological consultation and liaison services for acute care hospital inpatients; bioethics; individual and group psychotherapy with focus on treatment of anxiety disorders and depression; couples therapy (3).

Julius Gylys, Ph.D. (1990, Ohio University). Primary care clinical and health psychology; rural behavioral health; smoking cessation; worksite cardiovascular disease prevention; sexual assault prevention; interpersonal psychotherapy (1,3).

Shelley Heaton, Ph.D., (2001, University of California, San Diego/San Diego State University). Pediatric Neuropsychology, Traumatic Brain Injury, Attention, Memory, ADHD, Assessment and Demographic Factors Affecting Test Performance (1,3).

David Janicke, Ph.D., (2001, Virginia Polytechnic Institute and State University). Pediatric psychology, health promotion, obesity, pediatric feeding issues, irritable bowel syndrome and recurrent abdominal pain, pediatric primary care and health care utilization (1,2).

James H. Johnson, Ph.D., (1976, Northern Illinois University). Board Certified in Clinical Child and Adolescent Psychology, ABPP. Professor Emeritus, Clinical Child/Pediatric Psychology, Stress, Health and Adjustment, ADHD.

Thomas Kerkhoff, Ph.D., (1976, Virginia Commonwealth University). Board Certified in Rehabilitation Psychology, ABPP. Rehabilitation/Neuropsychology, Geriatric Health Issues, Professional Ethics (1,3).

Peter J. Lang, Ph.D., (1958, University of Buffalo). Graduate Research Professor. Fellow, Divisions 6, 12, 26, 38, APA. Emotion, Anxiety and Phobia, Brain Mapping, Cognitive Neuroscience (1,2).

Marie-Claude Laplante, Ph.D. (2003, University of Ottowa). Assessment, Diagnosis, and Empirically-Supported Treatment Programs (cognitive-behavioral therapy) for the Anxiety Disorders (4).

Michael Marsiske, Ph.D., (1992, Pennsylvania State University). Older Adults Everyday Problem Solving Abilities, Their Relationship to Basic Cognitive and Intellectual Performance and To Functional Competence, and The Role of Social Partners in Cognitive, Collaboration. The Range of Modifiability (Plasticity) in Adults Intellectual Functioning. Antecedents (Especially Sensory Motor) of individual Differences in Adult Cognitive Intellectual Functioning (1,2).

Christina McCrae, Ph.D., (1999, Washington University). Board certified in Behavioral Sleep Medicine (CBSM, AASM). Clinical Health Psychology, Clinical Geropsychology, Adult Sleep, Behavioral Sleep Medicine, Sleep and Aging, Sleep and Cognition. (1,2)

Deidre Pereira, Ph.D. (1999, University of Miami). Psychoneuroimmunology, Psycho-Oncology, HIV/AIDS, Women's Health, Ethnic/Minority Health, Trauma, Effects of Psychosocial Interventions on Health and Quality of Life of Women with Cancer (1,2).

William M. Perlstein, Ph.D., (1995, University of Delaware), Cognitive Neuroscience, Emotion, Anxiety, Traumatic Brain Injury, Psychophysiology, Functional Neuroimaging, Experimental Psychopathology (1,2).

Michael G. Perri, Ph.D., (1978, University of Missouri-Columbia). Fellow APA, Divisions 38 and 50; Fellow, Society of Behavioral Medicine. Health Psychology, Behavior Therapy, Obesity, Eating Disorders, Exercise (1,2).

Catherine Price, Ph.D. (2002, Drexel University). Adult neuropsychology, white matter disease in older adults, post-operative cognitive dysfunction, dementia, rehabilitation (1,2)

Michael E. Robinson, Ph.D., (1988, Bowling Green State University). Health/Medical Psychology, Assessment and Management of Pain, Experimental Pain and Psychophysics, Rehabilitation, Psychophysiology (1,2).

Ronald H. Rozensky, Ph.D., ABPP, (1974, University of Pittsburgh); Board Certified in Clinical Psychology and Clinical Health Psychology, ABPP; Fellow APA Divisions 12 (Clinical), 38 (Health), 31 (State Psychological Association Affairs). Health Psychology, Primary Care, Panic Disorder, Health Policy and Administration (1,2).

Lori Waxenberg, Ph.D. (1999, University of Kentucky). Health/Medical Psychology, Chronic Pain Assessment and Management, Adult Mental Health and Group Psychotherapy (1,3).

Brenda Wiens, Ph.D. (2003, Southern Illinois University at Carbondale). School-linked mental health services, clinical child and pediatric psychology, rural issues, training and education on the mental health effects of disasters and terrorism (1,4).

1-Member of CHP Graduate Faculty; 2=Tenure-Track Faculty; 3=Clinical Track Faculty; 4=Research Track Faculty

CHP GRADUATE FACULTY IN OTHER DEPARTMENTS

W. Keith Berg, Ph.D.	Michelle Bishop, Ph.D.	Regina Bussing, M.D.
Roger Fillingim, Ph.D.	Ira Fischler, Ph.D.	Marc Heft, Ph.D.
Kenneth Heilman, Ph.D.	Marcas Meinzer, Ph.D	Stephen Nadeau, Ph.D.
Joseph Riley, Ph.D.	Edward Valenstein, M.D.	Robin West, Ph.D.
Keith White, Ph.D.		

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APPENDIX B
OFFICES, PHONES, AND PAGERS

NAME	TITLE	ROOM #	TELEPHONE	PAGER	E-MAIL
Anderson, Ryan	Graduate Student	3177/DG-64	273-5410/273-5221	412-6257	andersy@phhp.ufl.edu
Andre, Rachel	Graduate Student	Internship			randre@phhp.ufl.edu
Anton, Steve	Assistant Professor	ARRC Blg	273-7514	413-6232	santon@aging.ufl.edu
Ashkanazi, Glenn	**Clinic Assoc. Prof./Clinic Director**	G-043	273-5266	413-6220	gashkana@phhp.ufl.edu
Bauer, Russell	Professor & Chair	3154	273-6556	413-6216	rbauer@phhp.ufl.edu
Beck, Callie	Graduate Student	3182	273-6014	413-6155	cbeck@phhp.ufl.edu
Benjamin, Michelle	Graduate Student	Internship			mbenjami@phhp.ufl.edu
Bessinger, Peggy	Admin. Services Coord.	3150	273-6141	N/A	pbessing@phhp.ufl.edu
Bhuiyan, Nadia	Graduate Student	3180	273-6029	TBA	bhuiyannn@phhp.ufl.edu
Bishop, Michelle	Research Assist. Professor	4209 BMTU	4-6628	N/A	bishomm@medicine.ufl.edu
Boggs, Stephen	Associate Professor-DCT	3160	273-6146	413-6206	sboggs@phhp.ufl.edu
Bowers, Dawn	Professor	3172/L3-135	273-6152 392-3450	413-6193	dbowers@phhp.ufl.edu
Bradley, Margaret	Research Professor	Surge 772	392-2439	N/A	bradley@ufl.edu
Bramoweth, Adam	Med/Health Intern	DG-66	273-5218	413-6256	abramoweth@phhp.ufl.edu
Budzynski, Allison	OPS		273-5125	413-6154	
Callahan, Corissa	Graduate Student	Internship			corissac@phhp.ufl.edu
Child Study Lab2	Lab	DG-117	4-3363	N/A	N/A
Clionsky, Leah	Graduate Student	DG-92	273-5237	413-6272	lclionsky@ufl.edu
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Geffken, Gary	Affiliate Assoc Professor	G-030	392-3856	413-4325	geffken@psychiatry.ufl.edu
Ginn, Nicole	Graduate Student	3180	273-6029	413-6271	nicoleginn@phhp.ufl.edu
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Jordan, Lizabeth	Graduate Student	3178	392-3450	413-8325	liz1127@phhp.ufl.edu
Joshi, Kavita	Med/Health Intern	DG-61	273-5271	413-6237	kjoshi@phhp.ufl.edu
Junger (Follansbee), Katherine	Graduate Student	DG-127	273-5285	413-6292	kjunger@phhp.ufl.edu
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Kay, Daniel	Graduate Student	L3-135	352-392-3450	413-6259	decay@ufl.edu
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Patient Workroom	N/A	G-913.3	4-6205/4-3834	N/A	N/A
PCIT Research Lab		273-5238 273-5239		N/A	
PCIT Student Study	HPNP Bldg.	273-6029 273-6030		N/A	
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Towler, Stephen	Graduate Student	3178/G-078	273-6015/273-8715	413-6169	stowler@phhp.ufl.edu
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Waxenberg, Lori	Clinical Assoc Professor	G-041	273-5273	413-6260	lwaxenbe@phhp.ufl.edu
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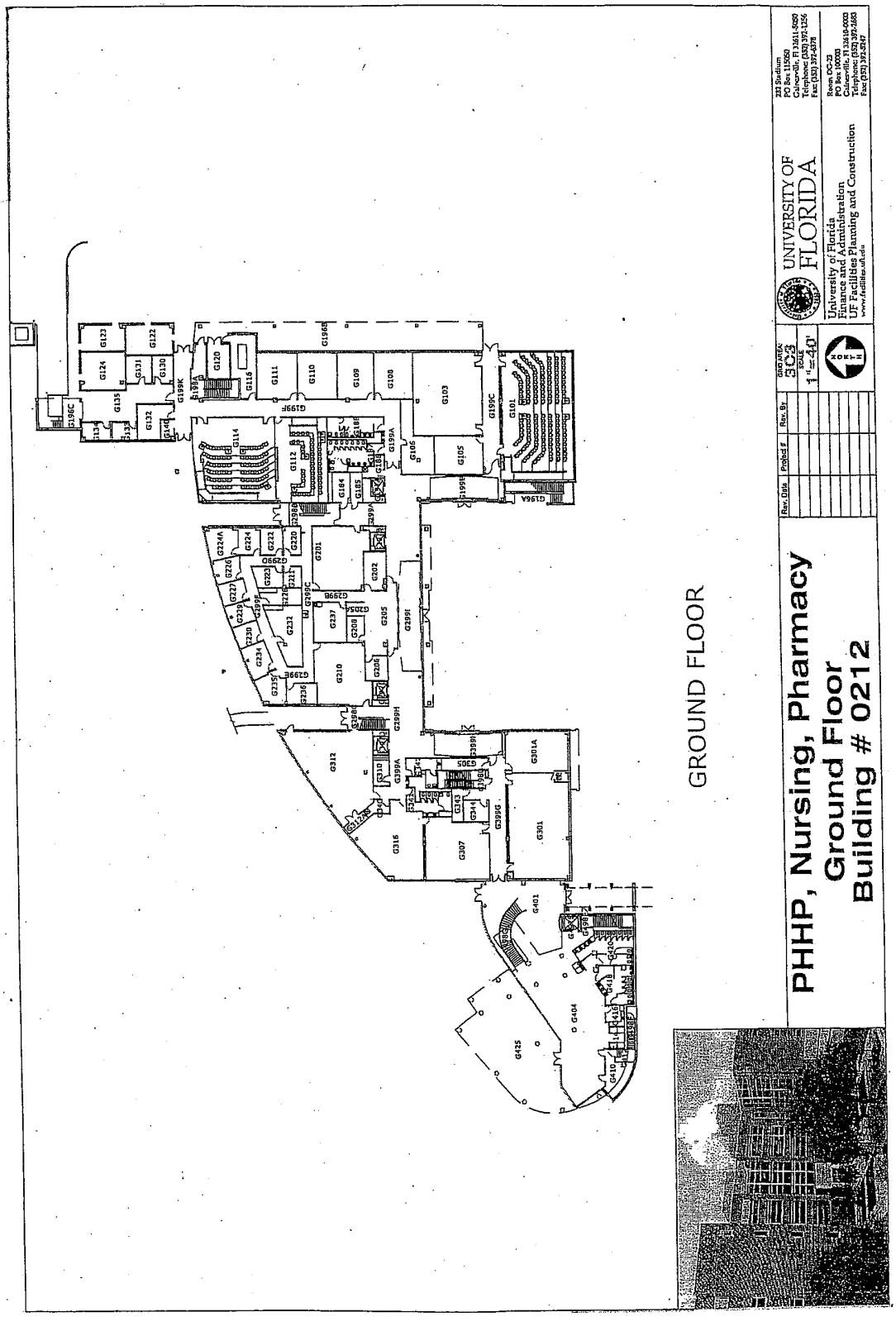
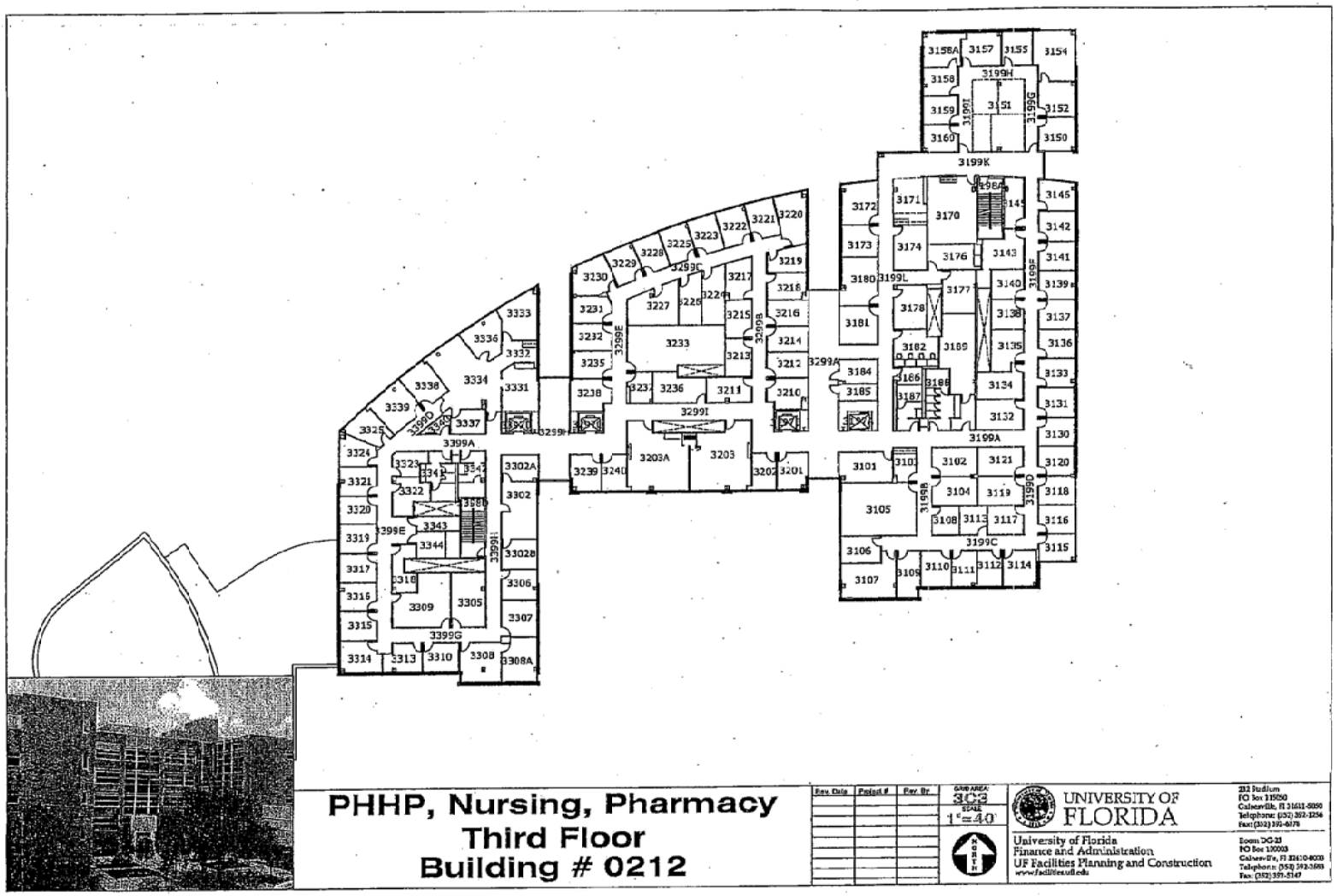
APPENDIX C
MAPS OF HPNP BUILDING AND HEALTH SCIENCE CENTER/SHANDS




PHHP, Nursing, Pharmacy
Third Floor
Building # 0212
Rev. Date
Project #
Rev. By
GNB AREA:
303
SCALE
1"=40'
UNIVERSITY OF
FLORIDA
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Finance and Administration
UF Facilities Planning and Construction
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APPENDIX D (1)
DEPARTMENT OF CLINICAL AND HEALTH PSYCHOLOGY
CLINICAL CHILD/PEDIATRIC PSYCHOLOGY AREA OF CONCENTRATION
Area Head: David Janicke, Ph.D.

REQUIRED COURSES

CLP 7934 (3 credits) Special Topics: Introduction to Child and Family Treatment

CLP 6948 (6 credits) Practicum in Clinical Child Psychology (Must be Supervised by faculty appointed in Clinical and Health Psychology).

A completed Application for Advanced Practicum must be approved by the Area Head and Program Director prior to registration.

ADDITIONAL COURSES

Six semester hours are to be selected from the courses listed below (three hours of which must be in a treatment related course). Other courses may qualify, but they must be approved by the Area Head.

CLP 7934	Special Topics: Pediatric Psychology
CLP 7427	Child Neuropsychology
CLP 7934	*Special Topics: Parent-Child Interaction Therapy: Theory, Res & Practice
CLP 6910	Supervised Research in Clinical Child Psychology
DEP 6057	Advanced Developmental Psychology I
DEP 6068	Advanced Developmental Psychology II
DEP 6059	Seminar: Special Topics in Developmental Psychology
DEP 6796	Measurement in Developmental Research
DEP 6799	Seminar: Current Research Methods in Developmental Psychology
DEP 6936	Current Research in Developmental Psychology
DEP 7118	Infancy and Early Childhood
DEP 7601	Theories of Child Development

MEETINGS

Students electing a clinical child/pediatric psychology concentration are also expected to participate in appropriate weekly meetings. Students are expected to attend the following meeting regularly, and to present at least once a year.

Friday 10:00 -11:00 Clinical Child/Pediatric Psychology Research Seminar

*Treatment related courses Revised: 7/14/2010

APPENDIX D (2)
DEPARTMENT OF CLINICAL AND HEALTH PSYCHOLOGY
CLINICAL HEALTH PSYCHOLOGY AREA OF CONCENTRATION
Area Head: Bob Guenther, Ph.D.

REQUIRED COURSES (12 credits)

Health Psychology Survey Courses (BOTH of the following are required)

CLP 7934 Behavioral Health and Illness (3 credits)
CLP 7317 Advanced Health Psychology and Behavioral Medicine (3 credits)

Special Topics in Health Psychology (ONE of the following)

Health Promotion CLP 7934 (3 credits)
Behavioral Sleep Medicine CLP 7934 (3 credits)

Pathophysiology (ONE of the following courses or an appropriate alternative approved by the Area Head - 3 credits)

Advanced Physiological Psychology (PSB 6087)
Pathophysiology for Nursing (NUR 3129)

ELECTIVE COURSES (ONE of the following for 3 credits)

Drug Use and Abuse (PSB 5445)
Neuropsychological Assessment (Adult) (CLP 7428)
Pediatric Psychology (CLP 7934)
Rehabilitation Psychology (CLP7934)
Note: Other courses on relevant topics may be taken as electives if approved by Area Head.

REQUIRED PRACTICA

CLP 6946 Practicum in Applied Medical/Health Psychology (3 credits)
This practicum will consist of two parts, each to be taken either concurrently or subsequent to the completion of Health Psychology and Behavioral Medicine – I. The first part of this advanced practicum (2 credits) will have an intensive focus in one specific area of medical/health psychology and will be completed under the supervision of the health psychology faculty members. The second part of this advanced practicum (1 credit) will entail training in adult medical inpatient consultation and liaison, which will provide a focused experience conducting psychology/behavioral health consultations to adult medical inpatients. Trainees will provide consultation services to medical/surgical teams regarding their patients and when necessary will provide follow-up supportive services to patients.

Clinical Health Psychology Outpatient Treatment
In addition to CLP 6946, students will obtain continuous experience with health psychology outpatient treatment cases. At least 40 hours of patient contact (beyond core assessment practicum) are required and should be documented in the student's clinical log.

MEETINGS

Students are expected to attend and participate in Health Psychology Research Meetings. Note: The student is expected to declare his/her area of concentration in the fall semester of their 3rd year of graduate study.

RESEARCH

The student's doctoral dissertation should be in an area related to health psychology.

APPENDIX D (3)
NEUROPSYCHOLOGY, NEUROREHABILITATION AND CLINICAL NEUROSCIENCE AREA OF CONCENTRATION
Area Head: Dawn Bowers, Ph.D.

REQUIRED COURSES

Adult Neuropsychological Assessment (CLP 7428C) 3 credits
Functional Human Neuroanatomy (GMS 6705) 4 credits

ELECTIVE COURSES (two of the following for a total of 6 credits)

Child Neuropsychology
Experimental Methods in Neuropsychology and Clinical Neuroscience
Forensic Neuropsychology (CLP 7934)
Subcortical Function in Cognition (CLP 7934)
Special Topics in Neuropsychology (CLP 7934)
Rehabilitation Psychology (CLP 7934)
Other courses on relevant topics if approved by the Area Head

REQUIRED ADVANCED PRACTICUM in Neuropsychology

CLP 6945 Practicum in Neuropsychology (3 credits)

The advanced neuropsychology practicum lasts 1 semester under the supervision of one of the Neuropsychology faculty within the Psychology Clinic. Students are expected to conduct a minimum of 8 to 15 neuropsychological evaluations during this time. Applications for this practicum are due during the spring of each year (typically mid-April) and assignments are made by the Neuropsychology Area. All attempts are made to match the student with their choice of supervisor and rotation. If interested, students may elect to do an additional advanced specialty practica in Neuropsychology. Enrollment in any advanced practica must be approved by the Area Head and Program Director prior to registration.

Neuropsychology Treatment Cases. Students are expected to carry two cases that involve long term supervised experience in application of specific treatment methods (e.g., memory training, family therapy) to a brain impaired patient and/or patient's family.

MEETINGS

Neuropsychology students are required to attend and participate in the Neuropsychology Area Seminar, a monthly meeting that is generally held on the 4th Friday of each month at noon.

Students are expected to participate in other didactic conferences and meetings relevant to the profession of neuropsychology. These include: *Neurology Grand Rounds, Center for Neuropsychological Studies, Movement Disorders Center Rounds, Neuropathology Rounds.*

INFORMATION: Neuropsychology Area Share Drive

The Neuropsychology Area share drive contains relevant information including the following: detailed information about advanced practica offered by various supervisors, information on the Levitt Neuropsychology Research award, Neuropsychology Seminar schedule, schedules for other didactic opportunities, and other information relevant to neuropsychology in our program.

Students are encouraged to regularly consult the Neuropsychology Area share drive.

Rev. 7/2009

APPENDIX D (4)
DEPARTMENT OF CLINICAL AND HEALTH PSYCHOLOGY
EMOTION NEUROSCIENCE AND PSYCHOPATHOLOGY AREA OF CONCENTRATION
Area Head: Peter J. Lang, Ph.D.

STUDY PLAN

This program of study is open only to CHP students pursuing the Clinical Researcher Emphasis, and requires the approval of the Area Head. The training integrates two related areas: Study of (1) the basic science of emotion, as emotion is expressed in language, overt action and physiology, highlighting the investigation of mediating neural structures and circuits in the human brain. It involves in-depth training in current, major research technologies, including methods in cognitive/computer science, the broad area of psychophysiological measurement, and brain imaging. (2) Applications of emotion science in experimental psychopathology, and to research in clinical evaluation and treatment of the anxiety disorders.

Individualized study plans emphasize a continuing, active participation in research in both the basic science laboratories of the Center for Research in Psychophysiology and in the Fear and Anxiety Disorders clinic. A primary training aim is that students develop, prior to graduation, a sustained, coherent program of experiments, represented by publications in refereed journals.

Center faculty provides research supervision in all phases of experimental work (design, methods, execution, and analysis) and theory development, along with clinical experience in assessment and differential diagnosis (using interview, test, and psychophysiological tools) and in cognitive/behavioral methods of treatment. The goal is to train first-class researchers in experimental psychopathology, with both a clinical skills foundation and a high level of technological science expertise, who will qualify for positions in academic department and clinical science laboratories.

REQUIRED COURSES

GMS 6705 Functional Human Neuroanatomy (4) or equivalent Individual Research is required during each semester in residence.

ELECTIVE COURSES (6 credits)

Course requirement will be tailored to the needs of individual students. At least one course from each of the following two areas is advised:

A. Psychophysiology and neurobiology, e.g.:

PSB 7248	Neurobehavioral Relationships (3)
PET 7386	Environmental Stress (3)
PSB 6088(L)	Behavioral Neurobiology (4)
PSB 6087	Advanced Physiological Psychology (3)
PSB 5325	Human Physiological Psychology: Psychophysiology (3)

B. As research in this area of concentration is highly technological, and greatly facilitated if the experimenter has journeyman computing and engineering skills, course work in the

relevant technologies and supervised laboratory work with associated technology faculty is a significant part of the program, e.g.

EDF 7474	Structural Equation Modeling (3)
GMS 6080	Basic Magnetic Resonance Imaging (1)
CAP 6615	Neural Networks for Computing (3)
COP 3013	Computer Programming (3)

REQUIRED PRACTICUM (3 credits)
Advanced Practicum in Fear and Anxiety Disorders. Students will obtain in-depth training in the psychophysiological assessment of emotion, diagnostic use of personality and psychopathology questionnaires, and structured clinical interviewing with anxiety-disorder clinic patients. Students will also gain experience in cognitive-behavioral treatment of anxiety disorders as well as associated co-morbid disorders (e.g., depression). The practicum will be individually designed as approved by the area head.

MEETINGS
Students electing this area of concentration are expected to participate in weekly research meetings at the Centers for Research in Psychophysiology and the Study of Emotion and Attention (CSEA). These meetings are held Friday afternoons and include presentation and discussion of ongoing research at the Center; and didactic lectures on basic and clinical science presented by Faculty, academic visitors, and consultants to the Center.

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APPENDIX E
Core Competencies for Clinical Training
Department of Clinical and Health Psychology

The following list of core competencies in adult and child assessment and treatment is meant to represent the minimal level of general clinical skills expected to be developed by doctoral students in our program. Specialty training is available in Child/Pediatric Psychology, Child and Adult Neuropsychology, Medical Psychology and Emotion/Neuroscience and Psychopathology and these specialty areas individually define their competency requirements regarding assessment and intervention skills.

Assessment

I. Adult

A. General Skills

1. Conduct diagnostic interviews including mental status exam.
2. Evaluate critically the psychometric and scientific basis for test selection. Students are expected to know both the advantages and limitations of the psychological measures used for assessment purposes.
3. Select and administer an appropriate assessment battery tailored to presenting problems and referral questions. Students are expected to have experience conducting assessment batteries that have included intellectual and achievement tests, self-report measures, and personality assessment measures.
4. Communicate the results of assessment activities through written reports that integrate findings and offer recommendations based on the results of the assessment.

B. Specific Assessment Procedures. Students must demonstrate the ability to administer, score, and interpret the following:

1. Intellectual/cognitive measures (e.g., WAIS-R, WMS-R, CVLT)
2. Achievement measures (e.g., Woodcock-Johnson, WIAT-II)
3. Symptom report measures (e.g., BDI, STAI, STAXI)
4. General personality measures (e.g., MMPI-2)
5. Behavioral assessment methods (e.g., direct observation, self- monitoring)

II. Child

A. General Skills

1. Conduct diagnostic child and parent interviews.
2. Evaluate critically the psychometric and scientific basis for test selection. Students are expected to know both the advantages and limitations of the psychological measures used for assessment purposes.
3. Select and administer an appropriate assessment battery tailored to presenting problems and referral questions. Students are expected to have experience

conducting assessment batteries that have included developmental/intellectual and achievement tests, objective self-report measures (child and parent), and projective measures.

4. Communicate results of assessment activities through written reports that integrate findings and offer recommendations based on the results of the assessment.

B. Specific Assessment Procedures. Students must demonstrate the ability to administer, score, and interpret the following:

1. Intellectual tests (e.g., WISC-IV, WPPSI-R)
2. Achievement tests (e.g., Woodcock-Johnson, WIAT-II)
3. Self report measures (e.g., BASC, CDI, RCMAS, STAI-C, PSI, ECBI)
4. Parent report measures (e.g., BASC, Conner's Parent Rating Scale)
5. Teacher report measures (e.g., BASC, Conner's Teacher Rating Scale)
6. General personality measures (e.g., MMPI-A)
7. Behavioral assessment methods (e.g., direct observation, self- monitoring)

Intervention

A. Students will have supervised clinical intervention experience across the life span.

B. Students may specialize in a particular age group or therapeutic approach once demonstrating satisfactory performance in the following areas of intervention:

1. Child Therapy (within the age groups of toddlers to adolescents): The student must have demonstrated satisfactory performance in conducting both individual (parent-oriented, child-oriented or both) and family therapy.
2. Adult Therapy (within the age group of 18 and above): The student must have demonstrated satisfactory performance in conducting individual therapy. Exposure to couples therapy and group therapy is highly recommended.

3. Students will be required to have achieved a satisfactory evaluation of supervised clinical experiences in both short-term (e.g., 10 visits or less) and long-term (e.g., 11 visits or more) therapy across a minimum of two theoretical orientations (e.g., behavioral, cognitive-behavioral, systems, interpersonal, psychodynamic). Because the major theoretical orientations take a life span approach to the conceptualization of behavior, competency in clinical application of two theoretical orientations may be demonstrated through experiences gained in either adult or child therapy.

4. Students must demonstrate knowledge of biological influences on behavior and be familiar with the actions and side-effects of common psychotropic medications used with patients in mental health settings.

Consultation

Students will demonstrate satisfactory performance in the role of a psychological consultant to professionals in other disciplines. Satisfactory performance as a consultant includes the oral and written communication of proposals or recommendations in response to a request by another professional or

agency. Consultation includes such activities as presenting psychological information to multidisciplinary teams in a medical center setting, making recommendations to educational specialists in public or private school systems, and development or evaluation of programs for community agencies.

Populations

A. The student will have assessment and intervention experiences across the life span and these experiences should be reflective of a range of human diversity, such as sexual, cultural, ethnic, and racial diversity, and disability awareness.

B. The student will have assessment and intervention experiences with both male and female patients.

C. The student will have supervised experiences with a broad variety of outpatients and inpatients representing a spectrum of psychopathology including as a minimum: schizophrenia, mood disorders, personality disorders, developmental disorders, and behavior disorders.

Evaluation of Progress

A. Each rotation the faculty will review each student's progress toward meeting the basic clinical competencies. The faculty will consider the student's End of Rotation Review forms completed by each clinical supervisor for that rotation, the student's clinical logs, and any special circumstances presented by the individual student. Satisfactory clinical progress for the semester will be determined by the consensus of the faculty. If unsatisfactory progress is discovered, the student may be asked to remediate problems, may be placed on probation, or may be terminated from the program.

B. Once each year, the Clinical Progress Committee will review each student's clinical progress across the entire time the student has been enrolled in the program. Special consideration will be given to monitoring the student's successful completion of the basic clinical competencies described above. This committee will then make recommendations to the faculty and the Program Director regarding the clinical strengths and weaknesses of the student during the student's yearly evaluation by the faculty. Satisfactory clinical progress will be determined by the consensus of the faculty. If unsatisfactory progress is discovered, the student may be asked to remediate problems, may be placed on probation, or may be terminated from the program.

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APPENDIX F
ADVANCED PRACTICUM OPPORTUNITIES GENERAL

The following settings have been available for advanced practica over the past several years. All requests for off-site practica must be approved by the Program Director in conjunction with off-site supervisors. Additional practicum opportunities occur regularly and will be announced by the Program Director and practicum supervisor.

1. VA Medical Center. Opportunity to train on a number of different services, including the Substance Abuse Treatment Unit, Inpatient Psychiatry, Medical Psychology Consultation Service and Mental Health Clinic. The Gainesville VA is a Dean's Hospital VA, and has an APA accredited internship program. Chief Psychologist: Jeffrey Burk, Ph.D.

2. North Florida Evaluation and Treatment Center. This center, one of two forensic mental health facilities of its kind in Florida, provides evaluation and brief treatment services for individuals adjudicated NGRI (not guilty by reason of insanity) or ITP (incompetent to proceed) within the criminal justice system. Psychological consultation, assessment, and intervention are provided under the supervision of staff psychologists. Chief Psychologist: Monte Bein, Ph.D.

3. Primary Care Psychology Advanced Practicum. This practicum involves the integration of mental and behavioral health care into a primary care setting. Students gain experience in a full range of presenting problems including those associated with routine primary health care (e.g. headaches, smoking cessation, etc), those associated with chronic or severe medical conditions (e.g. pain management, behavioral management of diabetes, asthma, or heart disease, post-surgical recovery, etc), and those prevalent in a general mental health practice (e.g. depression, anxiety, ADD, etc.). Students learn to function as part of a multi-disciplinary team of nurses, physicians, and other health professionals. This practicum emphasizes a broad based, generalist training experience with additional emphasis on practice models for rural practice.

4. Advanced Practicum Shands Rehab Hospital. An advanced practicum opportunity in rehabilitation psychology is available any semester. The practicum can be structured as either a two (equivalent to one half-day) or three (two half-days) credit experience, with a focus upon clinical and formal assessment of individuals with a variety of disabling conditions. This information is an important factor in devising intervention plans with our patients. The emphasis will be upon assessment of cognitive deficits, along with intercurrent emotional adjustment issues. The patient population at the facility is varied and complex, and in the interdisciplinary team model makes the rehabilitation process an enlivening experience. Dr. Kerkhoff will be the primary supervisor, with an opportunity to work with other psychology staff.

5. Brief Assessment and Intake Models for Mental Health Care Advanced Practicum. Students will carry out at least one assessment per week and be expected to prepare their intake(s) and formulation for presentation to Friday Team Meetings for case disposition and assignment. Students involved in the practicum will help pilot the new intake database for the Clinic and will not only conduct intakes, but will also assess the effectiveness of new intake procedures and documentation methods. Video supervision and group discussion of these intakes will be part of the experience. We will arrange this to take place one morning per week.

6. On-Site Specialty Practica. Several on-site specialty practica are available that attempt to integrate theory, research, and practice in a specific area of clinical psychology. In addition to Advanced Practica in Neuropsychology, Clinical Health Psychology, and Clinical Child/Pediatric Psychology and

Emotion/Neuroscience and Psychopathology that are offered as part of the Department's areas of concentration, several advanced specialty practica are offered that provide opportunity to engage in an integrated clinical practice/clinical research experience. In recent years, we have offered advanced practica in Adult Solid Organ Transplantation, Pediatric Transplant Adherence, Pain Assessment and Management (Spine Care Center), Pediatric Pulmonary Disorder Parent-Child Interaction Therapy, Mental Health Intake and Triage, and School-Based Mental Health Interventions. Enrollment in these practica is with consent of the instructor and approval by the Program Director.

APPENDIX F (1)
ADVANCED PRACTICUM OPPORTUNITIES
CLINICAL CHILD / PEDIATRIC PSYCHOLOGY AREA

Advanced Pediatric Psychology Practicum: Craniofacial Anomalies
Supervisor: Dr. Stephen Boggs

This practicum involves consultation to families of children with cleft lip or palate and other craniofacial disorders. The student attends the weekly multidisciplinary team meetings of the craniofacial clinic and conducts screening assessments of 8-12 families weekly. Disciplines participating in the weekly clinic include pediatrics, social work, speech pathology, pediatric dentistry, oral and maxillofacial surgery, plastic surgery, orthodontics, and genetics. All team members meet after families are seen and an interdisciplinary treatment plan is developed for each child. Students participate in follow-up assessment and therapy for children or families as necessary.

Advanced Pediatric Psychology Practicum: Pediatric Obesity
Supervisor: Dr. David M. Janicke

This practicum focuses on service delivery via a group treatment for overweight children and their families. This is an advanced practicum and will include didactic reading, weekly group treatment sessions, and weekly supervision. The practicum students will learn to:

•Provide behavioral, lifestyle interventions for children and families struggling with weight issues.
•Conduct child and/or parent group intervention sessions
•Build knowledge of nutrition and physical activity related to health and weight management.
•Use behavior changes strategies relevant to community based, health promotion settings.
•Assist in the development and refinement of treatment intervention manuals

The practicum student may also choose to help with the development and implementation of research protocol. The student will spend 3 – 4 hours per week completing the activities of this practicum, which will include an average of 1.5 hours of direct patient care (i.e., treatment).

Advanced Pediatric Psychology Practicum: Pediatric Gastrointestinal Disorders
Supervisor: Dr. David M. Janicke

This practicum focuses on service delivery to children/adolescents with gastrointestinal related difficulties. This is an advanced practicum and will include didactic reading, discussion, and clinical application of readings to treatment. Depending on expected referrals, practicum students will learn to:

- Do brief assessment and consultation of children/adolescents presenting in the monthly Feeding Aversion Clinic.
- Provide inpatient consultations for children/adolescents with GI related difficulties, most commonly children struggling with abdominal pain and feeding difficulties.
- Provide outpatient cognitive behavior therapy for children/adolescents with irritable bowel syndrome and/or recurrent abdominal pain.
- Provide outpatient behavior therapy for children with pediatric feeding disorders.
- Additional pediatric inpatient consultation and outpatient experiences may occasionally be available to the student.

The practicum student may also choose to help with the development and implementation of research protocol. The student will spend an average of 3 hours per week in direct patient care (i.e., treatment).

Advanced Pediatric Psychology Practicum: HIV Clinic
Supervisor: Dr. David M. Janicke

This practicum involves consultation to families of children with HIV/AIDS in the multidisciplinary pediatric HIV Clinic. The student will attend the weekly multidisciplinary team meeting (currently from 1 to 2pm on Tuesday, but subject to change) and the weekly pediatric HIV clinic (Wednesday from 9am to 12pm). Students will conduct brief screening assessments and brief interventions. Disciplines participating in the weekly clinic include pediatrics, social work, nutrition, pharmacy, and psychology. Students participate in follow-up assessment and therapy for children or families as necessary.

Advanced Clinical Child Practicum: Attention Deficit Hyperactivity Disorder
Supervisor: Dr. Shelley C. Heaton

This Advanced Practicum is offered each semester for students in the doctoral program, It is designed for doctoral students who have completed core practicum requirements and who wish to develop special expertise in working with children and adolescents with ADHD.

This practicum will consist of both clinical and didactic experiences related to the assessment and treatment of ADHD. The clinical component will consist of conducting one supervised assessment per week of a child or adolescent who has been referred for an evaluation for ADHD. Students registered for this advanced practicum will only be required to see children referred for ADHD as part of this practicum and will *not* be required to see other types of cases if an ADHD case is not scheduled on their clinic day.

In cases where children referred by the Shand's Interdisciplinary ADHD Program are assessed by advanced practicum students, the student will present the case at the ADHD staffing conference to obtain experience working with an interdisciplinary team. This clinical experience will be supplemented by the assignment of one article per week that relates to some important aspect of ADHD. These articles will be discussed as part of the supervision process in terms of their relevance to cases seen as part of the practicum.

It is anticipated that I will be able to accommodate one advanced practicum student per semester. This practicum must be scheduled for my Thursday ADHD Specialty Clinic to insure that an adequate number of ADHD cases are scheduled. This Advanced ADHD
Practicum meets child area specialty practicum requirement for the area of concentration.

Advanced Child Practicum: ADHD and Social Skills
Supervisor: Dr. Shelley C. Heaton

This practicum focuses on service delivery via a group treatment involving social skills training for children with ADHD and their parents. This is an advanced practicum and will include didactic reading, weekly group treatment sessions, and weekly supervision. The practicum students will learn to:

- Provide behavioral interventions for children with ADHD who have deficits in social skills and their parents
- Conduct child and/or parent group intervention sessions
- Build knowledge of social skills training related to ADHD symptoms.
- Assist in the development and refinement of treatment intervention manuals

The practicum student may also choose to help with the development and implementation of research protocol. The student will spend 3 hours per week completing the activities of this practicum, which will include an average of 1 hour of direct patient care (i.e., treatment).

Advanced Practicum in School-linked Mental Health Services for Children
Supervisor: Dr. Brenda Wiens

This practicum experience will focus on the provision of school-linked mental health services (individual therapy, family therapy, consultation with school staff) for children referred by the Columbia County School District (grades preK-12). There may additionally be the opportunity to facilitate groups in the schools, depending on scheduling and logistics. Practicum students will have the opportunity to see children with a broad array of presenting problems (behavior problems, ADHD, depression, anxiety, family conflict, abuse histories, developmental disorders, academic problems), often with comorbid presentations. Also, many of these children's families struggle with economic problems, issues related to divorce/separation, and other stressors. The practicum student will have the opportunity to see cases in the schools, in addition to seeing families/students in our offices at the school board complex. Also, there will be opportunities to consult and interface with school staff regarding cases that have academic and behavioral problems at school, including developing school behavioral interventions when applicable. When possible, opportunities to attend parent-teacher staffings and Individualized Education Plan meetings will be arranged. The practicum student will spend 8 hours per week completing activities of this practicum, which will include 4-5 hours scheduled for direct services with children, families, and school staff (when applicable). This practicum is available on my Monday clinic day in Lake City, so the student would be able to travel to Lake City with our Monday team in the rural van.

The practicum student would need to be available between the hours of 10am-7pm (potentially earlier than 10am on some days depending on scheduling) on Mondays to participate in this practicum.

Advanced Clinical Psychology Practicum in Obsessive-Compulsive Disorder
Division of Child and Adolescent Psychiatry*
Supervisor: Dr. Gary Geffken

This practicum experience will focus on delivering cognitive-behavioral treatment and assessment as part of clinical research protocols in the University of Florida Obsessive- Compulsive Disorder (OCD) Treatment Program. The student will have the option of working with child and/or adult patients in intensive and weekly protocols. In addition, the student will participate in learning and administering relevant anxiety assessment instruments including the Anxiety Disorders Interview Schedule, Anxiety Disorders Interview Schedule for Children, and multiple OCD specific measures (e.g., the YBOCS). Finally, the student will have opportunities to write manuscripts for publication using program generated data. It is anticipated that the student will spend 8 hours per week completing activities of this practicum.

*Students must have completed departmental core practica requirements prior to registering for this practicum (It is expected that students wishing this practicum to count in meeting child Area of
Concentration Requirements will predominately see child/adolescent OCD cases as part of this practicum experience)
/Approved Summer, 2006

Additional Advanced Practica in Clinical Child and Pediatric Psychology

Number of Advanced Practicum Credits to be Arranged with Specific Supervisor

Contact listed supervisors for additional information

Supervisor: Dr. Gary Geffken

Dr. Gary Geffken is associated with The Behavioral Health Unit (BHU) is located within the Division of Child Psychiatry, Department of Psychiatry.

Specific Advanced Practica may include:

1) Diabetes Rotations: Diabetes C&L and therapy; with possible participation in diabetes telehealth treatment.

2) Lipid Clinic- C&L and Therapy for overweight children and adolescents, many with metabolic syndrome or type 2 diabetes.

3) See Advanced Practicum in Obsessive Compulsive Disorder described above.

Other advanced practica in the clinical child/pediatric psychology area can be arranged subject to approval by the area head.

APPENDIX F (2)
ADVANCED PRACTICUM OPPORTUNITIES
HEALTH PSYCHOLOGY AREA

Advanced Practicum in Behavioral Sleep Medicine
Supervisor: Dr. Christina McCrae, CBSM

An advanced practicum experience in the Insomnia & Behavioral Sleep Medicine clinic provides students with opportunities to conduct diagnostic interviews and deliver short-term interventions to adult outpatients with a wide variety of sleep disorders (e.g., insomnia, sleep apnea, advanced sleep phase syndrome, shift work, hypnotic dependence, periodic limb movements). Students will also become familiar with a variety of sleep assessments (sleep diaries, actigraphy, and polysomnography). The clinic receives referrals from UF's accredited Sleep Disorder Center (SDC) as well as local Primary Care Physicians.

Students who are interested in this advanced placement should contact Dr. McCrae for additional information.

Advanced Practicum in the Assessment and Treatment of Chronic Pain
Supervisor: Dr. Lori Waxenberg

There are several experiences that can be tailored to kind of advanced practicum desired by an individual student. We can focus on one specific pain population for assessment such as back pain, fibromyalgia or gastrointestinal pain or we can do a mixture of presenting pain problems. We do almost exclusively all outpatient assessments and treatment. The number of assessments per week is typically tied to the number of credits for the advanced practicum.

In addition to assessment, I encourage advanced practicum students to pick up a couple of cases for therapy that they assessed on practicum as part of the experience of working with this population. If possible, we might also include a group treatment experience as part of the practicum.

Please contact me if you are interested in an advanced practicum in chronic pain so that I might answer your questions and together we can design an experience that fits your training needs.

Advanced Practicum in Adult Inpatient Medical Psychology Consultation and Liaison
Supervisor: Dr. Robert Guenther

This is a focused experience delivering services to adult inpatients in Shands Teaching Hospital at the University of Florida. Nearly any adult patient can be referred to Clinical and Health Psychology for consultation and liaison (C&L) services. Assessment and treatment services are delivered in the acute care hospital setting as part of the overall care patients receive. The rotation encourages trainees to develop advanced skills in conceptualizing complex cases, and it encourages trainees to develop a high degree of autonomy while delivering services in a maximally efficient manner. Patients may have nearly any medical condition that would necessitate inpatient care. My inpatient service has a focus on organ

transplant candidates and recipients, and on patients with spinal cord injuries. However, any other patient referred to my service can be seen by a student on advanced practicum.

Some conditions that trigger referral are relatively common and may include but are not limited to delirium, dementia, psychiatric disorders, end stage organ failure, sickle cell anemia, burns, severe debilitation secondary to prolonged ventilator dependence, brain injury, spinal cord injury, and multiple complex medical problems. Some relatively rare diagnoses may also be encountered. Services usually include an initial evaluation of the patient's emotional and/or cognitive status, coping, behavioral health assets and liabilities, and untoward behavior patterns (e.g., treatment refusals, refusal to consider discharge planning, abusive behavior toward staff, self-injurious behaviors). Interventions may include ongoing supportive treatments such as supportive individual and family psychotherapy, psycho-educational intervention, stress management, pain management, and consultation to patients and treatment team members regarding optimizing behavior management interventions.

Advanced Practicum in Lifestyle-Based Intervention for Obesity
Supervisor: Dr. Stephen Anton

This practicum involves co-facilitating a group weight loss intervention for obese adults.

Practicum students will learn (1) how to deliver a group-based, weight-loss intervention or adults, (2) about how diet and physical activity influence weight management, and (3) how to use behavior change stratigies to facilitate healthy lifestyle behaviors needed for weight loss.

Students will spend approximately 3 to 4 hours per week completing practicum activities including a number of patient selection interviews, 1.5 hours of direct patient care (i.e., weight-loss intervention) in the groups, 1.5 hours of preparation time, and 1 hour of supervision. Total patient contact time will be approximately 25 hours. Practicum students will receive one hour of course credit. Supervision will take place on a weekly basis in the Aging Research and Rehabilitation Center (ARRC). The Practicum student would need to be available between 5-7 P.M. one evening during the work week (Mon. – Thurs.)

Advanced Practicum in Clinic-Based Primary Care and Supervision Experience
Supervisor: Dr. Ronald H. Rozensky, ABPP

Clinical Experiences: While the hallmark of primary care psychology is traditionally community-based experiences in various settings like community health clinics, private practice primary care medical clinics, or medical specialty care clinics, it is clear that our primary care referral sources routinely send patients with a wide-range of problems and diagnoses directly to our Psychology Clinic at Shands. A typical day on this clinic can involve patients presenting with "traditional" rule out diagnoses like depression, anxiety, pseudoseizure, or PTSD as well as patients with a range of medical disorders from Parkinson's Disease to Diabetes to coping with a cardiac history to problems like marital discord, job stress, and relationship issues. Students have described this Clinic as, "Like a box of chocolates, you never know what you're gonna get." Most interesting is the necessity to do differential diagnosis to sort out co-morbid disorders and\or the relationship of psychological presentations with medical conditions. The majority of patients seen in this clinic have been referred for follow up and ongoing psychotherapy in our clinic so there is an opportunity to find out what happens to these cases and confirm or challenge the original diagnostic formulation or even to pick up the case for treatment. Thus, those in this advanced practicum will continue to have the opportunity to "think on their feet," work with a wide

range of patients, diagnoses, and co-morbid problems and integrate evidenced-based assessment and treatment recommendations with traditional clinical formulations.

Supervisor Experiences: As the advanced student progresses, we will arrange the team so that experiences will include observing supervision and then having supervisory experiences that will, themselves, be observed and supervised. Each participant will develop a list of "supervisory competencies" that will be used to guide the experience; the goal being to develop initial supervisory skills in working with the complex cases seen in this Clinic.

This Clinic takes place on Mondays.

Advanced Practicum in Rural Primary Care
Supervisor: Dr. Steve Anton

There is an opportunity for a student, who has completed core practicum, to participate in an advanced practicum in rural healthcare. Students on this practicum will work in a primary care clinic in a rural setting one day a week (Wednesdays) and will be able to obtain a number of direct patient (adult) contact hours. Reports and progress notes are typically completed before the end of the clinic day.

Advanced Practicum in Psycho-Oncology
Supervisor: Dr. Deidre Pereira

On this advanced practicum, students will perform diagnostic interviews, conduct psychological testing, and deliver short- and long-term psychological treatment to adult oncology outpatients and inpatients. Patients are predominantly referred by UF providers for the assessment and treatment of a wide range of psychopathology, including adjustment disorders, anxiety, delirium, depression, end-of-life issues, personality disorders, serious premorbid psychopathology, suicidality, and treatment nonadherence. Common referral sources include the Breast Center, Gastrointestinal Oncology, Radiation Oncology, Hematology/Oncology (Medical Oncology), ENT (Division of Head and Neck Surgery), Surgical Oncology, Psychiatry, and Neurosurgery (Neuro-Oncology). In addition, the Psycho-Oncology Service performs routine psychological evaluations on (a) patients with hematologic malignancies being evaluated for hematopoietic stem cell transplant (in conjunction with the Transplant Service), (b) women being evaluated by the Breast Center for contralateral/bilateral prophylactic mastectomy for the reduction of breast cancer risk, and (c) neuro-oncology patients at the point of entry into the UF system of care (in conjunction with Neuropsychology). Students may conduct outpatient assessments on Thursdays or on other days with Dr. Pereira's permission. Outpatient therapy and all inpatient services will be completed throughout the week, as students' schedules permit. This practicum may fulfill med psych students' requirement for 1 credit of inpatient assessment/therapy. In addition, with Dr. Pereira's permission, it may be modified to provide students with a specific patient population experience (e.g., gynecologic oncology patients only, HSCT patients only, neuro-oncology patients only).

Advanced Practicum in Rehabilitation Psychology
Supervisor: Dr. Tom Kerkoff

1, 2 or 3 credits (1 credit=1/2 day). Spent at Shands Rehab Hospital. Can double as both a Med Psych or NP practicum. Emphasis on clinical evaluation and intervention with orthopedic, SCI, the occasional burn and multi-trauma patients.

Advanced Practicum in Women's Health and Reproductive Medicine
Supervisor: Dr. Tricia Durning

Students completing this advanced practicum have the opportunity to participate in assessment—and occasionally treatment—at an offsite women's health clinic: Women's Health at Magnolia Parke. Standard activities include assessment/psychoeducation with couples planning *in vitro* fertilization (IVF) or any third party reproduction options (i.e., treatment including donated sperm or eggs or surrogacy) and assessment of candidates for anonymous egg donation. In addition, students may see individuals or couples struggling with infertility who are referred for assessment and therapy. Finally, students on the rotation may see cases referred by any of the OB/GYN practitioners for a variety of reasons (e.g., prenatal anxiety, postpartum depression, general mental health issues). In terms of scheduling, cases are scheduled for Tuesday and Thursday afternoons as well as Wednesday mornings. Students who have completed this advanced practicum have typically selected one half-day per week to consistently go to the clinic.

APPENDIX F (3)
ADVANCED PRACTICUM OPPORTUNITIES
NEUROPSYCHOLOGY AREA
Updated 7/16/2010

The NP area requires students to participate in one 3-hour Advanced Practicum in Neuropsychology. To do so, you will register for 3 hours under CLP 6945.

FREQUENTLY ASKED QUESTIONS

1. How do I apply for an Advanced Neuropsychology Practicum?

Students are required to submit a formal request in the Spring (usually April) indicating their preferences for Semester and Rotation day. The NP Area will send out a description of the practica and a request form to be completed by the student.

Occasionally a student may be interested in obtaining ***additional neuropsychology clinic experiences***, beyond the mandatory 3 hrs. To do so, the student must ALSO make a formal request at the time the regular advanced applications are received. This is not meant to restrict opportunities, but merely to insure equity of cases among interns and other advanced and core practica students who are assigned to a particular clinic day. There is some flexibility here, but the goal is to optimize the training experiences for everyone.

2. How many patients do I need to see for the Advanced Neuropsychology Practica?

There is no set rule at this point. What is set is that you spend an entire semester (Fall, Spring, or Summer) on this rotation. As a guideline, expect to see between 8-15 cases. Assume a 16 week semester; these case numbers were derived as absolute minima based on no shows, rescheduled days, etc. Seek as many cases as possible - this is your training! Do not interpret this "guideline" to mean that you only have to see 8 cases. That is an incorrect interpretation.

3. Can I do more than one Advanced Neuropsychology Practicum? Yes

That is between you, your doctoral chair, and the clinical neuropsych supervisor. Remember, more doesn't always mean better. More doesn't necessarily mean that you willl get a better internship. A key issue is breadth of training and relevant clinical experience for your special situation. IMPORTANT: As Dr. Boggs will tell you, the internship year is meant to be a time for fine-tuning your clinical neuropsych skills. Moreover, you will continue developing in this respect throughout your professional lifetime. We are neutral with respect to completion of additional NP practica, but do want to remind you that your grad student years are quite special in terms of academic/intellectual development. There will be no other time quite like this, except perhaps a research post-doc.

4. **If I decide to do an Advanced Specialty Practica in Neuropsychology, do I still need to apply?**

Yes

5. How many patients do I need to see for a Specialty Practica?

That depends on: (a) how many credit hours you sign up for- 1 vs 2; and (b) the requirement of the supervisor.

Below is a brief synopsis for 2010-2011 opportunities. This same information is in the Neuropsychology Area share drive

Advanced Neuropsychology Practicum

Adult
M: Bowers
T: Dede
W: Bauer; Dotson
Th: Keiski (outpatient)

Child
Th: Heaton

Below are optional speciality practica in Neuropsychology. One must **first complete** the regular Advanced Neuropsychology Practicum before applying for these.

Adult- Optional Specialty Practica
Inpatient Acute Adult TBI (Keiski)
Movement Disorders- Interdisciplinary Focus (Bowers)
NFETC (Dede)
Rehabilitation (Kerkoff)

Pediatric/Child – Optional Specialty Practica
Acute Pediatric TBI (Heaton)
Multidisciplinary School Problems (Heaton)
Pediatric Hematology/Oncology (Heaton)

ADVANCED NEUROPSYCHOLOGY PRACTICA
2010-2011

Adult Neuropsychology
Supervisor: Dr. Dawn Bowers
Day of the Week: Monday

During this rotation, students will conduct outpatient evaluations of various neurocognitive disturbances. These include *dementia subtypes* (PDD, Frontotemporal, Alzheimers), *subcortical diseases* (Parkinson disease, Essential Tremor, dystonia), *neurospsychiatric disorders* (OCD, Tourettes), and various sequelae of medical disorders (stroke, tumors, multiple sclerosis, transplant, rare genetic disorders). Many of the Parkinson patients seen on Mondays are candidates for deep brain stimulation surgery. Trainees have the opportunity to attend monthly multidisciplinary conferences where DBS candidates are discussed by our team. If interested, the advanced student may also participate in forensic cases. Students learn to interview and develop knowledge about appropriate test selection. An hypothesis testing approach is emphasized and juxtaposed against “select” batteries for special populations. Weekly group supervision occurs on Fridays. Students present their cases, including history, results, and interpretation, to the team. Hypotheses about the mechanisms of deficit, and further treatment/evaluation recommendations are formulated. User friendly reports are emphasized, meaning reports that are jargon free and comprehensible to the referring physician or patient.

Adult Neuropsychology
Supervisor: Dr. Duane Dede
Day of the Week: Tuesdays

During this rotation, students will see primarily outpatient evaluations on a variety of diagnoses. Most referrals will focus on adult learning disabilities, traumatic brain injury, competency evaluations for impaired professionals. We will also occasionally see cases of epilepsy, dementia and general mental health. Occasionally, cases of disability or brain injury will present as forensic evaluations. Trainees learn to administer a structured interview, conduct feedback sessions while administering and interpreting a comprehensive battery of tests. Individual and group supervision are provided.

Adult Neuropsychology
Supervisor: Dr. Russell Bauer
Day of the Week: Wednesday

During this rotation, students will conduct neuropsychological evaluations on patients with a variety of cognitive disorders. Most common disorders include subtypes of dementia (e.g., Alzheimer, Lewy Body, vascular), movement disorders (PD, essential tremor), neurocognitive sequelae of medical disorders (e.g., stroke, neoplasm), and neuropsychiatric disorders. The student will gain some exposure to disability evaluations and forensic cases. The student will learn a hypothesis-oriented approach using a flexible battery, and will become familiar with major modalities of diagnosis used by interdisciplinary health care teams. Students will typically assess one patient per week and are invited to attend a Dementia Consensus Conference at 1:30-3 each Tuesday where patient findings are presented (as are neurologic, medical/laboratory, and neuroimaging findings) and a consensus diagnosis is reached. Students present their cases, including history, results, and interpretation, to the team during supervision, where hypotheses about the mechanisms of deficit, and further treatment/evaluation recommendations are formulated.

Adult/Geriatric Neuropsychology
Supervisor: Dr. Vonetta Dotson
Day of the Week: Wednesday

During this rotation, students will conduct neuropsychological evaluations on primarily elderly patients with a variety of neurocognitive disturbances. Most common disorders include dementia (e.g., Alzheimer, Lewy Body, vascular), movement disorders (PD, essential tremor), neurocognitive sequelae of medical disorders (e.g., stroke, tumors), and neuropsychiatric disorders. Occasional referrals may focus on other diagnoses in young and older adults, including epilepsy and traumatic brain injury. Students learn to interview, use a hypothesis-oriented flexible battery approach, administer and interpret test batteries, and conduct feedback sessions. Students will typically be responsible for the assessment and report-writing of one case per week and will participate in weekly individual and group supervision. In addition to discussing the cases, group supervision will include discussion of research articles related to the common diagnoses seen in the clinic. Students may also have the opportunity to provide psychoeducation and/or supportive psychotherapy to patients or their family (such activities are logged as therapy contact hours).

Adult Neuropsychology
Supervisor: Dr. Michelle Keiski
Day of the Week: Thursday

During this rotation, students will conduct inpatient and outpatient evaluations of adults with a variety of neurocognitive disturbances. Typical referrals include pre and post-operative assessments of older adults who undergo surgical interventions (Cardiac, Orthopedic Surgery), classic dementias (cortical & subcortical-vascular), individuals with autonomic/movement disorders (PD/MSA), epilepsy, and other disorders. Both individual and group supervision are provided during a weekly meeting where students present their cases to the clinic team.

Pediatric Neuropsychology
Supervisor: Dr. Shelley Heaton
Day of the Week: Thursday

During this rotation, students will conduct inpatient and outpatient evaluations of children and adolescents with a variety of neurological, psychoeducational, and behavioral disturbances. The age range of patients seen on this rotation spans from 2 to 19 years old, allowing trainees to gain exposure to a wide range of pediatric neuropsychology assessment methods and a broad range of developmental issues. Referrals are received from a variety of sources and represent a wide variety of patient groups, including neurology (epilepsy; pre/post brain surgery evals; rare neurological or genetic disorders), hematology/oncology (brain tumors/cancer; pre/post surgery and chemo/radiation evals), School Problems Clinic (academic difficulties of unknown etiology; opportunities for multidisciplinary work), pediatric ICU and/or pediatric neurosurgery (traumatic brain injury; acute inpt evals), Brooks Rehabilitation Hospital (traumatic brain injury; post-rehab outpt evals), and local pediatricians (developmental delays, cognitive deficits w/mood or behavioral disturbance). Trainees are expected to take primary responsibility for the assessment and report-writing on 1 case per week, participate in weekly group supervisions (Friday afternoons from 1-2), and complete supplementary readings of relevance to the disorder at hand.

ADVANCED SPECIALTY PRACTICA

Movement Disorders Specialty Practicum
Supervisor: Dr. Dawn Bowers

During this specialty practicum, emphasis is placed on the broad interdisciplinary context in which neuropsychological evaluations of movement disordered patients are provided. Students will attend biweekly clinical meetings of the UF Movement Disorders Center, observe 1 DBS surgery (Wed AM), and participate in a monthly DBS case management conference to discuss a patient's candidacy for potential surgery. During this meeting, the neuropsychological findings are presented to the interdisciplinary team (neurology, neurosurgery). Trainees will also shadow MDC neurologists during one regular clinic and a DBS programming clinic. The opportunity to shadow during a "botux" treatment clinic for dystonia is also available. Depending on the student's previous experience, between 3- 5 neuropsychological evaluations will be conducted on selected patient types and supervised by Dr. Bowers. Readings on clinically relevant issues will be provided. This advanced specialty practicum is offered for 1-2 hours.

Advanced Specialty Practicum at the North Florida Evaluation and Treatment Center
Dr. Duane Dede

Students will have the opportunity to do an advanced practicum in neuropsychological testing at the North Florida Evaluation Facility (NFETC). The NFETC is an all male forensic psychiatric hospital where individuals charged with crimes are sent if they are found incompetent to proceed at the time of their hearing. Eighty percent of the population has a primary diagnosis of some form of thought disorder. The residents often have comorbid substance abuse issues. This advanced practica is housed in the NFETC's Psychology Department. The department is staffed by 6 psychologists, led by Dr. Myron Bilak-the director of Psychology, who spoke at case conference in February 2006. The practicum will consist of neurocognitive screens and malingering testing to answer the question of restorability to competence. The trainee will learn to do a structured interview and use a brief battery to answer these questions in a forensic setting. This practica is also a rare chance to work with patients with chronic psychiatric disorders. The practicum usually consists of 8 cases. I will accompany the trainee on early evaluations and we will meet weekly for supervision.

Advanced Specialty Practicum in Acute TBI Neuropsychology
Supervisor: Dr. Michelle Keiski

Trainees will work in an acute inpatient setting (Trauma Service) and become proficient in analyzing patient information regarding primary and secondary (e.g., hypotension, hypoxia, intracranial pressure) brain pathophysiology for cogent neuropsychological prognostication. As patients emerge from coma & post-traumatic amnesia, trainees will perform brief assessments (e.g., GCS, SAS, GOAT, NCSE) of neurobehavioral status, make recommendations for rehabilitation and provide education and emotional support to patients and family members. Trainees may also attend "Trauma Rounds" and interact with multidisciplinary team members. This advanced practicum is offered for 1-2 credits

Advanced Specialty Practicum in Acute Pediatric Traumatic Brain Injury
Supervisor: Dr. Shelley Heaton

Trainees will work in an acute inpatient setting (Pediatric Intensive Care Unit) and become proficient in conducting consultation neurocognitive evaluations of children recovering from severe brain injury. Consults typically involve chart review, bedside neurocognitive status exams, interview of parents for information on the child's pre-injury functioning and the family's current coping/service needs, and writing consult reports that make recommendations for rehabilitation. Given the nature of this inpatient work, trainees will be expected to follow patients across days, rather than simply attending clinic one day each week, allowing for the unique opportunity to observe the varied outcomes and recovery course of children who have sustained a serious brain injury. This rotation also providing education and emotional support to patients and family members – such contacts are logged as therapy hours. Trainees may also attend "Trauma Rounds" and interact with multidisciplinary team members. This advanced practicum is offered for 1-2 credits.

Advanced Specialty Practicum in Pediatric Hematology/Oncology
Supervisor: Dr. Shelley Heaton

Trainees will conduct outpatient neuropsychological assessments of children ages 2 to 19 who have been diagnosed with a brain tumor or cancer. Trainees will learn about the neurocognitive effects of these conditions, as well as the detrimental cognitive effects often associated with the necessary treatments (brain surgery, radiation, chemotherapy). Opportunities to follow individual cases from pre- to post-treatment are available, particularly if the trainee chooses to enroll for 2 semesters of this rotation at 1 credit each semester. Trainees will also have opportunities to observe in the Hem/Onc Clinic when children are undergoing assessment by the Neuro-oncologist. Finally, given the nature of this population, there is also often opportunities to provide psychoeducation and/or supportive psychotherapy to the child or their family (such activities are logged as therapy contact hours). This advanced practicum is offered for 1-2 credits.

Advanced Specialty Practicum in the multidisciplinary School Problems Clinic
Supervisor: Dr. Shelley Heaton

Trainees will work as part of a multidisciplinary program designed to assess and remediate academic-based problems. Children and adolescents seen through this program are initially enrolled through the department of Pediatric Neurology, where the director of the School Problems Clinic (Dr. Slinger – developmental pediatrician) conducts an initial evaluation of the child. Trainees will have the opportunity to attend this initial evaluation and work closely with Dr. Slinger in determining the neuropsychological assessment needs of the individual case. The trainee will then conduct a psychoeducational/neuropsychological assessment of the child on Dr. Heaton's Thursday Clinic. Trainees are responsible for preparing the evaluation report and communicating those results back to Dr. Slinger and participating in a feedback session with the child's parent(s). Opportunities to attend subsequent Individual Education Plan (IEP) meetings at the child's school are also offered during this specialty practicum. Although some of the children seen in this program have neurological conditions, most do not have an identified source for their academic struggles but are coming through the program to determine if there is a learning disability, cognitive problem, or emotional/behavioral reason for their academic difficulties. Other clinics involved in this multidisciplinary program include the Speech and Hearing Center at Shands Hospital and the Dyslexia Clinic on the UF Campus. Many of the children evaluated through this program are offered treatment through the MDTP program also directed by Dr. Slinger. This advanced practicum is offered for 1-2 credits.

Advanced specialty practicum in rehabilitation
Supervisor: Dr. Thomas Kerkoff

In this rotation, trainees spend time at Shands Rehabilitation Hospital and can enroll for 1, 2, or 3 credits (1 credit = ½ day). Emphasis is on clinical evaluation and intervention with orthopedic, spinal cord injury, the occasional burn, and multi-trauma patients.

APPENDIX G
COLLEGE OF HEALTH PROFESSIONS
DEPARTMENT OF CLINICAL AND HEALTH PSYCHOLOGY
HEALTH REQUIREMENTS

* IMMUNIZATIONS: In addition to University immunization requirements, all students who have patient contact must provide proof of immunity to the chicken pox virus. Students must present medical documentation of immunization or positive titer to the Student Health Care Center (SHCC). The student may obtain such documentation after obtaining vaccination or titer at the Student Health Care Center. The Titer test needs to be completed before the first day of the term of admission. The Student Health Care Center offers the Titer test Monday and Tuesday, 8:00 a.m. to 11:30 a.m., Wednesday 9:00 a.m. to 11:30 a.m. and Monday through Wednesday, 1:00 p.m. to 4:00 p.m. The current cost is $36. In addition, students needing to complete their Hepatitis B series can do so at the SHCC, if desired. The Student Health Care Center (392- 1161) currently offers the Hepatitis B vaccinations on Monday and Tuesday, 8:00 a.m. to 11:30 a.m., Wednesday 9:00 a.m. to 11:30 a.m. and Monday through Wednesday, 1:00 p.m. to 4:00 p.m. The current cost is $53 per hepatitis shot for a total of $159. (Costs are subject to change.) Please keep in mind that Hepatitis B vaccinations take approximately six months to complete. Therefore, it is important to begin the series right away if it has not already been completed. Bring documentation of all vaccinations/titers to the Program Assistant. This information will be maintained in the student file.

* TUBERCULOSIS TEST: Health Science students are required to be tested annually for Tuberculosis (or to provide documentation from a physician that this test is contraindicated). This TB test needs to be completed by the end of the first week of fall semester classes. The Student Health Care Center offers the TB test Monday and Tuesday, 8:00 a.m. to 11:30 a.m., Wednesday 9:00 a.m. to 11:30 a.m. and Monday through Wednesday, 1:00 p.m. to 4:00 p.m. The current cost is $16. Bring documentation of all vaccinations/titers to the Program Assistant. This information will be maintained in the student file.

* BLOODBORNE PATHOGEN (BBP) TRAINING: BBP Training, required each fall, can be completed on line at http://www.chp.phhp.ufl.edu/intranet. You will not be allowed to register for the next term without completion of this training. This training is required of all Health Science Center students.

IMPORTANT: Reminders will be sent to students at the time that testing and training needs to be updated. Students who fail to meet health requirements by updating their testing or training data will be suspended from clinical activity (no exceptions) until the requirements are met. This may result in disciplinary action (this is a professional responsibility) or have adverse consequences on clinical performance evaluations.

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APPENDIX H: DOCTORAL PROGRAM IN CLINICAL PSYCHOLOGY CLASSROOM TEACHING PLAN 2010-2015

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Fall Required	CLP 6527 Meas/Design/Analysis I (*Marsiske)* CLP 6476 Lifespan Psychopathology *(Eyberg/Dede)* CLP 7934 Cognitive Bases Beh (*Bauer)* DEP 6099 Developmental Psy *(Psych Staff)* CLP 7934 Intro CLP: Prof Iss/Eth *(Boggs)* CLP 7934 Behavioral Hlth & Ill (Rozensky*)*	CLP 6527 Meas/Design/Analysis I (*Marsiske)* CLP 6476 Lifespan Psychopathology *(Staff/Dede)* CLP 7934 Cognitive Bases Beh (*Bauer)* DEP 6099 Developmental Psy *(Psych Staff)* CLP 7934 Intro CLP: Prof Iss/Eth *(Boggs)* CLP 7934 Behavioral Hlth & Ill (Rozensky*)*	CLP 6527 Meas/Design/Analysis I (*Marsiske)* CLP 6476 Lifespan Psychopathology *(Staff/Dede)* CLP 7934 Cognitive Bases Beh (*Bauer)* DEP 6099 Developmental Psy *(Psych Staff)* CLP 7934 Intro CLP: Prof Iss/Eth *(Boggs)* CLP 7934 Behavioral Hlth & Ill (Rozensky*)*	CLP 6527 Meas/Design/Analysis I (*Marsiske)* CLP 6476 Lifespan Psychopathology *(Staff/Dede)* CLP 7934 Cognitive Bases Beh (*Bauer)* DEP 6099 Developmental Psy *(Psych Staff)* CLP 7934 Intro CLP: Prof Iss/Eth *(Boggs)* CLP 7934 Behavioral Hlth & Ill (Rozensky*)*	CLP 6527 Meas/Design/Analysis I (*Marsiske)* CLP 6476 Lifespan Psychopathology *(Staff/Dede)* CLP 7934 Cognitive Bases Beh (*Bauer)* DEP 6099 Developmental Psy *(Psych Staff)* CLP 7934 Intro CLP: Prof Iss/Eth *(Boggs)* CLP 7934 Behavioral Hlth & Ill (Rozensky*)*
Fall Elective	CLP 7428 Adult NeuroPsych *(Bowers)* CLP 7934 Adv Writing Seminar *(Robinson)* CLP 7934 Child & FamilyTreatment *(Janicke)* CLP 7934 Rehab Psychology *(Kerkhoff)* CLP 7934 Multivariate Statistics *(Marsiske)*	CLP 7934 Behavioral Treatment *(Boggs)* CLP 7934 Exp Meth Npsy Clin Nsci *(Perlstein)* CLP 7934 Pediatric Psychology *(Janicke)* CLP 7934 Behavioral Sleep Med *(McCrae)* CLP 7934 Multivariate Statistics *(Marsiske)*	CLP 7428 Adult NeuroPsych *(Bowers)* CLP 7934 Adv Writing Seminar *(Robinson)* CLP 7934 Child & FamilyTreatment *(Janicke)* CLP 7934 Rehab Psychology *(Kerkhoff)* CLP 7934 Multivariate Statistics *(Marsiske)*	CLP 7934 Behavioral Treatment *(Boggs)* CLP 7934 Adv Writing Seminar *(Robinson)* CLP 7934 Pediatric Psychology *(Janicke)* CLP 7934 Behavioral Sleep Med *(McCrae)* CLP 7934 Multivariate Statistics *(Marsiske)*	CLP 7428 Adult NeuroPsych *(Bowers)* CLP 7934 Adv Writing Seminar *(Robinson)* CLP 7934 Child & FamilyTreatment *(Janicke)* CLP 7934 Rehab Psychology *(Kerkhoff)* CLP 7934 Multivariate Statistics *(Marsiske)*
Spring Required	CLP 6528 Meas/Design/Analysis II (*Marsiske)* CLP 6430 Clin Psy Assessment *(staff)* PSY 6608 History of Psychology *(Psych Staff)*	CLP 6528 Meas/Design/Analysis II (*Marsiske)* CLP 6430 Clin Psy Assessment *(staff)* PSY 6608 History of Psychology *(Psych Staff)* SOP 6099 Survey Social Psych *(Psych Staff)* CLP 6307 Human Higher Cortical Function *(Bowers)*	CLP 6528 Meas/Design/Analysis II (*Marsiske)* CLP 6430 Clin Psy Assessment *(staff)* PSY 6608 History of Psychology *(Psych Staff)*	CLP 6528 Meas/Design/Analysis II (*Marsiske)* CLP 6430 Clin Psy Assessment *(staff)* PSY 6608 History of Psychology *(Psych Staff)* SOP 6099 Survey Social Psych *(Psych Staff)* CLP 6307 Human Higher Cortical Function *(Bowers)*	CLP 6528 Meas/Design/Analysis II (*Marsiske)* CLP 6430 Clin Psy Assessment *(staff)* PSY 6608 History of Psychology *(Psych Staff)*

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Spring Elective	CLP 7934 Subcortical Function *(Crosson)* CLP 7934 Adv Sem Hlth Psy *(TBA)* CLP 7934 Health Promotion *(Perri)*	CLP 7427 Child Neuro Psych (Heaton) CLP 79 34 Analysis of Change *(Marsiske)*	CLP 7934 Subcortical Function *(Crosson)* CLP 7934 Adv Sem Hlth Psy *(TBA)* CLP 7934 Health Promotion *(Perri)*	CLP 7427 Child Neuro Psych (Heaton) CLP 79 34 Analysis of Change *(Marsiske)*	CLP 7934 Subcortical Function *(Crosson)* CLP 7934 Adv Sem Hlth Psy *(TBA)* CLP 7934 Health Promotion *(Perri)*
Summer Required	CLP 6407 Psych interven/ Trtmt I (*Guenther, Dede Waxenberg)* CLP 6943 Prac Clin Psych (Pre-prac) *(Boggs)*	CLP 6407 Psych interven/ Trtmt I (*Guenther, Dede Waxenberg)* CLP 6943 Prac Clin Psych (Pre-prac) *(Boggs)*	CLP 6407 Psych interven/ Trtmt I (*Guenther, Dede Waxenberg)* CLP 6943 Prac Clin Psych (Pre-prac) *(Boggs)*	CLP 6407 Psych interven/ Trtmt I (*Guenther, Dede Waxenberg)* CLP 6943 Prac Clin Psych (Pre-prac) *(Boggs)*	CLP 6407 Psych interven/ Trtmt I (*Guenther, Dede Waxenberg)* CLP 6943 Prac Clin Psych (Pre-prac) *(Boggs)*
Summer Elective	CLP 7934 PCIT (Summer C) *(Boggs,Eyberg)* CLP 7934 Adv. Psychotherapy *(Rozensky)* CLP 7317 Adv Hlth Psy Beh Med *(Pereira)* CLP 7934 TBI *(Heaton)*	CLP 7934 Forensic Neuropsych *(Bauer)* CLP 7934 PCIT (Summer C) *(Boggs)* CLP 7934 Adv. Psychotherapy *(Rozensky)*	CLP 7934 PCIT (Summer C) *(Boggs,Eyberg)* CLP 7934 Adv. Psychotherapy *(Rozensky)* CLP 7317 Adv Hlth Psy Beh Med *(Pereira)* CLP 7934 TBI *(Heaton)*	CLP 7934 Forensic Neuropsych *(Bauer)* CLP 7934 PCIT (Summer C) *(Boggs)* CLP 7934 Adv. Psychotherapy *(Rozensky)*	CLP 7934 PCIT (Summer C) *(Boggs,Eyberg)* CLP 7934 Adv. Psychotherapy *(Rozensky)* CLP 7317 Adv Hlth Psy Beh Med *(Pereira)* CLP 7934 TBI *(Heaton)*

APPENDIX I

Ethical Principles of Psychologists and Code of Conduct 2002

History and Effective Date Footnote

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INTRODUCTION AND APPLICABILITY

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

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

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

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

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

The modifiers used in some of the standards of this Ethics Code (e.g., *reasonably, appropriate, potentially*) are included in the standards when they would (1) allow professional judgment on the part of psychologists, (2) eliminate injustice or inequality that would occur without the modifier, (3) ensure applicability across the broad range of activities conducted by psychologists, or (4) guard against a set of rigid rules that might be quickly outdated. As used in this Ethics Code, the term *reasonable* means the prevailing professional judgment of psychologists engaged in similar activities in similar circumstances, given the knowledge the psychologist had or should have had at the time.

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

PREAMBLE

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

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

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

GENERAL PRINCIPLES

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

Principle A: Beneficence and Nonmaleficence

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

Principle B: Fidelity and Responsibility

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

Principle C: Integrity

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

Principle D: Justice

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

Principle E: Respect for People's Rights and Dignity

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

ETHICAL STANDARDS

1. Resolving Ethical Issues

1.01 Misuse of Psychologists' Work
If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

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

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

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

1.05 Reporting Ethical Violations
If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04, Informal Resolution of Ethical Violations, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the work of

another psychologist whose professional conduct is in question. (See also Standard 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority.)

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

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

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

2. Competence

2.01 Boundaries of Competence
(a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

(b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies.

(c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.
(d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.

(e) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.

(f) When assuming forensic roles, psychologists are or become reasonably familiar with the judicial or administrative rules governing their roles.

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

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

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

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

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

3. <u>Human Relations</u>

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

3.02 Sexual Harassment
Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in

connection with the psychologist's activities or roles as a psychologist, and that either (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts. (See also Standard 1.08, Unfair Discrimination Against Complainants and Respondents.)

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

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

3.05 Multiple Relationships
(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

(b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

(c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur. (See also Standards 3.04, Avoiding Harm, and 3.07, Third-Party Requests for Services.)

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

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

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

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

3.10 Informed Consent
(a) When psychologists conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

(b) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual's assent, (3) consider such persons' preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual’s rights and welfare.

(c) When psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.

(d) Psychologists appropriately document written or oral consent, permission, and assent. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

3.11 Psychological Services Delivered To or Through Organizations
(a) Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.

(b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

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

4. <u>Privacy And Confidentiality</u>

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

4.02 Discussing the Limits of Confidentiality
(a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities. (See also Standard 3.10, Informed Consent.)

(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

(c) Psychologists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limits of confidentiality.

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

4.04 Minimizing Intrusions on Privacy
(a) Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.

(b) Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

4.05 Disclosures
(a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law.

(b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to (1) provide needed professional services; (2) obtain appropriate professional consultations; (3) protect the client/patient, psychologist, or others from harm; or (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See also Standard 6.04e, Fees and Financial Arrangements.)

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

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

5. <u>Advertising and Other Public Statements</u>

5.01 Avoidance of False or Deceptive Statements
(a) Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant applications, licensing applications, other credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae, or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials. Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated.

(b) Psychologists do not make false, deceptive, or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or

results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.

(c) Psychologists claim degrees as credentials for their health services only if those degrees (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.

5.02 Statements by Others
(a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.

(b) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item. (See also Standard 1.01, Misuse of Psychologists' Work.)

(c) A paid advertisement relating to psychologists' activities must be identified or clearly recognizable as such.

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

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

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

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

6. <u>Record Keeping and Fees</u>

6.01 Documentation of Professional and Scientific Work and Maintenance of Records
Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in

order to (1) facilitate provision of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law. (See also Standard 4.01, Maintaining Confidentiality.)

6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work

(a) Psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. (See also Standards 4.01, Maintaining Confidentiality, and 6.01, Documentation of Professional and Scientific Work and Maintenance of Records.)

(b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.

(c) Psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists' withdrawal from positions or practice. (See also Standards 3.12, Interruption of Psychological Services, and 10.09, Interruption of Therapy.)

6.03 Withholding Records for Nonpayment

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

6.04 Fees and Financial Arrangements

(a) As early as is feasible in a professional or scientific relationship, psychologists and recipients of psychological services reach an agreement specifying compensation and billing arrangements.

(b) Psychologists' fee practices are consistent with law.

(c) Psychologists do not misrepresent their fees.

(d) If limitations to services can be anticipated because of limitations in financing, this is discussed with the recipient of services as early as is feasible. (See also Standards 10.09, Interruption of Therapy, and 10.10, Terminating Therapy.)

(e) If the recipient of services does not pay for services as agreed, and if psychologists intend to use collection agencies or legal measures to collect the fees, psychologists first inform the person that such measures will be taken and provide that person an opportunity to make prompt payment. (See also Standards 4.05, Disclosures; 6.03, Withholding Records for Nonpayment; and 10.01, Informed Consent to Therapy.)

6.05 Barter With Clients/Patients

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

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

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

7. Education and Training

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

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

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

(b) When engaged in teaching or training, psychologists present psychological information accurately. (See also Standard 2.03, Maintaining Competence.)

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

to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

7.05 Mandatory Individual or Group Therapy
(a) When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program. (See also Standard 7.02, Descriptions of Education and Training Programs.)

(b) Faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy. (See also Standard 3.05, Multiple Relationships.)

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

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

8. Research and Publication

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

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

(b) Psychologists conducting intervention research involving the use of experimental treatments clarify to participants at the outset of the research (1) the experimental nature of the treatment; (2) the services that will or will not be available to the control group(s) if appropriate; (3) the means by which assignment to treatment and control groups will be made; (4) available

treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun; and (5) compensation for or monetary costs of participating including, if appropriate, whether reimbursement from the participant or a third-party payor will be sought. (See also Standard 8.02a, Informed Consent to Research.)

8.03 Informed Consent for Recording Voices and Images in Research

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

8.04 Client/Patient, Student, and Subordinate Research Participants

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

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

8.05 Dispensing With Informed Consent for Research

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

8.06 Offering Inducements for Research Participation

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

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

8.07 Deception in Research

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

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

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

8.08 Debriefing
(a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and they take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware.
(b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.

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

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

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

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

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

(e) Psychologists use a procedure subjecting animals to pain, stress, or privation only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.

(f) Psychologists perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimize pain during and after surgery.

(g) When it is appropriate that an animal’s life be terminated, psychologists proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures.

8.10 Reporting Research Results
(a) Psychologists do not fabricate data. (See also Standard 5.01a, Avoidance of False or Deceptive Statements.)

(b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

8.11 Plagiarism
Psychologists do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally.

8.12 Publication Credit
(a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed. (See also Standard 8.12b, Publication Credit.)

(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.

(c) Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student's doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate. (See also Standard 8.12b, Publication Credit.)

8.13 Duplicate Publication of Data
Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

8.14 Sharing Research Data for Verification
(a) After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.

(b) Psychologists who request data from other psychologists to verify the substantive claims through reanalysis may use shared data only for the declared purpose. Requesting psychologists obtain prior written agreement for all other uses of the data.

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

9. <u>Assessment</u>

9.01 Bases for Assessments
(a) Psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate their findings. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

(b) Except as noted in 9.01c, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or recommendations. (See also Standards 2.01, Boundaries of Competence, and 9.06, Interpreting Assessment Results.)

(c) When psychologists conduct a record review or provide consultation or supervision and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the sources of information on which they based their conclusions and recommendations.

9.02 Use of Assessments

(a) Psychologists administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.

(b) Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.

(c) Psychologists use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language is relevant to the assessment issues.

9.03 Informed Consent in Assessments

(a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.10, Informed Consent, except when (1) testing is mandated by law or governmental regulations; (2) informed consent is implied because testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties, and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers.

(b) Psychologists inform persons with questionable capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.

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

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

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

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

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

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

9.08 Obsolete Tests and Outdated Test Results
(a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.
(b) Psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

9.09 Test Scoring and Interpretation Services
(a) Psychologists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.
(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. (See also Standard 2.01b and c, Boundaries of Competence.)

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

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

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

10. <u>Therapy</u>

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

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

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

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

(b) If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings),

psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately. (See also Standard 3.05c, Multiple Relationships.)

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

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

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

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

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

10.08 Sexual Intimacies With Former Therapy Clients/Patients
(a) Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.

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

10.09 Interruption of Therapy
When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration

given to the welfare of the client/patient. (See also Standard 3.12, Interruption of Psychological Services.)

10.10 Terminating Therapy
(a) Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.

(b) Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.

(c) Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate.

History and Effective Date Footnote
This version of the APA Ethics Code was adopted by the American Psychological Association's Council of Representatives during its meeting, August 21, 2002, and is effective beginning June 1, 2003. Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Director, Office of Ethics, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242. The Ethics Code and information regarding the Code can be found on the APA web site, http://www.apa.org/ethics. The standards in this Ethics Code will be used to adjudicate complaints brought concerning alleged conduct occurring on or after the effective date. Complaints regarding conduct occurring prior to the effective date will be adjudicated on the basis of the version of the Ethics Code that was in effect at the time the conduct occurred.

The APA has previously published its Ethics Code as follows:

American Psychological Association. (1953). Ethical standards of psychologists. Washington, DC: Author.

American Psychological Association. (1959). Ethical standards of psychologists. American Psychologist, 14, 279-282.

American Psychological Association. (1963). Ethical standards of psychologists. American Psychologist, 18, 56-60.

American Psychological Association. (1968). Ethical standards of psychologists. American Psychologist, 23, 357-361.

American Psychological Association. (1977, March). Ethical standards of psychologists. APA Monitor, 22-23.

American Psychological Association. (1979). Ethical standards of psychologists. Washington, DC: Author.

American Psychological Association. (1981). Ethical principles of psychologists. American Psychologist, 36, 633-638.

American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989). American Psychologist, 45, 390-395.

American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. American Psychologist, 47, 1597-1611.

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

Ethics Code 2002.doc 10/8/02

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APPENDIX J

Department of Clinical and Health Psychology

Computer Literacy Policy

Consistent with University of Florida policy, students are required to have access to a desktop personal computer to support their academic work within the department. The computer should have an office suite, a web browser, and a statistical analysis package, and should be capable of accessing the internet. The full College policy, along with sample hardware/software configurations, is located on the Web at http://it.phhp.ufl.edu

AT A MINIMUM STUDENTS IN THE CLINICAL PSYCHOLOGY DOCTORAL PROGRAM ARE EXPECTED TO HAVE THE FOLLOWING COMPUTER-RELATED SKILLS AND KNOWLEDGE:

1) Basic knowledge of hardware, software, and firmware aspects of desktop personal computers. This includes:

a) Windows operating system

b) Skills in troubleshooting simple computer problems

c) Understanding storage and media options, including data encryption of protected health information.

2) Knowledge and understanding of the use of the following software applications in their latest supported versions. Preferred programs, in wide use within the department, are given in parentheses, though the student can meet the computer literacy requirement through the use of other programs:

a) WYSWYG Word Processing (Microsoft Word)

b) Database/spreadsheet applications (Microsoft Access/Excel)

c) Statistical analysis (SPSS or SAS)

d) Graphics/presentation software (Microsoft PowerPoint)

3) Knowledge and understanding of web browsers (Microsoft Internet Explorer, Firefox)

4) Knowledge/understanding of e-mail (Microsoft Outlook or other mail servers)

5) Knowledge/understanding of bibliographic and Internet search engines. Skill in using the UF Health Science Center Library Digital Resources is required. Knowledge of bibliographic database software (Endnote, Reference Manager) is highly recommended but not required.

Students are also expected to maintain knowledge and understanding of the interface between electronic communication and relevant privacy laws (HIPAA, FERPA). It is assumed that maintaining current knowledge of computer applications relevant to psychology is an ongoing and evolving task, and that the student's research or clinical assignments may require mastery of additional software or hardware. Several topics related to use and application of computers in psychology are covered within the core and advanced curriculum. Students are referred to campus support services at the College and University level when they require additional training or consultation. Students are also encouraged to seek self-directed enhancement of their computer skills through community- or university-based coursework or online instruction.

APPENDIX K: COURSES USED FOR MEETING PROGRAM REQUIREMENTS BY AREA

Revised July 2007

Course Title	Neuro Area Elective?	Child Area Elective?	Health Area Elective?	Breadth for Neuro Student	Breadth for Child Student	Breadth for Health Student	Intervention for Neuro Student	Intervention for Child Student	Intervention for Health Student
Rehabilitation Psychology	Y	N	Y?*	N	Y	N?*	N*	N*	N*
Behavioral Treatment	N	N	N	Y	Y	Y	Y	Y	Y
Evidence Based Practice	N	N	N	Y	Y	Y	N	N	N
Advanced Psychotherapy	N	N	N	Y	Y	Y	Y	Y	Y
Supervised Teaching	N	N	N	Y	Y	Y	N	N	N
Professional Issues and Ethics	N	N	N	Y	Y	Y	N	N	N
Forensic Neuropsychology	Y	N	N	N*	Y	Y	N	N	N
Multicultural Counseling	N	N	N	Y	Y	Y	N	N	N
Death and Dying	N	N	N	Y	Y	Y	N	N	N
Seminar In Cog Aging	N	N	N	N*	Y	Y	N	N	N
Very Late Life	Y	N	N	N	Y	Y	N	N	N
Advanced Writing Course	N	N	N	Y	Y	Y	N	N	N
Child Neuropsychology	Y	Y	N*	N	N	Y*	N	N	N
Child & Fam Therapy	N	REQ	N	Y	N	Y	Y	Y	Y
Pediatric Psychology	N	Y	Y	Y	N	N	N	N	N
ADHD	N	Y	N	Y	N	Y	N	N	N
PCIT	N	Y	N	Y	N	Y	Y	Y	Y
Adv Hlth Psy & Beh Med	N	N	REQ	Y	Y	N	N	N	N
Health Promotion	N	N	REQ	Y	Y	N	N	N	N
Lifespan Traumatic Brain Injury	Y	N	N	N	Y	Y	N	N	N
Adult Neuropsychology	REQ	N	Y	N	Y	N	N	N	N
Exp Meth in Neuro	Y	N	N	N	Y	Y	N	N	N
Psychother Older Adults	N	N	N	Y	Y	Y	Y	Y	Y
Can an intervention course count as a breadth course? Yes									
Can Rehab Psych count as an intervention course for a neuro student (prior to 8/04)? Yes									

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APPENDIX L
PROGRAM REQUIREMENT CHECKLISTS

Scientist - Practitioner Emphasis
Revised Fall 2007

NAME:_____YEAR ENTERED:_____UFID#:_____

GENERAL AND CLINICAL CORE (39)

CLP 7934	Intro to CLP: Prof Iss & Ethics	_____
CLP 6527	Mea Res Des & Stat Anal I	_____
CLP 6476	Lifespan Psychopathology	_____
CLP 6528	Mea Res Des & Stat Analy II	_____
CLP 6430	Clinical Psychological Assess	_____
CLP 6407	Psych Intervention/Treatment I	_____
CLP 7934	Cognitive Bases of Behavior	_____
PHC 6001	Principles of Epidemiology	_____
CLP 6307	Human Higher Cortical Func	_____
SOP 6099	Survey in Social Psychology	_____
DEP 6099	Survey of Developmental Psy	_____
PSY 6608	History of Psychology	_____

CORE PRACTICA/INTERNSHIP (15)

CLP 6943 (8) Core Practicum in Clin Psychology

Term Credit Term Credit

_____
_____

CLP 6943 (2) Rural/Primary Care Practicum

_____

CLP 6947 (5) Practicum in Intervention

Term Credit Term Credit

_____
_____
_____

Per-credit Patient Contact Hours Required (25)

CORE RESEARCH (15)

CLP 6971 (7) Masters Research _____
CLP 7980 (12) Doctoral Research _____
Total of 15 Doctoral Research Credits Required (7979/7980)

ADVANCED ELECTIVES (9)

Course # Title Semester Credit Grade

Breadth (3):

_____ _____

Intervention (3):

_____ _____

Statistics (3):

_____ _____

AREA OF CONCENTRATION/MINOR (10 minimum)
(AOC/Minor Courses)

AREA: _____
APPROVED: _____ DATE:_____

Course # Title Semester Credit Grade

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

Also Required: Advanced Specialty Practicum (3 – 5 Credits)

INTERNSHIP CLP 7949 (6) _____ _____ _____

GRADE POINT AVERAGES

1ST YR	____	____	____	4TH YR	____	____	____
2ND YR	____	____	____	5TH YR	____	____	____
3RD YR	____	____	____	6TH YR	____	____	____

MASTERS COMMITTEE CHAIR:
Members:

First Year Project Presented _____
Masters Defense Date::_____
Date Degree Awarded:_____

DOCTORAL CHAIR: _____
Members:_____
Quals Topic Approved_____
Written Quals_____
Admission To Candidacy_____
Quals On File?_____
Proposal Date:_____
Defense Date:_____
Degree:_____

INITIAL EMPLOYMENT:

_____
_____
_____
_____

Reviewed _____

Reviewed _____

Reviewed _____

Reviewed _____

APPENDIX L
Clinical Researcher Emphasis
Revised Fall 2007

NAME:_____YEAR ENTERED:_____UFID#:_____

GENERAL AND CLINICAL CORE (39)

CLP 7934	Intro to CLP: Prof Iss & Ethics	_____
CLP 6527	Mea Res Des & Stat Anal I	_____
CLP 6476	Lifespan Psychopathology	_____
CLP 6528	Mea Res Des & Stat Analy II	_____
CLP 6430	Clinical Psychological Assess	_____
CLP 6407	Psych Intervention/Treatment I	_____
CLP 7934	Cognitive Bases of Behavior	_____
PHC 6001	Principles of Epidemiology	_____
CLP 6307	Human Higher Cortical Func	_____
SOP 6099	Survey of Social Psychology	_____
DEP 6099	Survey of Developmental Psy	_____
PSY 6608	History of Psychology	_____

CORE PRACTICA/INTERVENTION PRACTICA (8)

CLP 6943 (6) Core Practicum in Clinical Psychology

Term Credit Term Credit

_____
_____

CLP 6947 (2) Practicum in Intervention

Term Credit Term Credit

_____
_____

CORE RESEARCH (15)

CLP 6971 (7) Masters Research _____
CLP 7980 (12) Doctoral Research _____
Total of 15 Doctoral Research Credits Required (7979/7980)

ADVANCED ELECTIVES (6)

Course # Title Semester Credit Grade

Intervention (3):

_____ _____

Statistics (3):

_____ _____

GENERAL PROGRAM ELECTIVE (6)
(Outside of AOC or Minor)

_____ _____

_____ _____

AREA OF CONCENTRATION/MINOR (10 Minimum)
(AOC/Minor Courses)

AREA: _____
APPROVED: _____ DATE:_____

Course # Title Semester Credit Grade

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

Also Required: Advanced Specialty Practicum (3 – 5 Credits)
Therapy Contact Hour Requirement; Specialty/Intervention Pract (50)

INTERNSHIP CLP 7949 (6) _____ _____ _____

GRADE POINT AVERAGES

1ST YR ____ ____ ____ 4TH YR ____ ____ ____
2ND YR ____ ____ ____ 5TH YR ____ ____ ____
3RD YR ____ ____ ____ 6TH YR ____ ____ ____

MASTERS COMMITTEE CHAIR:
Members: _____

First Year Project Presented _____
Masters Defense Date: _____
Date Degree Awarded: _____

DOCTORAL CHAIR: _____
Members:_____

Quals Topic Approved_____
Written Quals_____
Admission To Candidacy_____
Quals On File?_____
Proposal Date:_____
Defense Date:_____
Degree:_____

INITIAL EMPLOYMENT:

_____
_____
_____
_____

Reviewed _____

Reviewed _____

Reviewed _____

Reviewed _____

Appendix M

NOTE: all revised/updated forms will be posted on the Department's intranet, please look there first when a form is needed.

1) **COURSE REGISTRATION APPROVAL FORM**
2) **COURSE EXEMPTION/SUBSTITUTION**
3) **INDIVIDUAL WORK**
4) **REQUEST TO PARTICIPATE IN OUTSIDE EMPLOYMENT**
5) **PRACTICUM REVIEW AND EVALUATION**
6) **DECLARATION OF AREA**
7) **APPLICATION FOR ADVANCED PRACTICUM**
8) **ADVANCED NEURO PRACTICUM REQUEST**
9) **DOCTORAL COMMITTEE RECOMMENDATION FORM**
10) **CHANGE OF SUPERVISORY COMMITTEE**
11) **REQUEST TO APPROVE QUALIFYING EXAMINATION TOPICS**
12) **WRITTEN QUALIFYING EXAM FEEDBACK FORM**
13) **PhD PROPOSAL ACCEPTANCE FORM**
14) **PUBLICATION POLICY GUIDELINES**
15) **PETITION FOR ADMISSION TO THE CLINICAL RESEARCHER EMPHASIS**

COURSE REGISTRATION APPROVAL FORM
DEPARTMENT OF CLINICAL AND HEALTH PSYCHOLOGY

NAME: _____
LAST FIRST MIDDLE

UFID: _____ PHONE: _____

SEMESTER/YEAR OF ENROLLMENT: ☐ Fall ☐ Spring ☐ Summer Year: _____

ENROLLMENT REQUEST: *This should include ALL courses in which you intend to register, not just CHP courses*

Course Number (EX: CLP 7979, SOP 6555)	Credits (EX:1, 8, etc)	What Requirement does this meet?	Section Number (Dept. Use Only)
_____	_____	☐ Core ☐ Area ☐ Prac ☐ Stats ☐ Research ☐ Elective	_____
		Course Title: _____	
_____	_____	☐ Core ☐ Area ☐ Prac ☐ Stats ☐ Research ☐ Elective	_____
		Course Title: _____	
_____	_____	☐ Core ☐ Area ☐ Prac ☐ Stats ☐ Research ☐ Elective	_____
		Course Title: _____	
_____	_____	☐ Core ☐ Area ☐ Prac ☐ Stats ☐ Research ☐ Elective	_____
		Course Title: _____	
_____	_____	☐ Core ☐ Area ☐ Prac ☐ Stats ☐ Research ☐ Elective	_____
		Course Title: _____	

PLEASE PRINT CLEARLY

CLP 6971 Masters Research Supervisory Chair Name: _____

CLP 7979 Advanced Research Supervisor/Supervisory Chair Name : _____
(Taken for dissertation work prior to the qualifying examination)

CLP 7980 Doctoral Research Supervisory Chair Name : _____
(Taken during/after the term in which you pass the qualifying examination)

CLP 6910 Supervised Research (max of 5 credits toward degree) Please give a brief description of the research you are proposing to conduct:

_____

_____

Approval by and signature of the faculty member that will be supervising the research is ***required.***

☐ APPROVED _____ _____
PRINTED name of Research supervisor SIGNATURE of Research Supervisor

CLP 6940 Supervised Teaching Must be admitted to candidacy (9HP). A Maximum total of 5 credits are allowed. Also, this course is allowed for the supervision of undergraduate students enrolled in CLP 3911; only one credit per semester with a maximum of 4 credits are allowed. This ***cannot*** be a part of your assistantship duties. Please give a brief description of the proposed teaching or undergraduate supervision:

_____

_____

Approval by and signature of the faculty member that will be supervising the teaching is ***required.***

☐ APPROVED _____ _____
PRINTED name of Supervised Teaching Instructor SIGNATURE of Supervised Teaching Instructor

THE ABOVE REGISTRATION IS APPROVED: _____
Signature of Supervisory Chair/Mentor

APPROVAL OF GRADUATE COORDINATOR/PROGRAM ASSISTANT: _____

COURSE EXEMPTION/SUBSTITUTION

The exemption or substitution of any course in the curriculum requires the approval of the Program Director. In the case of a course exemption, the instructor of that course may examine the student in written or oral fashion, or review previous course materials (e.g., syllabus, papers, and examinations). The student should discuss this with the current instructor of the course, have this form completed and then submit it to the Program Office for processing. It will then be filed in the student's academic folder.

This request is for: ☐ Exemption (see below) ☐ Substitution (syllabus & course description required for proposed course)

Student Name _____ ☐ Fall ☐ Spring ☐ Summer _____
(term in which you are requesting to exempt/substitute) Year

_____ _____
Course # to exempt/substitute (ex: CLP XXXX, PSY XXXX) Course title

If you are requesting to substitute a course, indicate the course # and title below for the course you are proposing to take in lieu of the one above: _____ _____
(ex: CLP XXXX, PSY XXXX) Course Title

FOR EXEMPTIONS:
You will need to meet with the instructor or Area Head and provide the rationale for your request and any backup the instructor may need (syllabi, courses description, certifications etc). The rational and backup items should be attached to this form and provided to the instructor/Area Head. He/she will then indicate the decision below and forward to the Program Office. Note that this form with the decision may be given back to you to turn into the Program Office. It is the student's responsibility to ensure the form is returned and processed.

INSTRUCTOR / AREA HEAD DECISION

☐ Approved: The student has demonstrated knowledge equivalent to that of someone who has successfully completed the course.

☐ Conditional Approval: The student must first complete the following assignment(s)/test(s) & conditions:

_____

_____

☐ Denied: The student has not successfully demonstrated sufficient knowledge

_____ _____ _____
Instructor Signature Instructor Name Printed Date

PROGRAM OFFICE USE

☐ Approved ☐ Conditions for exemptions met, if applicable

☐ Denied _____
Date conditions met (fall 2010, date, etc)

_____ _____
Program Director Date

CLP 6905 - INDIVIDUAL WORK

INSTRUCTIONS: Prior to the beginning of the semester in which the student expects to register for Individual Work, this proposal for study should be completed in consultation with the supervising faculty. After the faculty supervisor has signed, this form must then be submitted to the Graduate Records Office (3158 HPNP) for further approval before a section number can be assigned.

Please note that CLP 6905 is a graded course, and that it cannot be taken for work on a master's thesis or dissertation. Unless explicitly pre-approved by the area faculty (this requires formal petition to the area), no more than 3 credits can be utilized toward your area of concentration requirement.

Proposal for Individual Work

_____ _____ ☐ Fall ☐ Spring ☐ Summer _____
NAME UFID Year

_____ _____ _____ _____
Credits Faculty Supervisor Printed Faculty Supervisor Signature DATE

EDUCATIONAL OBJECTIVES AND PROCEDURES

State below the educational objectives:

_____

_____

_____

_____

Designation of Title: The course title **Individual Work** will be changed on your transcript to:

_____
(limit 21 characters including spaces, punctuation not allowed)

PROGRAM OFFICE USE ONLY

☐ Approve ☐ Denied

If Approved:
☐ Student given Registration permission

_____ _____ _____
Program Director Signature DATE Section Number

REQUEST TO PARTICIPATE IN OUTSIDE EMPLOYMENT
(See Departmental Policy on Supervision of Training and Outside Employment)

NAME: _____ **UFID:** _____-_____

DATE: _____ **Year:** _____
Year of entry into Program

CURRENT EMPLOYMENT STATUS:

Are you currently employed at UF? ☐ Yes ☐ No

If yes, in what department (CHP, LS, etc): _____

What type of appointment: _____ Number of hours per week: _____
(OPS, GA, Fellow)

Supervisor's Name: _____ Appointment dates: _____
(i.e., August 07-August 08)

PROPOSED EMPLOYMENT

Name of proposed employment site: _____
(i.e., UF department name or business name –CJ's, Applebee's etc)

If a UF department,
what type of appointment: _____ Number of hours per week: _____
(OPS, GA, Fellow)

Proposed Supervisor's Name: _____ Appointment dates: _____
(i.e., August 07-August 08)

DESCRIPTION OF PROPOSED ACTIVITY:

_____

_____

_____

Signatures: This form must be initiated by the student making the above request and completed before obtaining signatures; all signatures must be in place before beginning the proposed employment.

_____ _____
Current Employer Date

_____ _____
Mentor/Chair Date

_____ _____
Program Director Date

PRACTICUM REVIEW AND EVALUATION

This form can be used both at the beginning and the end of a rotation/semester to assess a student's continued training needs and progress toward goals. The student trainee and faculty supervisor should discuss relevant aspects of the evaluation and should each sign at the end before turning the completed form in to the Program Office.

THIS PART TO BE FILLED OUT BY STUDENT

Student Name: _____. **Supervisor**: _____.

Semester/Year _____ (PRE or POST) **Circle One**: CORE ADVANCED ADVANCED TX

Methods of Supervision (Circle all that apply): Direct Observation Tapes Individual Supervision Group Supervision

Number of Cases Supervised:	Assessment	Treatment
Child	_____.	_____.
Adult	_____.	_____.
Other (Family, Group)	_____.	_____.

THIS PART TO BE FILLED OUT BY FACULTY SUPERVISOR

Your familiarity with student's clinical performance: 1- ----------2-----------3- ----------4- ---------- 5

Very Limited Extensive/Intensive

Your recommended grade (circle one): S U

I. PROFESSIONAL BEHAVIOR

Please indicate whether the trainee's performance has been consistent with acceptable professional standards in the following areas: For each listed behavior, rate the student as "Satisfactory" (S) or "Needs Improvement" (NI). If an "NI" rating is made, please provide detail in the space on the back of this form.

Follows clinic Procedures	S	NI	Knows and complies with ethical principles	S	NI
Handles details of clinic cases	S	NI	Makes good use of supervision	S	NI
Keeps appropriate records	S	NI	Interacts appropriately	S	NI
Meets time demands	S	NI	Practices within competence	S	NI
Maintains confidentiality	S	NI			

II. CLINICAL SKILLS

Please indicate the student's position on a developmental continuum from "beginning" (B; equivalent to the skill level at the beginning of the core practicum) to "advanced" (A; competency indicating readiness for internship training). Use "intermediate" (I) levels of performance to indicate significant progress beyond the beginning level. Check the box "BE" to the left of each scale if the student's skill level for that item is significantly below expectation, and check "DK" if you cannot rate the student's skill level on that item.

A. GENERAL CLINICAL SKILLS

	BE	DK	Beginning Intermediate Advanced
Ability to form and maintain a cooperative relationship	__	__	B|----------I----------|A
Ability to separate own needs/issues from those of patients	__	__	B|----------I----------|A
Ability to integrate research and practice in clinical work	__	__	B|----------I----------|A
Ability to recognize and identify psychopathology	__	__	B|----------I----------|A
Ability to present case material effectively	__	__	B|----------I----------|A
Oral communication with patients, colleagues, supervisors	__	__	B|----------I----------|A
Written communication in reports and notes	__	__	B|----------I----------|A
Operates effectively in interdisciplinary setting	__	__	B|----------I----------|A

B. ASSESSMENT SKILLS

Knowledge of data-based/objective approaches to clinical assessment	__	__	B|----------I----------|A
Knowledge of instruments and techniques appropriate to this specific rotation	__	__	B|----------I----------|A
Can select appropriate measures for assessment question or patient needs	__	__	B|----------I----------|A
Competence in conducting interviews for diagnosis and treatment planning	__	__	B|----------I----------|A
Skill in managing logistic problems in assessment	__	__	B|----------I----------|A
Understands the appropriate normative data that apply			

to the individual case or assessment question	__	__	B|----------I----------|A
Competence in integrating assessment data derived from interviews, testing, behavioral observations, and records	__	__	B|----------I----------|A
Knowledge of the influence of cultural and individual differences (diversity) in psychological assessment	__	__	B|----------I----------|A
Competence in presenting assessment data to supervisor or group for expositional or consultative purposes	__	__	B|----------I----------|A
Quality of written reports in representing the consensual case conceptualization	__	__	B|----------I----------|A

C. INTERVENTION SKILLS

Knowledge of treatment approaches appropriate to the individual cases the trainee encounters	__	__	B|----------I----------|A
Knowledge of, and skill in implementing, empirically-supported treatment techniques for the patient's problem	__	__	B|----------I----------|A
Ability to conceptualize the major issues/problems that must be addressed in treatment	__	__	B|----------I----------|A
Ability to formulate an articulated plan for treatment, including the development of goals and outcome	__	__	B|----------I----------|A
Demonstrates technical skill in translating the plan into practice	__	__	B|----------I----------|A
Understanding and competence in dealing effectively with the information (content) presented by the patient	__	__	B|----------I----------|A
Understanding and competence in dealing effectively with the manner (process) in which the patient communicates and the nature of the therapy relationship	__	__	B|----------I----------|A
Deals effectively with impediments and barriers to therapeutic progress	__	__	B|----------I----------|A
Self-reflection and self-examination in psychotherapy supervision, as it relates to effectiveness as a therspist	__	__	B|----------I----------|A
Documents therapy activities appropriately through timely completion of treatment plans and progress notes	__	__	B|----------I----------|A
Seeks interdisciplinary consultation as appropriate for the patient's overall care plan	__	__	B|----------I----------|A
Knowledge and understanding of cultural and individual differences (diversity) as they relate to the delivery of psychological treatment services	__	__	B|----------I----------|A

D. TRAINEE'S SPECIAL STRENGTHS AND AREAS OF NEEDED DEVELOPMENT AT THIS POINT IN TRAINING

STRENGTHS _____

AREAS OF NEEDED DEVELOPMENT

_____

E. SPECIFIC RECOMMENDATIONS FOR FUTURE TRAINING

_____

_____

_____

_____ _____

Supervisor Signature Trainee Signature

_____ _____

Date Date

Department of Clinical and Health Psychology

Declaration of Area Form

This form should be completed by the end of your second year or no later than the first semester of your third year and turned in to Program Assistant in room 3158A.

Student Name: _____

Area of Specialization: _____

Approved:

_____
Committee Chair (Print)

_____ _____
Committee Chair (Signature) Date

_____ _____
Director Date

APPLICATION FOR ADVANCED PRACTICUM

Student Name: _____ Term: F Sp Su Yr: _____

 # Credits: _____ CLP 6947 Practicum in Intervention (Please "check" below)

☐ **ongoing therapy (1 credit = 25 hrs. of patient contact)**
☐ **individually designed**

 # Credits: _____ CLP 6945 Practicum in Neuropsychology
(Required for Neuropsychology. area of concentration; must be preapproved by the NP area according to established procedures)

_____ CLP 6946 Practicum in Applied Medical Psychology
(Required for Medical Psych. area of concentration; must be preapproved by area head)

_____ CLP 6948 Practicum in Clinical Child Psychology
(Required for Clinical Child area of concentration; must be preapproved by area head)

_____ CLP TBA Practicum in Emotion Neuroscience & Psychopathology
(Required for ENP area of concentration; must be preapproved by area head)

****

Please complete the section below if you are applying for any individually designed or specialty area practicum.
Proposed Supervisor: _____ Location: _____

Please describe the specific training experiences you will obtain during the proposed practicum:

_____ # direct service hrs/wk

 _____# hrs. on-site per week

_____ # supervision hrs/wk
_____ Individual
_____ group
_____ case conference

Please describe the way(s) in which this practicum will contribute to your professional development and your specific goals for this period of training.

_____
_____
_____

Proposed Supervisor Signature:_____ Area Director:_____

Clinic Director:_____ Program Director:_____
(if practica is on-site)

ADVANCED NEUROPSYCHOLOGY PRACTICUM REQUEST FORM
(For Fall 2010, Spring 2011, and Summer 2011)

DUE May 1, 2010 at 5pm

Name _____ Date_____

Year in graduate school: 3 4 5

Year you anticipate applying for internship: Fall _____

Area of Emphasis: ____Adult ____Child ____Both

Date of Core Neuropsychology Practicum _____ (semester/year)

Who was your Core NP supervisor? (circle)

Bauer Bowers Dede Heaton Price

Have you previously completed an Advanced Neuropsychology Practica **of any kind**? Yes No

If so, with whom and when: _____

For the upcoming year, rank order the semester for doing an AP

Fall 2010 _____
Spring 2011 _____
Summer 2011 _____

Indicate Preference for Adult or Child: ____Adult ____Child ____Either

Rank order your preference for a particular supervisor and/or day of the week.

M: Bowers _____
T: Dede _____
W: Bauer _____
Th: Price _____
Th: Heaton _____ (child)

In the space below, indicate whether there are any special circumstances that necessitate a certain semester/supervisor/day of the week.

_____

_____

_____

DOCTORAL COMMITTEE RECOMMENDATION FORM

(Department Form)

Name_____ UFID#_____

Anticipated Date of Degree _____

Recommended Committee: [**SIGNATURES REQUIRED**]

Chair: _____ UFID#_____
Signature

_____
Print Name

Co-Chair:
(If applicable) _____ UFID#_____
Signature

_____
Print Name

Members:

_____ UFID#_____
Signature

_____
Print Name

_____ UFID#_____
Signature

_____
Print Name

_____ UFID#_____
Signature

_____
Print Name

External
Member: _____ UFID.#_____
Signature

_____
Print Name

The doctoral committee consists of four members. Two of these members must be tenure-track faculty in Clinical and Health Psychology. One member must be selected from our CHP faculty and must represent an area outside of your concentration. One member must be external to the department and cannot hold a joint or affiliate appointment in Clinical and Health Psychology. All committee members must be appointed to the Graduate Faculty. If the recommended chair is not a member of CHP budgeted faculty, there is ordinarily a co-chair who is, and who takes responsibility for advisement regarding the student's program of study, program regulations, and the doctoral qualifying examination as it pertains to the clinical psychology program.

The Graduate School expects **all** committee members to attend all meetings/examinations. There cannot be a substitute for the Chair, Co-Chair, and External Member.

The proposed committee must be approved by the Program Director and this form returned to the Program Assistant in 3158 HPNP. **A COPY OF THE PROPOSED PROGRAM OF STUDY MUST BE ATTACHED**. If a change is made in your committee, then a change of supervisory committee form must be filed. The Graduate School will not accept committee changes after the midpoint of the student's FINAL semester.

Approved: _____ Date: _____
Program Director

Approved: _____ Date: _____
Department Chair

CHANGE OF SUPERVISORY COMMITTEE

NOTE: You **cannot** change your committee in the semester in which you receive a degree

M.S. or Ph.D. (circle one)

Student Name: _____ UFID: _____
Last First M.I.

Reason for Change: _____

_____

_____

PRESENT COMMITTEE
(You must have signatures and printed names)

_____
Chairperson: **Signature**

_____
Chairperson: **Printed**

_____
Co-Chair: **Signature**

_____
Co-Chair : **Printed**

_____
Member: **Signature**

_____
Member: **Printed**

_____
Member: **Signature**

_____
Member: **Printed**

_____
Member: **Signature**

_____
Member: **Printed**

_____
External Member: **Signature**

_____
External Member: **Printed**

NEW COMMITTEE
(You must have signatures and printed names of new members)

_____
Chairperson: **Signature**

_____
Chairperson: **Printed** UFID#

_____
Co-Chair: **Signature**

_____
Co-Chair: **Printed** UFID#

_____
Member: **Signature**

_____
Member: **Printed** UFID#

_____
Member: **Signature**

_____
Member: **Printed** UFID#

_____
Member: **Signature**

_____
Member **Printed** UFID#

_____
External Member: **Signature**

_____
External Member: **Printed** UFID#

APPROVED:

Program Director Signed:_____ Date:_____

Department Chair Signed:_____ Date:_____

REQUEST TO APPROVE QUALIFYING EXAMINATION TOPICS

INSTRUCTIONS:

- Attach one document that includes Quals questions on page 1, and start the reading list on page 2. A partial reading list for this review purpose is sufficient.

- Completed form, with attachments, should be turned into the Program Office no later than 9AM on the Tuesday prior to a **Regular** Faculty Meeting (meeting schedules are available on the bulletin board outside the CHP suite).

I have read and understand the Qualifying Examination Policy and Procedures from my student handbook/and or the most current policy.

My doctoral committee has been formed and I have either previously submitted the signed appointment form to the Department Graduate Records office or am attaching it herewith.

My requested qualifying exam topics are attached.

I plan to take my exam on _____.
(Date or range of dates)

I attest by signing below, that the attached exam topics have been reviewed and approved by all my Committee members.

_____ **Date**: _____
Student Signature

_____
Name Printed

FOR PROGRAM OFFICE USE ONLY

Faculty Approval

☐ Yes ☐ NO Date: _____

_____ DATE: _____
PROGRAM DIRECTOR APPROVAL

Written Qualifying Examination Feedback Form
Must be given to student 3 calendar days before scheduled Oral Examination

Student Name_____ Written Exam Date_____

SECTION 1 _____(title)

Question 1				**Question 2**			
Member 1	P	M	F	Member 1	P	M	F
Member 2	P	M	F	Member 2	P	M	F
Member 3	P	M	F	Member 3	P	M	F
Member 4	P	M	F	Member 4	P	M	F
Member 5	P	M	F	Member 5	P	M	F

SECTION 1 SCORE: Pass Marginal Fail

SECTION 2 _____(title)

Question 1				**Question 2**			
Member 1	P	M	F	Member 1	P	M	F
Member 2	P	M	F	Member 2	P	M	F
Member 3	P	M	F	Member 3	P	M	F
Member 4	P	M	F	Member 4	P	M	F
Member 5	P	M	F	Member 5	P	M	F

SECTION 2 SCORE: Pass Marginal Fail

SECTION 3 _____(title)

Question 1				**Question 2**			
Member 1	P	M	F	Member 1	P	M	F
Member 2	P	M	F	Member 2	P	M	F
Member 3	P	M	F	Member 3	P	M	F
Member 4	P	M	F	Member 4	P	M	F
Member 5	P	M	F	Member 5	P	M	F

SECTION 3 SCORE: Pass Marginal Fail

Rev 4/03

DEPARTMENT OF CLINICAL AND HEALTH PSYCHOLOGY

PhD PROPOSAL ACCEPTANCE FORM

This is to certify that _____'s PhD supervisory committee
Name UFID#

has met today _____ and has approved his or her PhD dissertation proposal

entitled, _____

_____

_____

Please find below the signatures of the supervisory committee members:

_____
Chairperson: Signature

_____ Date: _____
Chairperson: Printed

_____
Member: Signature

_____ Date: _____
Member: Printed

_____
Member: Signature

_____ Date: _____
Member: Printed

_____
Member: Signature

_____ Date: _____
Member: Printed

_____
External Member: Signature

_____ Date: _____
External Member: Printed

PUBLICATION POLICY GUIDELINES

The purpose of research is to produce new knowledge that advances the field. Since dissemination of this knowledge is critical to this endeavor, researchers have an obligation to make new information available to the field for further scientific scrutiny.

Doctoral dissertations are evidence of independent scholarship, but are collaborative research projects between the doctoral candidate and her/his committee. In addition to creative ideas, committee chairs often contribute significant resources from their laboratory and grants. Other committee members may also make conceptual or material contributions. First year projects are usually more closely tied to the resources and conceptual products of faculty members. All research reflects a considerable investment of time and effort by both students and faculty.

It is recognized that the publication of collaborative research may significantly impact a faculty member's ability to conduct future projects and to develop research programs. Given this context, the following guidelines regarding publication of studies resulting from dissertation studies, first year projects, or other research in which faculty and graduate students might jointly participate are offered:

1. In all collaborative research, significant conceptual and material contributions should be recognized by authorship.

2. On publications resulting from dissertations, the graduate student normally will be first author. On first year projects, the graduate student may or may not be first author. Agreement on order of authorship for publications resulting from first year projects and other research should be worked out in advance.

3. If a student has not generated a submission for publication within 6 months of the defense of a dissertation, the faculty member may produce a manuscript from the study and submit it for publication. Access to data will be provided by the student. In the case of dissertations, the student remains first author unless he/she relinquishes same.

4. If a student has not generated a submission for publication within 6 months of the presentation of a first year project, the faculty mentor may produce a manuscript from the study and submit it for publication. Access to data will be provided by the student. If the faculty member must produce the manuscript for a first year project, this may be grounds for altering the authorship agreement. In all cases, the order of authorship should reflect the major scientific and conceptual contributions to the conduct of the research project.

5. On other research projects in which students might participate, authorship agreements and ownership of data should be worked out between the student and faculty member prior to the initiation of the student's participation.

For the research project entitled:
_____

Order of authorship is as follows:

1. _____ Signed_____

2. _____ Signed_____

3. _____ Signed_____

4. Other authors (in order): _____ Signed_____

PETITION FOR ADMISSION TO THE CLINICAL RESEARCHER EMPHASIS
For Existing Students in Scientist-Practitioner Program

Guaranteed/Anticipated Sources of Funding for Clinical Researcher Emphasis Training

After discussing your training and career goals with your mentor, along with existing and anticipated sources of funding available to support your clinical science training, indicate how your training in the Clinical Science track will be supported.

Training Goals Relevant to Clinical Researcher Emphasis

In this section, indicate why you are interested in pursuing training in the Clinical Science track and why training in this track will allow you to meet your training goals to a greater extent than would the Scientist-Practitioner track.

Career Goals

In this section, clearly indicate what your long term career goals are and how training in the Clinical Science track would facilitate your meeting these career goals.

Projected Clinical Researcher Emphasis Curriculum

In this section, outline the nature of the courses you have already taken and those you propose to take, in order to meet the requirements of the Clinical Science track. Be sure to include courses and practica that are required to meet requirements of your proposed Area of Concentration/Minor. (See Attachment A)

Projected Courses to Meet Clinical Researcher Emphasis Requirements by Year

In this section, outline the courses you have already taken and those you propose to take to meet Clinical Science requirement by year of training (See Attachment B).

I have discussed this petition with my student _____ and support his/her petition to be admitted to the Clinical Researcher Emphasis track under my mentorship.

_____ _____
Signature of Proposed Mentor Signature of Student

ATTACHMENT A

PROJECTED CURICULUM FOR CLINICAL RESEARCHER EMPHASIS

Name _____

Area of Study	Course	Hours	Total Credit Hrs.
Clinical Psychology Core			16
Psychological Foundations			15
Research Design/Methodology/ Statistics			33
General Program Electives			6
Advanced Clinical Electives			6 - 8
Area of Concentration/Minor			12
Practicum and Internship Requirements			14
		TOTAL HOURS	102 - 104

ATTACHMENT B

Projected Courses to Meet Clinical Researcher Emphasis Requirements by Year

YEAR I: **2006 - 2007**	**FALL** **___Credits**	**SPRING** **___Credits**	**SUMMER** **___Credits**
YEAR II: **2007 - 2008**	**___Credits** **First Year Project**	**___Credits** **Defend Masters**	**___Credits**
YEAR III **2008 - 2009**	**___Credits** **Qualifying Exam**	**___Credits**	**___Credits**
YEAR IV **2009 - 2010**	**___Credits** **Apply for Internship**	**___Credits**	**___Credits** **Defend Dissertation**

TOTALS

Clinical Psychology Core

Psychological Foundations

Research Design/Methods/Stats

Grand Totals = _____

General Program Electives

Advanced Clinical Electives

AOC/Minor

Practicum/Internship Requirements

Clinical and Health Psychology
Doctoral Program in Clinical Psychology
Student Handbook
2010-2011