

**TRANSMITTAL PAGES**  
**Doctoral Programs: Self-Study Report for 2015**

*Please include all required signatures.*

**Currently Accredited** (3 copies)

Date Submitted: May 29, 2015

OR

**Applicant** (4 copies)

Institution/Program Name: University of Florida Doctoral Program in Clinical Psychology

Department Name: Clinical and Health Psychology

Location (City/State): Gainesville, FL

Identify the traditional substantive area:

Clinical    Counseling    School    Combined (list areas):

Degree Offered:  PhD    PsyD

Date of last CoA site visit: **June 16-17, 2008**   Total number of students in program this year: **78**

Is the doctoral program part of a consortium?  No    Yes

(If Yes, list all consortium affiliates, including addresses and a contact person for each site): N/A

Is the program seeking concurrent accreditation with the Canadian Psychological Association?  No    Yes

Is the program invoking Footnote 4:<sup>1</sup>    No    Yes

Name of Institution's Regional Accrediting Body: **Southern Association of Colleges and Schools Commission on Colleges (SACSCOC)**

Current Institution Regional Accreditation Status:   **Accredited**

**PROGRAM CONTACT INFORMATION:** *The following information will be used to update our internal Office database. The individuals listed will receive copies of important program written correspondence (e.g., site visit reports, decision letters) as required by the Department of Education. Please add the relevant contact information for any other individuals who the program would like to receive such correspondence (e.g., co-directors, accreditation coordinator, Provost, etc). Signatures indicate that the self-study has been approved for submission and serve as an invitation to conduct a*

<sup>1</sup> See Footnote 4 under Domain D, as well as [IR.C-22\(a\)](#), regarding policies of religiously-affiliated institutions.

site visit to the program.

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(Signature)

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**College/School Name (if applicable):** Public Health and Health Professions

**Dean of College/School:** Michael G. Perri, Ph.D., ABPP

(Type name)

  
(Signature)

Full Title: Dean and Robert G. Frank Professor

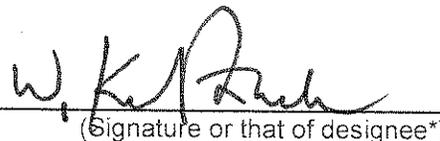
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**President/CEO:** W. Kent Fuchs, Ph.D.

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*\*If signed by designee, please also provide the full name of that individual in addition to the full name of the person for whom he/she signed.*

**Doctoral Program Self Study 2015**  
**Doctoral Program in Clinical Psychology**  
**Department of Clinical and Health Psychology**  
**University of Florida, Gainesville, FL**

**Domain A: Eligibility**

**A1. Education and Training in Psychology.** The Doctoral Program in Clinical Psychology at the University of Florida educates and trains its students "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, a practitioner, and or both, consistent with the highest standards in psychology" (National Conference on the Education and Training of Scientist-Practitioners for the Professional Practice of Psychology, 1990, pp. 7-8). Our departmental mission (Appendix C, p. C1) is to "educate tomorrow's leaders in Psychology in the scientist-practitioner tradition, advance psychological service, and improve the health and quality of life of all people through excellence in research, education, and health service delivery." Our doctoral program aims to achieve excellence in clinical and research training and to advance psychological science and practice through involvement of faculty and graduate students in cutting-edge academic and professional activities. Our faculty and students hold leadership positions in professional organizations, and advocate for critical initiatives that affect the psychological welfare of individuals, families, groups, and communities and that support and advance societal contributions of scientific and health service psychology.

**A2. Institutional Sponsorship of Program.** The program is administered by the Department of Clinical and Health Psychology in the College of Public Health and Health Professions at the University of Florida Academic Health Center. The University of Florida is currently accredited (until the next reaffirmation in 2024) by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC), the regional body for the accreditation of degree-granting higher education institutions in the Southern states. It is one of only 17 public land grant universities that belong to the Association of American Universities. UF is consistently ranked among the nation's top universities: No. 14 in U.S. News & World Report "Top Public Universities" (August 2013); No. 3 in Kiplinger's "Best Values in Public Colleges" (2013); No. 3 in the Fiske Guide to Colleges list of Best Buys Among Publics (2014); No. 15 on the Forbes list of best public universities (2013); and No. 1 on Washington Monthly magazine's list of national universities that offer the best "bang for the buck" (2013). The University is a major research institution, and has embarked on the UF Preeminence Initiative ("UF Rising") that seeks to raise \$800 million to support the goal of becoming a Top 10 Public University. In FY 2014, UF researchers received 6,014 extramural awards totaling \$702 million. With approximately 50,000 students and a 2000-acre campus, it is the 8th largest university in the nation. The University's many professional degree programs include Law, Public Health, Dentistry, Medicine, Pharmacy and Veterinary Medicine. The College of Public Health and Health Professions offers two professional degrees (AudD and DPT) and has 9 additional doctoral programs and seven master's programs. The University has one of the largest graduate programs in the nation, with nearly 200 degree programs. In 2013-2014, UF awarded 950 Ph.D. degrees (#6 nationally) and 4,247 Master's degrees. UF has more than 4,000 faculty members, many with distinguished records in teaching, research and service. This includes 34 Eminent Scholar chairs and 42 faculty elections to the National Academy of Sciences, Engineering, the Institute of Medicine, or the American Academy of Arts and Sciences. UF's annual economic impact exceeds \$8.76 billion. Every state dollar appropriated to the University of Florida results in a \$15 return on investment.

**A3. Mission, Administrative Structure, and Budget.** The Department of Clinical and Health Psychology (CHP) receives partial funding from the State of Florida to support the doctoral program,

which is the major academic mission of the department. The department also administers a predoctoral internship program that has been continuously accredited by APA since 1963. The department runs the Psychology Clinic, which serves as the major clinical training site for students in the program and as the Psychology Service for the UF Health Shands Hospital and the Academic Health Center. The emphasis on education and training in science and practice is a core component of the CHP Mission Statement (**Appendix C, p. C1**), consistent with the missions of the College of Public Health and Health Professions and the University (**Appendix C, pp. C1-C2**). The program accepts 12-17 students per year, for a total current student body (Summer Term, 2015) of 78. The department has been a strong advocate, and worthy example, of the Scientist-Practitioner training model, with a long history of producing graduates with readiness to contribute to professional psychology in diverse roles along the science-practice continuum. In the 2011 NRC rankings, the program's 5<sup>th</sup> percentile R-ranking was 16 of 236 clinical psychology doctoral programs, and the 5<sup>th</sup> percentile S-ranking was 21 of 236.

The Department is located in the College of Public Health & Health Professions, one of the largest and most diversified health education institutions in the nation, currently home to 2,229 graduate and undergraduate students and 143 faculty. Established in 1958, the College of Public Health and Health Professions (PHHP) was the first college in the United States dedicated to educating students of many different health professions. Today, PHHP is one of six colleges that comprise the University of Florida Academic Health Center. The other colleges are Dentistry, Medicine, Nursing, Pharmacy, and Veterinary Medicine. PHHP is a national leader in the education of health professionals. Currently, students can receive graduate education in the fields of Clinical and Health Psychology, Biostatistics, Communication Sciences and Disorders (speech/language pathology and Aud.D), Epidemiology, Health Administration, Health Services Research, Occupational Therapy, Physical Therapy, Public Health (Social and Behavioral Science, Environmental and Global Health and One Health tracks), and Rehabilitation Science, and Speech, Language Pathology and Audiology. The College of Public Health & Health Professions places emphasis on the development of intellectual resources and skills enabling our graduates to prosper in today's complex health environment and to participate in contemporary health delivery systems. In addition, the College is committed to the development of cutting edge science in areas such as health behavior, illness prevention, rehabilitation and neuroplasticity, and health systems functioning.

The program resides in an independent Department of Clinical and Health Psychology in a major Academic Health Center, rather than in the more common location of a College of Liberal Arts and Sciences. The Dean of the College of Public Health and Health Professions is Michael G. Perri Ph.D., ABPP, a clinical psychologist. The Interim Department Chair is David M. Janicke, Ph.D. Beginning on August 1, 2015, Glenn E. Smith, Ph.D., ABPP, currently a Professor of Psychology at Mayo Clinic, will assume Chair responsibilities. Responsibility for the program is shared by 24 core faculty and additional affiliate faculty and other contributors who teach graduate courses and who provide research mentorship, clinical supervision, and academic advising. Decision-making regarding curricular development and regarding evaluations of program performance and student progress is accomplished by those most experienced in implementing the actual program, and is not shared with a broader non-program faculty as may be typical in other psychology departments. A departmental Executive Committee meets biweekly to identify and focus on issues for faculty discussion and to prepare the agenda for the general faculty meetings that take place two times a month. This committee is comprised of the Chair, the Program Director, the Internship Director, the Associate Chair for Research, the Clinic Director, the Heads of the Major Areas of Study, and the Departmental Business Manager.

For the doctoral program, the Chair delegates administrative authority to the Program Director (PD), Russell M. Bauer, Ph.D., ABPP, who assumed this position in September 2014, after having previously served as PD from 2000-2006 and as Department Chair from 2006-2011. The Program

Director functions as the Associate Chair for Academic Affairs, chairs the Departmental Curriculum Committee, and works collaboratively with faculty, students, staff, the Graduate School, other clinical psychology program directors, and relevant national training organizations (e.g., CUDCP) to provide ongoing program management and leadership. Formal internal mechanisms for input include regular faculty meetings, regular meetings with student groups and student representatives, student/alumni surveys and polls, and yearly program reviews. Three standing committees play significant roles in program administration. The Admissions Committee reviews applicant folders, selects candidates for the recruitment weekend and makes final admissions decisions after input from those involved in the interview process. Any faculty member may serve on the admissions committee. The Committee consists of the PD and representatives from each of the department's Major Areas of Study, an "at large" member, and a member who represents Diversity interests. The Admissions Committee works closely with the faculty to develop a preferred candidate pool based on academic qualifications, experiences, letters of recommendation, and personal statements reflecting strong alignment with the program's Scientist-Practitioner training philosophy. The Curriculum Committee consists of a faculty member elected from each Major Area of Study, two "at large" faculty members (one of whom is selected as an advocate for diversity), and three student representatives. This Committee meets twice monthly, monitors the curriculum, focuses issues for discussion by faculty, and makes final decisions regarding curriculum content and policies. The Clinical Progress Committee, comprised of a Chair and a faculty member from each Major Area of Study, conducts annual reviews of each student's clinical and professional progress and makes recommendations to the faculty and program director regarding the student's evolving training needs based on their progress and skill level. The committee uses student activity logs, faculty supervisor evaluations, and other pertinent information to make its evaluations and recommendations. In addition, this committee has been used to identify and monitor the progress of individual students with special needs or problems in clinical/professional conduct or competency, and it is this committee that certifies each student as ready for internship prior to the Fall semester in which internship applications are prepared. The Clinical Operations Committee is chaired by the Clinic Director with additional members including the Program Directors of the Doctoral Program and Internship, the Heads of the Major Area of Study, the Clinic Business Manager and additional fiscal staff. As its name implies, its purpose is to manage the fiscal and logistic operations of the Psychology Clinic. Ad hoc committees are formed as needed. When formed, these committees typically include student members (e.g., Core Clinical Competencies; Committee on Psychotherapy Training; Clinic Orientation and Resources Committee). The faculty conducts formal student reviews of overall program progress each August, prior to the beginning of each academic year, and reviews practicum and research performance and professional conduct on a semesterly basis. Academic performance is recorded semesterly in the form of course grades and other data maintained in the Registrar's office and recorded in the student file.

**A4. Residency Requirements.** The program requires at least four years of full-time in-residence study plus completion of an internship for 97-101 credit hours depending on the Major Area of Study, required credit load (32/year for fellowships; 24/year for assistantships), and number of electives chosen by the individual student. The residency policy is more stringent than the corresponding Graduate School policy, which requires 30 hours in residence at the University of Florida main campus beyond the first 30 hours counted toward the doctoral degree. If the student enters with a master's degree, a minimum of 3 years of academic study on campus is still required at the UF campus. In accordance with Graduate School policies, students who enter with masters' degrees are eligible for obtaining up to 30 graduate credits toward their doctoral degree, though the actual number of transferred credits is typically much less. Credit transfer is achieved through individual syllabus review conducted by the Program Director and faculty instructor, and requires an affirmative determination that the completed coursework aligns with UF courses and conforms to content and standards for completion of required courses within the program.

**A5. Individual and Cultural Diversity.** The University of Florida is an Equal Opportunity Employer. Diversity and inclusion are matters intrinsically linked to the work of the department and the college in which it resides. With our focus on individual, group, and community health, we accept the imperative that we must understand broad factors, including race and ethnicity that affect disease and wellbeing and contribute to inequities in health and healthcare. The Department of Clinical and Health Psychology is committed to respect for and understanding of individual and cultural diversity. This commitment is reflected in our didactic and clinical training, which promote an understanding of issues of individual and cultural diversity as related to the practice of psychology. It is also reflected in our research training, which promotes appreciation of, and concern for, investigative efforts that serve underserved, disabled, or disadvantaged populations or that address health disparities. This commitment is also reflected in our policies for the recruitment, retention, and development of students, interns and faculty. Departmental faculty members participate actively in college- and university-wide programs (e.g., the Minority Mentor Program) designed to recognize and stimulate success among the diverse populations represented in the student body. The College has sought to foster open dialogue about diversity and cultural competence so that, in its research, teaching, and service activities, faculty, students, and staff can better succeed in efforts to prepare students to address key issues of diversity in today's health environment. Toward that end, the College sponsors a yearly symposium ("Diversity Day" that raises awareness about such issues, and has a standing Diversity Committee that spearheads implementation efforts.

**A6. Policies and Procedures.** The required summary table A6 is located in Appendix A. As described more fully in Domain G (Public Disclosure), the following documents contain the policies and procedures of the program and University: CHP Student Handbook (**Appendix D**), UF Graduate Student Handbook and Graduate Catalog (**Appendix E**), and the Clinical and Health Psychology Website (**Appendix F**). Portions of the Faculty Handbook (the entire document can be found on the UF Website at <http://handbook.aa.ufl.edu/> ) are found in **Appendix G**. We seek to maintain consistency with program policies set forth by the Council of Graduate Schools and by the Council of University Directors of Clinical Psychology (CUDCP).

**Domain A Issues in Last Decision Letter.** In the May 1, 2009 decision letter awarding accreditation, we were asked to provide updated information by September 1, 2009 on the program's financial status and budgetary constraints in what was then a poor economic environment. Dr. James Johnson, who was then Program Director, updated OPCA on September 14, 2009, indicating that we had been successful in achieving a positive balance for two consecutive years, that we had secured additional funding from the Provost for an additional faculty line, and that no further budget reductions were anticipated. Reply correspondence from OPCA is not available.

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## **Domain B: Program Philosophy, Objectives, and Curriculum Plan**

**B1a. Educational Philosophy and Training Model.** Our Departmental mission statement directs us to: (a) educate tomorrow's leaders in Psychology within the scientist-practitioner tradition, (b) advance the science of psychology through original research, and (c) strive to improve health and quality of life through excellence in research, education, and health service delivery. These goals have, as their foundation, a core philosophy embodied in the policy statement that emerged from the National Conference on Scientist-Practitioner Education and Training for the Professional Practice of Psychology, held in Gainesville on January 16-20, 1990. Consistent with this philosophy, the department's programs reflect our efforts to teach students the current body of scientific knowledge, and to enable them to think scientifically about clinical problems, to provide clinical service with skill and appreciation for the highest ethical and professional standards, to evaluate the impact of clinical

services using empirically-derived methods, and to advance psychological knowledge by producing and disseminating the scholarly and scientific products. This philosophy is also explicitly stated in handbook materials that students receive during initial orientation in the program (**Appendix D**). The overall goals, objectives, and mission of the doctoral program are consistent with the Mission Statements of the Department, College, and University contained in **Appendix C**.

In Fall 2007, the doctoral program began to offer two curricular “emphases”, a *Scientist-Practitioner emphasis* and a *Clinical Researcher emphasis*. The goal of this dual emphasis approach was to provide flexibility in curriculum plans with the goal of preparing graduates for professional work along the entire science-practice continuum, and in particular, to increase the proportion of our graduates who assumed careers in academic research. The performance of this two-emphasis approach was recently evaluated by faculty, who considered whether this approach significantly increased publication rates and placement in academic positions among the *Clinical Researcher* students compared to the *Scientist-Practitioner* students. It did not. As our outcomes bear out, our students actually find careers all along the science-practice spectrum and are quite productive in publishing and presenting their work, regardless of their curricular emphasis. As a result, the faculty decided to return the curriculum to our previous approach of offering one flexible curricular model focused on scientist-practitioner education and training. The flexible curriculum plan allows the student to pursue diverse research and clinical experiences once they have achieved core competencies. This flexibility allows for the attainment of multiple career trajectories all along the science-practice continuum. The student’s plan of study is developed early in the program (by the end of the third semester) in collaboration with the primary mentor, and may be adjusted as the student develops advanced skills, interests, and competencies. The resultant flexible model allows some students to take more than the minimum of research credits in an effort to build skills for a career in clinical research, and allows others to take more than the minimum of advanced practicum credits to develop and enhance breadth in empirically-supported service delivery skills needed for careers in health service psychology.

**B1b. Training/Curriculum Plan.** The curriculum plan, described here and in B3 below, represents an orderly sequence of events that utilizes multiple methods of learning and is graded in complexity. The curriculum (a) provides broad grounding in the substantive core areas of psychology, (b) enables the student to develop general clinical competencies beginning with an orderly sequence of didactic instruction and core practicum experiences in assessment, intervention, and psychological consultation, (c) stimulates development of a knowledge base in critical thinking, scientific methods, and data analysis, (d) provides opportunities whereby students develop the ability and desire to generate new knowledge through research and scholarly activity, and (e) provides advanced research, didactic, and practicum training in a defined major area of study. The transition from core curricula in psychology and clinical psychology early in the student’s career to more advanced research, clinical, and academic activities later on represents a series of experiences that is graded in complexity and thoughtfully sequenced so as to continually emphasize science-practice integration. The integration of science and practice is achieved in several ways. First, we expose students, in both core and advanced training experiences, to clinical research environments that engage them as colleagues-in-training on interprofessional clinical and research teams. Students are expected to actively pursue integrative experiences such as searching and analyzing literature evidence, conducting data collection and analysis of clinical research data, conducting program evaluation, and participating in instrument development and outcome research, as appropriate to their research setting. The development of skills in these areas proceeds as the student becomes more capable and more experienced within vertical clinical and research teams. Second, we expect students to interact with a variety of faculty mentors in the health service environment, in the classroom, and in the laboratory so as to develop the capacity to apply scientific principles and current knowledge to the analysis of clinically diverse problems. Finally, students are required to maintain near-continuous simultaneous enrollment in *both research and clinical practicum activity* once the core practicum

starts in the third semester (Summer semester of the first year), thus juxtaposing these experiences within the same time frame. As providers of instruction, supervision, and mentorship, faculty members are encouraged to establish their own "centers of excellence" that blend the scientific, clinical and didactic foci of education in their area of study while supporting the overall mission of the department. All faculty seek to integrate science and practice as a core responsibility.

The doctoral program is administratively separate from the general Psychology doctoral program in the College of Liberal Arts and Sciences. Despite this, the two departments cooperate in research and didactic instruction, and some faculty have joint appointments in both departments. The administrative location of the department within the Academic Health Center environment is highly advantageous to our mission. It affords students direct access to the patients, professionals, and support services of the Academic Health Center and has engendered a strong tradition of interprofessional research and clinical collaboration with other HSC colleges, particularly Medicine. In both research and clinical activities, students learn to function as members of the interprofessional health care team, learn to make contributions to clinical care and research that can be meaningfully translated into the language of other disciplines, and are exposed to an impressive variety of professional role models and clinical problems.

**B2. Goals, Objectives, and Competencies.** Graduates of the program are expected to demonstrate specific competencies in research and clinical activity to prepare them for licensure and the independent practice of psychology. Graduates are expected to be able to independently contribute to the knowledge base of psychology through the publication and presentation of original research work. They are expected to be knowledgeable consumers of scientific/psychological research results, and to have the ability and inclination to engage in lifelong learning and continuous quality improvement within their spheres of professional activity by incorporating ongoing advances in psychological science and practice into their own professional endeavors. They are expected to display competencies in the delivery of a broad variety of assessment, intervention, and consultative services and are expected to be able to design, implement, modify, and evaluate such services in accordance with local and institutional needs. Owing to our unique educational model within an accredited public health college, graduates are not only expected to be cognizant of major sources of *individual and group* variation, but also to understand *population-based* variables, including social determinants of health and facilitators/barriers to healthcare service utilization, and to recognize how such variables affect psychological processes, clinical presentation, and responsiveness to intervention. Graduates are also expected to deliver professional services, to conduct research, and to treat other persons in a manner that shows dedication to applicable ethical, professional practice, and legal standards.

The educational program builds these competencies behaviorally by requiring students to engage in requisite clinical activities under the guidance and mentorship of a broad base of faculty. The ability to contribute to knowledge through research and publication is fostered through a graded series of research projects and through explicit mentoring in disseminating their research results. In the 2013-2014 academic year, 33 of our students reported publishing at least one paper in a peer-reviewed source, 25 reported a non-peer-reviewed publication, and 32 reported having a paper "in press". Of those who published a peer-reviewed papers the average number was 1.8 (Range = 1-6), of those who reported a non-peer-review publication the average number was 2.68, and of students who reported having papers "in press", the average number was 1.4. For the year, it can be noted that 71% of students reported having at least one peer-reviewed publication, book chapter, or paper "in press", while 83% presented a paper/poster at a scientific/professional conference. According to the UF Office of Research, in 2013-2014, 36% (4/11) of the F31 NRSA grants held by UF students were in our department. An additional F31 will begin in June 2015.

Through the core and advanced practicum sequence, students are required to perform assessments, conduct interventions, and provide consultations across the age span. Careful review of clinical progress, and the keeping and monitoring of clinical activity logs, ensures diversity in caseloads and experiences. Finally, appreciation of applicable ethical, practice, and legal standards is achieved through didactic coursework, directed supervision of clinical material, and modeling by program faculty.

Attainment of these competencies is evaluated through regular programmatic review of student performance through yearly activity reports and, after graduation, through analysis of alumni performance and activity data. While students are in the program, their research performance is evaluated (in person and in writing) by the major research mentor, and their clinical and academic performance is evaluated by all faculty who supervised or taught the student that semester. Also, the program faculty conducts annual reviews that evaluate the whole picture of student performance in research, clinical activity and coursework. Results of this evaluation are individually communicated to each student by the Program Director and mentor in a yearly letter of evaluation. Based on individual meetings, formal goals for the next training period are then set.

Detailed information regarding the major goals of our training program, training objectives, desired competencies, and approaches to outcomes assessment are highlighted in **Table B2 (Appendix B)**.

**B3a-e. Curriculum Plan.** The formal Curriculum Plan and Program Requirements Summary for the doctoral program, and three sample curricular timelines for program completion, are contained in the Student Handbook (**Appendix D, pp. D30-D33**). The overall plan consists of *five basic components*, some of which may contain constrained variability in credit load, achieving a flexible mix of didactic, research and clinical practicum training activities for each student. The “constrained variability” concept means that, at the end of their training, some students may have earned more research credits than others, while other students may have earned more practicum or didactic/classroom credits. We allow this as long as the student’s training is sufficiently broad and as long as foundational competencies are met. **First**, all students undertake a core curriculum that provides coverage of the core substantive areas of assessment, intervention, psychopathology, ethics and professional issues, research design/statistics, and psychological measurement. In the core, students are also exposed to the current body of knowledge in foundations of psychology (biological bases of behavior, cognitive/affective bases of behavior, social aspects of behavior, history/systems, and developmental bases of behavior). **Second**, students are engaged in practicum training beginning in the third semester and continue to be involved in relevant practicum experiences, culminating with the intensive one-year internship that is usually taken during the last year of training. Starting with the third semester, they participate in a four-semester core practicum experience that provides basic clinical training in assessment, intervention, and consultation. The core practicum features rotations in clinical health psychology, clinical child/pediatric psychology, clinical neuropsychology, and mental health assessment/consultation. Once the core practicum has been successfully completed, students continue to enroll during multiple subsequent semesters for at least 1 credit in advanced intervention practicum where they carry an ongoing caseload of psychotherapy cases. The expected total credit accrual in intervention practicum is 5, with at least 1 semester during the fourth year containing experiences in which the student supervises more beginning therapists under the supervision of a faculty member. In all intervention practica, students are expected to engage in a *minimum* of two therapy contact hours per week, and are expected to document their clinical experiences by maintaining clinical activity logs. **Third**, students engage in a major area of study that provides both socialization into, and substantive training in, a psychological specialty area or area of research focus. The department offers major areas of study in Clinical Health Psychology, Clinical Child/Pediatric Psychology, Neuropsychology and Clinical Neuroscience, and Emotion Neuroscience & Psychopathology. The Major Area of Study requires from 12-19 credit hours (**Appendix D, pp. D51-D57**), including one or more advanced specialty practica and completed M.S.

and Ph.D. projects. **Fourth**, students are engaged in research activity every semester of matriculation. During the first five semesters (up through the spring semester of each student's second year of training in the program), they engage in a first-year project designed to provide a mentored research experience that leads to a formal presentation at a departmental colloquium during the fourth semester. Students are highly encouraged to publish their work and to present it at local, regional, national, or international conferences. During the fifth semester, the formal write-up of the first year project is prepared in thesis form. Successful defense and acceptance by the Graduate School culminates in the awarding of the Master of Science degree. Notably, of students who entered the program from 2010-2014, 84% reported having either published their first year project or having presented it at a national scientific meeting. Likewise, after obtaining their Master of Science degree, students develop an independent research focus that, under the guidance of a supervisory committee, leads to the doctoral dissertation. The **final** component of the curriculum consists of advanced program electives, including an advanced statistics course and one advanced course in psychological intervention, among others. Although some of the curricular components are "sequenced" (e.g., the core takes place before advanced training), others run simultaneously or "in parallel" (e.g., the simultaneous involvement in research and clinical practicum experiences).

The core curriculum provides instruction and experience in the foundations of psychology, in the scientific, methodological, and theoretical foundations of health service psychology, in the theoretical and methodological foundations of psychological assessment, measurement and intervention, and in the interface between health service psychology and public health. All courses in the curriculum address issues of cultural and individual diversity in a manner consistent with the course topic. **Appendix H** provides course syllabi along with specific descriptions of how this is accomplished within each course. As examples, the Introduction to Clinical Psychology course addresses awareness of one's own diversity status through experiential training. Psychopathology courses specifically address diversity in symptomatic presentation, prevalence, and approach to assessment/diagnosis. Assessment courses address issues of appropriate normative standards, content validity, and examiner-examinee interactions. Intervention courses address issues of differential access to medical and mental health services and differential response to treatment.

The student gets exposure to theory and methods of consultation and supervision in three ways. During their first year, they take CLP 7934 (Introduction to Clinical Psychology: Professional Issues and Ethics) which contains a module on supervision and consultation models. In CLP 6407 (Introduction to Intervention/Treatment I), use of supervision is discussed from a professional development perspective. During core and advanced practica (a minimum total of 13 credits plus advanced practica in the Major Area of Study), students are exposed to multiple supervision styles and, as they grow in the program, get experience in supervised supervision of more junior students in treatment and assessment activities. Also, during at least one semester during the fourth year, the Practicum in Intervention includes experiences in which students gain formal training in supervising more junior therapists under the supervision of a faculty member. Training in consultation is a strong aspect of the program. Students get extensive experience in consultee-centered arrangements (the *collaborator* role) wherein their work with a patient assists other health care providers (e.g., physicians) in better managing behavioral health problems, as most patients seen in the Clinic are cared for by a larger healthcare team within the UFHealth system. Students also participate actively in medical review board activities, where complex medical decisions are made. Examples include participation in MRB's for the transplantation and cancer programs, the Memory and Cognitive Disorders Program, the Center for Movement Disorders and Neurorestoration, and the Comprehensive Epilepsy Program. Developing competencies in supervision and consultation are explicitly evaluated in the Clinical Competency Assessment Tool (**Appendix I, pp 13-111 [core practicum], and pp. 112-121 [advanced practicum]**), in sections 4.4 (consultation), 6.1 (supervision), and 7.1-7.2 (systems).

New developments in the curriculum have focused on maximizing the strengths of our setting and faculty and on providing new instructional alternatives designed to enhance the integration of science and practice. For example, we offer several integrated clinical/research experiences as advanced specialty practica. In these practica, students are exposed to specific clinical research populations and have the opportunity to participate in both empirical research and clinical service delivery activities. Experiences include Advanced practica in School-Based Mental Health Services (Weins), as well as others in dealing with children with Pediatric Pulmonary Disorders (Fedele), Pediatric Gastrointestinal Disorders (Janicke), Psycho-oncology (Pereira), Epilepsy (Bauer), and Movement Disorders (Bowers). Through a facilitated learning model the Professional Development Seminar, given as part of the department's weekly Colloquium series, provides students with the opportunity to develop skills needed to serve the public, collaborate on interdisciplinary and interprofessional teams and contribute to the profession. Our small group approach creates an environment for intensive and collaborative learning. This seminar series covers a broad range of topics for graduate students, interns, and post-doctoral trainees. Content is driven by trainee interests, with previous seminars covering grant writing, professional presentation skills, interviewing skills, career trajectories and other skills related to professional conduct in our field. Seminars are conducted in a variety of formats including panel discussions, project-oriented small groups, or lectures depending on seminar content. A professional writing seminar is regularly offered as an advanced elective for interested students. In this seminar, students learn to critique written proposals of other participants, and learn to write more incisively and effectively in response to critical feedback. Students are also exposed to public health knowledge (Introduction to Public Health) through a required introductory online course dealing with core issues in public health as well as a required survey course in Epidemiology offered within the UF College of Public Health and Health Professions. These latter two courses supplement the traditional emphasis within psychology education on individual and small group/family concepts with population-based conceptualizations of behavior, health/illness/wellness, and healthcare utilization. As a result, students develop an understanding how population-based assessments and interventions may effect and support broader societal initiatives that promote health and well-being.

Itemized information on how essential aspects of our training map on to coursework and practicum experiences is provided in **Table B3**.

**Distance Education Methodologies.** Since 2012, the College of Public Health and Health Professions (PHHP) has had a Blended Learning Task Force (BLTF) that evaluates the curricula of all constituent departments and identifies opportunities where blended learning can be used as an effective means of delivering content and building relevant competencies. For the BLTF, a 'Blended Learning' class uses a mixture of technology and face-to-face instruction to help maximize student learning. In Blended (or "Flipped") Learning models, knowledge content that faculty would have traditionally presented during a live class lecture is instead provided online before the live class takes place. This allows the focus of face-to-face teaching to be on course activities designed to help strengthen higher order skills such as critical thinking, problem solving, and collaboration. It can also free up class time for students to engage in supervised practice of key clinical skills such as test administration and scoring, interviewing, and basic intervention skills.

In response to the PHHP BLTF charge, we have identified *five* CHP department classes, to date, that are taught by Blended Learning methods (instructor shown in parentheses):

- CLP 6527, Measurement, Design and Statistics I (Marsiske, required)
- CLP 6528, Measurement, Design and Statistics II (Marsiske, required)
- CLP 6529, Applied Multivariate Methods in Psychology (Marsiske, required)
- CLP 7525, Best Methods for the Analysis of Change (Marsiske, elective)
- CLP 7934, Child and Family Treatment (Fedele, elective)

In the courses taught by Dr. Marsiske, a “flipped classroom” is used. Each week, lectures are released online as narrated lectures, with transcripts. Lectures, along with readings and mastery self-assessments are all available in the University of Florida Learning Management System (students sign in with their confidential University of Florida username and password). Once a week, the class meets for 2-3 hours for a practical problem solving session. Students work on practice data analysis problems that draw on the content of the weekly lecture, and/or discuss and debate conceptual issues raised in the weekly lecture. At the conclusion of each week, students submit an individual homework (data analysis exercises) via the Learning Management System. Physical attendance is required at the weekly in-person practice sessions. In the course taught by Dr. Fedele, students are provided with online readings and resources that cover core child and family treatment topics. Students also complete a variety of online assignments including discussions about readings in Canvas, taped treatment role playing scenarios, reaction papers, and online treatment trainings. Students meet in class once a week for 1.5 hours where content is geared towards application. Class time is spent reviewing and practicing core components of child and family treatments. Physical attendance is required during the face-to-face class meeting.

Plans to develop additional coursework using blended or ‘flipped’ methods are currently under review by the Curriculum Committee. For example, the 8-week ‘Prepracticum’ course (which takes place during the first enrollment in CLP 6943 Practicum in Clinical Psychology), is currently being modified in this manner, and will be taught in flipped format for the first time in Summer 2015. Factual/didactic content (e.g., descriptions of various clinics, simple walk-throughs of procedures to access the EPIC EMR and clinic scheduler; procedures for billing and CPT coding) will be recorded for student review out of class. Class time will be reserved to specifically teach test administration skills leading to competency-based check-offs prior to actual clinic enrollment. This will allow the student to better focus on test interpretation and integration, rather than the ‘nuts and bolts’ of test administration, once the actual practicum begins. We are also in the beginning stages of discussion regarding whether some of our “psychology core” courses (Social, Developmental, History, Cognitive) could be better taught via blended/flipped learning, taking advantage of the excellent resources available at UF for this method.

**Student Identification.** Distance learning, per se, is not used in our blended learning classes, but didactic materials are online. All didactic materials are accessed via the University of Florida Learning Management System, using students’ confidential username and password. All assessments are similarly submitted via this system. Attendance is also checked at the weekly in-person sessions. In the classes taught by Dr. Marsiske, all students receive an individualized exam (randomly selected items from a larger item pool, presented in a randomly determined order) to reduce the likelihood of student cheating. For high stakes exams (greater than 19% of final grade, not used in the Marsiske classes), the University of Florida requires online proctoring (via a third-party proctoring service) using web cams and other identification methods.

**Protection of Privacy.** The University of Florida Learning Management Systems (Sakai and Canvas) are FERPA protected interfaces which can be accessed only by individuals with valid University of Florida credentials. In “student view”, students can see only that performance information and feedback that relates to them. In “instructor review”, instructors can see information related to all students. To ensure that instructors engage in best practices for student privacy, the University of Florida requires all instructors to complete an annual FERPA training and certification.

**Fees and Identity Verification.** At present, there are no additional fees associated with any CHP classes with regard to identity verification. The university and academic health center are currently evaluating the proctoring policy. In the event that proctoring services are required in the future, UF

policy requires that students be notified in advance about proctoring requirements and associated fees. These, if imposed, would appear in both the registrar's course description and course syllabus.

**B4a. Practicum Sites.** The major site for core practicum training is the Psychology Clinic at UF Health Shands Hospital, located within the Academic Health Center complex in close proximity to faculty offices and research laboratories. Each faculty has the capability of observing any activities in any room of the Clinic at any time through the exacqVision client, a video/audio software monitoring program distributed to the department through PPHP/AHC servers. The Psychology Clinic operates as a faculty group practice providing inpatient and outpatient assessment, treatment, and consultative services in response to referrals from various adult and child medical services, outside physicians, agencies, school systems, attorneys, and other sources within the local community. Between January 1, 2014 and December 31, 2014, a total of 3366 assessment cases (involving 2,576 unique individuals) and 8,412 therapy visits with 1,743 distinct patients were seen through the Psychology Clinic under the direct supervision of Clinical and Health Psychology faculty. Clinical cases seen by trainees provide exposure to a broad range of patients both within the context of general clinic assignments and within the context of center affiliations that are either directed or attended by departmental faculty such as the Center for the Study of Emotion and Attention (in the UF Fear and Anxiety Disorders Clinic), the Center for Movement Disorders and Neurorestoration and the Center for Pain Research & Behavioral Health (which involves research and clinical activities with chronic pain patients). Additional practicum sites include the Malcom Randall Veterans' Administration Medical Center, the UFHealth Medical Psychology Clinic at Springhill, and the North Florida Evaluation and Treatment Center. Students have also obtained supervised practicum experiences in other units within the UF Health Shands/Academic Health Center complex, including: the *Pediatric Diabetes Outpatient Clinic*, the *Craniofacial Center*, the Pediatric HIV Clinic, the Pediatric Pulmonary Clinic, the Spine Center, the Facial Pain Center, and the UF Neurotrauma Unit. Finally, students have opportunities to attend and participate in interprofessional clinical decision-making conferences in the UF Transplantation Program, the Comprehensive Epilepsy Program, the UF Movement Disorders Center, the UF Interdisciplinary ADHD Program, and the Pediatric IBD, Sleep, Pulmonology and HIV Clinics.

**B4b. Integration with Program.** The practicum experience is integrated with the rest of the Ph.D. program through a thoughtful series of planning meetings in which students are apprised of practicum opportunities in prospective manner through the provision of a 5-year departmental teaching plan (**Appendix D, pp. D83-D85**). They work with their mentors and their training directors to (a) develop a plan of study that incorporates classroom, practicum, and research responsibilities, (b) select a series of core and advanced practica that meet their training needs, and (c) provides several semesters in which didactic, research, and practicum responsibilities are juxtaposed in the student schedule. Simultaneous participation in academic, research, and clinical responsibilities is a key historical component of our program and is one way we have required the student to integrate their activities in real time.

**B4c. Consistency with Goals.** Our outcome data with respect to clinical competencies, breadth of experience, and success in performing increasingly independent clinical activities, as Described in the Outcome Tables in Domain F, is constantly monitored and, with regard to internship readiness, these data speak for themselves. These data are evaluated on at least a yearly basis to ensure that we are producing graduates capable of excelling at research-practice integration. The status of these outcomes is discussed with the faculty in a yearly "State of the Program" presentation by the Program Director, and appropriate adjustments are made.

**Domain B issues from Previous Self-Study:** None.

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## Domain C: Program Resources

**C1. Core Faculty.** Core faculty are all those budgeted faculty who devote at least 50 % of their time to the graduate program in Clinical and Health Psychology, plus one additional faculty member who has made significant and consistent contributions to teaching, research training and clinical supervision. The department has seven associated faculty who also make major contributions to the program as well as others who participate in a more limited fashion by serving on doctoral committees, providing occasional lectures, or performing more circumscribed roles as a research advisor or clinical supervisor. Other contributors play an even more limited role, occasionally serving on committees or performing other program functions. Abbreviated CV's of all program faculty are presented in **Appendix J**.

**C1a. How Faculty Function as a Unit.** The core faculty meet on a biweekly basis to discuss departmental and program issues. Faculty tend to cluster in one of the Major Areas of Study described above, although "membership" in an area is not a formal designation. Some faculty members participate in more than one area, and master's supervisory committees are designed in such a way that membership cuts across areas. Faculty within each Major Area of Study meet monthly, as a group, to discuss research, didactic, or clinical training issues within the Area. Most areas also meet regularly in an ongoing research seminar where faculty and students present their work. See A3 for additional information about the administrative and faculty roles in the program.

**C1b. Sufficiency of Faculty.** The current number of faculty is sufficient to administer the doctoral program as indicated by (a) teaching loads, (b) supervision loads, (c) mentorship loads, (d) research activities, including opportunities for involving graduate students, and (e) program-level evaluations of adequacy of coverage of both core and advanced instructional and supervisory tasks and topics. Counting only core faculty, our current faculty-student ratio is approximately 1:3.

**C1c. Faculty Alignment With, and Contributions To, the Program.** Although a diversity of clinical and research interests are represented on the faculty, all 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 2013-2014 academic year, departmental faculty taught 14 didactic (classroom) courses (in addition to supervising practica and student research), generating 43 graduate FTE and 23 undergraduate FTE. In the 2013-2014 academic year, the faculty reported 122 peer-reviewed journal publications, 1 book, and 8 book chapters, and 47 peer-reviewed articles in press. In addition, faculty members authored or co-authored 103 papers presented at national or international meetings and gave 32 additional presentations to state or local organizations.

From FY2009-2015, grant awards to the department totaled \$33.4 million, including new federal grants totaling \$6.8M in Direct Costs (plus \$2.5M IDC) and new nonfederal grants totaling \$0.97M in Direct Costs (\$45K IDC). Ongoing (continuing) federal grants during that same period totaled \$17.2M in Direct Costs (\$5.6M IDC), while nonfederal sources added \$371K in Direct Costs (\$35K IDC). During the same period, the faculty, together with student, intern, and postdoctoral clinicians have performed clinical services resulting in \$7.1M in collections (\$1.4M/year). All trainee services were delivered under the direct supervision of program faculty, with careful concern devoted to issues related to physical availability for immediate consultation (as appropriate and necessary), alternate coverage in instances of faculty travel, and appropriate coding and billing practices.

**C1d. Faculty Credentials.** In addition to grant productivity, indicators of faculty quality are evident in

yearly faculty effort reports and Curriculum Vitae. One such indicator is receipt of awards and credentials based on peer review. Since the last self-study: **Stephen Anton** was the 2009 recipient of the Thomas H. Maren Junior Investigator Award, given yearly to one Assistant Professor in the UF College of Medicine, and University of Florida, and was the 2009 Outstanding Young Alumni Honoree in the UF College of Public Health and Health Professions. **Russell Bauer** served as President of the International Neuropsychological Society (2011-2012), and won the 2015 Beverly Thorn Award for Outstanding Service as a DCT from the Council of University Directors of Clinical Psychology (CUDCP). **Dawn Bowers** was awarded the 2014 Paul Satz Career Mentoring Award from International Neuropsychology Society, the 2014 Edith Kaplan Award, Massachusetts Neuropsychological Society, became Fellow of the American Psychological Association, Division 40, in 2012, served a three-year term (ending in 2015) on the Board of Governors for International Neuropsychological Society, was awarded a 2006-2009 UF Research Foundation Professorship, and won the 2015 Research Mentor Award and the 2015 Audrey Schumacher Teaching Award in the Dept. Clinical & Health Psychology, and was recently named the 2015 College of Public Health and Health Professions Research Mentor of the Year. She achieved Board Certification in Clinical Neuropsychology from ABPP in YEAR. **Margaret Bradley won the 2011 Award for Distinguished Contributions to Psychophysiology** from the Society for Psychophysiological Research. **Regina Bussing** was awarded Distinguished Fellowship status in the American Psychiatric Association, the Florida Psychiatric Association, and the American Association for Child and Adolescent Psychiatry, and served as President of the North Central Florida Council of the AACAP. **Vonetta Dotson** currently serves as a Claude D. Pepper Scholar (2012-present). **Julius Gyls** received the North Florida/South Georgia VAMC Outstanding Rating Award (2008, 2009, 2010). **David Janicke** became a Fellow of the American Psychological Association, Division 52, in 2011, was named the 2014 College of Public Health and Health Professions Doctoral Mentor of the Year, and was awarded a 2011-2014 University of Florida Research Foundation Professorship. **Peter Lang** was awarded a 2007 Honorary Doctorate, University of Granada, Spain (Psychology) and a 2008 Honorary Doctorate, University Jaumé 1, Spain, (Psychology), in addition to his two previous Honorary Doctorates and two Distinguished Scientific Contribution awards from APA. **Michael Marsiske** was the recipient of University of Florida Doctoral Mentorship Award (2013), a University of Florida Research Foundation Professorship (2012-2015), the Research Mentorship Award, Institute for Learning in Retirement, Gainesville (2010), the Audrey Schumacher Classroom Teaching Award (2003, 2005, 2006, 2009, 2011, 2012) and the Research Mentor Award (2008, 2009) from Department of Clinical and Health Psychology. **Deidre Pereira** was the 2013 recipient of the Research Mentorship Award, Department of Clinical and Health Psychology and the 2011 Excellence Award for Assistant Professors at UF. **Michael Perri** was the recipient of the 2008 Samuel M Turner Award for Distinguished Contributions in Applied Clinical Research, Society of Clinical Psychology, American Psychological Association, the 2013 Distinguished Research Mentor Award from the Society of Behavioral Medicine, was elected member of the Delta Omega Public Health Society, Beta Upsilon Chapter (2010), and was named the 2014 Skelton Distinguished Lecturer at Texas Tech University in addition to numerous University awards for leadership and contributions to Public Health. **Catherine Price** was a 2013 recipient of the UF Provost's Assistant Professor of Excellence Award, a 2012 UF Research Mentorship award, and is the first recipient of the Paul Satz Term Professorship in Clinical Neuropsychology at UF. She achieved Board Certification in Clinical Neuropsychology from ABPP in 2014. **Ronald Rozensky** was the 2014 recipient of the Nathan W Perry, Jr. Award for Career Service to Health Psychology (APA Division 38, Health Psychology), the APA Award for Distinguished Career Contributions to Education and Training in Psychology (2013), the American Board of Professional Psychology (ABPP) Award for Distinguished Service and Contributions to Professional Psychology (2013), the APA Board of Educational Affairs Education Advocacy Distinguished Service Award (2012), the APA Award for Distinguished Professional Contributions to Institutional Practice (2011), and the Joseph D. Matarazzo Award for Distinguished Contributions to Psychology in Academic Health Centers presented by the Association of Psychologists in Academic Health Centers (2010). **Lori Waxenberg** participated as a member of the 2011 class for the American Psychological Association Leadership Institute for Women in Psychology, and was awarded Board Certification in Clinical Health Psychology by the American Board of Clinical Health Psychology (2011).

During the past seven years, a number of departmental faculty have been actively involved in the journal review process. Fifteen core faculty have served as either Editors or Members of Editorial Boards of 34 scientific and professional journals. All told, faculty performed peer review of empirical articles for 153 peer reviewed journals. **(See Appendix K for listing since 2008).**

During this self-study period (2008-2015), three additional faculty have demonstrated advanced competence in the practice of a specialty in professional psychology through examination and board certification by specialty boards of the American Board of Professional Psychology. These include: Clinical Health Psychology: (Dr. Lori Waxenberg) and Clinical Neuropsychology (Drs. Dawn Bowers and Catherine Price). This brings to nine (8) the number of our core and associated program faculty, including the Program Directors for the doctoral program and internship, who are currently ABPP board certified (Bauer, Bowers, Cohen, Guenther, Perri, Price, Rozensky, Smith, Waxenberg).

Associated faculty includes those outside of the department who have made significant contributions to the program over the years. These faculty members have assumed specific responsibilities as individual student needs for research or clinical training warrant. At the present time affiliate faculty appointments (designated by appropriate University titles such as “affiliate”, “joint”, or “courtesy” according to their duties and activities), are reviewed yearly. When affiliate faculty have supervisory responsibility for student clinical training, they are required to provide written performance feedback and to participate in the student review meeting to discuss their written evaluation. The Program Director discusses with all students their offsite training experiences, consults with affiliate faculty, and communicates directly with the faculty supervisors, as a means of quality assurance.

**C2. Students.** The program currently has 78 students. With graduations and new matriculation, the approximate enrollment at the beginning of Fall Semester, 2015 is expected to be 80.

**C2a. Student Body Size.** The program accepts 12-17 students per year. The size of the incoming class is determined, in part, by faculty judgment about the optimal number of students needed for delivery of quality clinical, research, and didactic instruction. Efforts are undertaken to foster peer socialization through formal (e.g., first-year course in "Introduction to Clinical Psychology"; cohort meetings with the Program Director) and informal (organized social activities) means. Over the years, incumbent students, with faculty support, have developed meaningful and important mechanisms for socializing new students into the department. These are activities to which incumbent students devote strong effort and in which they take great pride. Examples include, (1) the first-semester Scavenger Hunt, where the second year students teach the new class important facts about Gainesville, the University environment, and the faculty, through a challenging series of tasks, (2) the semi-annual “QOL Bowling Tournament”, and (3) the annual “Neurolympics” competition in which students compete as teams to answer arcane trivia questions about the brain and mind. First year students are introduced to research through involvement in vertical laboratory teams, and to clinical work through “shadowing” students already involved in clinical practice. The Program Director meets regularly with each class of students, as well as with their elected student representatives, to identify important issues affecting student life, professional development, and faculty-student relationships.

**C2b. Fit between Student and Program.** The Admissions Committee places particular emphasis on prior research experience, the breadth and quality of undergraduate preparation in basic science and psychology, letters of recommendation, personal statements, GPA's, GRE scores, and aptitude for research and practice in considering applicants for the graduate training program. The personal statement is also carefully examined for alignment with, and dedication to, the scientist-practitioner philosophy. Interest areas that are viewed as the best match for our program include clinical child/pediatric psychology, clinical health psychology, neuropsychology and clinical neuroscience, and emotion neuroscience and psychopathology. Consistent with program goals and applicant aspirations, a diversity of career paths is supported and valued by the program, provided that the

applicant expresses dedication to acquiring the knowledge, skills, and attitudes that define the scientist-practitioner. Applicants are reviewed and top candidates are invited for a recruitment weekend. This weekend affords students an opportunity to learn about the graduate program and about the physical, intellectual, and social atmosphere in which the program resides. It also affords them the opportunity to interact more informally with students and faculty, which allows an informal assessment of interpersonal competencies. Faculty and incumbent students interview applicants and provide input to the Admissions Committee regarding prospective students' interests and training needs that provide "best-fit" with program offerings. Those applicants that are unable to attend are offered telephone or Skype interviews with various faculty and students.

The quality of the student body continues to be outstanding by most any measured standard. For example, students admitted to the doctoral program between the years of 2008-2012 had an average Verbal GRE score of 609, an average Quantitative GRE score of 697 and an average Total GRE score of 1306. Comparable data for 2012-2014 (with the new GRE scale) are Verbal (160), Quantitative (156) for an average GRE Total of 316. From 2008-2014, students have had an average undergraduate GPA of 3.77 on a 4 point scale. In addition, we are one of the most competitive programs in the Graduate School in regards to admission rate. In-house statistics for the 2014-2015 admissions cycle revealed 316 completed applications with 13 offers of admission (4% acceptance rate). Of those students offered admission, 12 (92%) enrolled in the program and will begin classes in Fall 2015. Additional indices of student quality and activity can be found in the "Program Outcomes" table in Domain F2 and in student activity reports (available for inspection by the site visit team). Students in the program regularly earn awards from professional and scientific societies for poster and paper presentations, compete successfully for juried awards, and commonly win local competitions for awards and scholarships. A sample of recent student awards is provided in **Appendix L**.

**C2c. Student Development and Career Paths.** Students reflect, through their personal, intellectual, and professional development, and through their involvement in professional activities, the program's goals, objectives and philosophy. The manner in which the program's activities are reflected in student achievement, performance, and identification with the profession is detailed in Domain F2 in the Program Outcomes table. Student career trajectories reflect the full scientist-practitioner spectrum, as can be seen in our Distal Outcomes.

**C3a. Financial Support for Education & Training Activities.** Department faculty currently are appointed 23.7 FTE. Most program faculty members are full-time (1.0 FTE) 12 month employees of the University of Florida. FTE's less than 1.0 have occasionally been granted, and a few faculty (Bauer, Perlstein) currently split their FTE between UF and the VA (Brain Rehabilitation Research Center). In addition to salary and benefits, the department provides financial support for faculty through payment of licensure and board certification fees. An extensive award program is in place at the College and University level to support faculty productivity. Most of these awards (e.g., Foundation Professorships, Doctoral Mentoring Awards, Rewards for Assistant Professors of Excellence) carry monetary awards that either enhance faculty salary or provide research and instructional support through the establishment of discretionary faculty accounts.

**C3b. Clerical and Technical Support.** The department currently has 11.0 FTE for departmental support staff, which includes five departmental office staff and 6 clinic staff. One (1.0) FTE of staff support has long been devoted solely to the doctoral program, and additional support is available as needed by other staff. The current Program Assistant is Milan Savic, Academic Coordinator. The "Academic Coordinator" appointment is a higher level position than the Program Assistant level that supported the program during the last accreditation cycle. The Dean's Office provides additional clerical and technical support for the academic program as well as fiscal assistance to faculty and

students for personnel and grant management matters. Technical support for network-based computers is provided by PPHP IT, which has 6 positions (4 full time, 2 part time).

**C3c. Training materials and equipment.** Each faculty office and student workspace is equipped with computer systems capable of supporting all work activities. All PPHP computer systems are connected through the Academic Health Center data network. All faculty and students have high-speed access via the University of Florida's campus network and its redundant connections to the Internet, Internet2 and Florida LambdaRail. The College of Public Health & Health Professions provides a full-service computing environment for its constituents, offering standard services such as email, file, web, print, database, and statistical analysis as well as more specialized server needs such as experimental control or post-processing for neuroimage analysis. When individualized IT needs exist, faculty work directly with IT staff on installation and maintenance. All PPHP users are provided with space on PPHP file servers. These servers run modern Microsoft server operating systems and connect via fiber optics to an AHC-managed SAN array providing terabytes of fault-tolerant storage to the College. User accounts are also associated with their departments giving them access to the department's folder on the share drive, which contains resources and documentation for all aspects of program matriculation, enrollment, and administration. By default, all users are also given access to the PPHP Folder on the share drive, providing a shared file storage location for the entire college. The College of Public Health and Health Professions supplies each faculty and staff member with a modern business-class computer, based on latest available technology. The standard machines are loaded with a range of work essential applications with a base install of MS Windows 7, MS Office 2010, Adobe Acrobat Reader, and McAfee Virus Scan. PPHP provides statistical analysis programs such as SAS, SPSS, JMP, Matlab, R, and STATA by request. All faculty and registered students involved in direct patient care have direct access to on-line medical records (EPIC) and hospital scheduling resources from any networked computer. Off-campus access is achieved with VPN connections. Funded tenure track faculty members are provided laboratory space for research training that is also equipped with computers for student use. Most laboratory computers are networked and provide expandable space for large-scale data storage and daily backup and archiving. Technical support for the development of web-based instructional programs and for multimedia development is available from the Academic Health Center IT.

The PPHP IT staff consists of 4 full-time IT professionals and 2 part-time staff, including specialists in server management, networking, data supervision, storage schema, desktop support, and Web design. All users using a PPHP recommended PC have the full support of the College IT staff. The IT staff will assist with Setup, OS Installation, network printing and connectivity and new hardware installation. Despite limited application support, the IT staff can answer most questions. All College owned laptops receive full support for software and hardware upgrades. In special cases the College has provided home PC's to some Faculty and Staff. IT will support all College owned home computers, provided they are brought in for service. Faculty with personally owned home computers can connect with relevant servers and drives through desktop connections, or in the case of sensitive information (e.g., PHI, identifiable research data) through a Virtual Private Network. The IT Center provides computer training free of charge to all UF faculty and staff.

The clinic has video/audio observation and recording capability for use in clinical supervision and research. The capability to observe activity in any clinic room from any networked computer is provided through the exacqVision Client. A large corpus of tests and measurements (over 200 individual items, plus computer-based platforms provided by Pearson and other vendors) needed for clinical practice is available, and faculty and students provide input with regard to new tests and protocols that should be added to the Clinic toolbox. The main Health Science Center Library, located within a 5-minute walk from the department, is a 55,000 square foot technology-enhanced facility whose users may access 115 publicly available computers. There is seating and study space for a total of 720 patrons available on three floors. The Gainesville Library is open an average of 97.5

hours per week, and averages 32,168 visitors per month. As of June 30, 2014 the Libraries' collection totaled 348,682 volumes, 14,322 serial titles in all formats (14,307 electronic, 22 Print + electronic, and 3 print), 355 databases, 1,151,826 e-books (with 47,335 specifically health related) and 154,946 electronic journals, which are obtained through campus-wide purchase (51,860), participation in statewide consortium (29,690), and Open Access Directory (73,396). Total expenditures for the collection (including contributions by HSC colleges and departments and binding) in FY13-14 exceeded \$2.2M. Representation of psychology journals within the collection is excellent, in part because library appropriations have made it possible for faculty to request subscriptions based on need and projected circulation.

**C3d. Physical facilities.** The department currently occupies 9,753 square feet of space in the Health Professions, Pharmacy, and Nursing Complex (HPNP). These facilities provide space for Departmental Administration and support staff (3,717 square feet), office space for tenure-track faculty (3,720 square feet), as well as nine rooms for student space (2,316 square feet), designated for all graduate students in residence. This HPNP student space provides each student with high speed network computer access (see IT services, above). Currently funded faculty have assigned research space in the PPHP Research Complex on the Ground Floor of the Dental Science building, the Surge complex (located on Southwest Archer Road) or in the VA. In addition to the designated student workspaces, most students also have space in their mentor's lab. This lab space (approximately 13,361 square feet) contains networked computer facilities as well, which is maintained by AHC and PPHP IT staff. The Psychology Clinic is located within a five-minute walk of the main department, on the Ground Floor of the UFHealth Shands Hospital. The Clinic occupies 3,509 square feet and is comprised of two staff offices, a large workroom, a resource room for mailboxes and test material storage, an observation room, and 15 rooms for assessment and intervention activities. Some rooms are equipped for family or child/play activities, while others are better suited for individual therapy or assessment.

**C3e. Student Support Services.** The program does not offer unfunded admission slots. For both assistantships and fellowships, the current stipend for incoming students is \$18,000 plus 26 credits of tuition (\$13,739) the first year (24 in subsequent years). Assistantships may be supported by faculty research grants/contracts, by college-based teaching positions, or by the department and are appointed on a year-by-year basis. Fellowships may be supported by University or foundation (e.g., McKnight) funds and are offered for multiple years. Additional fellowship positions may be available from the three T32 training programs that, in whole or part, reside in the department. Academic and lab fees (\$80/credit x 26 = \$2,080) and health insurance are also covered, the former for the first year and the latter throughout the student's matriculation in the program. Currently 100% of students receive financial support. In addition to assistantships and fellowships, a number of students receive additional funding as a result of teaching selected undergraduate courses and there are additional monetary awards for outstanding research, clinical, and service activities given at the annual Fall Symposium (the Student handbook [**Appendix D, p. D10**] contains a description of the Department's annual award program). Student research is supported through the maintenance of student space and laboratory computers, and small grant funds from various CHP centers. Despite providing ongoing funding for students in good standing, current funding does not provide for the entire cost of graduate education, and our graduates with loans are leaving the program with an average of \$40,250 in debt.

The College maintains a website that points to a broad variety of student support services that can be found at <http://phpp.ufl.edu/services/student-resources/>. These services include career planning (Career Resource Center), the Office of Student Financial Affairs <http://www.sfa.ufl.edu/> that provides financial counseling and assistance with financial aid programs, the UF International Center <https://www.ufic.ufl.edu/sas/>, which serves in a leadership and facilitation role to further the University's international agenda, and to provide assistance and support to faculty, staff,

administrators, and students as well as external stakeholders in their international activities, the New Student and Family Services office/Dean of Student's Office, which provides programs that support new students and families in their transition to UF by providing a welcoming and inclusive atmosphere, connecting students to University resources and people, acquainting students with institutional expectations and values, and fostering pride in the Gator community. Additional student resources include RecSports, a division of Student Affairs <http://www.recsports.ufl.edu/> which supports intramural recreation programs, and the Student Health Care Center <http://shcc.ufl.edu/> which provides a variety of emergency, primary, and specialty care medical services, including Women's Health, Counseling and Wellness, Sports Medicine and LGBTQ services.

**C3f. Access to practicum sites.** The department faculty and staff operate the Psychology Clinic, directed by Glenn Ashkanazi, Ph.D. The clinic is physically located on the ground floor of the 996-bed UF Health Shands Hospital/UF Academic Health Center complex, in close proximity to faculty offices, student space, and faculty research laboratories.

The Psychology Clinic and its associated faculty group practice (UF Health Professions Association), serves the UF Health Shands Teaching Hospital and its outpatient clinics. Most core faculty members maintain an assessment/consultation clinic one or two days per week in which students on core or advanced practicum assignments gain supervised clinical experience. Here, students generally work side-by-side with interns and/or post-doctoral associates in performing assessments and consulting with patients, medical staff, and other health professionals. The juxtaposition of post-doctoral associates and interns with graduate student trainees provides a rich intellectual environment, as the post-docs and interns typically bring competencies and experiences gained in a different training setting to the UF environment. It also provides a structural means (the vertical team) by which we can explicitly arrange training in supervision. Students also carry intervention cases in the Psychology Clinic, assigned according to training needs. In addition, faculty also practice at offsite locations such as the University of Florida Anxiety Disorders Clinic, the Columbia County School system (Lake City) and the Gainesville VA facilities where some students have completed core rotations in primary care.

**Additional Resources.** A major resource for CHP faculty and students focusing in the neuropsychology area is the 120,000 square foot University of Florida **Evelyn F. and William L. McKnight Brain Institute**. This state-of-the-art facility houses a variety of laboratories and multimedia teaching facilities serving 12 interrelated programmatic research initiatives including Neurogenetics, Developmental Neurobiology & Neuro-Oncology, Brain and Spinal Cord Traumatic Injury, Stroke & Epilepsy, Movement Disorders, Neurotoxicology, Substance Abuse, and Addiction, Neurobiology of Aging & Alzheimer's Disease, Cognitive Neuroscience, Computational & Network Neuroscience and Structural and Functional Imaging. This facility supports collaborative relationships among basic scientists and clinical faculty aimed at stimulating applications of science to nervous system disorders. The MBI has over 200 faculty members from over 50 different departments, divisions, Centers and programs. Students wishing to perform neuroimaging research can use the MBI-situated Philips 3T, 90 cm whole body scanner, located across the parking lot from the HPNP Building in the **Advanced Magnetic Resonance Imaging and Spectroscopy (AMRIS) Facility**. This magnet system is dedicated to research with human and large animal imaging and spectroscopy and is equipped with 16 channels and a large variety of coils for brain, cardiac, and muscle studies. Cardiac imaging, perfusion imaging, multi-nuclear spectroscopy and diffusion imaging can be performed routinely on this platform. The 3T is equipped with an Invivo/Philips Eloquence fMRI system. Philips and the AMRIS Facility of UF recently signed a research agreement that provides 3T users with the latest research software keys and access to Philips technical experts for assistance with data acquisition and processing. The AMRIS Facility has a Philips service contract to ensure reliable operation and rapid response, if a system problem is encountered. As part of this service contract, all of the computers and operating software are up-graded regularly to keep the system

state-of-the-art. User fees include a 3T operator who can help with instrument modifications and custom operation.

The **UFHealth Center for Movement Disorders & Neurorestoration (CMDN)**, a site used for one of our Neuropsychology rotations, is architecturally and conceptually organized around an integrated, interdisciplinary, patient-centric care model. The Center delivers motor, cognitive and behavioral diagnoses as well as various treatments all in one centralized location. Care is coordinated and provided by leading specialists from many advanced medical and surgical services. The CMDN is located on the 4th floor of the Orthopedic and Sports Medicine Institute and has over 10,000 square feet of dedicated interdisciplinary space. All specialists live together in side by side arrangement— with clinical services, an automatic gait and balance machine, rehab services, a MRI, a swallow suite, laboratory space, a tele-medicine room, and dedicated clinical trials space. The Center maintains a comprehensive database of laboratory, clinical, neuroimaging, and cognitive data to facilitate research; the database is accessible by formal proposals that are reviewed by an oversight committee. The space and architecture plan are unique, and everything about the center is patient-centric all the way down to the art on the walls—all contributed by actual UF patients. Patients can stay the night at the adjacent UF Hilton Conference Center, walk across the street, see multiple specialists in a single day, learn about available clinical trials, and still have time to cross 34th Street to enjoy the world famous UF Butterfly Rainforest.

The **North Florida/South Georgia Veterans Health System (NF/SG VAHS)** consists of two medical centers, three large multi-specialty outpatient clinics and eight small community-based primary care outpatient clinics. The NF/SG VHS is home to four VA research centers: the **Brain Rehabilitation Research Center of Excellence (BRRC)** which seeks to improve current treatments or discover new forms of treatment to improve neurorehabilitation for impairments caused by stroke, incomplete spinal cord injury and other neurological problems; the **Center for Innovation on Disability and Rehabilitation Research (CINDRR)** which conducts interdisciplinary research to improve the health, function and community reintegration of post-deployed veterans and veterans with neurological impairment; the **Geriatric Research, Education and Clinical Center (GRECC)** which finds ways to improve health care and enhance quality of life for older veterans and their caregivers; and the **National Center for Occupational Health and Infection Control (COHIC)** which seeks to solve important problems that arise at the intersection of occupational health, infection control, industrial hygiene and biosafety. The **Malcom Randall (Gainesville) Veterans' Affairs Medical Center** is a general medical, surgical, and psychiatric facility with 473 authorized beds and a 60-bed Nursing Home Care Unit. The Gainesville facility provides comprehensive primary, secondary, and tertiary care for veterans in its service area. Pre- and post-hospital care is provided through approximately 1 million patient visits annually to the ambulatory care and the associated outpatient clinic programs.

An additional resource is the **Center for the Study of Emotion and Attention**, Directed by our Graduate Research Professor, Peter J. Lang, Ph.D. The broad aim of the Center is to study emotional stimulus processing in all its directly measurable manifestations, i.e., as affective report, behavior and patterns of expressive physiology (facial, visceral, and neuromuscular), and to understand the relation of these processing measures to functional changes in the brain. An important further aim is to study the interaction of emotional reactivity with attentional demands, as attention is modulated by stimulus characteristics, motivational state, and the behavioral and social context. Through their interactions with the center, students learn state-of-the-art methods for evaluating affective processing, including dense-array electrophysiological recording, functional magnetic resonance imaging, and multichannel psychophysiological techniques. An international list of collaborators brings students into contact with world-class researchers through laboratory visits and formal colloquia. It can be noted that the Center for the Study of Emotion and Attention is closely related to the UF Anxiety Disorders Clinic, where many practicum students gain valuable outpatient mental health training.

The **Clinical and Translational Science Institute**, led by David Nelson, M.D., seeks to improve human health by accelerating the translation of scientific discoveries into practical applications and practices for the diagnosis, treatment, prevention, and cure of human diseases. It is geared to attract individual and team investigators to amplify their capabilities, and to help them more effectively and quickly carry out their clinical and translational research. UF CTSI improvements include awarding of funding for pilot projects (2 of our students have had dissertation work supported by this program), changing the IRB submission process, creating new informatics resources, and introducing a common reimbursement mechanism for clinical research charges. The UF CTSI's NIH award of nearly \$26M has been matched by more than \$50M in UF commitments. It partners with the UF Health system, the NF/SG Veteran's Health System, other state institutions including Florida State University and the University of Miami and their affiliated health systems, and other CTSA's across the country. The CTSI supports 13 transformative programs, 45 services to investigators, and 12 educational programs (including formal K and TL1 programs) spanning the translational spectrum. The CTSI is one of the major occupants of the Clinical and Translational Research Building (CTRB), along with the Institute on Aging and several other research groups from different parts of campus. Several departments are fully housed there, including the Departments of Epidemiology and Biostatistics, which are jointly administered by the College of Public Health and Health Professions and the College of Medicine. Opening in 2013, the CTRB is a \$45 million, 120,000-square-foot building, located two blocks from the department's home in the Health Professions, Nursing, and Pharmacy Building. The building's main purpose is to bring together research teams from different scientific spheres. CTRB is designed from the ground up to facilitate employee health, patient satisfaction and cutting-edge research. During the CTRB's first year, teams in the building collaborated on more than 300 health research projects funded by grants totaling more than \$43 million. More than 3,000 research visits for adults and children occurred in the UF Clinical Research Center, which is on the first floor of the CTSI wing. UF Health Senior Care, located on the first floor of the Institute on Aging wing, provided care to more than 2,800 patients in 2013. The CTRB has earned Platinum certification from the Leadership in Energy and Environmental Design (LEED) program of the US Green Building Council. CTRB sustainability features include low-emission building materials to improve indoor air quality; recycled building materials; technologies to conserve energy and water; 220 solar panels that supply an estimated 8 to 12 percent of the building's power; and light meters that dim the lights in ample daylight. The facility is equipped with state-of-the-art medical equipment, including a gait-analysis system and the "Bod Pod", which accurately measures body fat without the requirement of submerging the patient in water.

The **Institute on Aging (IOA)** seeks to improve the health, independence and quality of life of older adults by means of interdisciplinary teams in the areas of research, education and health care. Marco Pahor, M.D. is the director of the IOA and also leads the CTSI's KL2 mentored research career development program. Stephen Anton, Ph.D. (an "Affiliated Faculty" in the program) leads the IOA Clinical Research Unit. The IOA has a rich environment of scientists and state-of-the-art facilities to conduct research and to train the next generation of clinical and translational scientists. The NIH-funded Pepper Older Americans Independence Center and large multicenter trials conducted at the IOA provide an outstanding environment. Embedded in the IOA is the University's Cognitive Aging and memory Program, directed by Dr. Ronald Cohen, a clinical neuropsychologist with a joint appointment in the department (also listed among "Affiliated Faculty"). Several faculty members (Dotson, Marsiske, Price) have research collaborations with this program. There is also a clinical referral partnership with the affiliated UF Senior Care geriatric primary care clinics.

The **UFHealth Cancer Center** is a nationally recognized cancer center with nearly 380 members, consisting of clinicians and scientists, and hundreds of research assistants, nurses, technicians, and staff in Gainesville and Jacksonville that was recently designated as a Florida Cancer Center of Excellence. Multidisciplinary teams from colleges within UF Health, including the College of Medicine, Nursing, Veterinary Medicine, Dentistry, Pharmacy and Public Health and Health

Professions, as well as agriculture and life sciences, work in collaboration to help speed discovery and treatment options for individuals diagnosed with cancer. Center members are world-renowned experts who have participated in the research and development of many of the diagnostic and treatment methods used as standard medical practice today.

In addition, there are a number of collaborating units that have provided practicum sites for our advanced students. A description of potential advanced practicum sites is found in **Appendix D, pp. D61-D80** of the CHP Student Handbook. Practicum sites that have been actively used during the reporting period are detailed in **required Table 2**.

The **PHHP Research Administration (Grants) Core Team** provides pre-award and post-award services for all of the departments in the College of Public Health and Health Professions, including Biostatistics, Behavioral Sciences & Community Health, Clinical & Health Psychology, Dean's Office, Epidemiology, Environmental & Global Health, Health Services Research, Management & Policy, Physical Therapy, Occupational Therapy, and Speech, Language & Hearing Sciences. Faculty projects are managed by the team as a group, with specific staff members assigned to each faculty member as the primary point of contact for administrative management of studies.

**C4.** This program is not a consortium.

**Domain C issues raised in last decision letter:** None.

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## **Domain D: Cultural and Individual Differences and Diversity**

**D1. Recruitment and retention of students and faculty from diverse backgrounds.** Student recruitment efforts include cooperation with the Office of Graduate Minority Programs in the UF Graduate School, the Florida A&M University Feeder Program, the UF Undergraduate Minority Mentor Program, the McKnight Doctoral Fellowship Program, the McNair Scholars Program and individual correspondence with minority candidates listed by the APA Office of Ethnic Minority Affairs. The University has extensive Diversity Programs offered through the Graduate School, summarized at <http://graduateschool.ufl.edu/student-life-and-support/diversity-programs>. The UF Office of Graduate Minority Programs seeks to increase the number of graduate students from underrepresented ethnic or racial groups, and to provide prospective and enrolled graduate students with material and mentoring to help them successfully earn their graduate degrees.

Our current student body consists of 25% minorities, all of whom have had their tuition and stipends supported through departmental assistantships or fellowships (e.g., McKnight) or through Graduate School Minority fellowship funds administered by the Office of Graduate Minority Programs. We value cultural diversity, broadly defined. In the recent past, we have had students from France, Jordan, Canada, and Saudi Arabia). One of our recent graduates has returned to the University of Jordan to develop a health psychology training and service program as a regular tenure-track faculty member, and another student has returned to her native Taiwan to establish a neuropsychology program at National Taiwan University. Representing additional dimensions of diversity, we have had recent students who are physically disabled, others who are LGBTQ, as well as several students who have come to psychology from other careers (e.g., professional ballet, business management, Olympic skeleton, finance, mathematics, computer/systems engineering, athletic training, and journalism).

Continuing to enhance our program's ability to recruit high caliber minority applicants and other students from diverse backgrounds and develop a broader program perspective on issues of diversity

is a high priority for our graduate program. In an effort to make advances in this area, our Curriculum Committee has a minority student representative in addition to those student representatives currently serving “at large” functions. Such representation would seem to be one of several ways to increase the extent to which issues of diversity and cultural differences are considered as they relate to curricular initiatives. In this regard, the Curriculum Committee is considering the addition of a required advanced course in Diversity and Multicultural Awareness in the 2015 academic year, with the goal of providing students with a more intensive review of science-practice integration in multiculturalism. An additional approach to increasing faculty awareness regarding recruitment and retention issues relevant to minority applicants is to have a minority faculty member as a member of the Admissions Committee. The focus of this faculty member’s activities de-emphasizes the overall review of individual applicant folders, instead emphasizing identification and discussion of issues, barriers, and principles of minority recruitment designed to raise Committee awareness and to promote best practices in applying culturally sensitive approaches to the identification of quality minority applicants and in advancing effective approaches to minority recruitment and retention by both faculty and students.

While becoming more productive in terms of the recruitment of students from diverse backgrounds remains a continuing goal, we have been especially pleased with our ability to retain such students, having only one minority student leave the program prior to graduation, and none since 2009.

We believe that our success in *retaining* students from diverse backgrounds is in related to the success our enrolled minority students have had in becoming involved in campus organizations, activities, and events that support cultural diversity and having their high levels of achievement reinforced through a variety of forms of recognition.

- a. Our McKnight Fellows participate in campus activities related to the broader **McKnight Doctoral Fellowship Program**. Our students have been able to attend a number of conferences and workshops for graduate students interested in pursuing careers in academia. Some have attended the summer writing workshop to develop their dissertation work, where they have gained experience presenting their research to faculty from other institutions. One student recently Chaired a research panel at the yearly McKnight meeting in Tampa, FL.
- b. Several students have participated in **Gator McKnights Unite (GMU)** – a university chapter of the broader McKnight Fellowship Program. Here, students have the opportunity to practice conference and department-based presentations, have resume and cover letters reviewed by peers, and engage in a number of social and community service activities. They also circulate a list of upcoming trainings, conferences, and resources available to UF students.
- c. Several students are also involved in the **Black Graduate Student Organization (BGSO)** and one of our students served as a member of the Health and Wellness Executive Board. The BGSO provides a supportive environment and focuses on the academic and professional development of graduate students and also services the local community. This year, we hosted a breast cancer fundraiser, organized a graduate student health competition, partnered alongside the university’s Martin Luther King (MLK) steering committee to participate in MLK week activities, held a monthly research impact series for students to present their graduate research, and hosted monthly general events. BGSO has also partnered with other campus-based organizations including LOGRAS (**Latino-Hispanic Organization of Graduate Students**) and the Asian graduate organization.
- d. Students have participated in LGBT interest groups, one more academically and clinically oriented (HealthQueer Alliance), and the other a social group of graduate students (OUTGrad). One of our students is currently the College representative to HealthQueer Alliance, which holds talks and panels addressing topics such as how to navigate professional environments as an LGBT individual.

- e. The College of Public Health and Health Professions hosts a yearly “Diversity Day” symposium, which includes a Distinguished Lecturer, a poster/networking session, and a Panel Discussion. This past year, the Distinguished Lecture, entitled “Societal Impacts through Research and Diversity: Who We Are and What We Do”, was given by Juan E. Gilbert, the Andrew Banks Family Preeminence Endowed Chair and Associate Chair of Research in the Department of Computer and Information Science and Engineering at UF.
- f. The UF President’s Council on Diversity hosted The Gator Global Initiative (GGI) Conference, a two-day social justice event aimed at developing socially responsible leaders, which was held on March 14-15, 2015 on the UF campus. The keynote speaker was Benjamin Reese, Ph.D., President of the National Association of Diversity Officers in Higher Education, who spoke on “Implicit Bias in the Academy: Meeting the Challenge”. The GGI program and goals can be found at [http://www.leadershipandservice.ufl.edu/programs/gator\\_global\\_initiative/](http://www.leadershipandservice.ufl.edu/programs/gator_global_initiative/). Additional Diversity Resources can be found by visiting the President’s Council on Diversity website at <http://hr.ufl.edu/manager-resources/recruitment-staffing/institutional-equity-diversity/presidents-council-on-diversity/>
- g. The program has successfully competed for supplemental summer tuition support for minority students from the University Office of Minority Affairs. This has provided a positive start to graduate school with coursework in writing and statistics as well as developing a supportive network within the local University community.
- h. Several CHP faculty members (most recently Drs. Dede, Dr. Perlstein and Whitehead) mentor students within the University of Florida Minority Mentor program.
- i. Dr. Duane Dede, an African-American faculty member, has regular meetings with African American students focusing on adjustment and resource development issues.
- j. Courses offered by our colleagues in the Department of Psychology are available that relate to issues of diversity that are of interest to both minority and non-minority students. Examples include PCO 6939 (Health Disparities Research and Intervention Approaches; Carolyn Tucker, Ph.D.) and PCO 6278 (Diversity and Multiculturalism; Mary Fukuyama, Ph.D, Gizem Toska, Ph.D.).
- k. In May 2015, the Department, under the leadership of Lori Waxenberg, Ph.D., ABPP and two students, began a quarterly Women’s Leadership Reading/Discussion Group designed to focus on a women’s leadership topic through readings and discussion.
- l. We believe that additional factors that will help continue to maintain the retention of minority students are efforts to involve high caliber minority faculty as contributors to the CHP curriculum. Notable in this regard has been the recent granting of faculty affiliate appointments to two outstanding minority clinical psychologists affiliated with other departments within the Academic Health Center. Tamara Warner, Ph.D., an African-American graduate of our program who is a Research Assistant Professor in Pediatrics, conducting research on developmental effects of prenatal drug exposure. Dominique Delalot, Ph.D., also a graduate of our program, is Assistant Professor of Psychiatry with expertise in civil and criminal forensics.
- m. Recognition of minority student excellence and achievement in scientific and professional activities also contributes to retention. As examples, our currently enrolled minority students have earned the following awards and recognition: (1) Poster Finalist, 142<sup>nd</sup> Annual Meeting of the American Public Health Association, New Orleans, 11/15-19, 2014); (2) Benton-Meier Neuropsychology Fellowship, American Psychological Foundation (2014); (3) Scholarship to Advanced Psychometrics Methods Workshop in Cognitive Aging at Friday Harbor, 2014; (4) Outstanding Abstract Award, Society of Behavioral Medicine Obesity and Eating Disorders SIG, 2013; (5) Invited participant, SPM/neuroimaging course at University College, London; (6) Selected participant at European Pain School of the International Association for the Study of Pain/University of Siena; (7) two T32 Scholars (selected in competitive application process); (8) Oral paper presentation at 2014 American Psycho-Oncology Society.

Regarding recruitment and retention of minority faculty, the University of Florida provides education and training in faculty recruitment, including the requirement that all faculty who serve on search committees complete an educational module and obtain certification for that role. The UF Office of Faculty Development publishes a Faculty Recruitment Toolkit that is available online to search committees ([http://www.aa.ufl.edu/Data/Sites/18/media/documents/faculty\\_toolkit.pdf](http://www.aa.ufl.edu/Data/Sites/18/media/documents/faculty_toolkit.pdf)). This toolkit contains a full chapter of resources for enhancing diversity within candidate pools, and an additional set of resources provides guidance on enhancing faculty retention. In addition, the University offers diversity coaching (Office of the Associate Provost for Faculty Development) and holds periodic Diversity Recruitment workshops.

**D2. Education in Cultural and Individual Diversity.** In order to systematically address issues of diversity the program requires that every course in our curriculum address issues of cultural and individual differences as well as the ethical and professional issues related to course content. Likewise, 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". In addition, a major section of the Introduction to Clinical Psychology: Professional Issues and Ethics course taken by all incoming graduate students is devoted to issues of diversity and multicultural competence. With respect to clinical training, a specific objective is that the student will have assessment and intervention experiences across the life span and these experiences should be reflective of a range of human diversity, including gender, religion, race, ethnicity, age, sexual orientation, and disability status. Diversity of caseload is monitored quarterly through review of clinical contact logs by the Program Director, and yearly by the Clinical Progress Committee, with specific recommendations made as appropriate. Grades in courses, practica and the qualifying examination assess student knowledge and awareness of diversity issues and implications. Thus, attention to issues of diversity is integral to all education and training in our program. **Our outcomes with respect to diversity experiences are detailed in Table B2.**

In addition, presentations focusing on issues related to diversity are among the topics scheduled for Friday teaching case conference presentations. Included here, for example are case conference presentations on "Ethical challenges with ethnically and culturally diverse populations in neuropsychology" and "Ethnic differences in the influence of parenting on adolescent gang involvement". Likewise, faculty teaching courses within the program also frequently invite speakers with specific expertise in areas related to diversity to speak to their classes. Notable examples have included having Dr. William Conwill from African American studies and the Department of Counselor Education present on issues related to multicultural counseling in our core Intervention course, which is required of all first year students, and having Dr. Tamara Warner, of the Department of Pediatrics speak on multicultural issues in one of our new undergraduate courses, taught by one of our graduate students. Dr. Warner is also scheduled to be a guest speaker in our Introduction to Clinical Psychology: Professional Behavior and Ethics course, which is required of our incoming graduate students. She will speak on Multicultural competencies in clinical psychology.

**Domain D issues raised in last decision letter:** None

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## **Domain E: Student Faculty Relations**

**E1.** The CHP Student Handbook (**Appendix D**) and UF Graduate Student Handbook (**Appendix E**) address most key aspects of student-faculty relationships. These documents include the "Ethical Principles of Psychologists and Code of Conduct," (**Appendix D, pp. D87-D111**) Publication Policy Guidelines (**Appendix D, p. D149**), and Grievance Procedures (**Appendix D, pp. D42**) which also

appears in the UF Graduate Student Handbook (**Appendix E, pp. 50-51**). The department has recently established a formal mentorship compact signed by both student and faculty mentor (**Appendix D, pp. D145-D148**) that insures both the student and faculty agree to explicit terms of the mentorship arrangement. In addition, routine questions asked of each student during their annual individual meeting with the Program Director are "Have you been treated respectfully by faculty? Are your training needs being met? Are you aware of any ethical problems? Are you obtaining sufficient mentorship/supervision?" If problems are identified, students nearly always prefer counseling by the Program that empowers them to seek individual solutions rather than pursue other avenues, but they are always apprised of their rights.

As requested, the following list contains all of the formal complaints filed within the last ten years. Records regarding these complaints are maintained either in the student's file, or the Dean's Office.

2014: This grievance involved a student who was placed on one-year probationary status in September 2013 because of faculty concerns related to clinical progress and professional behavior. In September 2014, a faculty committee appointed by the Chair reviewed the student's progress and recommended that the probation should be lifted and that the student should be allowed to continue in the program. The student then appealed the initial imposition of probationary status to the Chair, filing a grievance that she should never have been put on probation. After review at the Dean's Office and Dean of Students levels, the student's grievance was upheld and all references to probationary status were removed from her record.

While there have been occasional issues related to student-faculty conflict that have been brought informally to the attention of the Program Director during this time, the grievance described above has been the only formal grievance filed during the last 16 years. The aforementioned issues included student concerns about the availability of a mentor, concerns about teaching quality in a course, lack of responsiveness of a mentor to student attempts to meet academic deadlines, and a complaint about student workspace. All complaints have been dealt with in a manner that has addressed the existing conflict and resolved the issue that prompted consultation with the Training Director, who also engages in post-resolution monitoring to insure appropriate resolution.

**How students are made aware of these policies.** The CHP Student Handbook (**Appendix D**) and UF Graduate Student Handbook (**Appendix E, <http://graduateschool.ufl.edu/files/handbook.pdf>**) are provided upon admission and reviewed in orientation sessions with incoming students. The orientation session consists of a welcome by the department Chair and presentations from the college financial aid officer, a representative from Student Health Services, and a representative from the college IT support staff. Following these presentations is a review of program requirements and resources by the Program Director and program assistant. After students are given sufficient time to review the material contained in the CHP Student Handbook, they are required to sign an affidavit indicating that they have read and understand its contents and those of the UF Graduate Student Handbook. The Student Handbook specifies program requirements (**Appendix D, pp. D18-D31**), course policies (**pp. D34-D35**), evaluations and standards (**pp. D35-D42**), and provides information regarding financial aid (**pp. D17-D18**) as well as various student resources. The UF Graduate Student Handbook, available exclusively online but reproduced in **Appendix E**, lists graduate student services (**pp. E40-E42**) and resources (**pp. E42-E49**) as well as graduate student policies, procedures and requirements (**pp. E19-E38**). In addition to program orientation and written materials, students are advised of support services as needs arise on a case-by-case basis by faculty or by the program director. The CHP Student Handbook is also reviewed with the faculty on an annual basis and was last updated in May 2015.

**E2. Faculty Accessibility.** Accessibility of faculty to students is enhanced by the fact that our space is largely physically contiguous, so student workspace and research laboratories that house students

are in close proximity to faculty offices and the clinic space is within close walking distance. In the clinic our faculty and students work literally side by side, thus our faculty members serve as role models for science-practice integration. To better understand dimensions of faculty accessibility and impact, we polled current students in Fall Semester 2014 and asked them several questions about mentor accessibility and about the influence that faculty feedback plays on their professional development. The survey was completed by 58 of 78 (74%) of current students (most of the nonrespondents were on internship). All ratings were based on a 7-point Likert scale (Very Dissatisfied = 1 – Very Satisfied = 7). Key ratings were as follows: (1) Assessment Supervision: 5.86/7; (2) Therapy Supervision: 5.22/7; (3) Relationship with Mentor: 5.7/7; (4) Quality of Mentorship: 5.46/7; (5) Role Modeling by Faculty: 5.56/7; (6) Opportunity to obtain multiple role modeling by faculty: 6.07/7. These data suggest that students perceive faculty as quite accessible and influential in their training. Qualitatively, the majority of ratings fall between “somewhat satisfied” and “satisfied”, and we are continually striving to make these ratings stronger. As might be expected, there is some faculty-to-faculty and cohort-to-cohort variability. The Program Director works with the chair to assist faculty in identifying opportunities for improvement that are communicated via annual faculty evaluation letters. The PD also meets regularly with each student cohort to address concerns and make improvements in this and other aspects of the student experience. Minor issues in this process occasionally arise as faculty are temporarily inaccessible due to grant deadlines or other commitments, but all issues of this nature have been resolved with good results. All available data suggests that student access to faculty is a strength of our program and that faculty devote significant effort in interacting directly to address student educational requirements and training needs.

Historically, the positive nature of our student-faculty relationship continues the tradition of excellence reflected in our selection as the 2001 American Psychological Association of Graduate Students (APAGS) Department of the Year.

### **E3. Sensitive Treatment of Students.** See section A.5.

**E4a-c. Student Notification.** Each admitted student receives a Student Handbook at Student Orientation, conducted before classes begin in their first year. The Student Handbook contains all effective policies and procedures in place at the time of their matriculation. Students receive annual feedback letters that are written by faculty mentors incorporating their own experiences with their mentored students with data provided by the Program Office. Thus, each yearly letter contains a mixture of qualitative and quantitative performance feedback. The letter details student progress in academic, practicum, and research activities. In these letters, progress is summarized and, integrating data from yearly Student Activity Reports, goals for the coming year are articulated.

If student problems emerge between the yearly evaluation cycle, the Program Director works with mentors to provide timely notification. Such notification typically comes first in the form of a “U” or “I” grade in a relevant course. In practicum evaluations, a grade of “Satisfactory, with concerns” can be qualitatively registered in the student file. In this instance, the student receives a “satisfactory” rating for that practicum rotation (i.e., is regarded, for program purposes as having passed that requirement), but is notified of important performance dimensions that must be improved in subsequent rotations. If the student receives a “Satisfactory with concern” or an “Unsatisfactory” grade, they are required to follow up with relevant supervisors, their mentor, and the Program Director, as appropriate, to remediate any less-than-satisfactory grade. In these instances, students are provided with written descriptions of their shortcoming and, where appropriate, behavioral prescription for remediation. On occasion, broader problems in meeting program expectations, professionalism, or ethical conduct is identified. In these instances, a formal remedial plan is implemented in writing, and the student is evaluated on progress in subsequent semesterly evaluation meetings. When the student succeeds in remediating the identified problem, written notification is delivered to the student and entered into the student record.

Boilerplate examples of annual student letters, as well as de-identified examples of corrective actions and remedial plans, are provided in **Appendix M**.

**E5. Complaints and Grievances.** See Section E1.

**Domain E issues raised in last decision letter:** None.

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## **Domain F: Program Self-Assessment and Quality Enhancement**

**F1a-b. Self-Assessment Process.** Program self-assessment is a multifaceted process that includes ongoing dialogue with students and faculty, comparison with national standards, review of student activities and progress, formal alumni surveys, formal retreats and other information gathering processes. Each program review process is briefly described below.

Monitoring of student progress as more fully described in Domain E is an important component of program review process. This includes an annual review by the faculty of each student in the program using the following data: grades, practicum and research evaluations, progress toward meeting research training objectives as reviewed by the supervisory committee chair, progress toward meeting clinical training objectives as reviewed by the Clinical Progress Committee, scholarly productivity, and the student's own self-assessment of education and training needs and goals. When feedback is aggregated across students and cohorts, this review process helps identify systematic program weaknesses and stimulates CQI initiatives in curriculum, physical infrastructure, program administration, or in the social context in which the program resides.

1. Students complete online course evaluations each semester on every course including practicum. Summary ratings of classroom teaching are provided to program administrators, and these ratings and associated comments are posted to the online GatorRater system <https://evaluations.ufl.edu/evals/Default.aspx>. In practicum courses, which are typically 'small-n' cases, student evaluations are manually collected using paper forms, deidentified as to semester and provided to faculty only when a sufficient number of evaluations are available.
2. The Graduate School conducts exit surveys of all master's and doctoral students.
3. The Program Director meets regularly with each student cohort or with elected student representatives from each class to monitor program issues and problem solve as issues arise. Students can also provide the Program Director with anonymous input regarding concerns and problem areas via an open Qualtrics "Suggestion Box" located at the following link: [https://ufl.qualtrics.com/SE/?SID=SV\\_23rQFjyl6ibFou9](https://ufl.qualtrics.com/SE/?SID=SV_23rQFjyl6ibFou9). Our program website and intranet is used to provide students with general program information, forms and procedures.
4. The Program Director meets each semester with the student body in part to monitor program issues and to elicit student feedback about their experiences.
5. The Program Director meets annually with each student in the program to review aspects of the program, their supervision/mentorship, and to discuss any related concerns. At this meeting, the student's goals for the coming year are also reviewed.
6. The Program Director presents an annual report to the faculty in the Fall semester using data from the student annual review process, faculty activity records, exit interviews, and national data. Program strengths and weaknesses in meeting goals are identified, and strategic plans for improving program quality may be developed.

7. The Curriculum Committee, comprised of elected faculty from each area, one appointee by the Program Director and four students, spearheads advances in the curriculum, reviews program issues/policies and brings issues to the faculty for input.
8. The faculty discusses program issues at regular meetings and at formal retreats. For example, the development of our new competency-based practicum evaluation form (CCAT) and our recent modification of the Qualifying Examination both grew out of, and were finalized, with extensive faculty and student discussion in open meetings. Student representatives attend faculty meetings (except for agenda items pertaining to student evaluation), and report back to their constituents on a meeting-by-meeting basis. Other issues such as admissions policies, the nature of the qualifying examination, and issues of teaching and supervision have all been the focus of faculty discussion.
9. Since the last site visit, program faculty have continued their leadership roles with respect to education, science and practice and the dissemination of empirically based knowledge, and thus have brought national perspectives to local issues. Faculty performance in leadership roles is itemized in Section C1 above and is apparent from the CoA short vitas provided in Appendix H.
10. Finally, faculty members participate in a peer evaluation of their in-class teaching skills as required by the College. The form is reproduced in **Appendix N, pp. N3-N5**.

The specific data gathered on a systematic basis regarding program functioning include yearly student and faculty activity reports. The Faculty Activity Report (**see pp. N1-N2 for structure**) contains productivity data in teaching, research, clinical activity, service and other activities relevant to the faculty member's appointment. The Student Activity Report (**Appendix N, pp. N6-N10**) contains data regarding course completion, research progress and productivity (including a report of presentations, publications and grants submitted/awarded), clinical practicum activity (including face-to-face hour counts for assessment, intervention, and consultation), and service contributions. Each semester, students complete Practicum Training Logs that detail their activities in assessment, intervention, and consultation (**Appendix N, pp. N12-N13**). Periodic alumni surveys are conducted (most recently in Fall 2014; see **Appendix O** for most recent survey). Frequent contact with program alumni occurs at national and international scientific and professional conferences. Additional information regarding the functioning of the program is also periodically available from national statistics such as APPIC Match rates, Examination for Professional Practice in Psychology (EPPP) performance data (see [asppb.org](http://asppb.org)), and national ranking data (e.g., National Research Council). Data from these sources are used, where appropriate, as program outcomes (See **Outcomes Table in Appendix P**) and as data suggesting the need for additional quality improvement initiatives. Annual reports regarding admissions activities, minority recruitment/retention, and student funding status are generated and used for program review.

Student evaluations are reviewed by the student's Chair/mentor and Program Director. Appendix N contains various evaluation forms that provide raw data on which program evaluation resides. Regular student meetings with the Program Director and end-of-semester student meetings with the PD and Chair provide additional data regarding student training needs and other concerns.

**Appendix P** provides summary outcome measures of program performance. Each of the program goals/objectives is separately described; the first row for each Goal contains *PROXIMAL* data, while the second row for each Goal contains *DISTAL* data. **The following Table provides pointers to the specific location of Proximal and Distal data in Appendix P.**

Goal	Proximal Data (Current Program Enrollees)	Distal Data (Program Graduates 2008-2014)
1: Broad and General Foundation in Science and Professional Practice	P1	P1
2: Preparation as Producers and Consumers of Research and Scholarship	P2-3	P3-4
3: Develop Knowledge and Skills in Health Service Psychology	P5	P5
4: Develop Knowledge and Skills to make Specialty-Specific Contributions through Major Area of Study	P6	P7
5: Develop Knowledge, Awareness, and Application of Sources of Individual and Group Variability	P8	P8-9
6: Acquire Knowledge of Ethical, Professional, and Legal Aspects of Activity	P10	P10-11
7: Communication of Psychological Knowledge and Concepts to Academic, Scientific, Interprofessional and Community Audiences	P12	P12-13

**Appendix P** also contains EPPP data extracted from the Association of State and Provincial Psychology Boards (ASPPB) website at [http://c.ymcdn.com/sites/www.asppb.net/resource/resmgr/EPPP\\_/2012\\_ASPPB\\_Exam\\_Scores\\_by\\_Do.pdf](http://c.ymcdn.com/sites/www.asppb.net/resource/resmgr/EPPP_/2012_ASPPB_Exam_Scores_by_Do.pdf) (**Page P14**) and 2000-2014 match statistics publicly available from the Association of Psychology Postdoctoral and Internship Centers website (**Pages P15-P16**).

**F1c. Modifications to the Program.** As a result of these activities, the program has undergone a process of continuous quality improvement, consistent with the overall framework of accreditation, since the last self-study. Some specific changes include, (a) the installation of specific coursework in Diversity and Multicultural Competence to ensure that students receive the current body of relevant knowledge in this area by a topical expert, (b) the installation of a new practicum evaluation form, modeled directly after the APA Competency Benchmarks document, and (c) current discussion about the implementation of a new Qualifying Examination procedure that is more competency based and encompasses academic writing skill, presentation and dissemination of research products to scientific audiences, and integrative clinical competencies apparent in both written and oral discussion of clinical case conceptualizations and their basis in published literature.

**F2a-e. Periodic Systematic Reviews.** The Department and Program participate annually in College, Health Science Center, and University activity reports prepared for various stakeholders, including the Academic Health Center, University of Florida, the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC), and APA.

The Department's Clinical Operations Committee continually monitors referral patterns and effectiveness/efficiency of service delivery by evaluating billing, scheduling, waiting lists, and patient satisfaction so as to be responsive to psychological service needs in our community.

The Program has representatives to national organizations who participate in national policy making and who bring information regarding national standards of practice to bear on curricular developments in the program. Likewise, program faculty contribute to the developing body of scientific and professional knowledge through publication, conference presentations, continuing education and other activities, and apply this knowledge to teaching, mentorship, and supervision

roles. The program monitors the pattern of graduate job placements and career paths through periodic Alumni surveys.

As a result of these activities, the program has enjoyed continuous evolution since the last self-study. Some specific changes include, (a) the development of new research and practicum experiences, including opportunities for consultation with medical teams and the opportunity to participate in, or perform, novel procedures (e.g., WADA, cortical mapping) under supervision, (b) the installation of a new practicum evaluation form, modeled directly after the APA Competency Benchmarks document, (c) the development of resources and blended/flipped teaching models that enable students to better learn practical clinical skills, and (d) the development of a sequence for our weekly Colloquium series that better ensures coverage of research, clinical, and professional development issues. Additional issues are currently under consideration by the Curriculum committee, including the development of a new Qualifying Examination procedure that is more competency based and encompasses academic writing skill, presentation and dissemination of research products to scientific audiences, and integrative clinical competencies apparent in both written and oral discussion of clinical case conceptualizations and their basis in published literature. We are also developing directed reading lists in supervision and consultation to accompany our 4<sup>th</sup> year supervision/consultation practicum.

**Domain F Issues from Last Decision Letter.** None.

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## **Domain G: Public Disclosure**

**G1.** The following documents are available to the public (except for #3 and #8) and are found in the appendices:

1. **Brief Program Description.** An overview of program information, which is available to the public and is referenced in corresponding with applicants who have been identified through university programs, departmental faculty, or the APA minority program is provided on the departmental website and located at the following URL : <http://chp.php.ufl.edu/academics/doctoral-in-clinical-psychology/>. This program description can be found in **Appendix F, pp. F1-F8**. This brief description also provides many links to more detailed information about the program, curriculum requirements, and applicant and doctoral program data.
2. **Department Website** <http://www.chp.php.ufl.edu>. The contents of the department's Website are quite extensive and are not included fully here. Excerpts are found in **Appendix F**. The Website includes information about our goals, training model, admission policies, curriculum requirements, faculty, facilities and resources, ongoing research and clinical activities and program outcomes, among other information. The Website is updated on a regular basis. Student admissions, outcomes, and other data as required by APA is available [at http://chp.php.ufl.edu/academics/doctoral-in-clinical-psychology/student-admissions-outcomes-and-other-data/](http://chp.php.ufl.edu/academics/doctoral-in-clinical-psychology/student-admissions-outcomes-and-other-data/), and is reproduced as **Appendix Q**. The University of Florida Website (<http://www.ufl.edu>) provides a wealth of information and resources for students, from downloadable forms to the entire Graduate Catalog.
3. The **2015-2016 Clinical and Health Psychology Student Handbook** is included as **Appendix D**. This handbook is given to each entering student and includes more detailed information about the policies and procedures of the program as well as a copy of the Ethical Principles of Psychologists and Code of Conduct. The Handbook is best described as a living document in that it is updated yearly to include newly developed policies, and after inquiry of current students and faculty, further clarification of existing content. If there is a change in

program requirements, students have a choice of staying with the requirements under which they entered, or meeting the new requirements.

4. Key links within the **2014-2015 University of Florida Graduate Catalog** are provided in **Appendix E**. The URL is <http://gradcatalog.ufl.edu/index.php?catoid=6>. This document is available to every graduate student. It includes the academic calendar, admissions policies, general regulations, financial information, research and teaching services and student services. The Departmental listing includes all faculty appointed to the Graduate School through our department, and contains the current listing of course designations and prerequisites. Graduate Faculty appointments are periodically reviewed by the Executive Committee to determine that faculty members are maintaining active participation/availability in the educational program as are the affiliate faculty who are reviewed yearly as to their contributions to the program.
5. The 2014-2015 **UF Graduate Student Handbook (Appendix E)** is mailed to each graduate student by the Graduate School or provided to them in their orientation packet. It is also available online. Among other information, it includes information concerning the academic calendar, registration, grading, tuition, graduate student resources, and policies governing academic integrity, grievance, sexual harassment, and research with human subjects.
6. The **UF Academic Calendar** is updated regularly and is available to all students at <http://gradcatalog.ufl.edu/content.php?catoid=6&navoid=1206>. Information regarding Graduate School deadlines is also available on the UF Website.
7. The **Collective Bargaining Agreement** between University Board of Trustees and Graduate Assistants United/United Faculty of Florida (**Appendix R**) is kept in the program office. It is also available electronically at <http://ufgau.org/wp/bargaining-your-contract/>.
  
8. **Psychology Clinic Policy and Procedure Manual (Appendix S)**. This manual governs policy and procedures to be followed within the Psychology Clinic and is given to, and reviewed with, all students during their pre-practicum sequence.

**Domain G issues raised in last decision letter:** None.

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## **Domain H: Relationship With Accrediting Body**

**H1. Recognition as an Accredited Program.** The program abides by CoA's policy and procedures as they relate to the program's recognition as an accredited program. A statement of accreditation status and contact information for the CoA and OPCA is located at the very top of the main doctoral program page on the department's website, one click away from the department homepage. Correspondence with OPCA since the last site visit is reproduced in **Appendix T**.

**H2. Program Changes.** Since the last site visit, we have undergone two changes in directorship. Dr. Steve Boggs was Program Director from 2010 to August 2014 when he unexpectedly passed away. Dr. Russell Bauer was appointed Program Director in September 2014. These events were communicated to CoA in timely fashion. We have also made a change in how we describe our curricular flexibility. During the last self-study cycle, we described two separate "emphases" (scientist-practitioner and clinical researcher) that differed in the relative emphasis of practicum vs. research training at the advanced level. Beginning in Summer semester 2014, we no longer refer to these two emphases, but incorporate both as variants of a flexible Scientist-Practitioner approach to

education and training. We believe that this clarifies the way we describe our training model while still affording flexibility needed to accommodate multiple career paths sought by our students.

**H3. Payment of Fees.** The program is current with respect to its fees. The fees for this past year were not paid in a timely manner because the notification of fees due was sent to our former Program Director, Dr. Boggs in August, 2014, coincident with his unexpected death on August 13, 2014. This situation has been rectified.

**Domain H Issued Identified in Last Decision Letter.** None.

# Table 1

## Eligibility

Institution Name: University of Florida

Substantive Area:

- Clinical  
 Counseling  
 School  
 Combined (specify areas): \_\_\_\_\_  
 Developed Practice Area (per IR C-14) (specify): \_\_\_\_\_

Degree Awarded to Program Graduates:

- PhD  
 PsyD

Dates of Last Site Visit: June 16-17, 2008 or  N/A – Initial Application

Number of Program Students Awarded Degrees Each Academic Year for the Past 7 Years<sup>1</sup>:

Degree	2014-2015	2013-2014	2012-2013	2011-2012	2010-2011	2009-2010	2008-2009
PhD	17	12	11	14	8	16	14
PsyD	0	0	0	0	0	0	0
EdD	0	0	0	0	0	0	0

Are any students in your program currently respecializing<sup>2</sup>?  Yes  No

<sup>1</sup> Depending on your program's site visit cycle assignment, numbers may not be available for the current academic year.

<sup>2</sup> Any students who already hold a doctoral degree in psychology in another substantive area.

## Table 2

### Practicum Settings

For the past **seven (7)** academic years (starting with academic year 2014-2015, if data are available), please provide the following information for the practicum settings in which one or more of your students was placed<sup>1</sup>:

Name of setting	Year(s) in which setting was used (begin with earliest)	Highest degree of supervisor	Credentials of that supervisor	Number of students placed each year in that setting	Type of setting (use setting code, see pg. 49)	Services provided (use activity codes, see pg. 49)	Types of clients served
UFHealth Psychology Clinic	since 1970's	PhD	L, B	all	3	2,3,4,5,6	Ch, Ado, Adu
Child Service	since 1970's	PhD	L, B	12-30	3	2,3,4,5,6	Ch, Ado
Health Psychology Service	since 1970's	PhD	L, B	12-30	3	2,3,4,5,6	Ch, Ado, Adu
Neuropsychology Service	since 1970's	PhD	L, B	12-30	3	2,3,4,5,6	Ch, Ado, Adu
Mental Health Service	Since 1970's	PhD	L,B	9-12	3	2,3,4,	Adu
UFHealth Shands Hospital clinics including the Facial Pain Clinic, Orthopedic Spine Center	2000-current	PhD	L	6	3	2,3,4,5,6	Adu
North Florida-South Georgia Veterans' Healthcare System	2000-current	PhD	L,B		7,33 <sup>1</sup>	2,3,4,6	
Malcom Randall VAMC Primary Care, TBI services	1990-2012	PhD	L	4	7	2,3,4,6	Adu
Ocala Community-Based Outpatient Clinic (CBOC)		PhD	L		33	2,3,4	Adu

<sup>1</sup> If the same practicum site was used in more than one year and there were no substantial changes in the supervision, services provided, etc., you only need to provide detailed information about the site for the earliest year and the number of students placed there in each of the subsequent years.

UFHealth Spine Center	2000 -current	PhD	L	1	3	2,3,4,5,6	Adu
UFHealth Craniofacial Center	2000 -current	PhD	L,B	3	3	2,3,4,6	Ch, Ado
UFHealth Children's Hospital & Pulmonary Clinics	2007-current	PhD	L	7-10	3	2,3,4,5,6	Ch, Ado
Dept. of Psychiatry Behavioral Health Unit (until 2008), then renamed Division of Medical Psychology(2008-current); Moved to Springhill in 2013	1980	PhD	L	10	33	2,3,4,5,6	Ch, Ado, Adu
Rural Health /Primary Care Clinics	2000 -2012	PhD	L	9	33 <sup>2</sup>	2,3,4,6,33 (community based intervention)	Adu
UFHealth Psychology Clinic Family Support Service, Lake City (formerly UF Psychology Center at Shands at Lake Shore Hospital)	2000 -current	PhD	L	5	3,11	2,3,4,5,6,33 (community-based intervention)	Ch, Ado
UFHealth Rehabilitation Hospital	2000 -2011	PhD	L, B	1	3	2,3,4,6	Adu
UFHealth Shands Neurotrauma Unit (adult)	2007-current	PhD	B	3-9	3	2,3,4,6	Ch, Ado, Adu
UFHealth Shands Neurotrauma Unit (pediatric)	2007-current	PhD	L	2-6	3	2,3,4,6	Ch, Ado
North Florida Evaluation and Treatment Center	1975-current	PhD	L	1-2	10	2,3,6	Adu
Women's Health and Reproductive Medicine Clinic at Magnolia Parke (moved to Springhill in 2014)		PhD	L	3	33	2,3,4	Adu women
UFHealth Pediatrics at Magnolia Parke	2014	PhD	L	4	33		Ch, Ado

NOTE: For "33" setting designations: <sup>1</sup>outpatient clinic, <sup>2</sup>county health departments

Table 3(a)

**Current Program Faculty**

(for the year of scheduled/anticipated site visit)

T=Teaching; C=Clinical Service; CS=Clinical Supervision; R=Research; RM=Research Mentorship; RC=Service on Supervisory Committees; AD=Administration

(Summary Information)<sup>1</sup>

**CORE PROGRAM FACULTY<sup>2</sup>**

Name	Title	# hours per week at this institution	% professional time at institution over academic year	% professional time dedicated to this doctoral program over academic year	Role/Contributions to this Doctoral Program (List All)	Other [Non-program] Responsibilities (List All)	Highest Degree Earned	Psych Licensure (Y/N)	Page # for CV (all CV's in Appendix J)
Ashkanazi, Glenn	Clinical Associate Professor,	40	100	>50	T,C,CS,AD	Director, Psychology Clinic, Associate Chair for Clinical Affairs	PhD	Y	J1
Bauer, Russell	Professor & Graduate Program Director	26	65	>50	T,C,CS,R,RM,AD	Co-Director, Evaluation and Tracking, UF CTSI; Research Health Scientist, VAMC, Undergraduate Teaching	PhD	Y	J3
Bowers, Dawn	Professor	40	100	>50	T,C,CS,R,RM,AD	N/A	PhD	Y	J5
Clifford, Lisa	Research Assistant Professor	40	100	>50	R,RM,CS	N/A	PhD	N	J7

<sup>1</sup> Provide an abbreviated CV in the requested format for EACH person listed on this table as Core Program Faculty or Associated Program Faculty that teach a required course, and list in the right-hand column the page number where that CV can be found. CVs are not required for those listed as Other Contributors (see Footnote 11).

<sup>2</sup> "Core Program Faculty" are faculty members who devote at least 50% of their professional time to program-related activities. See [IR C-18](#) for clarification. This time does not include other department-related activities, such as undergraduate teaching or broader department administration, but only includes time devoted to the program under review.

Dede, Duane	Clinical Professor	40	100	>50	T,C,CS,AD	N/A	PhD	Y	J9
Dotson, Vonetta	Assistant Professor	40	100	>50	C,CS,R,RM	Undergraduate Teaching	PhD	Y	J11
Durning, Patricia	Clinical Associate Professor	30	75	>50	T,C,CS,RM	N/A	PhD	Y	J13
Fedele, David	Assistant Professor	40	100	>50	T,C,CS,R,RM	N/A	PhD	Y	J15
Geffken, Gary	Associate Professor	40	100	>50	C,CS,R,RM	Director, Medical Psychology, Department of Psychiatry	PhD	Y	J17
Guenther, Robert	Clinical Professor	40	100	>50	T,C,CS,RC	Director, Neurotrauma Service	PhD	Y	J19
Heaton, Shelley	Clinical Associate Professor	40	100	>50	T,C,CS,R,RC	N/A	PhD	Y	J21
Janicke, David	Associate Professor & Interim Chair	40	100	>50	T,C,CS,R,RM,AD	Interim Chair	PhD	Y	J23
Johnson, Cynthia	Associate Professor	40	100	>50	C,CS,R,RM	N/A	PhD	Y	J25
Lang, Peter	Graduate Research Professor	40	80	.50	R,RM,AD	N/A	PhD	N	J27
Marsiske, Michael	Associate Professor	40	100	>50	T,R,RM,AD	N/A	PhD	N	J29
Pereira, Deidre	Associate Professor	40	100	>50	T,C,CS,R,RM,AD	N/A	PhD	Y	J31
Perlstein, William	Associate Professor	16	40	>50	T,C,CS,R, RM	Research Health Scientist, VAMC	PhD	Y	J33
Price, Catherine	Associate Professor	40	100	>50	T,C,CS,R,RM	N/A	PhD	Y	J35
Robinson, Michael	Professor	40	100	>50	T,R,RM	N/A	PhD	Y	J37
Rozensky, Ronald	Professor	40	100	>50	T,C,CS,RC	Member, UF IRB	PhD	Y	J39

Smith, Glenn	Professor and Chair <sup>a</sup>	40	100	50	AD,R,other TBD	N/A	PhD	Y	J41
Waxenberg, Lori	Clinical Professor	40	100	>50	T,C,CS,RC,AD	Director of Intern Training	PhD	Y	J43
Whitehead, Nicole	Assistant Professor	40	100	>50	T,C,CS,R,RM	N/A	PhD	Y	J45
Wiens, Brenda	Clinical Assistant Professor	40	100	>50	T,C,CS,R,RC,AD	N/A	PhD	Y	J47

<sup>a</sup>Effective 8/1/2015

### ASSOCIATED PROGRAM FACULTY<sup>3</sup>

Name	Title	# hours per week at this institution	% professional time at institution over academic year	% professional time in program over academic year	Role/Contributions to Program (List All)	Other [Non-program] Responsibilities (List All)	Highest Degree Earned	Psych Licensure (Y/N)	Page # for CV
Anton, Stephen	Assistant Professor	40	100	<50	T,C,CS,R,RM	Chief, Division of Clinical Research, Department of Aging and Geriatric Research, COM	PhD	Y	J49
Bradley, Margaret	Research Professor	40	100	<50	R,RM	None	PhD	N	J51
Bussing, Regina	Professor	40	100	<10	RM	Interim Chair, Department of Psychiatry	MD	N	J53
Cohen, Ronald	Professor	40	100	<50	Research Supervision	Director, Cognitive Aging and Memory Program, Clinical Translational Research Program (CAM-	PhD	Y	J55

<sup>3</sup>“Associated Faculty” are faculty who do not meet the criteria for core faculty but make a substantial contribution to the program.

						CTRP) Institute on Aging			
Gyls, Julius	Clinical Assistant Professor	5	5	5	CS,RC	Program Manager, Behavioral Health Service Line NF/SG Veterans Health System	PhD	Y	J57
McNamara, Joseph	Assistant Professor	40+	100	<50	R,RM,C,CS	Clinical Service and Supervision, Dept. of Psychiatry	PhD	Y	J59
Perri, Michael	Dean College of Public Health and Health Professions	40	100	<50	R,RM,AD	Dean, College of PHHP	PhD	Y	J61

#### OTHER CONTRIBUTORS<sup>4</sup>

Name	Title	# hours per week at this institution	% professional time at institution over academic year	% professional time in program over academic year	Role/Contributions to Program (List All)	Other [Non-program] Responsibilities (List All)	Highest Degree Earned	Psych Licensure (Y/N)
Craggs, Jason	Research Assistant Professor	0*	5	5	RC	Assistant Professor, Physical Therapy University of Missouri	PhD	N
Heilman, Kenneth	Professor	20	50	5	RM,RC	Neurology Service, VAMC	MD	Y
McCrae, Christina	Professor	0*	5	5	RM,RC	Chair, Department of Health Psychology, University of Missouri	PhD	Y

<sup>4</sup> "Other Contributors" are individuals who have a role in the program, but to a much more limited extent than core or associated faculty and have minimal contact with students. This would include individuals who present seminars, regularly supervise practicum, or teach as adjunct faculty. As noted in Footnote 8 above, CV's are not necessary for Other Contributors.

Okun, Michael	Professor and Interim Chair, Neurology	40	100	5	RC	Co-Director, UF Center for Movement Disorders and Neurorestoration	MD	Y
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**\*Note : These faculty are listed as other contributors because, despite having left UF, they continue to serve out existing commitments to research and service on student committees.**

Abbreviated CV's attached for Core and Associated Program Faculty

## Table 3(b)

### Faculty Demographics

(Please ensure that numbers reported on this Table are consistent with number of individuals reported in Table 3(a)).

Number of Current Faculty who identify themselves as:		Core Program Faculty	Associated Program Faculty	Other Contributors
<b>African-American/Black</b>	<b>M</b>	1	0	0
	<b>F</b>	2	0	0
<b>Caucasian</b>	<b>M</b>	11	4	3
	<b>F</b>	9	2	1
<b>Hispanic/Latino</b>	<b>M</b>	0	1	0
	<b>F</b>	1	0	0
<b>Asian/Pacific Islander</b>	<b>M</b>	0	0	0
	<b>F</b>	0	0	0
<b>American Indian/Alaska Native</b>	<b>M</b>	0	0	0
	<b>F</b>	0	0	0
<b>Multiethnic or None of Above <sup>1</sup></b>	<b>M</b>	0	0	0
	<b>F</b>	0	0	0
<b>TOTAL NUMBER (above rows only)</b>	<b>M</b>	<b>12</b>	<b>5</b>	<b>3</b>
	<b>F</b>	<b>12</b>	<b>2</b>	<b>1</b>
<b>Other <sup>2</sup> (add rows as necessary)</b>	<b>M</b>			
	<b>F</b>			
<b>Subject to Americans with Disabilities Act</b>	<b>M</b>	1	0	0
	<b>F</b>	0	0	0
<b>Foreign Nationals <sup>3</sup></b>	<b>M</b>	0	0	0
	<b>F</b>	0	0	0

<sup>1</sup> Individuals identifying with more than 1 or no race/ethnic group; include them only in this category and not in other ethnicity categories.

<sup>2</sup> Optional: programs may choose to note other types of diversity described in Domain A.5 and [IR C-22](#).

<sup>3</sup> Individuals who are not U.S. Citizens or legal U.S. Permanent Residents.

# Table 3(c)

## Professional Activities for the Past 7 Years

<i>Number of <u>current</u> faculty who have engaged in these professional activities for the past 7 years:</i>	<b>Core Program Faculty</b>	<b>Associated Program Faculty</b>	<b>Other Contributors</b>
<b>Members of Professional Societies</b>	23	7	4
<b>Authors/Co-authors of Papers at Professional meetings</b>	22	7	4
<b>Authors/Co-authors of Articles in Prof/Scientific Journals</b>	23	6	4
<b>Recipients of Grants or Contracts</b>	19	6	4
<b>Engaged in Delivery of Direct Professional Services</b>	21	5	3

## Table 4(a)

### Student Statistics

<i>Number of students in the last 7 academic years who:</i> <sup>1</sup>	2014-2015	2013-2014	2012-2013	2011-2012	2010-2011	2009-2010	2008-2009
<b>Applied to program:</b>	<b>360</b>	<b>291</b>	<b>357</b>	<b>289</b>	<b>326</b>	<b>274</b>	<b>303</b>
<b>Were offered admission:</b>	<b>15</b>	<b>15</b>	<b>24</b>	<b>22</b>	<b>22</b>	<b>23</b>	<b>19</b>
<b>Enrolled in Academic Year</b>	<b>12</b>	<b>13</b>	<b>17</b>	<b>16</b>	<b>15</b>	<b>13</b>	<b>15</b>
<b>Of total enrolled, number admitted as “respecializing”<sup>2</sup></b>	<b>0</b>						

### Student Professional Activities Since Enrollment in the Program

<i>Based on <u>current</u> activities of students in each cohort, consistent with year of entry in the above table, how many <u>currently</u> are:</i>	2014-2015	2013-2014	2012-2013	2011-2012	2010-2011	2009-2010	2008-2009
<b>Members of Professional Societies</b>	<b>9</b>	<b>12</b>	<b>15</b>	<b>11</b>	<b>14</b>	<b>5</b>	<b>4</b>
<b>Authors/Co-authors of Papers at Professional Meetings</b>	<b>9</b>	<b>11</b>	<b>15</b>	<b>13</b>	<b>14</b>	<b>8</b>	<b>5</b>
<b>Authors/Co-authors of Articles in Prof/Scientific Journals</b>	<b>3</b>	<b>6</b>	<b>10</b>	<b>13</b>	<b>10</b>	<b>6</b>	<b>4</b>

<sup>1</sup> Academic Year (approximately September 1- August 31). Please use this definition throughout the tables.

<sup>2</sup> Complete only if you answered “yes” to the respecialization question in Table 1; otherwise, please leave blank.

## Table 4(b)

### Student Demographics

(Please ensure that numbers reported on this Table are consistent with the number of students reported in Table 4(a)).

<i>Number of students entering the program during the noted academic year who identify themselves as:</i>		2014-2015	2013-2014	2012-2013	2011-2012	2010-2011	2009-2010	2008-2009
<b>African-American/Black</b>	<b>M</b>	0	1	0	0	0	1	0
	<b>F</b>	1	1	0	1	1	1	1
<b>Caucasian</b>	<b>M</b>	4	4	3	2	4	2	2
	<b>F</b>	7	7	9	9	6	8	7
<b>Hispanic/Latino</b>	<b>M</b>	0	0	2	0	1	0	0
	<b>F</b>	0	0	1	1	2	0	3
<b>Asian/Pacific Islander</b>	<b>M</b>	0	0	0	0	0	0	0
	<b>F</b>	0	0	0	1	1	1	2
<b>American Indian/Alaska Native</b>	<b>M</b>	0	0	0	0	0	0	0
	<b>F</b>	0	0	0	0	0	0	0
<b>Multiethnic or None of Above</b> <sup>3</sup>	<b>M</b>	0	0	1	0	0	0	0
	<b>F</b>	0	0	1	0	0	0	0
<b>TOTAL NUMBER (above rows only)</b>	<b>M</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>2</b>	<b>5</b>	<b>3</b>	<b>2</b>
	<b>F</b>	<b>8</b>	<b>8</b>	<b>11</b>	<b>12</b>	<b>10</b>	<b>10</b>	<b>13</b>
<b>Other</b> <sup>4</sup> (add rows as necessary)	<b>M</b>	0	0	0	0	0	0	0
	<b>F</b>	0	0	0	0	0	0	0
<b>Subject to Americans with Disabilities Act</b>	<b>M</b>	0	0	0	0	0	0	0
	<b>F</b>	0	0	0	0	0	0	0
<b>Foreign Nationals</b> <sup>5</sup>	<b>M</b>	0	0	0	0	0	0	0
	<b>F</b>	0	0	0	2	0	0	0
<b>Number of students enrolled who are respecializing</b> <sup>6</sup>	<b>M</b>	0	0	0	0	0	0	0
	<b>F</b>	0	0	0	0	0	0	0

<sup>3</sup> Individuals identifying with more than 1 or no race/ethnic group; include them only in this category and not in other ethnicity categories.

<sup>4</sup> Optional: programs may choose to note other types of diversity described in Domain A.5 and [IR C-22](#).

<sup>5</sup> Individuals who are not U.S. Citizens or legal U.S. Permanent Residents.

<sup>6</sup> Complete only if you answered "yes to the respecialization question in Table 1; otherwise, please leave blank.

## Table 4(c)

### Internship Placement

<i>Based on students applying for internships in:</i> <sup>7</sup>	2015-2016	2014-2015	2013-2014	2012-2013	2011-2012	2010-2011	2009-2010	2008-2009
# of students who sought or applied for internship for this training year:	15	12	15	15	14	12	13	13
# Who received funded internships:	15	11	15	15	14	12	13	13
# Who received unfunded internships:	0	0	0	0	0	0	0	0
# Who received APA or CPA-accredited internships:	15	11	15	15	14	12	13	13
# Who received internships conforming to CDSPP guidelines <sup>8</sup>	NA							
# Who obtained 2-year half-time internships	0	0	0	0	0	0	0	0

<sup>7</sup> Based on internship application/acceptance for each noted academic year

<sup>8</sup> School Psychology Programs only

**Table 5****Educational History of Students enrolled in the Doctoral Program**

<b>Id#</b>	<b>UG Institution</b>	<b>UG major</b>	<b>UG degree</b>	<b>Year of UG degree</b>	<b>UG GPA</b>	<b>GRE -V</b>	<b>GRE -Q</b>	<b>Grad institution if applicable</b>	<b>Grad major</b>	<b>Grad degree</b>	<b>Year of Grad degree</b>	<b>Grad GPA</b>
14.01	West Virginia University	Psychology	BA	2014 Sp	3.7	161	157					
14.02	Syracuse University	Psychology	BS	2014 Sp	3.7	152	152					
14.03	Bucknell University	Psychology	BA	2012 Sp	3.9	164	168					
14.04	University of Georgia	Psychology	BS	2013 F	3.9	153	152					
14.05	University of California Davis	Psychology	BS	2012 Sp	3.7	160	158					
14.06	Vassar College	Psychology	BA	2013 Sp	3.5	164	162					
14.07	Jacksonville University	Psychology, Sociology, Social Sci	BS	2013 Sp	3.8	157	154					
14.08	VA Tech	Psychology, Hum Development	BA	2014 Sp	4	158	152					
14.09	University of Nebraska, Lincoln	Psychology	BA	2013 Sp	3.8	158	154					
14.10	Emory University	Psychology	BA	2014 Sp	3.6	161	156					

14.11	University of St. Thomas TX	Psychology	BA	2009 Sp	3.9	159	155	University of Texas, Tyler	Clinical Psychology	MS	2013 F	4.00
14.12	Brigham Young University	Exercise and Physiology	BS	2014 Sp	4	165	158					
13.01	Skidmore College	Psychology	BA	2012 Sp	3.8	165	161					
13.02	University of North Carolina At Chapel Hill	Psychology	BA	2013 Sp	3.7	159	159					
13.03	St. Mary's College of Maryland	Psychology	BA	2010 Sp	3.45	154	147	Brown University	BSSI	MS	2013 Sp	4.00
13.04	Georgia State University	Psychology	BS	2006 Sp	3.6	160	150	Loyola University	Clinical Psychology	MS	2006 Sp	3.43
13.05	University of Alaska Anchorage	Psychology	BA	2010 F	3.68	160	149					
13.06	University of North Carolina Chapel Hill	Psychology	BS	2011 Sp	3.48	157	150	North Carolina Central University	Psychology	MA	2013 Sp	4
13.07	Illinois State University	Psychology	BA	2009 F	3.93	159	154					
13.08	Northwestern University	Psychology	BA	2010 Sp	3.82	159	155					
13.09	University of Arizona	Psychology	BA	2012 Sp	3.93	161	157					
13.10	Syracuse University	Psychology	BS	2013 Sp	3.98	164	159					
13.11	University of Pittsburgh	Psychology	BS	2011 Sp	3.68	162	162					

13.13	University of Kentucky	Psychology	BS	2013 Sp	3.87	159	166						
13.12	University of Denver	Business Administration	BS	2007 Sp	3.77	161	150						
12.01	Wheaton College	Psychology	BA	2009 Sp	3.76	620	640						
12.02	McGill University	Psychology	BA	2010 Sp	3.58	730	690						
12.03	Rowan University	Psychology	BA	2008 Sp	3.57	550	630	Towson University	Clinical Psychology	MA	2010 Sp	4.00	
12.04	Pomona College	Psychology	BA	2007 Sp	0	570	640						
12.05	University of North Carolina - Wilmington	Psychology	BA	2009 Sp	3.85	630	670	University of North Carolina - Wilmington	Psychology	MA	2012 Sp	3.73	
12.06	Emory University	Biology	BS	2009 Sp	3.86	670	750						
12.07	University of Delaware	Psychology	BS	2010 Sp	3.83	650	720						
12.08	Skidmore College	Neuroscience	BA	2008 Sp	3.4	610	650						
12.09	University of South Carolina	Experimental Psychology	BA	2011 F	4	610	690						
12.10	New York University	Neural Science	BS	2009 Sp	3.56	580	730						
12.11	Trinity College	Neuroscience	BS	2008 Sp	3.3	580	730						
12.12	Seattle Pacific University	Psychology	BA	2005 Sp	3.9	680	690	Central Washington University	Mental Health	MS	2008 Sp	3.98	
12.13	University of Florida	Psychology	BS	2010 F	3.7	590	550						

12.14	University of California - Berkeley	Psychology	BA	2010 Su	3.6	640	770					
12.15	Bowling Green State University	Psychology, Music	BA	2012 Sp	4	680	800					
12.16	Central Michigan University	Psychology, Sociology	BS	2007 Su	3.83	540	650	Central Michigan University	Experimental Psychology	MS	2009 S	3.67
12.17	Union College	Neuroscience	BS	2009 Sp	3.66	510	610					
11.01	University of Jordan	Psychology	BA	2003 Sp	2.97	450	660	Boston University	Psychology	MA	2009 Sp	3.63
11.02	University of Maryland Baltimore	Psychology	BA	2009 Sp	4	570	660					
11.03	Providence College	Biology and Social Science	BS	2008 Sp	3.67	570	690					
11.04	University of Florida	Psychology/Linguistics	BS	2001 Sp	3.96	800	730					
11.05	Oklahoma City University	Psychology/Research Data Analy	BS	2011 Sp	3.65	570	750					
11.06	University of Florida	Psychology	BS	2008 Sp	3.39	560	710					
11.07	University of Pittsburgh	Psychology	BS	2010 Sp	3.82	520	690					
11.08	Concordia University	Psychology/Sociology	BA	2006 F	3.38	560	660	Boston University	Psychology	MA	2008 Sp	3.8
11.09	University of Florida	Psychology	BS	2009 Sp	3.66	600	650					
11.10	George Washington University	Psychology	BA	2009 Sp	3.65	560	780					
11.11	Nyack College	Psychology	BA	2007 Sp	3.9	610	700	Columbia University	Psychology	MA	2008 F	4.00

11.12	University of Florida	Psychology	BS	2005 Sp	3.68	580	740					
11.13	University of Central Florida	Psychology	BS	2006 Sp	3.78	580	650	Wake Forest University	Psychology	MA	2008 Sp	3.26
11.14	Florida Institute of Technology	Psychology	BS	2007 Sp	3.96	700	610					
11.15	University of North Texas	Psychology	BS	2009 F	3.81	600	690					
11.16	University of Florida	Psychology	BS	2010 Sp	3.5	670	670					
10.01	Auburn University	Psychology	BA	2010 Sp	4	690	740					
10.02	South Carolina State University	Psychology	BS	2008 F	4	570	740					
10.03	University of California, San Diego	Psychology	BS	2008 Sp	3.98	720	770					
10.04	University of Minnesota	Psychology	BA	2008 F	3.91	580	720					
10.05	California State University	Psychology	BA	2009 F	3.9	530	770					
10.06	University of North Carolina at Chapel Hill	Psychology	BA	2010 S	3.81	570	770					
10.07	Brigham Young University	Psychology	BS	2010 Sp	3.81	550	710					
10.08	Yale University	Psychology	BA	2007 Sp	3.54	640	730					

10.09	University of Florida	Psychology	BS	2009 Su	3.7	560	760						
10.10	University of Florida	Psychology	BS	2010 Sp	3.93	610	680						
10.11	University of Florida	Psychology	BS	2007 Su	3.9	540	740						
10.12	Assumption College	Psychology	BA	2006 Sp	3.57	530	660	Assumption College	Psychology	MA	2008 Sp	3.91	
10.13	Boston College	Psychology	BA	2008 Sp	3.8	730	770						
10.14	Miami University	Psychology	BS	2010 Sp	3.99	690	800						
10.15	University of California, San Diego	Psychology/ Biochemistry	BS	2008 Sp	3.01	590	710						
09.01	Washington University	Psychology	BA	199 Sp	3.97	710	680						
09.02	Brigham Young University	Psychology	BS	2009 Sp	3.99	690	760						
09.03	University of Missouri	Psychology	BA	2009 Sp	3.71	560	620						
09.04	UNC Chapel Hill	Psychology	BS	2007 Sp	3.40	620	720						
09.05	University of Florida	Psychology	BS	2008 F	3.75	600	720						
09.06	University of Central Florida	Psychology	BA	2008 Sp	4	600	770						
09.07	Southern Methodist University	Psychology	BA	2006 Sp	3.59	500	700	Stephen F. Austin University	Psychology	MA	2009 Sp	3.80	
09.08	UCLA	Psychology	BA	2007 Sp	3.6	650	650						
09.09	University of Florida	Psychology	BS	2008 F	3.89	550	660						

09.10	Stanford University	Psychology	BA	2008 Sp	3.48	650	710					
09.11	Syracuse University	Psychology	BS	2009 Sp	3.8	590	730					
09.12	University of Connecticut	Cognitive Neuroscience	BS	2007 Su	3.85	650	770					
09.13	Connecticut College	Psychology	BA	2007 Sp	3.79	500	640					
08.01	Miami University	Psychology	BA	2006 Sp	3.66	610	750					
08.02	University of Delaware	Psychology	BA	2008 Sp	3.93	710	740					
08.03	Towson University	Psychology	BA	2007 Sp	3.76	590	590					
08.04	University of North Carolina at Chapel Hill	Psychology	BA	2008 Sp	3.99	640	650					
08.05	Emory University	Psychology	BA	2003 Sp	3.67	670	650					
08.06	Temple University	Psychology	BA	2005 Sp	3.58	580	650					
08.07	MIT	Brain and Cognitive Sciences	BS	2008 Sp	4.4	570	720					
08.08	Harvard College	Psychology	BA	2006 Sp	3.43	630	580					
08.09	University of North Carolina	Psychology	BS	2006 Sp	3.38	580	720					
08.10	Stetson University	Psychology	BA	2008 Sp	3.95	610	680					
08.11	Walla Walla College	Psychology	BA	2005 Sp	3.81	550	620	Walla Walla College	Counseling Psychology	MA	2012 Sp	

08.12	University of Florida	Psychology	BS	2008 Sp	3	650	660					
08.15	Agnes Scott College	Psychology	BA	2008 Sp	3.87	680	670					
08.13	University of North Texas	Psychology	BS	2008 Sp	3.8	580	730					
08.14	University of California	Linguistics	BA	2003 Sp	3.75	640	680					
08.15	Agnes Scott College	Psychology	BA	2007 Sp	3.87	680	670					
07.01	Vassar College	Psychology	BA	2007 Sp	3.7	710	630					
07.02	University of Delaware	Psychology	BA	2007 Sp	3.9	630	710					
07.13	University of Florida	Psychology	BS	2006 F	4	580	680					
07.14	Knox College	Psychology	BA	2006 Sp	3.58	640	740					
07.03	University of Vermont	Psychology	BA	2004 Sp	3.96	660	740					
07.04	University of California Davis	Psychology and Human Development	BA	2006 Sp	3.82	600	660					
07.05	University of Florida	Psychology	BS	2007 Sp	3.82	610	700					
07.06	Washington State University	Psychology	BS	2006 Sp	3.86	670	660					
07.07	Louisiana State University	Psychology	BS	2007 Sp	3.85	570	640					
07.08	Virginia Commonwealth University	Psychology	BS	2006 Sp	3.78	630	650					

07.09	University of North Carolina at Chapel Hill	Psychology	BA	2004 Sp	3.31	510	600					
07.10	Milligan College	Psychology	BS	2007 Sp	3.85	560	660					
07.11	University of Pittsburgh	Psychology	BS	2006 F	3.81	710	740					
07.12	University of Nevada	Psychology	BA	2005 Sp	4.00	490	560					
07.13	University of Florida	Psychology	BS	2007 Sp	4.00	580	680					
07.14	Knox College	Psychology	BA	2006 Sp	3.58	640	740					
07.15	University of Wisconsin	Psychology	BA	2005 Sp	3.49	590	760					

## Table 6

### Students' present status<sup>1</sup>

ID #	For students still in program:		For students that graduated:	For students that did not complete program <sup>2</sup> :	
	Year in program (e.g., 1 <sup>st</sup> , 2 <sup>nd</sup> )	Full or Part-time	Year of graduation (if completed)	Date left program	Reason for leaving
14.01	1	Full time			
14.02	1	Full time			
14.03	1	Full time			
14.04	1	Full time			
14.05	1	Full time			
14.06	1	Full time			
14.07	1	Full time			
14.08	1	Full time			
14.09	1	Full time			
14.10	1	Full time			
14.11	1	Full time			
14.12	1	Full time			
13.01	2	Full time			
13.02	2	Full time			
13.03	2	Full time			
13.04	2	Full time			
13.05	2	Full time			

<sup>1</sup> Please include information for all students entering the program during the past 7 years, as well as information for all students currently remaining in the program, regardless of year of admission.

<sup>2</sup> Students that left this doctoral program for ANY reason other than graduation should be included in this column; this includes students transferring to other doctoral programs within your institution or department.

13.06	2	Full time			
13.07	2	Full time			
13.08	2	Full time			
13.09	2	Full time			
13.10	2	Full time			
13.11	2	Full time			
13.13	2	Full time			
13.12	2	Full time			
12.01	3	Full time			
12.02	3	Full time			
12.03	3	Full time			
12.04	3	Full time			
12.05	3	Full time			
12.06	3	Full time			
12.07	3	Full time			
12.08	3	Full time			
12.09	3	Full time			
12.10	3	Full time			
12.11	3	Full time			
12.12	3	Full time			
12.13	3	Full time			
12.14	3	Full time			
12.15	3	Full time			
12.16	3	Full time			
12.17	3	Full time			
11.01	4	Full time			
11.02	4	Full time			
11.04	4	Full time			
11.03				2012 F	To pursue another career
11.05	4	Full time			
11.06	4	Full time			
11.07	4	Full time			

11.08	4	Full time			
11.09	4	Full time			
11.10	4	Full time			
11.11	4	Full time			
11.12	4	Full time			
11.13	4	Full time			
11.14	4	Full time			
11.15	4	Full time			
11.16	4	Full time			
10.01	5	Full time			
10.02	5	Full time			
10.03	5	Full time			
10.04	5	Full time			
10.05	5	Full time			
10.06	5	Full time			
10.07	5	Full time			
10.08	5	Full time			
10.09	5	Full time			
10.10	5	Full time			
10.11	5	Full time			
10.12	5	Full time			
10.13	5	Full time			
10.14	5	Full time			
10.15	5	Full time			
09.01	5		2014		
09.02	6	Full time			
09.03	5		2014		
09.04	5		2014		
09.05	5		2014		
09.06	6	Full time			
09.07	6	Full time			
09.08	6	Full time			

09.09	5		2014		
09.10	5		2014		
09.11	5		2014		
09.12	6	Full time			
09.13	5		2014		
08.01	5		2013		
08.02	6		2014		
08.03	5		2013		
08.04	5		2013		
08.05	1			2009 SP	To pursue another career
08.06	6		2014		
08.07	6		2014		
08.08	6		2014		
08.09	5		2013		
08.10	6		2014		
08.11	5		2013		
08.12	4			2012 F	To pursue another career
08.13	6		2014		
08.14	6		2014		
08.15	6		2014		

## Table 7

### Current Students Matriculating Beyond Their 7th Year in the Program

ID #	Unfinished Requirements	Full or Part-Time Student	Expected Graduation Date	Current Financial Support
NONE				

## Table 8

### Program Graduates: Internship and Dissertation/Final Project

ID#	Year of Graduation	Name and location of Internship	Funded: (Y/N)	APA or CPA-Accredited (Y/N)	Title of Dissertation/Final Project	Dissertation/Project Advisor
06.13	2014	James A. Haley Veterans' Hospital, Tampa, FL	Y	Y	The Effect of Group Size on Weight Loss Outcomes in a Lifestyle Intervention for Obesity	Anton, Stephen
08.02	2014	Boston Consortium in Clinical Psychology, Boston, MA	Y	Y	Psychophysiology of Emotion in Parkinson's Disease: Electrocortical Correlates of Emotional Perception, Preparation for Action, and Anticipation	Bowers, Dawn
08.06	2014	Rush University Medical Center, Chicago, IL	Y	Y	Dietary Restraint and Weight Change in College Women Participating in a Weight Gain Prevention Program	Perri, Michael
08.07	2014	Kennedy Krieger/Johns Hopkins University, Baltimore, MD	Y	Y	Cognitive Factors Contributing to Verbal Memory Performance in Clinical Pediatric Populations	Heaton, Shelley
08.16	2014	Edward Hines Jr. VA Hospital, Hines, IL	Y	Y	The Diagnosis and Treatment of Anger in Outpatient Medical Settings	Gyls, Julius
09.03	2014	Dupont Hospital for Children, Wilmington, DE	Y	Y	Sleep & Social-Ecological Influences of Quality of Life in Overweight Rural Youth Using a Risk-Resistance Framework	Janicke, David
09.04	2014	Medical College of Georgia/VA Medical Center, Augusta, GA	Y	Y	Placebo Acceptability in Patients with Chronic Musculoskeletal Pain: The Effects of a Mechanism-Based Educational Intervention	Robinson, Mike

09.05	2014	Boston Consortium in Clinical Psychology, Boston, MA	Y	Y	Structural and Functional Correlates of Adjacent Temporal Lobe Circuits: Associations with Memory Performance and Structural Neuroimaging in Temporal Lobe Epilepsy	Bauer, Russell
09.08	2014	Baylor College of Medicine – Pediatrics, Houston, TX	Y	Y	Perceived Barriers and Parental Adherence to Recommendations following Child Psychological Assessment	Wiens, Brenda
08.10	2014	UC San Diego Consortium/VA Medical Center, San Diego, CA	Y	Y	Deception: Is It a Necessary Component of the Placebo Response? An Empirical Investigation of the Role of Deception in Placebo Analgesia	Robinson, Mike
08.13	2014	South Texas VA Health Care System, San Antonio, TX	Y	Y	A Novel Application of a Biopsychosocial Theory In the Understanding of Disturbed Sleep before and after Kidney Transplantation	McCrae, Christina
08.14	2014	VA Palo Alto Health Care System, Palo Alto, CA	Y	Y	The Effects of Spatially-Demanding Videogame Training on Mental Rotation Performance and Confidence in Older Adults	Marsiske, Michael
08.15	2014	Rush University Medical Center, Chicago, IL	Y	Y	Applications of Item Response Theory and Rasch Analysis to Neuropsychological Assessment of Attention	Heaton, Shelley
09.01	2014	VA Puget Sound, Seattle, WA	Y	Y	Cognitive-Motivational Influences on Health Behavior Change in Chronic Pain	Robinson, Mike
09.09	2014	University of Florida Clinical and Health Psychology, Gainesville, FL	Y	Y	Cognitive, Behavioral, and Emotional Variables as Predictors of Adaptive Functioning in Childhood	Heaton, Shelley
09.10	2014	Dupont Hospital for Children, Wilmington, DE	Y	Y	Influence of Patient and Healthcare Trainee Characteristics on Assessment and Treatment Decisions for Pediatric Chronic Pain Patients: A Virtual Human Technology Investigation	Janicke, David

09.13	2014	VA Connecticut Health Care System, West Haven, CT	Y	Y	Effect of a Perspective Taking Intervention on Consideration of Race, Sex, and Age in Pain Assessment and Treatment Decisions	Robinson, Mike
08.01	2013	Alfred I duPont Hospital for Children Wilmington, DE	Y	Y	The Relationship among the Built Environment, Health Behaviors, Quality of Life, and Weight Status in Overweight Status in Overweight and Obese Rural Children	Janicke, David
08.03	2013	University of Florida Clinical and Health Psychology Gainesville, FL	Y	Y	A Model for Examining Psychosocial, Immune, and Endocrine Factors Affecting Wound Healing in Women Undergoing Surgery for Endometrial Cancer	Pereira, Deidre
08.04	2013	Mailman Center for Child Development Miami, FL	Y	Y	Child Directed Interaction Training for Young Children with Autism Spectrum Disorders: Parent Outcomes, Mediators, and Predictors of Treatment	Eyberg, Sheila
08.09	2013	Boston Consortium Boston, MA	Y	Y	Distress, Neuroimmune Dysregulation, and Clinical Outcomes in Women Undergoing Total Abdominal Hysterectomy and Bilateral Salpingo Oophorectomy for Suspected Endometrial Cancer	Pereira, Deidre
08.11	2013	Nationwide Children's Hospital Columbus, OH	Y	Y	Examining Different Forms of Peer Aggression and Victimization and Their Relations with Social, Psychological, and School Functioning	Wiens, Brenda
07.02	2013	Baltimore VAMC Baltimore, MD	Y	Y	Endogenously and Exogenously Evoked Intentional Movement in Aging and Parkinson's Disease	Price, Catherine
07.06	2013	University of Mississippi Medical Center/GV Sonny Montgomery VA Jackson, MS	Y	Y	Sleep Aging and Parkinson's Disease Impact on Cognition and Mood	Bowers, Dawn

07.08	2013	Brown Clinical Psychology Training Consortium Providence, RI	Y	Y	Preventing the Freshman 15: The Effect of Lifestyle Intervention on Freshman-Year Weight Gain	Perri, Michael
07.09	2013	VA Puget Sound Seattle, WA	Y	Y	Cortisol Dysregulation and Mood Disturbance in Women Undergoing Surgery for Endometrial Cancer	Pereira, Deidre
07.10	2013	University of Oklahoma Health Science Center Consortium Oklahoma City, OK	Y	Y	Child Directed Interaction Training with Kinship Foster Caregivers: An Evaluation of Parenting Outcomes and Caregiver Benefits	Eyberg, Sheila
07.11	2013	VA Northern California Health Care System McClellan Park, CA	Y	Y	Disruption of Attentional Processing in Closed Head Injury: an Event-Related Potential Investigation	Perlstein, William
06.09	2013	Duke University Medical Center Durham, NC	Y	Y	Verbal Memory in Idiopathic Non-demented Parkinson's Disease: A Structural MRI and Quantitative White Matter Tractography Analysis	Price, Catherine
07.01	2012	Baylor College of Medicine Houston, TX	Y	Y	Child Directed Interaction Training for Young Children with Autism Spectrum Disorders: The Impact on Child Language, Social Skills, Adaptive Skills, and Problematic Behaviors	Eyberg, Sheila
07.03	2012	O'Grady Residency in Pediatric Psychology Cincinnati, OH	Y	Y	Examining the Contribution of Health Behaviors and Psychological Functioning in Anti-Epileptic Drug Induced Weight Gain among Children with Epilepsy	Janicke, David
07.04	2012	Children's Hospital of Orange County Irvine, CA	Y	Y	Emotional and Behavioral Functioning of Siblings of Pediatric Cancer Patients: Discordance between Parent and Self-Report and Associations with Family Functioning	Heaton, Shelley
07.05	2012	Mailman Center for Child Development Miami, FL	Y	Y	Lifestyle, Psychosocial, and Demographic Predictors of Metabolic Syndrome in Overweight and Obese Youth	Janicke, David

07.07	2012	Tulane University School of Medicine New Orleans, LA	Y	Y	Using Photovoice to Assess Quality of Life in Individuals Impacted by Advanced Gynecologic Malignancies	Pereira, Deidre
07.12	2012	University of California, Los Angeles (Semel Institute for Neuroscience) Los Angeles, CA	Y	Y	Cognitive and Structural Brain Correlates of Physical Activity and Fitness in Aging: A Cross-Sectional Voxel-Based Morphometry Study	Crosson, Bruce
06.02	2012	Miami VAMC Miami, FL	Y	Y	Cognitive Change in Older Adults: Practice Effects, Short-term Variability, and Their Association with Sleep	McCrae, Christina
06.03	2012	Rush University Medical Center Chicago, IL	Y	Y	Is a Fast or Slow Rate of Weight Loss Associated with Greater Long-Term Weight Loss Maintenance? the Effects of Prescribing Mild or Moderate Calorie Restriction Goals	Perri, Michael
06.06	2012	North Florida/South Georgia Veterans Health System Gainesville, FL	Y	Y	Neighborhood Influences on Cognitive Level and Training Gains in the Active Study	Marsiske, Michael
06.10	2012	MUSC/Dept of Veterans Affairs Consortium Charleston, SC	Y	Y	Attention Capture and Affective Engagement by Emotional Facial Expressions and Naturalistic Scenes: Implications for Social Anxiety	Lang, Peter
06.12	2012	Brown Consortium Providence, RI	Y	Y	Components of Depression in Parkinson Disease: Relation to Psychophysiology and Affective Chronometry	Bowers, Dawn
05.01	2012	Miami Veterans' Administration Medical Center, Miami, FL	Y	Y	Race, Rurality and Lifestyle Communication for Diet and Exercise in Primary Care	Perri, Michael
05.05	2012	Boston Consortium Boston, MA	Y	Y	Neural Correlates of Semantic Inhibition in Older and Younger Adults	Crosson, Bruce
06.01	2011	Medical College of Georgia Augusta, GA	Y	Y	Role of Coping and Family Relationships in Adaptation of Post-Deployment Marines	Eyberg, Sheila

06.04	2011	University of California, Los Angeles (Semel Institute for Neuroscience and Human Behavior) Los Angeles, CA	Y	Y	The Role of Anger in Screening for Prognostic Risk Factors and Subgrouping Low Back Pain Patients	Robinson, Michael
06.05	2011	Nationwide Children's Hospital Columbus, OH	Y	Y	Barriers and Correlates of Adherence in Pediatric Obstructive Sleep Apnea	Janicke, David
06.07	2011	U.S. Medical Center for Federal Prisoners Springfield, MO	Y	Y	Relationships between Quality of Life, Family Factors, Adherence, and Glycemic Control in Pediatric Patients with Type 1 Diabetes Mellitus	Geffken, Gary
06.08	2011	Tulane University School of Medicine New Orleans, LA	Y	Y	Child Directed Interaction Training: the Impact on the Kinship Caregiver-Child Relationship and Child Externalizing and Internalizing Symptoms	Eyberg, Sheila
06.11	2011	Lurie Children's Hospital of Chicago Chicago, IL	Y	Y	Analysis of Change in Parent Perceptions of Barriers to Remaining in Parent-Child Interaction Therapy	Eyberg, Sheila
05.08	2011	VA Connecticut Health Care System, West Haven, CT	Y	Y	Performance Over Time in Parkinson's Disease: The Influence of Processing Speed and Executive Control	Price, Catherine
05.09	2011	Boston Consortium Boston, MA	Y	Y	Temporobasal Sulcal Morphology: Configural Patterns and Neurocognitive Relevance in Healthy Adults and Patients with Temporal Lobe Epilepsy	Bauer, Russell
05.10	2011	Warren Alpert Medical School of Brown University Providence, RI	Y	Y	Attention and Impulsivity: Possible Mediators of Simulated Driving Behaviors in Adolescents with ADHD	Johnson, James
05.12	2011	Kennedy Krieger Institute/ Johns Hopkins University School of Medicine Baltimore, MD	Y	Y	Predicting Outcome after Severe Traumatic Brain Injury	Heaton, Shelley

03.19	2011	UAB Psychology Internship Training Consortium Birmingham, AL	Y	Y	The Neuropsychological Assessment Battery (NAB): A Test of Criterion Validity Within an Epilepsy Population	Bauer, Russell
05.02	2010	VA Palo Alto Health Care System Palo Alto, CA	Y	Y	Ambivalent Social Support and Psychoneuroimmunologic Relationships Among Women Undergoing Surgery for Suspected Endometrial Cancer	Pereira, Deidre
05.03	2010	Brown University Medical School Providence, RI	Y	Y	Development of a Measure of Family Accommodation for Pediatric Anxiety Disorders	Geffken, Gary
05.04	2010	Mailman Center for Child Development Miami, FL	Y	Y	Parent-Report Mania Rating Scales in an ADHD Population	Johnson, James
05.06	2010	LSU Health Science Center Department of Psychiatry New Orleans, LA	Y	Y	Five Day Abbreviated, Intensive Parent-Child Interaction Therapy for Families with Preschool Age Children with Disruptive Behavior Problems	Boggs, Stephen
05.07	2010	Kennedy Krieger Institute/Johns Hopkins University School of Medicine Baltimore, MD	Y	Y	Latent Growth Curve Analyses of the Development of Executive Functions in a Prospective, Longitudinal Cohort of Children with Prenatal Cocaine Exposure	Heaton, Shelley
05.11	2010	Medical College of Georgia/Charlie Norwood VA Hospital Consortium Augusta, GA	Y	Y	Investigating Patient and Healthcare Student Characteristics on Pain Assessment Using Virtual Human Technology	Robinson, Michael
04.02	2010	Rush University Medical Center Chicago, IL	Y	Y	Self-Monitoring in the Long-Term Management of Obesity	Perri, Michael
04.03	2010	UAB-BVAMC Clinical Psychology Internship Program Birmingham, AL	Y	Y	Building a Better Model of Violence Prediction: Clinical Predictors of Aggression and Violence among Residents of a Maximum Security State Forensic Psychiatric Facility	Fennell, Eileen

04.05	2010	Cincinnati Children's Hospital Medical Center Cincinnati, OH	Y	Y	Improving Antiretroviral Medication Adherence among Adolescents with Human Immunodeficiency Virus (HIV): A Case Series Pilot Intervention Study	Janicke, David
04.07	2010	Boston Consortium Boston, MA	Y	Y	An Event-Related Potential (ERP) Study Examining Reward Processing and Mood in Parkinson's Disease and Healthy Aging	Perlstein, William
04.09	2010	James A Haley VA Hospital Tampa, FL	Y	Y	Age Differences and Spatial Navigation in Novel Virtual and Real World Environments	Bauer, Russell
04.13	2010	Brown University Clinical Psychology Internship Training Program Providence, RI	Y	Y	Examination of Verbal Fluency Declines Associated with Deep Brain Stimulation for Parkinson Disease	Bowers, Dawn
04.14	2010	Medical University of South Carolina Charleston, SC	Y	Y	Behavioral Mastery and Long-Term Maintenance of Lost Weight	Perri, Michael
04.16	2010	Yale University, Dept. of Psychiatry New Haven, CT	Y	Y	Racial Disparities in the Diagnosis and Treatment of Depressive Disorders in Medicaid Primary Care	Frank, Robert
03.10	2010	University of Alabama at Birmingham/Veterans Affairs Center Birmingham, AL	Y	Y	Apathy, Neurocognitive Functioning, and Parkinson's Disease	Bowers, Dawn
03.16	2010	VA Northern California Health Care System Martinez, CA	Y	Y	Essential Tremor: Paradoxical Visuospatial Cognition	Bowers, Dawn
03.17	2010	Kennedy Krieger Institute/ Johns Hopkins University School of Medicine Baltimore, MD	Y	Y	ADHD Assessment: Incremental Validity of Objective Measures of Child Behavior	Johnson, James
02.06	2010	University of New Mexico Albuquerque, NM	Y	Y	Do Neuropsychological or Behaviorally Derived Executive Function Deficits Underlie Social Deficits in Children with Attention Deficit Hyperactivity Disorder?	Fennell, Eileen

04.01	2009	N Florida/S Georgia Veterans Health Care System, Gainesville, FL	Y	Y	Actigraphy and Sleep Diaries in the Assessment of Sleep Patterns in Cardiac Disease	Sears, Samuel
04.04	2009	Baylor College of Medicine/Texas Children's Hospital Houston, TX	Y	Y	Multivariate Assessment of Adherence and Glycemic Control in Youth with Type 1 Diabetes	Geffken, Gary
04.06	2009	Emory University School of Medicine Atlanta, GA	Y	Y	The Therapeutic Alliance in Cognitive-Behavioral Treatment of Pediatric Obsessive-Compulsive Disorder	Geffken, Gary
04.08	2009	Kennedy Krieger Institute/ Johns Hopkins University School of Medicine Baltimore, MD	Y	Y	The Block-Building Invariance Test (B-BIT): Quantifying Invariance Through Operationalized Play	Heaton, Shelley
04.10	2009	University of Chicago Chicago, IL	Y	Y	Depression, Disease Knowledge, And Epilepsy: Measuring The Impact On Adherence	Bauer, Russell
04.11	2009	University of Manitoba Clinical Health Psychology Residency Winnipeg, Canada	Y	Y	Medical Cost Offset Effect and Absenteeism in Longitudinal Samples of Depressed Pulmonary and Cancer Patients	Frank, Robert
04.12	2009	UC San Diego Consortium/VA Medical Center, San Diego, CA	Y	Y	Placebo Responding: An Examination of Expectations for Pain, Desire for Pain Relief and Somatic Focus	Robinson, Michael
04.17	2009	University of Florida Clinical and Health Psychology Gainesville, FL	Y	Y	Female-Specific Education, Management, and Lifestyle Enhancement for Implantable Cardioverter Defibrillator Patients: The FEMALE-ICD Study	Sears, Samuel
03.01	2009	Children's Hospital of Philadelphia Philadelphia, PA	Y	Y	Cross-Racial Measurement Equivalence of the Eyberg Child Behavior Inventory Factors among Young African-American and European-American Children	Eyberg, Sheila

03.06	2009	Charleston Consortium Psychology Internship Program Charleston, SC	Y	Y	Transitive Inference in Temporal Lobe Epilepsy	Bauer, Russell
03.09	2009	University of California, Los Angeles (Semel Institute for Neuroscience and Human Behavior) Los Angeles, CA	Y	Y	Effects of Distracter Novelty on Attentional Orienting in Healthy Aging and Parkinson's Disease: An Event-Related Potential (ERP) Study	Perlstein, William
03.14	2009	Emory University Atlanta, GA	Y	Y	The Diagnostic Utility of a Multi- Task Verbal Fluency Paradigm in Frontal and Temporal Lobe Epilepsy: An Analysis of Fluency Type and Qualitative Performance	Bauer, Russell
03.02	2008	Duke University Medical Center Durham, NC	Y	Y	Diagnostic Validity of DSM Symptoms and Criteria for Preschoolers: An Exploration of Disruptive Behavior and Attention Deficit Hyperactivity Disorder Symptoms	Eyberg, Sheila
03.03	2008	Columbia University Medical Center/New York Presbyterian Hospital, New York, NY	Y	Y	Predictors of Patterns of Change in Child Disruptive Behavior and Parenting Stress during Parent Child Interaction Therapy and its Relation to Treatment Outcome	Eyberg, Sheila
03.07	2008	Cincinnati Children's Hospital Medical Center Cincinnati, OH	Y	Y	Traumatic Stress Symptoms across Pediatric Chronic Illness	Janicke, David
03.08	2008	Vanderbilt-VA Internship Consortium Nashville, TN	Y	Y	Psychoneuroimmunologic Predictors of Post-Surgical Outcome in Women with Endometrial Cancer	Pereira, Deidre
03.12	2008	University of North Carolina Chapel Hill Chapel Hill, NC	Y	Y	Sleep Disturbance in Chronic Pain Patients	Robinson, Michael
03.13	2008	Duke University Medical Center Durham, NC	Y	Y	Response of African-American and Caucasian Women in a Rural Setting to a Lifestyle Intervention for Obesity	Perri, Michael

02.02	2008	University of North Carolina Chapel Hill Chapel Hill, NC	Y	Y	Training Methods for the Child Directed Interaction (CDI) in Parent-Child Interaction Therapy (PCIT) and Parenting Skill Acquisition	Eyberg, Sheila
02.05	2008	James A Haley VA Hospital Tampa, FL	Y	Y	Impact of Distraction on Simulated Lane Navigation in Older Adults with and without Cognitive Impairment	Marsiske, Michael
02.07	2008	VA Puget Sound Health Care System, Seattle Seattle, WA	Y	Y	Investigating Patient and Provider Influences on the Assessment and Treatment of Pain: A Novel Virtual Patient Technology Application	Robinson, Michael
02.08	2008	Emory University Atlanta, GA	Y	Y	Cognitive Control Disruption in Traumatic Brain Injury	Perlstein, William
02.09	2008	Mailman Center for Child Development Miami, FL	Y	Y	Self-Care Independence and Readiness to Transfer from Pediatric to Adult Health Care in Cystic Fibrosis	Janicke, David
02.10	2008	University of Florida Clinical and Health Psychology Gainesville, FL	Y	Y	Emotional Reactivity in Parkinson's Disease: Psychophysiological and Psychosocial Correlates	Bowers, Dawn
02.11	2008	University of Chicago Clinical Psychology Internship Program Chicago, IL	Y	Y	Effects of Improved Physical Fitness on Cognitive/Psychological Functioning in Community-Dwelling, Sedentary Middle-Aged and Older Adults	Marsiske, Michael
03.04	2007	University of Chicago Clinical Psychology Internship Program Chicago, IL	Y	Y	Sex and Race Differences in Rating Others' Pain, Pain-Related Negative Mood, Pain Coping, and Recommending Medical Help	Robinson, Michael
03.05	2007	Brown Medical School Providence, RI	Y	Y	Parent-Child Interaction Therapy for Disruptive Behavior in Children with Mental Retardation: A Randomized Controlled Trial	Eyberg, Sheila
03.11	2007	VA Maryland Health Care System/University of Maryland School of Medicine Psychology Internship Consortium Baltimore, MD	Y	Y	Patient Assisted Computerized Education for Recipients of Implantable Cardioverter Defibrillators (PACER): A Randomized Controlled Trial of the PACER Program	Sears, Samuel

03.15	2007	University of Texas Houston Houston, TX	Y	Y	Thinking, Feeling, and Doing in Depression: The Effect of Rumination on Information- Processing and Physiological Response	Bauer, Russell
03.18	2007	Cincinnati Children's Medical Center	Y	Y	Executive Functioning, Parenting Stress, and Family Factors as Predictors of Diabetes Management in Pediatric Patients with Type 1 Diabetes Using Intensive Insulin Regimens	Geffken, Gary
02.01	2007	Duke University Medical Center Durham, NC	Y	Y	Predicting Treatment and Follow-Up Attrition in Parent-Child Interaction Therapy (PCIT)	Eyberg, Sheila
02.03	2007	UC San Diego Consortium/VA Medical Center, San Diego, CA San Diego, CA	Y	Y	Ethnic Differences in Diffuse Noxious Inhibitory Controls (DNIC)	Fillingim, Roger
02.04	2007	Long Beach VA, Long Beach, CA	Y	Y	Effects of Personal Placebo Response Information on Future Placebo Response	Robinson, Michael
02.12	2007	Boston Consortium Boston, MA	Y	Y	Problem Solving and the Management of Obesity in Women from Underserved Rural Settings	Perri, Michael
02.13	2007	Children's Memorial Hospital (now Ann & Robert H Lurie Children's Hospital of Chicago) Chicago, IL	Y	Y	Mechanisms of Self-Esteem Change in Overweight Children Participating in a Family-Based Weight-Management Program	Janicke, David

**Table 9****Program Graduates: Employment**

ID #	Grad Year	Initial employment setting code	Initial job title	Current employment setting code	Current job title	Professional Credentials		
						Psychology Licensure (Y/N)	State(s)	Other Achievements
08.01	2013	3	Post-Doctoral Fellow	3	Pediatric Psychologist	Y	CT	
08.03	2013	7	Staff Psychologist	23	Research Consultant	N	-	
08.04	2013	3,16	Clinical Post Doc	19,22,23	Clinical Assistant Professor and Clinical Director of TEACCH autism Clinic	Y	NY	
08.09	2013	3	Post Doctoral Fellow	3,14,19,21,22	Assistant Professor/Pain Psychologist	Y	NY	
08.11	2013	19,26	Post-Doctoral Psychology Fellow	19,26	Clinical Psychologist	Y	ND	-
07.02	2013	22	Post-doctoral Fellow	22	Post-doctoral Fellow	N	-	PI on federal or foundation grant
07.06	2013	22	Postdoctoral Scholar	22	Postdoctoral Scholar	N	-	-
07.08	2013	3,5,21,22	Postdoctoral Research Fellow	3,5,21,22	Postdoctoral Research Fellow	Y	PA	PI on federal or foundation grant
07.09	2013	22	Postdoctoral Fellow	22	Postdoctoral Fellow	N	-	-
07.10	2013	3,6,19,21	Post-doctoral Associate	3,6,19,21	Post-doctoral Associate	Y	CA	Task Force Member: Policy and Advocacy for PCIT International

07.11	2013	7	Postdoctoral Fellow	7	Senior Neuropsychology Postdoctoral Fellow	Y	FL	-	
06.09	2013	3	Postdoctoral Research Fellow	3	Postdoctoral Research Fellow	N	-	-	
07.01	2012	3	Clinical Post-Doctoral Fellow	3,6,21,22	Assitant Professor/Licensed Psychologist	Y	TN	-	
07.03	2012	3	Assistant Professor of Pediatrics	3	Assistant Professor of Pediatrics	Y	ND	-	
07.04	2012	1,24	Post-Doctoral Fellow	-	Clinical Psychologist	Y	AR	Editorial Board	
07.05	2012	20,23	Clinical Psychologist	20,23,26	Clinical Psychologist	Y	Not in US	Editorial Board	
07.07	2012	3,19,21	Post-Doctoral Fellow	3,19,21	Research Associate III	N	-		
07.12	2012	3,7	Post-doctoral Fellow	3,7	Post-doctoral Fellow	Y	AR	PI on federal or foundation grant	
06.02	2012	7	Advanced Geriatrics Fellow	7,22	Assistant Professor	N	-	-PI on federal or foundation grant -Newsletter editor for the Society of Clinical Geropsychology	
06.03	2012	3	Post-doctoral Fellow	3	Assistant Professor	Y	ID	-Editorial Board -Early Career Representative for The Obesity Society's Clinical Committee	
06.06	2012	7	Staff Psychologist	7	Staff Psychologist	Y	ID	-	
06.10	2012	7	Post-doctoral associate	7	Staff Psychologist and Clinical Assistant Professor	Y	RI	-	
06.12	2012	3,22	Postdoctoral Fellow	3,22	Associate Research Scientist	Y	NM	-PI on federal or foundation grant	
05.01	2012	7	Postdoctoral Fellow	Declined requests for information					
05.05	2012	26	Psychology Resident	3,26	Rehab Neuropsychologist	Y	FL	-	

06.01	2011	7	Staff Psychologist	26	Clinical Psychologist	Y	GA	-
06.04	2011	3,7,22	Post-doctoral Fellow	3,7,22	Post-doctoral Fellow	Y	AR	-
06.05	2011	3	Post-doctoral Fellow	3	Assistant Professor	Y	CA	-PI on federal or foundation grant -Co-chair of assessment committee, Society of Pediatric Psychology
06.07	2011	3,10	Staff Psychologist	3,10	Forensics Unit Psychologist	Y	MS	-
06.08	2011	20	Child Psychology Post-Doctoral Fellow	20	Assistant Professor of Clinical Psychiatry and Behavioral Sciences	Y	N/A	-
06.11	2011	3	Post-doctoral Fellow	3,5	Psychologist	Y	OR	-
05.08	2011	7	Neuropsychology Post-doctoral Resident	20,26	Clinical Neuropsychologist	Y	Not in US	-
05.09	2011	22	Post-doctoral fellow	3,5,21,22	Psychologist	Y	NM	-
05.10	2011	3	Post-Doctoral Fellow	3	Clinical Assistant Professor	Y	OR	-
05.12	2011	26	Post-doctoral Fellow	6	Neuropsychologist	Y	NM	-

03.19	2011	7	Rehabilitation Psychology Post-Doctoral Resident	5	Rehabilitation Neuropsychologist and Interim Director, Orlando Health Neuropsychology Consultants	Y	FL	Board Certified: Rehabilitation Psychology Multiple roles as task force or subcommittee members for the Executive Committee of Division 22 (Rehabilitation Psychology) of APA; current candidate for Early Career Psychologist Representative to the Executive Committee of this Division
05.02	2010	7	Postdoctoral Fellow	7	Staff Psychologist	Y	AR	-
05.03	2010	22	Post-doctoral Fellow	22	Staff Psychologist; Assistant Professor (Research)	Y	PA	-PI on federal or foundation grant -Editorial Board
05.04	2010	5	Post Doctoral Fellow	20	Clinical Psychologist	Y	KS	-
05.06	2010	3	Clinical Staff Psychologist	3	Clinical Staff Psychologist	Y	KY	-
05.07	2010	3	Pediatric Neuropsychology Postdoctoral Fellow	3	Inpatient Neuropsychologist, Pediatric Neuropsychologist	Y	FL	-
05.11	2010	26	Staff Psychologist	13,20	Visiting Assistant Professor and Part-time Psychologist in private practice	Y	NY	-
04.02	2010	3	Postdoctoral Fellow in Behavioral Medicine	18,26	Clinical Psychologist and Assistant Professor (non-tenure)	Y	VT	-
04.03	2010	9	Psychological Resident	22	Assistant Professor, Department of Psychiatry, University of Florida Forensic Institute	Y	FL	-

04.05	2010	3	Post-doctoral Fellow	14	Assistant Professor	Y	AL	-PI on federal or foundation grant -Chair of Adherence Special Interest Group for Division 54
04.07	2010	7	Post-doctoral Associate	20	Clinical Neuropsychologist	Y	MD	-
04.09	2010	7	Staff Neuropsychologist	7	Clinical Neuropsychologist	Y	FL	-PI on federal or foundation grant -Chair, Bay Pines Mental Health and Behavioral Science Education and Research Committee
04.13	2010	8,22	Post-doctoral Associate	3	Post-doctoral Researcher	N	-	-
04.14	2010	5	Staff Psychologist	5	Staff Psychologist	Y	FL	-Editorial Board
04.16	2010	26	Research and Evaluation Manager	14,21	Research and Evaluation Specialist (Fellow)	N	-	-
03.10	2010	3,22	Post-doctoral Associate in Neuropsychology and Rehabilitation Psychology	3	Staff Neuropsychologist	Y	CT	-Co-director of training rotation on internship faculty
03.16	2010	3,15	Research Clinical Postdoctoral Fellow	3	Clinical Director of Behavioral Health, Native American Health Center-	Y	CA	-
03.17	2010	3,22	Post-Doctoral Fellow	3,22	Assistant Professor	Y	GA	-
02.06	2010	26	Post-doctoral Fellow	26	Neuropsychologist	Y	FL	-
04.01	2009	7	Staff Psychologist	7	Staff Psychologist, Primary Care-Mental Health Integration Program	Y	NY	-
04.04	2009	3,22	Postdoctoral Fellow	3,22	Assistant Professor	Y	OK	-Editorial Board
04.06	2009	1,9	Post-doctoral fellow	15	Assistant Professor	Y	GA	-

04.08	2009	16	Post-doctoral Fellow	3	Clinical Research Psychologist	Y	SD	-
04.10	2009	1	Post-Doctoral Fellow	-	Director, the Center for Autism	Y	MA	-Board Certified in ABPP (CN) -PI on federal or foundation grant -Board Advisor, American Association of Children's Residential Centers; -Co-Chair, APA Division 44 Committee for Transgender People and Gender Diversity
04.11	2009	1	Post-doctoral resident	20	Clinical, Rehabilitation and Health psychologist	Y	Not in US	-
04.12	2009	3,7	Staff Clinical Psychologist	3,7,13,20,23,	Clinical Psychologist	Y	AR	-
04.17	2009	3	Postdoctoral Resident	3	Staff Psychologist	Y	KY	-
03.01	2009	22	Postdoctoral Fellow	22	Assistant Professor	Y	TN	-PI on federal or foundation grant
03.06	2009	3	Post-doctoral Associate	7	Staff Psychologist	Y	AL	-
03.09	2009	1,20	Postdoctoral Scholar	11,12,13,14,18	Assistant Professor	Y	MS	-PI on federal or foundation grant -Editorial Board -Executive Committee Member, APD Division 40 - Society for Clinical Neuropsychology
03.14	2009	3,22	Postdoctoral Fellow	22	Assistant Professor	Y	NY	-Chair of Division 40/SCN Women in Neuropsychology Committee

03.02	2008	10,12	Post-doctoral Associate	1	Assistant Professor			-PI on federal or foundation grant -PCIT International's training task force, Secretary for the PCIT Board of Directors.
03.03	2008	17	Infant Toddler Development Specialist	17	Infant Toddler Development Specialist	Y	NY	-
03.07	2008	3	Postdoctoral Fellow	3	Assistant Professor	Y	SD	-Editorial Board -Division 54 Adherence Assessment Chair
03.08	2008	5,26	Psychosocial Oncology Post-Doctoral Fellow	21,22	Research Assistant Professor	N	-	-PI on federal or foundation grant
03.12	2008	3,16	Postdoctoral Fellow in Behavioral Sleep Medicine	3,16	Assistant Professor of Psychiatry and Human Behavior	Y	RI	
03.13	2008	19	Staff Therapist	19	Staff Psychologist	Y	NY	-
02.02	2008	12	Research Assistant Professor	17,21,24	Psychologist	Y	ME	-
02.05	2008	3,22	Post-doctoral fellow	3,22	Assistant Professor	Y	NY	-Member of Scientific and Student Affairs Committee for NC Psychological Association
02.07	2008	22	Senior Fellow	13,14	Assistant Professor	Y	IL	-PI on federal or foundation grant -Editorial Board -Chair of Psychosocial Research SIG of the American Pain Society; Member at Large Chair of Pain Disparities SIG of the American Pain Society
02.08	2008	14	Assistant Professor	14,16	Associate Professor	Y	TX	-
02.09	2008	3,22	Postdoctoral Fellow	22	Assistant Professor	Y	GA	-PI on federal or foundation grant

02.10	2008	7	Clinical Neuropsychologist	7	Clinical Neuropsychologist	Y	AR	-
02.11	2008	3,22	Postdoctoral Fellow and Instructor	18,20,21	Research Scientist; Adjunct Assistant Professor; Psychologist in private practice	Y	NY	-Member of several standing Gerontological Society of America committees
03.04	2007	11,13,14,17,21	Clinical Psychology Assistant Professor	11,13,14	Clinical Psychology Associate Professor at the University of Jordan, Amman,	N	-	-Fellowship Status, War Trauma Foundation, Antares Foundation, and the Royal Organization for Humanitarian Aid -Local Advisor for Antares foundation on Psychological Services Assessment Projects
03.05	2007	1,20	Post-Doctoral Associate	12,14	Assistant Professor	Y	FL	-Board Certified in Clinical Child and Adolescent Psychology -PI on federal or foundation grant -Editorial Board -Board Member, Florida Association for Infant Mental Health (2014-present); Co-Chair, Miami Chapter of the Florida -Association for Infant Mental Health Co-Chair, PCIT International Research Task
03.11	2007	22	Research Specialist	26	Senior Science Writer	N	-	-Editorial Board
03.15	2007	3	Post-doctoral Associate	26	Quantitative Analyst	N	-	-
03.18	2007	3	Psychology Fellow	3	Assistant Professor	Y	FL	Certified Diabetes Educator; PI NIH/NIDDK Pediatric Research Loan Repayment Program 2008-2010-

02.01	2007	1	Postdoctoral Fellow	18	Clinical Psychologist (private practice)	Y	NM	-Board Certified in Clinical Child and Adolescent Psychology -PI on federal or foundation grant
02.03	2007	20	Post-doctoral Fellow	20	Associate Professor	Y	ME	-PI on federal or foundation grant -Editorial Board -Member of the Scientific Program Committee for the American Pain Society and other committees.
02.04	2007	17	Staff Psychologist	1	Clinical Program Director	Y	AR	-
02.12	2007	3, 16	Clinical Psychology Research Fellow	14	Clinical Psychologist	Y	MA	-
02.13	2007	3,22	Postdoctoral Fellow	1,11,20,21	Medical Psychologist/Assistant Professor	Y	ID	-PI on federal or foundation grant -Co-Director, Center on Obesity Management and Prevention, Lurie Children's Hospital

**Table 10**  
**Program Attrition, Retention, and Graduation**

Year of Entry	N <sup>1</sup>	Status	Attendance Year							
			Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8 or beyond
Prior to 2008 <sup>2</sup>		Graduated								
		Continued Enrollment								
		Left Program								
		<b>Total</b>								
2008	15	Graduated					5	8		0
		Continued Enrollment	14	14	14	13	8	0		0
		Left Program	1	0	0	1	0	0		0
		<b>Total</b>	15	14	14	14	13	8		0
2009	13	Graduated					8	4*		
		Continued Enrollment	13	13	13	13	5	1		
		Left Program	0	0	0	0	0	0		
		<b>Total</b>	13	13	13	13	13	5		
2010	15	Graduated	0	0	0	0	0			
		Continued Enrollment	15	15	15	15	15			
		Left Program	0	0	0	0	0			
		<b>Total</b>	15	15	15	15	15			
2011	16	Graduated								
		Continued Enrollment	16	15	15	15				
		Left Program	0	1	0	0				
		<b>Total</b>	16	15	15	15				
2012	17	Graduated	0	0	0					
		Continued Enrollment	17	17	17					
		Left Program	0	0	0					
		<b>Total</b>	17	17	17					
2013	13	Graduated	0	0						
		Continued Enrollment	13	13						
		Left Program	0	0						
		<b>Total</b>	13	13						
2014	12	Graduated	0							
		Continued Enrollment	12							
		Left Program	0							
		<b>Total</b>	12							

\*Expected summer 2015

<sup>1</sup> Number of students entering program that year

<sup>2</sup> Complete only if students entering prior to academic year 2008-2009 are currently enrolled. Include the number of students from earlier cohorts as *continued enrollment* under column "Year 8 or beyond".

**APPENDIX A  
PROGRAM LEVEL POLICY DOCUMENTS**

<b>Item</b>	<b>Document(s) in which policy appears</b>	<b>Appendix / Page #(s)</b>
<b>Student selection</b>	Department website	Appendix F, pp. F9-F10
<b>Academic preparation and admission requirements</b>	Department website	Appendix F, pp. F9-F13
<b>Administrative and financial assistance</b>	Program Website, Student handbook	Appendix F, pp. F14-F15; Appendix D, pp. D6-D8, pp. D17-D18
<b>Student performance evaluation, feedback, advisement, retention</b>	Student handbook	Appendix D, pp. D35-D42
<b>Minimal levels of acceptable achievement</b>	Student handbook	Appendix D, pp. D41-D42
<b>Student termination</b>	Student handbook	Appendix D, pp. D41-D42
<b>Due process</b>	Student handbook; graduate catalog; graduate school website	Appendix D, ppD42-D44
<b>Grievance policies for students and faculty</b>	Student handbook	Appendix D, pp. D42-D44

## Appendix B

### Required Table B2.

<p><b>Goal #1:</b> To provide students with a broad and general foundation in the science and professional practice of Clinical Psychology and related disciplines.</p>
<p><b>Objectives for Goal #1(a):</b> Students will acquire the current body of knowledge in scientific psychology and in Clinical Psychology as an area of professional specialization.</p>
<p><b>Objectives for Goal #1(b):</b> Students will acquire foundational knowledge in Public Health that supplements the knowledge base in scientific and professional psychology with knowledge pertaining to health and behavior of communities and populations.</p>
<p><b>Objectives for Goal #1(c):</b> Students will acquire experiences in which they can learn to apply foundational concepts to clinical and research problems.</p>
<p><b>Competencies Expected for these Objectives:</b> Students demonstrate knowledge of the scientific basis of Psychology (e.g., biological, cognitive, affective, social, and developmental aspects of behavior; history and systems of psychology, quantitative and qualitative psychological measurement, individual differences, techniques of data analysis) and core professional knowledge in Clinical Psychology (ethics, individual and cultural diversity, dysfunctional behavior/psychopathology, theories and methods of assessment/diagnosis, intervention, consultation, and supervision).</p>
<p><b>Appendix &amp; Page Number for Evaluation Tools Used for each Competency (if applicable):</b> Most competencies measured by grades/course completion; we also use EPPP performance data to assess foundational knowledge (<b>Appendix P, p. P14</b>)</p>
<p><b>How Outcomes are Measured and Minimum Levels for Achievement for these Objectives/Competencies:</b> (a) Successful completion (minimum grade of B-) of coursework in the Psychology and Clinical Psychology Core Curricula. (b) Successful completion of foundational coursework in Public Health Concepts (certificate of completion) and Epidemiology (minimum grade of B-). (c) Satisfactory progress in Research and Practicum coursework (minimum grade of "S") in which foundational knowledge is applied and assessed. (d) Satisfactory completion of required minimum number of credits in multi-semester sequences (Research and Practicum), (e) EPPP scores on relevant foundational domains (successful licensure as outcome).</p>
<p><b>Goal #2:</b> To prepare students to function competently as producers and consumers of research and scholarship within Psychology/Clinical Psychology.</p>
<p><b>Objectives for Goal #2 (a):</b> To develop research aptitudes through a graded sequence of mentored research activities that lead to independent research skills.</p>
<p><b>Objectives for Goal #2 (b):</b> To develop the ability to recognize and apply relevant published research findings in guiding clinical psychological practice</p>
<p><b>Objectives for Goal #2 (c):</b> To contribute to the current body of psychological/clinical psychological knowledge by presenting or publishing research findings</p>

**Competencies Expected for These Objectives:** (a) Successful performance, analysis, write-up, and defense of at least two research projects (M.S., Ph.D.) that reflect development of topic-appropriate technical and conceptual research skills as judged by mentor and supervisory committee; (b) Demonstration of knowledge and application of the evidence base for assessment and intervention techniques used in practice; (c) Participation as an author/co-author on presentations or publications that disseminate new knowledge or research findings

**Appendix & Page Number for Evaluation Tools Used for each Competency (if applicable):** Clinical Competency Evaluation Tool (**Appendix I, pp. I4-I12 [Core] and pp. I13-I22 [Advanced]**); Research Evaluations by mentor (**Appendix I, p. I2**); Student Activity Reports (**Appendix N, pp. N6-N11**)

**How Outcomes are Measured and Minimum Levels for Achievement for these Objectives/Competencies:** (a) Satisfactory performance on final defense of M.S. and Ph.D. projects; acceptance of final M.S. and Ph.D. written documents by doctoral supervisory committee and Graduate School editorial office; (b) Satisfactory evaluations on relevant items from semesterly and yearly research and practicum evaluations; (c) Presentations and publications listed on annual Student Activity Report

**Goal #3:** To enable students to develop sufficient knowledge and skill in broad aspects of health service psychology to allow them to successfully compete for admission to APA accredited internship placements, to obtain licensure, and to have entry-level skills for the independent practice of psychology.

**Objectives for Goal #3: (a)** To develop a broad base of clinical competencies appropriate for the pre-internship phase of professional training.

**Objectives for Goal #3 (b):** To successfully place students in APA accredited internships.

**Objectives for Goal #3 (c):** To provide background knowledge and entry-level professional skills leading to successful attainment of licensure.

**Competencies Expected for These Objectives:** (a) Appropriate competencies in professionalism, individual and cultural diversity, ethical and legal standards and policy, reflective practice, professional relationships, application of knowledge to practice (evidence-based practice, assessment, intervention, consultation), science in practice, supervision, and systems as set forth in the Competencies Benchmark Document. (b) Requisite skills for crafting successful internship, postdoctoral, and licensure applications, including interviewing and development of written materials. (c) Ability to pass credentials and examination tools for licensure application.

**Appendix & Page Number for Evaluation Tools Used for each Competency (if applicable):** Clinical Competency Evaluation Tool (**Appendix I, pp. I4-I12 [Core] and pp. I13-I22 [Advanced]**) APPIC match results (**Appendix P, pp. P15-P16**); Licensure verification; Alumni Survey

**How Outcomes are Measured and Minimum Levels for Achievement for these Objectives/Competencies:** Satisfactory attainment of ratings on the Clinical Competency Assessment Tool indicating attainment of exit criteria; successful submission of internship application materials; successful attainment of APA-accredited internship placement; successful attainment of licensure as appropriate to the student's career trajectory.

**Goal #4:** To prepare students with knowledge and skills enabling them to make specialty-specific professional contributions through participation in a formally defined clinical research and practice area (major area of study) that builds on prior broad and general training in clinical psychology.

**Objectives for Goal # 4:** Students will develop competencies through advanced study in a major area of study that provides both socialization into, and substantive training in, a psychological specialty practice area or defined area of research focus that will involve didactic classroom-based learning, participation in advanced specialty practica, and research involvement in the specialty area.

**Competencies Expected for These Objectives:** It is expected that students pursuing specialty training in a major area of study will develop clinical (e.g., assessment, intervention, consultation) and research competencies in working with specific age groups (e.g., children and adolescents, older adults), individuals with specific types of problems (e.g., health related difficulties), specific clinical approaches (e.g., neuropsychological assessment), specific research foci (e.g., comparative effectiveness research, neuroimaging), or various combination of these elements. As a result, such students will be highly competitive for appropriate area-relevant tracks within APA-accredited internship programs.

**Appendix & Page Number for Evaluation Tools Used for each Competency (if applicable):** Student annual evaluations, Research Evaluation (**Appendix I, p. I2**) and Clinical Competency Assessment Tools (**Appendix I, pp. I4-I12 [Core] and pp. I13-I22 [Advanced]**).

**How Outcomes are Measured and Minimum Levels for Achievement for these Objectives/Competencies:** Competencies will be assessed by passing grades in didactic courses and advanced specialty practica, required by the area of concentration selected, by practicum supervisor ratings of clinical performance in advanced specialty practica, by Clinical Progress Committee reviews of specialty specific practicum performance, by participation in weekly area research seminars, and by the successful completion and publication/presentation of research projects (First Year Research Project/Master's Thesis, Dissertation, other research) related to the major area of study. Minimum Thresholds for Achievement includes passing grades (B or above) in all required courses and specialty practica and the completion of at least one empirical research project related to the major area of study.

**Goal #5:** To prepare students to be cognizant of major sources of individual and group variation, to understand how such diversity affects psychological processes, clinical presentation, and responsiveness to intervention, and to apply such knowledge in addressing diversity-related issues and problems.

**Objectives for Goal #5(a):** Provide students with diverse assessment and intervention experiences across the life span that reflect a range of human diversity, such as individual, gender, sexual, cultural, ethnic and racial diversity.

**Objectives for Goal #5(b):** Provide didactic and practical experiences that insure that students, as a result of their training, are sufficiently knowledgeable and motivated to infuse a consideration of individual and cultural diversity into their clinical and professional activities

**Competencies Expected for These Objectives:** Students will be non-discriminating and show respect for staff, colleagues, and patients from diverse backgrounds, will be able to appropriately consider diverse patient backgrounds in the selection administering, and interpretation of assessment measures and in the selection and implementation of culturally sensitive approaches to intervention, as is appropriate.

**Appendix & Page Number for Evaluation Tools Used for each Competency (if applicable):** Clinical Competency Evaluation Tool (**Appendix I, pp. I4-I12 [Core] and pp. I13-I22 [Advanced]**); Clinical Contact Logs (**Appendix N, pp. N12-N13**); Anonymous Doctoral Program Review (**Appendix O, pp. O1-O21**).

**How Outcomes are Measured and Minimum Levels for Achievement for these Objectives/Competencies:** Diversity of caseload is monitored quarterly through review of clinical logs by the Program Director, and yearly by the Clinical Progress Committee. Grades in courses with sections focusing specifically on diversity, supervisor practicum evaluation ratings and the qualifying examination performance assessing student knowledge and awareness of diversity issues and implications for clinical practice. Programmatic outcomes are determined via an anonymous alumni survey designed to assess the adequacy of the program in preparing students to appropriately considering issues of individual and cultural diversity in professional activities upon graduation.

**Goal #6:** Prepare students to deliver professional services to patients and to conduct research in a manner that shows dedication to applicable ethical, professional practice, and legal standards.

**Objectives for Goal #6(a):** Students will be exposed to current APA Ethics Guidelines as well as state legal statutes that govern the professional activities of psychologist.

**Objectives for Goal #6(b):** Students will be able to apply knowledge of ethical and legal standards into practice in both clinical and research situations.

**Competencies Expected for These Objectives:** Expected ethical and legal competencies will include, having knowledge of ethical and legal standards for psychologists, being able to identify professional ethical and legal dilemmas, being able to relate ethical dilemmas to potentially relevant ethical principles, and demonstrate high standards of ethical/legal behavior in the provision of clinical activities , research, and professional interactions.

**Appendix & Page Number for Evaluation Tools Used for each Competency (if applicable):** Annual Research Evaluation (**Appendix I, p. I2**) and Clinical Competency Evaluation Tool (**Appendix I, pp. I4-I12 [Core] and pp. I13-I22 [Advanced]**); Anonymous Doctoral Program Review (**Appendix O, pp. O1-O21**); Alumni Survey (**Appendix O, pp. O22-O35**).

**How Outcomes are Measured and Minimum Levels for Achievement for these Objectives/Competencies:** Ethical behavior is monitored and evaluated throughout graduate training via performances in courses that have specific sections on ethics, through quarterly (core) or semesterly (advanced) practicum supervisor evaluations (Clinical Competency Assessment Tool), through faculty research evaluations completed each semester and at the end of each year, and through annual Clinical Progress Committee review. Programmatic outcomes are determined via an anonymous alumni survey designed to assess the adequacy of the program in preparing students to function effectively in the area of ethics upon graduation.

**Goal #7:** Prepare students to be able to effectively communicate psychological knowledge and concepts to academic, scientific, interprofessional, and community audiences

**Objectives for Goal #7:** Students will be given opportunities to present their research, clinical case conceptualizations, and other relevant material to audiences at academic, scientific, interprofessional, and community venues. This includes active participation in laboratory meetings, interprofessional rounds, academic and professional conferences, and community groups.

**Competencies Expected for these Objectives:** Satisfactory oral presentation and poster preparation/presentation skills as judged by faculty audiences; effective use of presentation tools or other relevant aids; audience evaluations of presentations at conferences (if available)

**Appendix and Page Number for Evaluation Tools used for Each Competency:** Master's Committee Evaluation form from Fall Symposium Presentation (**Appendix I, pp. I3**); Student Activity Report, sections on presentations (**Appendix N, pp. N9-N11**); Student Research Evaluation (**Appendix I, p. I2**).

**How Outcomes are Measured and Minimum Levels for Achievement for these Objectives/Competencies:** Student presentation at Fall Symposium (at which their First Year Project/M.S. Thesis is presented) is objectively evaluated by a faculty committee. Student activity reports are evaluated for accepted presentations at juried conferences and at other (nonjuried) groups such as community groups, medical review boards, rounds, and case conferences. Each mentor also evaluates student presentation skills in the Research Evaluation. Minimal levels of achievement are reflected in satisfactory ratings using these tools.

### Required Table B3.

<b>B.3. Provide information below to illustrate how the program ensures that ALL students can acquire and demonstrate substantial understanding of and competence in:</b>	
<b>Curriculum area:</b>	<i>(B.3a) Biological aspects of behavior</i>
<b>Required academic/training activities</b>	CLP 6307 Human Higher Cortical Functioning (3 credits)
<b>How competence is assessed</b>	Passing grade (B- or better) in CLP 6307
<b>Curriculum area:</b>	
	<i>(B.3a) Cognitive aspects of behavior</i>
<b>Required academic/training activities</b>	CLP 7934 Cognitive Bases of Behavior (3 credits)
<b>How competence is assessed</b>	Passing grade (B- or better) in CLP 7934
<b>Curriculum area:</b>	
	<i>(B.3a) Affective aspects of behavior</i>
<b>Required academic/training activities</b>	CLP 7934 Cognitive Bases of Behavior (sections on Emotion/Psychopathology) CLP 6307 Human Higher Cortical Functioning (section on emotion and the brain) CLP 6476 Lifespan Psychopathology (sections on mood disorders, anxiety disorders, trauma-related disorders, OCD) SOP 6099 Survey of Social Psychology (sections on social cognition, attitudes and persuasion, love and romantic relationships, prosocial behavior, aggression)
<b>How competence is assessed</b>	Passing grade (B- or better) in CLP 7934, CLP 6307, CLP 6476, and SOP 6099
<b>Curriculum area:</b>	
	<i>(B.3a) Social aspects of behavior</i>
<b>Required academic/training activities</b>	SOP 6099 Survey of Social Psychology (3 credits)
<b>How competence is assessed</b>	Passing grade (B- or better) in SOP 6099
<b>Curriculum area:</b>	
	<i>(B.3a) History and systems of psychology</i>
<b>Required academic/training activities</b>	PSY 6608 History of Psychology (3 credits)
<b>How competence is assessed</b>	Passing grade (B- or better) in PSY 6608

<b>Curriculum area:</b>	<i>(B.3a) Psychological measurement</i>
<b>Required academic/training activities</b>	CLP 6527 Mea Res Des & Stat Analysis I (4 credits) CLP 6528 Mea Res Des & Stat Analysis II (4 credits) CLP 6430 Clinical Psychological Assess (4 credits) VARIABLE Advanced Statistics Elective (3 credits)
<b>How competence is assessed</b>	Passing grades (B- or better) in required coursework; satisfactory mastery of measurement concepts in M.S. and Ph.D. research evaluations by mentor
<b>Curriculum area:</b>	<i>(B.3a) Research methodology</i>
<b>Required academic/training activities</b>	CLP 6527 Mea Res Des & Stat Analysis I (4 credits) CLP 6528 Mea Res Des & Stat Analysis II (4 credits) CLP 6971 Masters Research (min 7 credits) CLP 7979/7980 Advanced Research/Doctoral Research (min 15 credits)
<b>How competence is assessed</b>	Passing grades (B- or better) in the above required courses Development, completion, and presentation of acceptable first year research project at the Fall Research Symposium. Successful oral Master's Thesis defense Publication of presentation of first year research conference at national or regional conference Author of other published research articles/chapters or paper presentations at national or regional conference. End of semester and annual research reviews by mentors Annual faculty review of trainee research skills. Successfully competing for student research grant funding (e.g., NRSA). Completion of doctoral dissertation and successful oral defense.
<b>Curriculum area:</b>	<i>(B.3a) Techniques of data analysis</i>
<b>Required academic/training activities</b>	CLP 6527 Mea Res Des & Stat Analysis I (4 credits) CLP 6528 Mea Res Des & Stat Analysis II (4 credits) CLP 6971 Masters Research min (7 credits) CLP 7979/7980 Advanced Research/Doctoral Research (min 15 credits) Advanced Statistics Elective (3 credits)

<b>How competence is assessed</b>	<p>Passing grades (B- or better) in the above required courses</p> <p>Development, completion, and presentation of acceptable first year research project at the Fall Research Symposium.</p> <p>Successful oral Master's Thesis defense</p> <p>Publication of presentation of first year research conference at national or regional conference.</p> <p>Author of other published research articles/chapters or papers, presented at national or regional conferences.</p> <p>End of semester and annual research reviews by mentors</p> <p>Annual faculty review of trainee research skills.</p> <p>Successfully competing for student research grant funding (e.g., NRSA).</p> <p>Completion of doctoral dissertation and successful oral defense.</p>
<b>Curriculum area:</b>	<i>(B.3b) Individual differences in behavior</i>
<b>Required academic/training activities</b>	<p>CLP 6430 Clinical Psychological Assess (4 credits)*</p> <p>CLP 6943 Practicum in Clinical Psychology (6 – 8 credits)</p> <p>CLP 6945, 6946, 6948 Major area of study Advanced Specialty Practica (3 – 6 credits)</p>
<b>How competence is assessed</b>	<p>Passing grade (B- or better) in CLP 6450.</p> <p>Review of practicum supervisor ratings of assessment skills during quarterly core practicum and advance specialty practicum rotations; Annual Clinical Progress Committee evaluation of assessment skills; Annual faculty review of trainee assessment skills.</p>
<b>Curriculum area:</b>	<i>(B.3b) Human development</i>
<b>Required academic/training activities</b>	DEP 6099 Survey of Developmental Psychology (3 credits)
<b>How competence is assessed</b>	Passing grade (B- or better) in DEP 6099
<b>Curriculum area:</b>	<i>(B.3b) Dysfunctional behavior or psychopathology</i>
<b>Required academic/training activities</b>	<p>CLP 6476 Lifespan Psychopathology (4 credits)**</p> <p>CLP 6943 Practicum in Clinical Psychology (6 – 8 credits)</p> <p>CLP 6947 Practicum in Intervention (2 – 5 credits)</p> <p>CLP 6945, 6946, 6948 Major area of study Advanced Specialty Practica (3 – 6 credits)</p>

<p><b>How competence is assessed</b></p>	<p>Passing grade (B- or better) in CLP 6476  Satisfactory completion of CLP 6943 and 6947, and (one of) 6945, 6946, or 6948 (minimum grade S).  Above grade based on results of Clinical Competency Assessment Tool (CCAT) completed by supervisors evaluating assessment, intervention, consultation, and interpersonal skills during quarterly core practicum, advanced intervention practicum and advanced specialty practicum rotations; Annual Clinical Progress Committee evaluation of assessment, intervention and general clinical skills; Annual faculty review of trainee knowledge, skills, attitudes, and progress.</p>
<p><b>Curriculum area:</b></p>	<p><i>(B.3b) Professional standards and ethics</i></p>
<p><b>Required academic/training activities</b></p>	<p>CLP 7934 Intro to Clinical Psychology: Prof Issues &amp; Ethics (1 credit); contains required paper on ethical issues  CLP 6943 Practicum in Clinical Psychology (6 – 8 credits)  CLP 6947 Practicum in Intervention (2 – 5 credits)  Consideration of cultural and individual diversity, ethics, and the integration of clinical practice and research is embedded in all courses in the curriculum (see course syllabi)  Completion of annual IRB and HIPAA compliance activities.</p>
<p><b>How competence is assessed</b></p>	<p>Passing grade (B- or better) in CLP 7934 and on ethics paper assignment  Satisfactory completion of CLP 6943 and 6947, and (one of) 6945, 6946, or 6948 (minimum grade S).  Practicum grades based on results of Clinical Competency Assessment Tool (CCAT) completed by practicum supervisors (includes evaluation of professionalism and ethics); Annual Clinical Progress Committee evaluation of assessment, intervention and general clinical skills; Annual faculty review of trainee knowledge, skills, attitudes, and progress.; Annual Clinical Progress Committee evaluation of general clinical skills and professional behavior; Annual faculty review of clinical skills and professional behavior; Satisfactory rating by research mentors on this dimension, including adherence to IRB and HIPAA standards; Meeting student academic, clinical, and research requirements in a timely and responsible manner; Successfully dealing with questions regarding ethical issues as part of the Qualifying Examination  Satisfactory completion of yearly IRB and HIPAA training including passing grades (70% or better) on training post-tests</p>
<p><b>Curriculum area:</b></p>	<p><i>(B.3c) Theories and methods of assessment and diagnosis</i></p>

<b>Required academic/training activities</b>	CLP 6430 Clinical Psychological Assess (4 credits)* CLP 6476 Lifespan Psychopathology (4 credits)** CLP 6943 Practicum in Clinical Psychology (6 – 8 credits) CLP 6945, 6946, 6948 Major area of study Advanced Specialty Practica (3 – 6 credits)
<b>How competence is assessed</b>	Passing grades (B- or better) in CLP 6430 and CLP 6476 Satisfactory completion of CLP 6943 and 6947, and (one of) 6945, 6946, or 6948 (minimum grade S). Practicum grades based on results of Clinical Competency Assessment Tool (CCAT) completed by practicum supervisors in core, advanced, and advanced specialty practicum rotations (includes evaluation of diagnostic assessment skills); Annual Clinical Progress Committee evaluation of assessment and general clinical skills; Annual faculty review of trainee assessment and general clinical skills.
<b>Curriculum area:</b>	<i>(B.3c) Theories and methods of effective intervention</i>
<b>Required academic/training activities</b>	CLP 6407 Intro to Psych Intervention (4 credits) CLP 6947 Practicum in Intervention (min 5 credits) VARIABLE Advanced Intervention Elective (3 credits) CLP 6945, 6946, 6948 Major area of study Advanced Specialty Practica (3 – 6 credits)
<b>How competence is assessed</b>	Passing grade (B- or better) in CLP 4607 and Advanced Intervention Elective Satisfactory completion of CLP 6943 and 6947, and (one of) 6945, 6946, or 6948 (minimum grade S). Review of practicum supervisor (CCAT) ratings of intervention and general clinical skills during quarterly core practicum, advanced intervention practicum and advanced specialty practicum rotations; Annual Clinical Progress Committee evaluation of intervention and general clinical skills; Annual faculty review of trainee intervention and general clinical skills.
<b>Curriculum area:</b>	<i>(B.3c) Theories and methods of consultation</i>
<b>Required academic/training activities</b>	CLP 6943 Core Practicum in Clin Psychology (6 – 10 credits) CLP 6945, 6946, 6948 Major area of study Advanced Specialty Practica (3 – 6 credits) CLP 6947 Practicum in Intervention (2 – 5 credits)
<b>How competence is assessed</b>	Review of practicum supervisor (CCAT) ratings of consultation, intervention, professional behavior, and general clinical skills, during quarterly core practicum, advanced intervention practicum, and advanced specialty practicum rotations; Annual Clinical Progress Committee evaluation of assessment intervention, general clinical skills, and professional behavior; Annual faculty review of trainee consultation, intervention, professional behavior, and general clinical skills

<b>Curriculum area:</b>	<i>(B.3c) Theories and methods of supervision</i>
<b>Required academic/training activities</b>	CLP 7934 Intro to Clin Psychol: Prof Issues & Ethics (1 credit) CLP 6943 Core Practicum in Clin Psychology (6 – 8 credits) CLP 6947 Practicum in Intervention (2 – 5 credits) CLP 6945, 6946, 6948 Major area of study Advanced Specialty Practica (3 – 6 credits)
<b>How competence is assessed</b>	Passing grade (B- or better) in CLP 7934 Satisfactory completion of CLP 6943 and 6947, and (one of) 6945, 6946, or 6948 (minimum grade S). Review of practicum supervisor (CCAT) ratings of supervision skills by advanced practicum students who provide supervision to students new to the program. Student ability to benefit from clinical and research supervision (i.e. being a good consumer of supervision).
<b>Curriculum area:</b>	<i>(B.3c) Theories and methods of evaluating the efficacy of interventions</i>
<b>Required academic/training activities</b>	CLP 6407 Intro to Psych Intervention (4 credits) CLP 6947 Practicum in Intervention (2 – 5 credits) VARIABLE Advanced Intervention Elective (3 credits) CLP 6945, 6946, 6948 Major area of study Advanced Specialty Practica (3 – 6 credits)
<b>How competence is assessed</b>	Passing grade (B- or better) in CLP 6407 Review of practicum supervisor ratings of intervention and general clinical skills during quarterly core practicum, advanced intervention practicum and advanced specialty practicum rotations; Annual Clinical Progress Committee evaluation of intervention and general clinical skills; Annual faculty evaluation of trainee clinical skills
<b>Curriculum area:</b>	<i>(B.3d) Issues of cultural and individual diversity that are relevant to all of the above</i>
<b>Required academic/training activities</b>	CLP 7934 Intro to Clinical Psychology: Prof Issues & Ethics (1 credit); contains required paper on diversity CLP 6943 Core Practicum in Clin Psychology (6 – 8 credits) CLP 6947 Practicum in Intervention (2 – 5 credits) CLP 6945, 6946, 6948 Major area of study Advanced Specialty Practica (3 – 6 credits) Consideration of cultural and individual diversity, ethics, and the integration of clinical practice and research is embedded in courses in the curriculum (see course syllabi).

<b>How competence is assessed</b>	Passing grade (B- or better) in CLP 7934 Satisfactory (grade of S) completion of listed practica Review of practicum supervisor (CCAT) ratings related to awareness of issues of cultural and individual diversity and professional behavior during quarterly core practicum, advanced intervention practicum and advanced specialty practicum rotations; Review of diversity in clinical caseload, as reflected in clinic contact logs, by Program Director; Annual Clinical Progress Committee evaluation; Annual faculty evaluation of trainee clinical skills and professional behavior; Successfully dealing with questions regarding issues of individual and cultural diversity as part of the Qualifying Examination
<b>Curriculum area:</b>	<i>(B.3e) Attitudes essential for lifelong learning, scholarly inquiry, and professional problem-solving</i>
<b>Required academic/training activities</b>	CLP 7934 Intro to Clinical Psychology: Prof Issues & Ethics (1 credit) Required practica Required research coursework
<b>How competence is assessed</b>	Passing grade (B- or better) in CLP 7934 Satisfactory Research Evaluations by mentor Clinical Competency Assessment Tool Evidence of “beyond required” activities and learning on Student Activity Report Alumni survey (continuing education activities, conference attendance)

Note: Students wishing to be exempted from any required course or to substitute another course must petition for exemption or substitution of the course as described in the Student Handbook (**Appendix D, p. D34**).

## **APPENDIX C**

### **DEPARTMENT, COLLEGE, AND UNIVERSITY MISSION STATEMENTS**

#### ***Department of Clinical & Health Psychology (<http://chp.phhp.ufl.edu/about-2/>)***

##### **Our Mission**

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

##### **Our Vision**

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, postdoctoral 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 (<http://phhp.ufl.edu/about-phhp/mission-statement/>)***

##### **Mission, Goals, Objectives and Values**

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.

**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 diverse 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 quality research and disseminating the findings.**

##### **Objectives**

- 1. Compete successfully for research funding, thus contributing to greater national prominence
- 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. Provide professional service to the community
- 2. Provide professional service to the college and the university
- 3. Provide educational programs that meet workforce development needs

### PHHP Values

The College of Public Health and Health Professions' core values were developed with input from the college's faculty, students, staff and other constituents. These values guide our education, service and research activities, and we strive to impart them to our students.

- Commitment to excellence
- Diversity
- Integrity
- Respect for human dignity
- Social responsibility
- Teamwork

### *University of Florida Mission Statement*

---

*The University of Florida is a comprehensive learning institution built on a land-grant foundation. We are The Gator Nation, a diverse community dedicated to excellence in education and research and shaping a better future for Florida, the nation and the world.*

*Our mission is to enable our students to lead and influence the next generation and beyond for economic, cultural and societal benefit.*

The university welcomes the full exploration of its intellectual boundaries and supports its faculty and students in the creation of new knowledge and the pursuit of new ideas.

- **Teaching** is a fundamental purpose of this university at both the undergraduate and graduate levels.
- **Research and scholarship** are integral to the educational process and to the expansion of our understanding of the natural world, the intellect and the senses.
- **Service** reflects the university's obligation to share the benefits of its research and knowledge for the public good. The university serves the nation's and the state's critical needs by contributing to a well-qualified and broadly diverse citizenry, leadership and workforce.

The University of Florida must create the broadly diverse environment necessary to foster multi-cultural skills and perspectives in its teaching and research for its students to contribute and succeed in the world of the 21st century. These three interlocking elements — teaching, research and scholarship, and service — span all the university's academic disciplines and represent the university's commitment to lead and serve the state of Florida, the nation and the world by pursuing and disseminating new knowledge while building upon the experiences of the past. The university aspires to advance by strengthening the human condition and improving the quality of life.

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

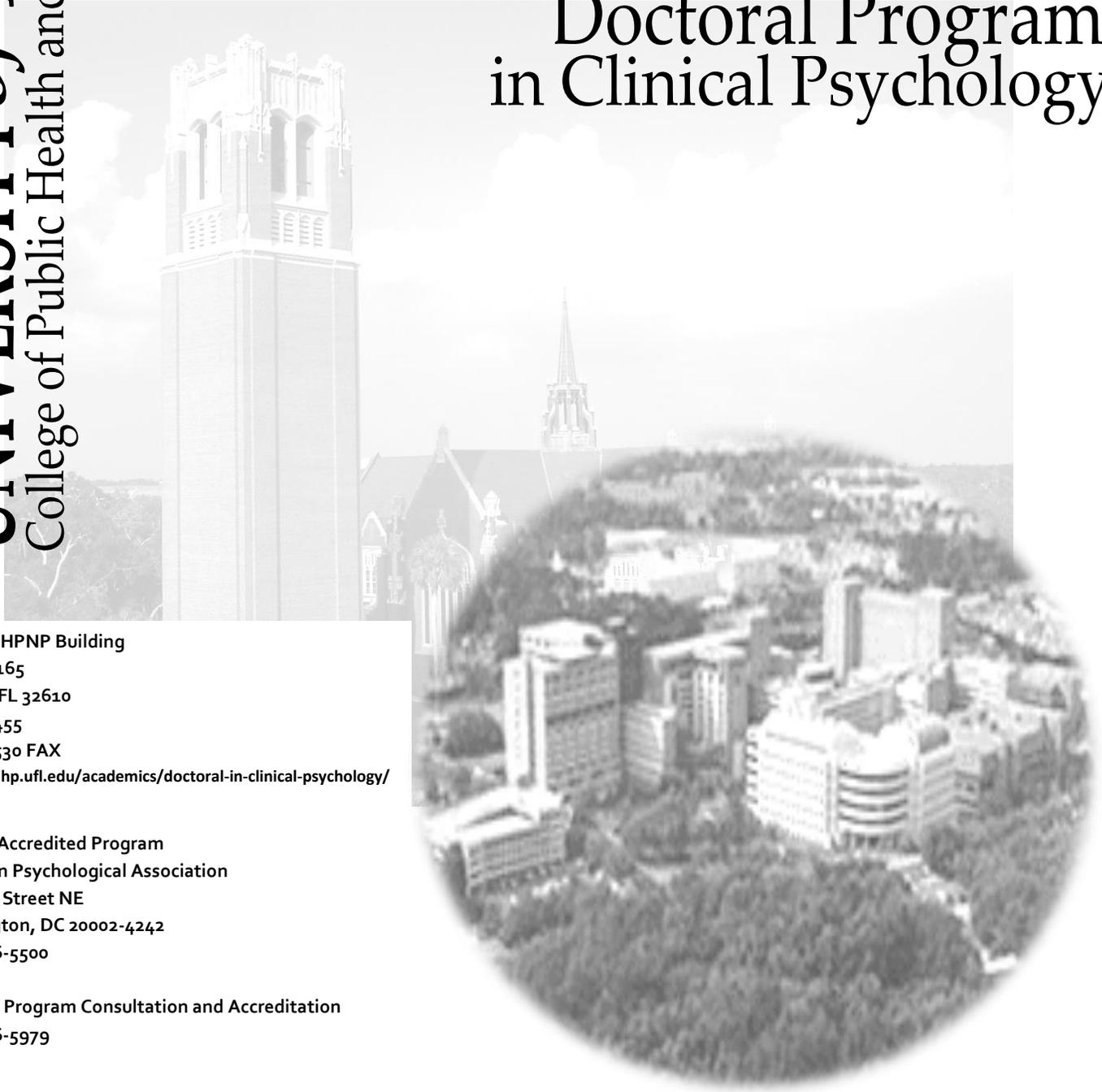
# Department of Clinical and Health Psychology

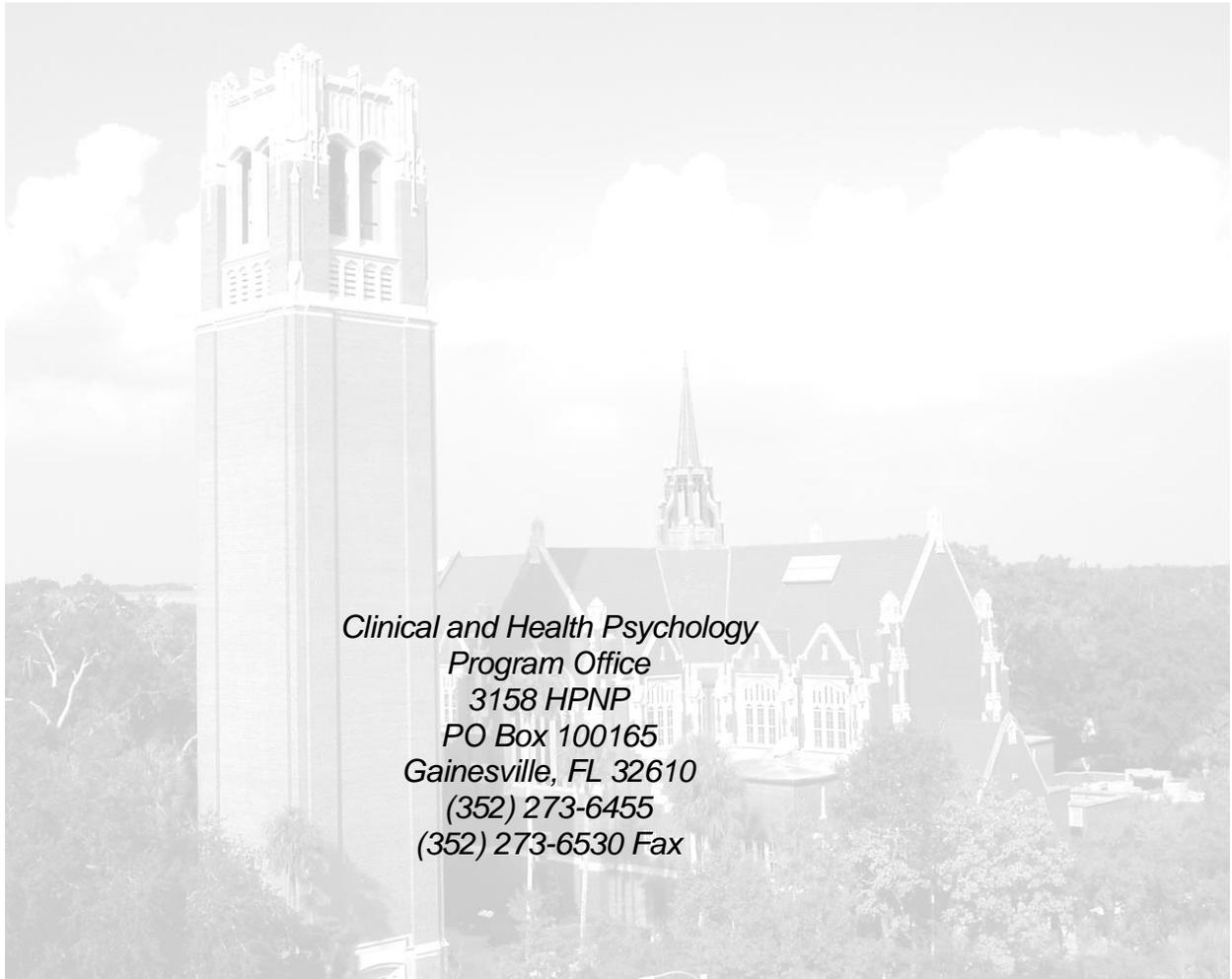
## Doctoral Program in Clinical Psychology

Room 3158 HPNP Building  
PO Box 100165  
Gainesville FL 32610  
(352) 273-6455  
(352) 273-6530 FAX  
<http://chp.php.ufl.edu/academics/doctoral-in-clinical-psychology/>

An APA Accredited Program  
American Psychological Association  
750 First Street NE  
Washington, DC 20002-4242  
(202) 336-5500

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





*Clinical and Health Psychology  
Program Office  
3158 HPNP  
PO Box 100165  
Gainesville, FL 32610  
(352) 273-6455  
(352) 273-6530 Fax*

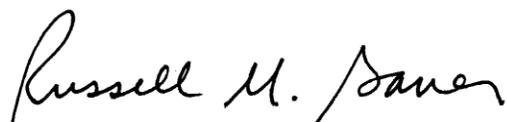
On behalf of the students and faculty of the Department of Clinical and Health Psychology (CHP), I would like to welcome you to our graduate program. This handbook is intended to be used as an aid in successfully progressing through the CHP program. It includes procedures, policies, and regulations for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

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 3<sup>rd</sup> week of the fall semester and return the signed form to the Program Office in 3158 HPNP.

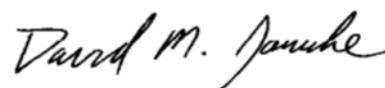
**Important links you should familiarize yourself with are:**

UF Graduate School	<a href="http://graduateschool.ufl.edu/">http://graduateschool.ufl.edu/</a>
UF Graduate School Catalog	<a href="http://graduateschool.ufl.edu/academics/graduate-catalog">http://graduateschool.ufl.edu/academics/graduate-catalog</a>
UF Graduate Student Handbook	<a href="http://graduateschool.ufl.edu/files/handbook.pdf">http://graduateschool.ufl.edu/files/handbook.pdf</a>
UF Graduate Student Newsletter <i>EXCEL</i> school-newsletter	<a href="http://graduateschool.ufl.edu/student-life-and-support/excel-uf-graduate-school-newsletter">http://graduateschool.ufl.edu/student-life-and-support/excel-uf-graduate-school-newsletter</a>
UF Graduate School Editorial Office editorial-office/ Thesis and Dissertation Deadlines	<a href="http://helpdesk.ufl.edu/application-support-center/graduate-editorial-office/">http://helpdesk.ufl.edu/application-support-center/graduate-editorial-office/</a> <a href="http://www.graduateschool.ufl.edu/files/editorial-deadlines.pdf">http://www.graduateschool.ufl.edu/files/editorial-deadlines.pdf</a>
UF General Website	<a href="http://www.ufl.edu/">http://www.ufl.edu/</a>
UF Critical Dates and Deadlines:	<a href="http://www.registrar.ufl.edu/">http://www.registrar.ufl.edu/</a>
Gator GradCare:	<a href="http://www.hr.ufl.edu/benefits/gatorgradcare/default.asp">http://www.hr.ufl.edu/benefits/gatorgradcare/default.asp</a>
My UFL	<a href="https://my.ufl.edu/ps/signon.html">https://my.ufl.edu/ps/signon.html</a>
UF Registrar Forms	<a href="http://www.registrar.ufl.edu/forms.html">http://www.registrar.ufl.edu/forms.html</a>
Health Science Center Privacy Office	<a href="http://privacy.ufl.edu/uf-health-privacy/">http://privacy.ufl.edu/uf-health-privacy/</a>
CHP	<a href="http://www.chp.phhp.ufl.edu/">http://www.chp.phhp.ufl.edu/</a> <a href="https://intranet.phhp.ufl.edu/chp/">https://intranet.phhp.ufl.edu/chp/</a>

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



Russell M. Bauer, Ph.D., ABPP  
Professor and Program Director



David Janicke Ph.D  
Associate Professor and Interim  
Chair



**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 3<sup>rd</sup> week of your first fall semester.**

Date: \_\_\_\_\_

I, \_\_\_\_\_, have read the Clinical and Health Psychology 2015-2016  
Print Name

Student Handbook and have also reviewed the UF Graduate Student Handbook. I pledge to consult relevant regulations regarding my enrollment in the program and to comport myself in accordance with these regulations. I also understand that consultation with my mentor, my supervisors, the Program Director and Academic Coordinator is always encouraged when making decisions about my course of study in the University of Florida Doctoral Program in Clinical Psychology.

\_\_\_\_\_  
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 conforms 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 flexible Scientist-Practitioner curriculum that allows students to obtain broad research, clinical, and academic 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 body of knowledge in clinical psychological science, clinical assessment and intervention both inside and outside of their designated area of concentration. Beyond the core requirements of the program, students are allowed some degree of flexibility in developing an individualized plan of study that prepares them for their intended career path. Some students may elect to focus more intently on developing broad evidence-based assessment, intervention, or consultation skills in health service psychology, while others may elect to focus more intensively on the acquisition of research skills, training in scientific methods and technologies in preparation for an academic research career. Curricular planning together with the mentor and supervisory committee allows the student to obtain broad professional training that features increasing levels of independent functioning in health service psychology, or to obtain more intensive research and technical skill while spending less time in clinical training with the general faculty. Regardless of which path the student chooses, developing academic competencies in core areas of psychological and clinical psychological science and practice, competencies in research and knowledge dissemination, and competencies in health service delivery are built in all graduates. It is expected that all graduates of the doctoral program will have the necessary background to seek licensure and board certification in relevant areas.

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 can develop an appreciation for the role of cultural diversity in research and clinical work while obtaining knowledge and practical skills in a defined major area of study. The doctoral program is comprised of core requirements along with elective study areas chosen by the student.

The following regulations apply specifically to the 2015-2016 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 cohorts 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 and to comport themselves accordingly.

“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 matriculation.

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/code> 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 graduate will pass all requirements or be eligible for licensure in all states.

For further information, the student should consult the Association of State and Provincial Psychology Boards (ASPPB) website at <http://www.asppb.net/>

For Florida information, students should 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](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 is currently undergoing reaccreditation self-study for an anticipated site visit in Fall 2015. Dr. David Janicke is the Interim Chair of the Department. On August 1, 2015, Glenn Smith, Ph.D., ABPP will begin his term as Chair. Russell M. Bauer, Ph.D., ABPP is 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 Academic Health Center. The Academic Health Center is comprised of six colleges (Dentistry, Public Health and Health Professions, Medicine, Nursing, Pharmacy, and Veterinary Medicine) plus the UFHealth Shands Hospital a state-of-the-art academic health care facility that is the major site for formal clinical practica required of all doctoral students. The Department operates the Psychology Clinic, the primary resource for academic and clinical expertise regarding biopsychosocial aspects of health and illness at the Academic Health Center. In addition to the clinic, students often obtain supervised clinical experience in outpatient or community-based clinics, inpatient units, and other off-campus facilities including the Malcom Randall Department of Veterans Affairs Medical Center.

More than 300 applications for admission are received each year from students in universities throughout North America. Currently there are 80 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 all enhance our educational mission and 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 Track, while others are on the Single Mission or Multi-Mission Track. Core faculty members play integral and varied roles in the education and training of graduate students. Nearly all core faculty are licensed psychologists who are involved in clinical practice, supervision, teaching and scholarly activities. A number of additional faculty other units of the Academic Health Center or University play roles in the didactic, clinical and research training program. 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.php.ufl.edu/> Many Faculty also have individual web pages accessible from the departments site.

## Facilities

Each student has a department record in the Program Office, which is located in the Department's main office suite in Room 3158 HPNP. Milan Savic is the Academic Coordinator for the Doctoral Program. With staff assistance, students are expected to play an active role in assuring an accurate and up-to-date record-keeping to enable continuous quality improvement efforts. 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 <<https://intranet.phphp.ufl.edu/chp/>>. This information is for internal use ONLY. Because this information is continuously updated, students should utilize the link 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 the Department Coordinator 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. Students and staff use the Gator1 card for fare-free access to the RTS bus service, to use UF Library services, to access pepaid vending, and to obtain many other campus 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 on the ground floor of the UF Bookstore & Welcome Center, <http://www.bsd.ufl.edu/g1c/idcard/idcard.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 a current picture ID when reporting to ID Services. UF baccalaureate graduates 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.

Department and university communications infrastructure (computers, phones, etc.) are intended for official business only. Each student will have access to student workspace and faculty laboratories that contain such infrastructure. 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.phphp.ufl.edu/> and is reproduced in Appendix I.

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 PPHP 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. Loading of outside software programs typically is restricted and requires administrative rights; if there is justification for adding such software packages to departmental computers, students may work with their mentors and with the PPHP IT Group to accomplish this task. Many programs are administered by a site license governing educational use. Consult the Public Health & Health Professions Information Technology website at [www.it.pphp.ufl.edu](http://www.it.pphp.ufl.edu) for information and regulations.

Departmental letterhead stationery is available via the Department intranet and is restricted to DEPARTMENT USE ONLY. Student use of departmental letterhead for official communications proceeds through the mentor. If the student wishes to use letterhead for communications not involving the mentor, a supporting request must be approved by either the Chair 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, evolving 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 in the Department and on every floor of the Health Science Center Library. To use the Library facilities, 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>. Phone numbers for various components of the Health Science Center libraries can be found at <http://library.health.ufl.edu/about-us/contact/>. The main website address for the HSC library is <http://www.library.health.ufl.edu/>.

There is a full service U.S. Postal Office located on the Ground Floor of the Academic Health Center. 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 applications 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. 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 online at <https://intranet.phhp.ufl.edu/chp/> ; 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.

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 294-5700 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 F, which includes the newest policy on required immunizations. Please provide the Academic Coordinator 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. (<http://gme.med.ufl.edu/files/2011/12/Dress-Code-Policy-for-Shands-Healthcare.pdf>). All personnel working in the Academic Health Center facilities are required to display their ID Badge when on premises. Students should dress appropriately for the physical setting in which they work. Appropriate business attire should be worn when engaged in patient service activities. The wearing of white coats is optional. Even when not engaged in direct patient contact, students should use discretion when in patient care areas (clinic, hospital, etc.). 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 eventually becomes the chair of their master's supervisory committee. The department will appoint three other faculty members to serve alongside the mentor as the Masters Committee for each student. 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 will normally obtain their M.S. degree at the end of the 5<sup>th</sup> semester of enrollment, and should form their doctoral committee by the end of the sixth semester. Students entering with masters’ degrees should form their doctoral supervisory committee by the end of the second semester of

study. Formation of the supervisory committee requires the student to obtain approval signatures from the committee chair, all members, the Program Director, and the Department Chair. At a minimum, Doctoral Supervisory Committees are populated by a Chair, an eligible faculty member from the student's Major Area of Study (e.g., health psychology, clinical child/pediatric psychology, neuropsychology, emotion neuroscience), an eligible faculty member outside the student's Major Area of Study, and an External member whose Graduate Faculty appointment is in another department.

Although the student works with their mentor to assemble their Supervisory Committee, and to obtain the necessary signatures, the Committee is technically 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 Academic Coordinator 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 Academic Coordinator and Program Director is always permissible and encouraged. A faculty member must be a member of the Graduate Faculty (the primary appointment can be in another department) in order to serve on an M.S. or Ph.D. committee. 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 (pp. 22-23).

## Notices

Information and notices originating from the Doctoral Program Office are sent via e-mail. It is expected that each student will keep him/herself informed of the periodic Departmental announcements. Please make sure that the Academic Coordinator has your current e-mail address at all times.

### STUDENTS ARE EXPECTED TO:

1. Scan the bulletin boards frequently.
2. Check their physical mailbox at least every other day.
3. Check their e-mail daily. Students are normally given both a PHHP e-mail account ([user@phhp.ufl.edu](mailto:user@phhp.ufl.edu)) and a Gatorlink account ([user@ufl.edu](mailto:user@ufl.edu)). 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 Colloquium every Friday. Attendance is required and may be recorded by sign-in. The Program Director meets regularly with student cohorts to provide updates and to discuss issues relevant to the developmental stage of the student's training. Student attendance at such meetings is strongly encouraged since students are responsible for knowing information discussed in these meetings. Other required meetings are related to participation in certain research teams and/or major areas of study. Mentors, chairs of supervisory committees and Heads of the Major Areas of Study will inform students regarding these meetings.

## **Deadline Dates Calendar**

A "Critical Dates" calendar for each semester is available online at <http://gradcatalog.ufl.edu/content.php?catoid=6&navoid=1206> 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 the currently approved calendar for each relevant semester and academic year, 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, 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**

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. All requests for residency reclassification are done just prior to the student's 2<sup>nd</sup> 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 (2<sup>nd</sup>) year. 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](http://www.alachuaclerk.org/forms/DECLARATION_OF_FLORIDA_DOMICILE.pdf)

The fee for recording the Declaration of Domicile form can be found at:  
[www.alachuaclerk.org/forms/recfeesprint.pdf](http://www.alachuaclerk.org/forms/recfeesprint.pdf)

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 first fall term; regardless of when the court indicates – it can be filled at any time 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 bona fide 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 2<sup>nd</sup> 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 2<sup>nd</sup> year. However it cannot be processed prior to 11 months after you processed your declaration of domicile form.

Students who enter the program as Florida residents may still need to change residency, especially if they attended an undergraduate institution outside the State of Florida. Sometimes, even if the student never changed your residency to the state in which you attended an undergraduate program, the UF admission's office codes the record as "out of State". This is a clerical error that requires the student to petition the Registrar's Office to have his/her residency changed. Students should see the Academic Coordinator 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. Many of these opportunities are announced via e-mail, so be aware!

### **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/semester 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 Milan Savic, our Academic Coordinator in 3158 HPNP. A third alternative would be to take "leave days", as described below.
2. Once you begin your clinical practica, 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 maximum 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 at least one month in advance of the planned leave. The supervising faculty must be advised of the impending absence and must approve it. The completed form is submitted to the Psychology Clinic Office Manager.

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, attending conferences, 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

Integrity and ethical conduct is the foundation for everything the professional psychologist does. 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, Academic Health 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 H.* 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>

General Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations

<http://www.apa.org/pi/oema/resources/policy/provider-guidelines.aspx>

APA Guidelines for Practitioners

<http://apapracticecentral.org/ce/guidelines/index.aspx>

Florida Statute 490

[http://www.leg.state.fl.us/Statutes/index.cfm?App\\_mode=Display\\_Statute&URL=0400-0499/0490/0490.html](http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&URL=0400-0499/0490/0490.html)

Protecting Human Research Participants

<https://phrp.nihtraining.com/users/PHRP.pdf>

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. 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](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/assurances/index.html>. Upon completing these requirements, students should submit documentation of completion using a form available from the Academic Coordinator. Completed forms should be returned to the Academic Coordinator for placement in the student's file.

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 HIPAA training (yearly) of all students.

Students are required to complete HIPAA training for researchers through MyUFL (see <http://privacy.ufl.edu/uf-health-privacy/>) on a yearly basis. Completion of HIPAA training is tracked online. A signed confidentiality agreement that accompanies this training must be turned in to CHP HR in response to a yearly announcement about completion.

By statute, any activities that result in a violation of HIPAA guidelines must be reported to the AHC Privacy Office (<http://privacy.ufl.edu/uf-health-privacy/file-a-complaint/>) where an investigation of the incident will be undertaken. As careless and intentional HIPAA 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 HIPAA 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 state and federal law.

Most research protocols emanating from our department are reviewed by the Health Science Center Institutional Review Board (IRB-01), although protocols that do not involve PHI may be reviewed by IRB-02. 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, 1300 Center Drive (352-273-9600; Fax: 352-273-9614).

**2. Publications** Students are strongly advised 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 research teams 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 L. 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 practicum 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 activities on websites, blogs, e-mail, social media sites, and other electronic media should be thoughtful and should be conducted professionally and appropriately.

When students and trainees post personal information on publically available electronic media sites, 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 may conduct web searches on trainees' names in order to find out about them. 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 often conduct online searches of potential employees prior to interviews and job offers.
- 4) Legal authorities search 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) Unprofessional postings on listservs, blogs, social media sites, etc. may reflect poorly on you or on the training program in which you are enrolled. It is NEVER appropriate to discuss your patients, your personal reactions to patients or supervisors, or other aspects of the healthcare provider-patient relationship on social media sites or other digital media not explicitly designed for discussions of this type.
- 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 or unpredictable reactions in some people.
- 7) Answering machine messages might be entertaining to your peers, may express your individuality, and be indications of your sense of humor. However, they may not appeal to all callers. 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, Twitter 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 listservs sponsored by professional organizations, 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.

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.ufl.edu/uf-health-privacy/> .To review information on how to properly de-identify Protected Health Information, please see the Privacy Office Operations Manual <http://privacy.ufl.edu/wp-content/uploads/2015/01/UF-Operations-HIPAA-11-01-14.docx> .

**Important Note Regarding e-mail Forwarding:** You can forward your ufl.edu GatorLink e-mail to your PPHP 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 are strongly encouraged to 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 Psychological Association, American Cancer Society, Arthritis Foundation, American Epilepsy Society, American Academy of Clinical Neuropsychology, and 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 <http://www.graduateschool.ufl.edu/finances-and-funding/>. 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 Academic Coordinator to be a valuable resource in helping you understand the various requirements.

At the present time almost 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 Academic Coordinator and Program Director for new developments in available support. As such sources become available, you will be informed in timely fashion through student e-mail distribution lists. 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), an annual 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 273-6302.

## **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 inside or outside of the department (see Appendix L).

Generally, the department discourages students working for the faculty (even paid work) when the work is not professional in nature, except in extraordinary circumstances, or in situations 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. It is the policy of the program that no student can enter a therapeutic relationship with a faculty member in the Department, even if that faculty member does not participate in the student's education or training.

## **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.. 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, provided that it can be demonstrated that the seminar provides broad and general exposure to the current body of knowledge in the particular area. 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 (for example, when a student has taken a similar graduate course at another accredited institution and when faculty review of the syllabus verifies course comparability). 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 that provide the basis for 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. The student 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 chosen according to an individual plan of study. The Departmental faculty is committed to providing elective courses in accordance with recent developments in the field. An evolving plan of departmental course offerings and the requirements they meet can be found in Appendix J. Please Note: If a student elects to do a minor outside of the department, then the advanced electives must be selected from our department courses.

### **Major Areas of Study**

The clinical psychology program requires a major 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 major area of study requirements takes place during the third and fourth years of matriculation. The "major area of study" concept is used as a descriptor of education and training opportunities in an advanced concentration within clinical psychology. (See Appendix L)

**Departmental Major Areas of Study.** There are currently four identified Major Areas of Study 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 C.

**Clinical Child/Pediatric Psychology** Area Head: Dr. Brenda Wiens. 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). 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 and Clinical Neuroscience** Area Head: Dr. Dawn Bowers. Study in NCN provides the opportunity to develop skills in research and clinical assessment and treatment 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 cognitive neuroscience, neuroimaging, forensic neuropsychology, neuropsychology of aging, and other selected topics. In the required practicum, the student obtains advanced clinical experiences in the assessment and treatment of cognitive and emotional disorders associated with a variety of neurologic diseases. The practica are conducted in the Psychology Clinic, outpatient and inpatient consult services and in other specially arranged sites (e.g., Center for Movement Disorders and Neurorestoration, the VA, North Florida Evaluation and Treatment Center). Visit the NCN Division website at <http://www.phhp.ufl.edu/neuropsy/> for more information.

**Clinical Health Psychology** Area Head: Dr. Deidre Pereira. 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.

## **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).

## **Research Mentorship Policy**

### Rationale

This policy sets forth requirements for faculty assignment to research mentorship roles within the Department's doctoral program in Clinical Psychology. It is designed to assure that students receive effective and high quality research mentorship within a departmental culture that also includes education and training in clinical competencies and professional principles. This policy supplements roles and responsibilities of Graduate Faculty as set forth by the Graduate School, and describes operating principles to be followed in CHP.

### Policy

- 1) Membership on the Graduate Faculty. All budgeted faculty in the Department of Clinical & Health Psychology are eligible to apply for appointment to the Graduate Faculty. The Chair prepares the nomination, which is reviewed and voted upon by the Graduate Faculty in the department.
- 2) Membership on Doctoral and Master's Committees. Graduate Faculty status affords the opportunity and responsibility to serve on Master's and Doctoral committees within the Department. Appointment to specific committees is subject to approval by the research mentor, Program Director, and Department Chair.
- 3) Chairing Doctoral and Master's Committees. Serving as chair of a doctoral or M.S. committee is a responsibility reserved for Graduate Faculty members on the tenure track. This responsibility aligns with the substantial assignment to research by these faculty.
  - a. Tenured faculty members may chair committees within their areas of expertise, at their discretion.

- b. Non-tenured tenure-track faculty members may supervise M.S. or Ph.D. research by serving as Chair along with a tenured faculty member, who serves as official Co-Chair. This requirement holds until the faculty member graduates a total of three M.S./Ph.D. candidates, or achieves tenured status, whichever comes first. At this point, subsequent M.S. or Ph.D. committees chaired by this faculty member would not require a Co-Chair.
  - c. Non-tenure-track faculty (faculty on Clinical or Research tracks) may not, except in special circumstances, supervise M.S. or Ph.D. work. Such instances shall be reviewed and, if appropriate, approved by the tenured faculty, program director, and department chair. If such special circumstances are approved, the non-tenure-track faculty member may assume Co-Chair responsibilities along with a tenured faculty member, who will serve as the official Chair.
- 4) Student Admission to Research Mentors. Upon admission, students will be assigned to work with a research mentor who is a member of the tenure-track faculty.

**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 fourth semester of matriculation (second year), which is attended by each student's master's committee. Written feedback from the committee is provided within one week. The student takes this feedback and incorporates it 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 a peer-reviewed scientific 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 assigned to one of the two departmental master's committees. The committee will formally examine the student based on a written document and oral defense of the thesis during the spring semester of the second year.
6. Students who have successfully completed 30 credits (including no less than 23 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 (normally the fifth semester of matriculation).
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 Academic Coordinator the project title and abstract in Microsoft Word electronically with the name of the mentor and any source of intra- or extramural support. This will be requested, with instructions from the Academic Coordinator. 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 master's 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 L) 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 L for the form). Students should check with the Academic Coordinator or the Graduate School for a current list of Graduate Faculty members. If the recommended chair is not a member of CHP tenure track faculty,

then a co-chair is selected from the CHP tenure track faculty who takes responsibility for local 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 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 Academic Coordinator 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 L).

## **Practicum Requirements**

The clinical practicum sequence is designed to develop a broad range of clinical skills and competencies in health service psychology 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 D.

**Core Practica**. Ten credit hours of core practica (CLP 6943) are required for students following the standard Scientist-Practitioner curriculum; six credits are required for students pursuing 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 3<sup>rd</sup>-6<sup>th</sup> 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 student's Major Area of Study, may continue until the student leaves for internship. The Application for Advanced Practicum form (see Appendix L) must be approved prior to registration for these hours and must accompany the general registration form during advanced registration. There are several kinds of advanced practica and many students take more than the minimum required.

- a) Practicum in Intervention (CLP 6947). Program requirements include 5 hours of CLP 6947 or its equivalent... There are two ways of completing the intervention 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 are 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 E for a description of off-site practica). Credits are determined on an individual basis. Faculty supervisors in off-site practica must participate directly in the practicum evaluation process.

(3) Beginning with those entering the program in 2014-2015, each student will be required to complete a supervision practicum during their fourth year in the program. This supervision practicum will involve providing faculty monitored supervision to less experienced student therapists.

- b) 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 health service psychologists requires the specification of supervisory relationships involving faculty and trainees. In the past, 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. 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) Local Direct Supervision.** Local direct supervision is supervision offered directly by licensed faculty members for services delivered in the local Academic Health Center environment. Such supervision is expected to be physically 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) Remote Direct Supervision.** Local direct supervision implies that the supervisor is physically available for supervisory consultation *at the time services are rendered*. In instances where the supervisor is not officially at work at the HSC or is out of town, the designated supervisor is the individual named 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 required 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 external sites and are supervised by CHP core faculty. In addition to this core experience, students are required to complete advanced specialty practica in their major area of study 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 major area of study (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 major area of study, 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 L.

### **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 minimum of 6 credit

hours (2 hours per each of three semesters) are required during the internship year of 12 months. Graduate School requirements for minimum enrollment during internship is 3 hours in Fall and Spring and 2 hours in the Summer semester.

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 completed.

## PROGRAM REQUIREMENTS SUMMARY 2015-2016

### 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)	3-6
CLP 7949	Internship	min. 6
	TOTAL	24-27

### 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	Elective	3
Varies	Advanced Intervention	3
Varies	Advanced Statistics	3
Varies	Area of Concentration	10-15
	Introduction to Public Health	0
	Interdisciplinary Family Health	0
	Total	19-24

### SUMMARY

CLP Core	39 credits
Pract/Internship	24 – 27 credits
Research	22 credits
Electives	19 – 24 credits
TOTAL CREDITS:	104 – 112 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.

\*\* One credit of 6947 must be in a supervision practicum in the fourth year.

**Timeline for Major Tasks  
Sample Curriculum Timeline  
(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 Psychopathology (4) CLP 6527 Research/Design I (4)  <b>10</b>	CLP 6971 Master's Research (1) CLP 6430 Psychological Assessment (4) CLP 6528 Research/Design II (4)  <b>9</b>	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)  <b>7</b>
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)  <b>Present First Year Project 9</b>	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)  <b>Defend Masters 11</b>	CLP 7979 Advanced Research (1) CLP 6943 Core Practicum (2) (Rotations end at the end of Summer A) Elective (3)  <b>Form Doctoral Committee 6</b>
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 <b>Child &amp; Family Treat (Req Child: 3)</b> <b>Take Qualifying Exam 9</b>	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)  <b>9</b>	CLP 7980 Doctoral Research (2) CLP 6947 Practicum in Intervention(1) Elective (3) CLP 7934 <b>Advanced Child Psychotherapy (3)**</b>  <b>Propose Dissertation 6</b>
4 24 cr.	CLP 7980 Doctoral Research (2) CLP 6947 Practicum in Intervention(1) Elective (6) CLP 6948 <b>Adv. Practicum in CC/PP (Req Child: 3)</b>  <b>Apply for Internship 9</b>	CLP 7980 Doctoral Research (2) CLP 6947 Practicum in Intervention(1) PHC 6001 Principles of Epidemiology (3) Elective (3) CLP 7934 <b>Pediatric Psychology (3)**</b>  <b>9</b>	CLP 7980 Doctoral Research (2) Elective (3) CLP 6948 <b>Adv. Practicum in CC/PP (Req Child: 3)</b>  <b>5</b>
5 10cr.	CLP 7980 Doctoral Research (1) CLP 7949 Internship (2)  <b>3</b>	CLP 7980 Doctoral Research (1) CLP 7949 Internship (2)  <b>3</b>	CLP 7980 Doctoral Research (2) CLP 7949 Internship (2)  <b>4</b>

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 (held in Spring) and History of Psychology (held in Fall), and Developmental Psychology which is offered every other year in the fall; two other foundations courses (Cognitive Bases of Behavior and Higher Cortical Function) are taught by CHP.

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 and Clinical Neuroscience)**

	<b>Fall</b>	<b>Spring</b>	<b>Summer</b>
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)  <b>10</b>	CLP 6971 Master's Research (1) CLP 6430 Psychological Assessment (4) CLP 6528 Research/Design II (4)  <b>9</b>	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)  <b>7</b>
2 27 cr.	CLP 6971 Master's Research (1) CLP 6943 Core Practicum (2) CLP 7934 Cognitive Bases of Behavior (3) Elective (3)  <b>Present First Year Project 9</b>	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)  <b>Defend Masters 11</b>	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)  <b>Form Doctoral Committee 7</b>
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)  <b>Take Qualifying Exam 9</b>	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)  <b>9</b>	CLP 7980 Doctoral Research (3) PHC 6001 Principles of Epidemiology-Web (3)  <b>Propose Dissertation 6</b>
4 23 cr.	CLP 7980 Doctoral Research (1) Foundations Course*/Elective (3) Elective (3) Elective (3)  <b>Apply for Internship* 9</b>	CLP 7980 Doctoral Research (2) PSY 6608 History of Psychology (3) Elective (3) CLP 7934 Subcortical Functioning (3)**  <b>8</b>	CLP 7980 Doctoral Research (3) Elective (3) CLP 7934 Forensic Neuropsychology (3)**  <b>6</b>
5 10 cr.	CLP 7949 Internship (2) CLP 7980 Doctoral Research (1)  <b>3</b>	CLP 7949 Internship (2) CLP 7980 Doctoral Research (1)  <b>3</b>	CLP 7949 Internship (2) CLP 7980 Doctoral Research (2)  <b>Defend Dissertation 4</b>

**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 (held in Spring) and History of Psychology, (held in Fall) and Developmental Psychology which is offered every other year 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.

**Timeline for Major Tasks  
Sample Curriculum Timeline  
(With Area of Concentration in Clinical Health Psychology)**

Year	Fall			Spring			Summer		
1	CLP 6476	Lifespan Psychopathology Meas/Research/Stats & Thesis Preparation	4	CLP 6430	Clin Psych Assessment	4	CLP 6407	Psychological Treatment and Intervention 1	4
	CLP 6527	Preparation	4	CLP 6528	Meas/Research/Stats II	4	CLP 6943	Core Practicum	2
	CLP 7934	Intro to CLP: Prof Iss & Ethics	1	CLP 6971	Masters Research	1	CLP 6971	Masters Research	1
	CLP 6971	Masters Research	1						
			<b>10</b>			<b>9</b>			<b>7</b>
2	CLP 7934	Behavior Health & Illness	3	CLP 6307	Human Higher Cortical Functioning	3	CLP 7934	Advanced Psychotherapy	3
	CLP 7934	Multivariate Statistics	3	~	AREA ELECTIVE	3	CLP 6943	Core Practicum	2
	CLP 6943	Core Practicum	2	CLP 6943	Core Practicum	2	CLP 7979	Advanced Research	1
	CLP 6971	Masters Research	1	CLP 6971	Masters Research	3	~	<b>Form Doctoral Committee</b>	~
	~	<b>Present First Year Project</b>	~	~	<b>Defend Masters</b>	~			
			<b>9</b>			<b>11</b>			<b>6</b>
3	NUR 3129	Pathophysiology	4	CLP 6943	Rural/Primary Care Practicum	2	PHC 6001	Epidemiology	3
	DEP 6099	Developmental Psychology	3	CLP 7934	Health Promotion	3	CLP 6946	Advanced Practicum in Health Psych	1
	CLP 6946	Advanced Practicum in Health Psych	1	CLP 7979	Advanced Research	1	CLP 6947	Practicum in Intervention	1
	CLP 6947	Practicum in Intervention	1	CLP 6947	Practicum in Intervention	1	CLP 7890	Doctoral Research	2
	CLP 7979	Advanced Research	1	~	ADVANCED ELECTIVE - BREADTH	3	~	<b>Propose Dissertation</b>	~
			<b>10</b>	~	<b>Take Qualifying Exam</b>	~			<b>7</b>
4	CLP 7934	Cognitive Bases of Behavior	3	SOP 6099	Social Psychology	3	CLP 7890	Doctoral Research	4
	CLP 6946	Advanced Practicum in Health Psych	1	PSY 6608	History of Psychology	3	CLP 6947	Practicum in Intervention	1
	CLP 7890	Doctoral Research	1	CLP 7317	Adv Health Psych & Behavioral Medicine	3	CLP 7949	Internship	1
	CLP 6947	Practicum in Intervention	1	CLP 6947	Practicum in Intervention	1			
	~	<b>Apply for Internship</b>	~	CLP 7890	Doctoral Research	1			
			<b>6</b>			<b>11</b>			<b>6</b>
5	CLP 7949	Internship	2	CLP 7949	Internship	2	CLP 7949	Internship	1
	CLP 7890	Doctoral Research	1	CLP 7890	Doctoral Research	1	CLP 7890	Doctoral Research	2
			<b>3</b>			<b>3</b>	~	<b>Defend Dissertation</b>	~
									<b>3</b>

**Note.** Program of Study should be planned with the guidance of your mentor: Course configuration for Area of Concentration may vary based on individual needs. Credit load depicted here may vary based on several factors including but not limited to: student' financial assignment (assistantship, fellowship), selected minor and electives taken. **Electives:** Please contact the area head for elective approval.

## **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 L). This completed form, together with the syllabus from the course the student wants to exempt/substitute, is submitted to the CHP faculty member who teaches the corresponding course in 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. The student should consult the Academic Coordinator for instructions on how to obtain Transfer of Credit forms.

### **“Mentored” Courses**

There are a number of “mentored” courses that may be taken under the guidance of 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 the student has completed their qualifying examination and advanced to doctoral candidacy under the guidance of a chair and doctoral supervisory committee.

1. **CLP 6905 (Individual Work)**. This course can be taken at any time. The form in Appendix L 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)**. The student is typically enrolled in this course from the first semester of matriculation until the M.S. is successfully defended. (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 based on established grading policies and performance on assignments contained in individual course syllabi.
2. **Practicum evaluations** Evaluations of professional development with respect to knowledge, skills and attitudes are conducted on a semesterly basis. All faculty who supervise the student are expected to submit an individual evaluation of student performance for that semester. **See Appendix L(5) for a copy of the Clinical Competency Assessment Tool (CCAT), the current practicum evaluation form.** Review of this form before beginning practicum is encouraged as a way of providing information about the behaviors and competencies upon which clinical performance will be evaluated.
3. **Clinical Progress Committee Review** In early summer of each academic year, 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 evaluation in early fall with respect to their readiness to begin the internship 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 their studies in good standing or be placed on a remedial probation.
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 Academic Coordinator 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 described below.

### **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 2<sup>nd</sup> 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. 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 major and minor areas of study. "Major" is defined as "clinical psychology" and minor is defined as neuropsychology, medical/health psychology, clinical child/pediatric, or another declared area of concentration. At least one of the area should focus on general topic within the field of "clinical psychology" and should provide student with breadth of content beyond the minor area. *The breadth area should be a general topic area that is not exclusively related to the same treatment modality or health condition as the specific topic areas. The specific topics related to the "minor should relate to the student's area of concentration and dissertation research topic.*

5. 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.

6. 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.

7. The written portion of the examination will take place on a single date, mutually agreed upon by the student and his/her supervisory committee. The exam can begin at 8:00am and end at 4:30pm or begin at 8:30am and end at 5:00pm.

8. 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.

9. The student will deliver the original written exam responses to the academic coordinator at the end of the examination day. The Academic Coordinator will send the exam answers to the student's chair. 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.

10. 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.

11. 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 L).

12. 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.

13. 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.

14. 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.

15. 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.

16. 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 9/1/13*

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 Academic Coordinator 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 42-43.

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 purposes of gauging progress in the program.
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. Any "U" (unsatisfactory) research grade must be addressed directly with the mentor/supervisor, and a plan for addressing performance dimension leading to the grade must be submitted to the Program Director.
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 honesty policies (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. These problems will be evaluated on a case-by-case basis and the results will be communicated to students in writing by the Program Director.

### **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 through participation in the Qualtrics-based "suggestion box", and can be guaranteed that such suggestions will be treated with thoughtfulness and respect.

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 to address student issues in a timely manner.

### **GRIEVANCE PROCEDURE FOR ACADEMIC PROBLEMS**

The following section is reprinted from the 2014-2015 Graduate Catalog (pp. 49-University of Florida Rules.

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. A formal grievance procedure exists 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. Individual departments or colleges may have more detailed grievance procedures. The student should check with his or her program's 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 academic unit 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 Ombuds is located in 31 Tigert Hall, 392-1308 and their website is: <http://www.ombuds.ufl.edu>

**Grievance Procedure – 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.

**Grievance Procedure – 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 Ombuds 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, 392-1582, before making a formal complaint.

Graduate students who have complaints or problems with other aspects of university life should consult the Dean of Students Office in 202 Peabody Hall, 392-1261 for the appropriate grievance procedure.

**APPENDIX A**  
**CHP FACULTY WITH SUBSTANTIAL RESPONSIBILITIES TO**  
**THE DOCTORAL PROGRAM**

Stephen D. Anton, Ph.D., (Ph.D., 2003, University of Florida). Health Promotion, Obesity, Metabolic Disease, Caloric Restriction, Exercise, Aging (1).

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., ABPP, (1979, Pennsylvania State University). Fellow, APA Division 40 (Clinical Neuropsychology). Adult Neuropsychology, Memory Disorders, Dementia and Mild Cognitive Impairment; Epilepsy, Traumatic Brain Injury and Sports Concussion (1,2).

Dawn Bowers, Ph.D., ABPP, (1978, University of Florida). Fellow, APA Division 40 (Clinical Neuropsychology). Adult Neuropsychology, Emotion Neuroscience/ Cognitive Neuroscience, Parkinson disease and emotion regulation; Aging, dementia, and mild cognitive impairment; Cognitive interventions and brain health (1, 2).

Lisa Clifford, Ph.D.

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).

David Fedele, Ph.D., (2012, Oklahoma State University). Clinical psychology, pediatric psychology, family adjustment to pediatric chronic illness, psychosocial aspects of pediatric chronic illnesses including how health behaviors, adherence to treatment regimens, and the child-caregiver relationship impact adjustment and morbidity (1,2).

Gary Geffken, Ph.D., (1985, University of Florida). Department of Psychiatry; Pediatric and Clinical Child Psychology, Diabetes, Enuresis, Obsessive Compulsive Disorder (1,3).

Robert T. Guenther, Ph.D., ABPP, (1988, Arizona State University). Director of Continuing Education, Board Certified in Rehabilitation Psychology, ABPP. Medical/health psychology with particular focus on psychological consultation and liaison services for acute care hospital inpatients; bioethics consultation service (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).
- Cynthia Johnson, Ph.D. (1989, University of South Carolina). Board Certified Behavior Analyst, Autism Spectrum Disorder, Neurodevelopmental Disorders, pediatric sleep and feeding issues.
- 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).
- Michael Marsiske, Ph.D., (1992, Pennsylvania State University). Associate Chair for Research. 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).
- 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., ABPP, (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., ABPP, (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., ABPP, (1999, University of Kentucky). Health/Medical Psychology, Chronic Pain Assessment and Management, Adult Mental Health and Group Psychotherapy (1,3).

Nicole Ennis Whitehead, Ph.D., (Ph.D., 2001, Kent State University). Assistant Professor, Department of Clinical and Health Psychology. Dr. Whitehead's research identifies the biological and psychosocial determinants of variability in women's health outcomes with a special emphasis on the drug abuse aspects of HIV/AIDS (1,2).

Brenda Wiens, Ph.D., (2003, Southern Illinois University at Carbondale). School-linked mental health services, clinical child and pediatric psychology, rural issues, (1,3).

1-Member of CHP Graduate Faculty; 2=Tenure-Track Faculty; 3=Clinical Track Faculty; 4=Research Track Faculty
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#### CHP GRADUATE FACULTY IN OTHER DEPARTMENTS







**APPENDIX C (1)**  
**DEPARTMENT OF CLINICAL AND HEALTH PSYCHOLOGY**  
**CLINICAL CHILD/PEDIATRIC PSYCHOLOGY AREA OF CONCENTRATION**  
**Area Head: Brenda Wiens, 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: Advanced Child Psychotherapy
CLP 6910	Supervised Research in Clinical Child Psychology
DEP 6057	Advanced Developmental Psychology I
DEP 6058	Advanced Developmental Psychology II
DEP 6059	Seminar: Special Topics in Developmental Psychology
DEP 6799	Seminar: Current Research Methods in Developmental Psychology
DEP 6936	Current Research in Developmental Psychology
DEP 7684	Theories of Child Developmental Psychology

OTHER REQUIREMENTS

Students will be asked to do one formal clinical case presentation (to be scheduled in the third or fourth year) during the Clinical Child/Pediatric Psychology Research Seminar. This will be tracked by the child/pediatric area head

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: 3/24/2015

**APPENDIX C (2)**  
**DEPARTMENT OF CLINICAL AND HEALTH PSYCHOLOGY**  
**CLINICAL HEALTH PSYCHOLOGY AREA OF CONCENTRATION**  
**Area Head: Deidre B. Pereira, PhD**

**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 Topic in Health Psychology (REQUIRED)

CLP 7934 Health Promotion (3 credits)

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

PSB 6087/PSB 6088\* Advanced Physiological Psychology/Behavioral Neurobiology  
NUR 3129 Pathophysiology/Psychopathology  
PSB 6099 Survey of Physiological and Comparative Psychology

*\*Note: This is a two semester sequence. Each course is 3 credits. Taking the complete sequence is highly recommended.*

**ELECTIVE COURSES (ONE of the following for 3 credits)**

CLP 7428 Neuropsychological Assessment (Adult)  
CLP 7934 Pediatric Psychology

*Courses outside of CLP may be taken as electives if approved by the Area Head. The following is a partial list of courses that have been approved as electives in the recent past:*

DEP 6059 Gerontology  
PSY 6930 Psychobiology of Eating and Obesity

**REQUIRED PRACTICA**

CLP 6946 Practicum in Applied Medical/Health Psychology (2 credits) and Inpatient Consultation/Liaison (1 credit)

Students shall fulfill 2 credits of practica in applied medical/health psychology. This can be achieved in a number of ways:

- Two distinct 1/2 day practica (1 credit each for a total of 2 credits)
- One distinct full day practicum (2 credits total)

These practica experiences should 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.

Students shall also fulfill 1 credit of practicum in Inpatient Consultation/Liaison. The trainee will provide consultation services to medical/surgical teams regarding their patients and when necessary will provide follow-up supportive services to patients. The two options for completion of this part of the requirement are as follows:

- a) Students may acquire a minimum of 25 hours of adult hospital inpatient assessment and/or treatment, acquired across supervisors and across semesters, after completion of core practicum, and outside other for-credit advanced practica.
- b) Students may complete a focused advanced practicum during one semester by enrolling for this specific advanced practicum, assuming sufficient patient referral flow and supervisor availability.

#### 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 any Health Psychology Research Meetings that may occur across the course of their matriculation.

#### **RESEARCH**

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

*Note: The student is expected to declare his/her area of concentration in the fall semester of his/her 3rd year of graduate study.*

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**APPENDIX C (3)**  
**DEPARTMENT OF CLINICAL AND HEALTH PSYCHOLOGY**  
**NEUROPSYCHOLOGY AND CLINICAL NEUROSCIENCE AREA OF**  
**CONCENTRATION**

**Area Head: Dawn Bowers, Ph.D., ABPP-CN**

**REQUIRED COURSES**

Functional Human Neuroanatomy (GMS 6705) 4 credits  
Adult Neuropsychological Assessment (CLP 7428C) 3 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)  
Neuropsychology of Aging (CLP 7934)  
Special Topics in Neuropsychology (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 do an additional *elective advanced specialty practica* in Neuropsychology. These are elective and not mandatory. This could involve working with another neuropsychology faculty supervisor during their regular clinic, or could involve a “specialty” practica from a listing of available options that have been approved by the Neuropsychology Area (i.e., inpatient acute TBI, epilepsy-Wada, movement disorders-DBS, Stroke, POCD, etc.). 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 Seminars.

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*.

**RESEARCH**

Students in the Neuropsychology area are encouraged to complete their qualifying exam during their third year and propose their dissertation in their fourth year. All are encouraged to work

closely with their mentors and, if appropriate, to submit applications (i.e., NRSA's) for independent research funding.

**INFORMATION:** Neuropsychology Area Share Drive

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

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

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**APPENDIX C (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:

B. 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.

Revised 4/2015

**APPENDIX D**  
**Clinical Competencies Expected of All Program Graduates**  
**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-V, WPPSI-IV)
2. Achievement tests (e.g., Woodcock-Johnson, WIAT-III)
3. Self-report measures (e.g., BASC, CDI, RCMAS, STAI-C, PSI, ECBI)
4. Parent report measures (e.g., BASC, Conners' Parent Rating Scale)
5. Teacher report measures (e.g., BASC, Conners' 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.

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

**Advanced Pediatric Psychology Practicum: Craniofacial Anomalies**  
**Supervisor: Dr. Shelley Heaton**

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:

- Provide outpatient therapy for children, and their families, with GI related conditions, including feeding disorders, encopresis, functional abdominal pain, irritable bowel syndrome, and inflammatory bowel disease.
- 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.
- 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. Brenda Wiens**

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 Pediatric Psychology Practicum: Pediatric Primary Care**  
**Supervisor: Dr. David Fedele**

This practicum focuses on service delivery to children/adolescents in a primary care setting at UF Health Pediatrics – Magnolia Parke. Trainees in this advanced practicum will participate in a weekly clinic located at UF Health Pediatrics - Magnolia Parke. Trainees will help conduct brief behavioral consultations, complete therapy intakes, and provide outpatient treatment to children/adolescents with a range of presenting psychopathology (e.g., behavioral difficulties, internalizing disorders). Trainees will also learn skills in consulting with health care providers regarding ongoing patient care. Trainees may have the opportunity to choose to help with the development and implementation of a research protocol. The trainee will spend approximately 6-7 hours per week in direct patient care (i.e., treatment).

**Advanced Pediatric Psychology Practicum: Sleep Clinic**  
**Supervisor: Dr. David Janicke**

This practicum involves consultation to families of children within the Pediatric Sleep Clinic. The Pediatric Sleep Clinic is led by Dr. Abby Wagner and is conducted at her pediatric sleep laboratory at Magnolia Park. The student will attend the weekly sleep clinic (Wednesdays or Thursday from 9am to 12pm). Students will conduct brief screening assessments and brief interventions. Disciplines participating in the weekly clinic include pediatrics, social work, and psychology. Students will participate in follow-up assessment and therapy for children or families as necessary. Dr. Janicke will meet with the students on a weekly basis for supervision and discussion of sleep related issue. Students will also be asked to read and discuss articles and chapters related to assessment, diagnosis, and treatment of sleep related issues in children and adolescents. Dr. Wagner has worked with child interns and graduate students from our department (and under my supervision) for the past two years. She is very eager to continue

work with trainees from our department. The trainees that have worked with Dr. Wagner in the Pediatric Sleep Clinic have uniformly expressed high praise for this training opportunity.

**Advanced Pediatric Psychology Practicum: 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 Pediatric Psychology Practicum: 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 Clinical Child Practicum: 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 Clinical Child Practicum: Attention Deficit Hyperactivity Disorder**  
**Supervisor: Dr. Shelley C. Heaton or Dr. Brenda Wiens**

This Advanced Practicum 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 Shands 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.

For Dr. Heaton: 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 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.

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

**Advanced Specialty Practicum in *Pediatric Neuropsychology (Autism/Epilepsy)***

**Number of Advanced Practicum Credits to be Arranged with Specific Supervisor**

**Supervisor: Dr. Krestin Radonovich**

This practicum involves neuropsychological assessment of children with a variety of developmental delays. This clinic will specialize in assessment of young children with autism and epilepsy. Students will gain experience in expanded testing protocols, including the autism diagnostic observation schedule (ADOS), Mullen Scales of Early Learning, Differential Ability Scales (DAS-II), Preschool Language Scale, Kaufman Assessment Battery for Children (KABC-II), among others. Dr. Radonovich will work directly with the students on training in these assessment tools. She will meet with the students on a weekly basis for supervision and discussion of developmental issues in evaluation and treatment. Students will also be provided opportunities to participate in therapy for children or families, as appropriate.

**Advanced Therapy Practicum in Child Psychology: Psychology Clinic**

**Supervisor Dr. Krestin Radonovich**

This practicum involves individual and group-based treatment of social deficits in children with autism and related disorders. Dr. Radonovich will work directly with the students on training in therapeutic approaches, such as Social Thinking®, Reference and Regulate, SCERTS, and other approaches to improving social-communication in children with autism-related impairments. She will meet with the students on a weekly basis for supervision and discussion of several issues related to evaluation and treatment in the complex population. This is an advanced practicum placement and will include didactic reading, discussion, and clinical application of readings to treatment.

Expectations are that students would co-lead one social group and carry one individual therapy case, plus didactic meetings, per credit hour.

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

**APPENDIX E (2)**  
**ADVANCED PRACTICUM OPPORTUNITIES**  
**HEALTH PSYCHOLOGY AREA**

**Advanced Practicum in Behavioral Sleep Medicine**

**Supervisor: Dr. Lori Waxenberg & Dr. Glenn Ashkanazi**

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. All assessments and therapy sessions are conducted at the UFHealth Sleep Disorders Center at Magnolia Parke.

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. Typically, the patients seen on this rotation present with a mixture of pain concerns such as back pain, fibromyalgia, gastrointestinal pain and headaches. We also perform pre-surgical screens for pain patients who are candidates for spinal cord stimulators. 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. You will have the opportunity to train with residents in the Pain Division of the Department of Anesthesiology and as well as shadow those residents and the faculty that practice in the Springhill Pain Clinic.

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 the Assessment and Treatment of Solid Organ and Bone Marrow Transplant Patients**

**Supervisor: Dr. Glenn Ashkanazi**

An advanced practicum experience in Transplant provides students with opportunities to conduct semi-structured interviews and deliver both short-term, and long-term, interventions to adults with a wide variety of disorders that require transplantation of either bone marrow (in the case of blood-based cancers), or solid organs (heart, lung, liver, kidney-pancreas), for survival or improvement in quality of life. Assessment and treatment can be conducted on either inpatients or outpatients. Patients are routinely evaluated pre-transplant for a variety of psycho-social issues including the presence of psychopathology, adherence/compliance issues, substance abuse, coping skills, support system adequacy, Quality of Life, risk-benefit analysis, etc. There are several ways to tailor an experience on this service including the opportunity to provide substance abuse treatment to both individuals and groups using a variety of treatment paradigms. In addition, students can deliver treatment for adjustment disorder, compliance –based problems with both inpatients and outpatients. I am very open to providing the types of training opportunities that would best meet your needs.

## **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 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. 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).

This practicum may be taken for 1 credit (1/2 day of assessment per week) or 2 credits (1 full day of assessments per week). It may also fulfill med psych students' requirement for 1 credit of inpatient consultation/liaison.

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

Students completing this advanced practicum have the opportunity to participate in assessment—and occasionally treatment—at an offsite women's health clinic: UF Health Reproductive Medicine at Springhill. Standard activities include assessment/psychoeducation with individuals or 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 or gestational host surrogacy. 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, Wednesday, and Thursday mornings. Students who have completed this advanced practicum have typically selected one morning per week to consistently go to the clinic.

**Advanced Specialty Practicum in Acute Adult Neurotrauma**  
**Supervisor: Dr. Robert Guenther**

Florida may be the only state where psychologists provide services to acute neurotrauma patients per state statutory requirements. Training opportunities in the acute neurotrauma setting are thus quite rare. Trainees will work in an acute inpatient setting (Adult Intensive Care Units) and become proficient in conducting preliminary evaluations of adult patients recovering from brain and spinal cord injury. Consults typically involve chart reviews, bedside neurocognitive and emotional status exams, interview of patient and/or significant others for information on patient's biopsychosocial developmental history, pre-injury functioning, and current family coping and service needs. Reports are written per Florida Department of Health guidelines. All documentation is entered into the electronic medical record system, EPIC. Trainees are expected to see patients they are following multiple times per week if not daily.. Flexibility of schedule is thus necessary. Trainees will learn to provide educational and emotional support to patients and family members, thereby providing trainees with therapy hours and experiences. Trainees will interact with Trauma Team members in an ongoing manner and may occasionally attend relevant care team rounds. This is an intensive interprofessional training experience. This advanced practicum is offered for 1-2 credits and may be limited to one to four trainees per semester.

**Advanced Specialty in Practicum in General Clinic Based Health Psychology**  
**Supervisor: Dr. Nicole Whitehead**

Trainees will work in the Psychology Clinic with cases in which illness/health status is the primary reason for the referral. The focus of this practicum will be the psychological processes in health and illness as they present in our community clinic. Trainees will learn how to conceptualize case from a biopsychosocial model. The focus will be on integrating the contribution of the illness, life stressors, maladaptive thoughts/beliefs/behaviors, as well as social factors such as ethnic identity, economics, and culture into a realistic treatment plan.

**APPENDIX E (3)**  
**ADVANCED PRACTICUM OPPORTUNITIES**  
**NEUROPSYCHOLOGY AREA**  
Updated 5/8/2015

The NP area requires students to participate in one 3-hour Advanced Practicum in Neuropsychology supervised by core neuropsychology faculty in the Psychology Clinic. 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. (Note: the practica runs through the break of each semester and does not end until the beginning of the next semester.) 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 will get a better internship. **A key issue is breadth of training and relevant clinical experience for your special situation.** IMPORTANT: As faculty 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 of Advanced and Specialty Practica for 2015-201. This same information is in the Neuropsychology Area share drive.**

***Advanced Neuropsychology Practica***

*Adult*

M: Bowers

T: Dede

T: Dotson

W: Bauer

Th: Price

*Child*

Th: Heaton

T: Radonowich

***Adult Advanced Specialty Practica***

Brain Tumor and Cortical Mapping (Heaton)

Cognitive Disorders-ADRC Interdisciplinary Clinic (Bowers)

Epilepsy and Wada (Bauer)

North Florida Evaluation & Treatment Center (Dede)

Movement Disorders Specialty Practica (Bowers)

Neuropsychological Interventions with Orthopedic and Cardiac Surgeries (Price)

Stroke and CVA Clinic (Williams)

Cognitive Intervention for Memory, Executive and Other Disorders (All)

***Child Advanced Specialty Practica***

Autism and Epilepsy (Radonovich)

Acute Pediatric Traumatic Brain Injury (Heaton)

Pediatric Hematology/Oncology (Heaton)

Multidisciplinary School Problems Clinic (Heaton)

**Descriptions**

**ADVANCED NEUROPSYCHOLOGY PRACTICA DESCRIPTIONS  
2015-2016**

Across all rotations described below, interested trainees are encouraged to participate in relevant multidisciplinary case management meetings. These include: a) weekly dementia consensus conference (Tuesday afternoons); b) monthly deep brain stimulation (DBS) surgery meetings, where candidates are discussed by neuropsychology, neurology, neurosurgery, psychiatry and other specialties (2<sup>nd</sup> Tuesday of each month, 9:00 AM), c) weekly seizure surgery conference

(Tuesday at 8:30 AM), d) monthly atypical parkinson clinic (Wed 7:30 AM) ; and d) cardiology medical review board.

### **Adult Neuropsychology**

**Supervisor: Dr. Dawn Bowers**

**Day of the Week: Monday**

This clinic is embedded within a multidisciplinary context that includes health care providers from neurology, neurosurgery and psychiatry. Trainees will conduct outpatient evaluations of various neurocognitive disturbances ranging from dementia subtypes, subcortical diseases, and neuropsychiatric disorders (OCD, Tourettes, psychogenic), to sequelae of medical disorders, both common and rare. Most adult candidates for deep brain stimulation (DBS) are seen on this clinic and trainees have opportunity to: a) attend monthly consensus conferences where DBS candidates are discussed by the multidisciplinary team (neuropsychology, neurology, neurosurgery, psychiatry, OT, PT, speech); and b) observe DBS surgery. By virtue of being in an embedded clinic, students rapidly develop interprofessional communication skills. As part of supervision, 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. Emphasis is placed on user friendly reports and prescriptions for maintaining brain health via a “brain health profile”. This clinic is located off site at the Center for Movement Disorders and Neurorestoration within the UF Orthopedic Sports Medicine Institute.

### **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/ADHD, traumatic brain injury, and 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. Vonetta Dotson**

**Day of the Week: Tuesdays**

This rotation focuses on neuropsychological disorders in older adults including dementia, mild cognitive impairment, movement disorders, 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, administer and interpret test batteries, and conduct feedback sessions. Students 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. 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: Tuesday**

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), mild cognitive impairment, 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 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. During supervision, we meet as a team and trainees present their cases, including history, results, and interpretation, to the team, where hypotheses about the mechanisms of deficit, and further treatment/evaluation recommendations are formulated. Background readings are provided where appropriate.

### **Adult Neuropsychology**

**Supervisor: Dr. Catherine Price**

**Day of the Week: Thursday**

During this rotation, students will conduct outpatient and some inpatient evaluations of adults with a variety of neurocognitive disturbances. Typical referrals include individuals with atypical dementia, psychogenic presentations, and pre and post-operative assessments of older adults

who undergo surgical interventions (Cardiac, Orthopedic Surgery). Supervision also includes review of selected readings and introduction to basic radiology readings (particularly for dementia and white matter disease). Due to the range of impairment observed on clinic, students will learn process oriented approach techniques (e.g., error analysis) for case interpretation. Students are encouraged to attend and present associated their cases at an interdisciplinary dementia case conference and medical review boards (e.g., cardiology, discuss the cases with the physician via EPIC email and in-person).

### **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.

**Descriptions**  
**ADVANCED SPECIALTY PRACTICA IN NEUROPSYCHOLOGY**  
**2015-2016**

To participate in any of the specialty practica below, students must first complete an Advanced Practica in Neuropsychology.

A. ADULT FOCUSED SPECIALTY PRACTICA – Beyond Advanced

***Brain Tumor and Cortical Mapping***

**Supervisor: Dr. Shelley Heaton**

This advanced specialty practicum involves assessment of neurosurgical candidates for awake craniotomy with cortical mapping in order to facilitate tumor resection. It include inpatient and outpatient assessment of cognitive, personality, and emotional functioning. Cognitive assessment include testing of general intellect, language, attention, working memory, executive functioning, motor processing and mood dysfunction. Responsibilities consist of: a) conducting clinical interviews, neuropsychological testing and interpretation, medical chart review, report writing; b) preparing intra-operative testing materials, and c) assisting during intra-operative assessment of language (naming, response to simple commands) and/or intra-operative identification of sensory motor neuroanatomy through behavioral response to cortical stimulation. This specialty practica is offered for 1-2 credits

***Cognitive Disorders & ADRC Interdisciplinary Clinic***

**Supervisor: Dr. Dawn Bowers**

This is a high paced clinic that involves brief neurocognitive screening exams (i.e., 45-60 min) of patients who are seen in conjunction with a neurology dementia specialist (M. Wicklund). The range of patients is highly diverse, including typical and rare disorders. The Neuropsychologist interprets findings and provides clinical impressions “on the spot” to the attending Neurologist, who sees the same patients immediately after our assessment. This is a highly interactive-didactic clinic, with neuroimaging, laboratory and clinical results being integrated into jointly made differential diagnoses and treatment plans. Typically 2-3 cases are seen by the trainee, with brief (1 page) reports that are completed before leaving clinic. Prior to starting this clinic, the trainee should have solid working knowledge of cortical and subcortical dementia variants, classic cortical syndromes (including aphasia), MCI, and medical disorders that can affect cognition. Relevant readings will be provided prior to beginning this clinic, in order to assist the trainee’s diagnostic skill set. This clinic is ideal for more neuropsychologically experienced trainees who wish to fine tune their diagnostic and interprofessional skill. This practica takes place on Fridays at the CMNDR. It is offered for 1-2 credits.

***Cognitive Intervention***

**Supervisors: Dr. Dawn Bowers, Dr. Catherine Price, Dr. Russell Bauer, Dr. Duane Dede, Dr. Vonetta Dotson**

Trainees in this practicum will learn use of various cognitive intervention techniques, including manualized approaches and computer-based interventions, for treating cognitive difficulties in patients with various neurologic disorders (i.e., TBI, MCI, subcortical disease, etc.). The trainee will be expected to carry at least one case in which appropriate approach is personalized for the particular needs of the patient. This advanced practicum is offered for 1-2 credits.

***Epilepsy and WADA Specialty Practica.***

**Supervisor: Dr. Russell M. Bauer**

In this specialty practica, students will have opportunity to observe/participate in WADAs, shadow physicians on the epilepsy monitoring unit, observe brain surgery and cortical mapping, and participate in interdisciplinary conferences. Interested students are expected to evaluate a designated number of patients before and after brain surgery for treatment of intractable epilepsy. Students will be supervised by Dr. Bauer and other neuropsychology faculty. Readings on clinically relevant issues will be provided. This advanced practica is offered for 1-2 hours.

***Movement Disorders Specialty Practica***

**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. 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.

***North Florida Evaluation and Treatment Center***

**Supervisor: 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. Dr. Dede will accompany the trainee on early evaluations and there will be weekly supervision meetings.

***Neuropsychological Interventions with Orthopedic and Cardiac Surgeries***  
**Supervisor: Dr. Cate Price**

This advanced specialty practicum involves application of brain systems and neuropsychological assessment to interventions aiding older participants planning major cardiac or orthopedic surgeries. Trainees will gain information on cognitive and brain vulnerabilities to surgical and anesthesia mechanisms associated with cardiac and non-cardiac surgeries. For cardiac surgery experiences, Dr. Price and colleagues in Cardiology/ Cardiothoracic Surgery will provide collaborative and interdisciplinary experiences for understanding cognitive risk factors for older adults seeking left ventricular assist devices. For non-cardiac surgery, students will acquire experiences with patients undergoing orthopedic surgery and the orthopedic and pre-operative anesthesia team. Students will complete interviews, 2-3 hours of testing in both outpatient and inpatient settings, brief reports summarizing findings and providing recommendations to the surgery/anesthesia team, and case discussions with medical teams. Students will have the opportunity to follow the patients through the surgery, conduct post-operative delirium assessments, and observe how their recommendations were implemented by the operative and post-operative medical teams. Additionally, students will have the opportunity to rotate through the pre-operative anesthesia clinic to provide input on the pre-anesthesia team's risk assessment relative to post-operative cognitive decline. This practicum represents 3 contact hours per credit per week, with two credits recommended should a student wish to see one surgery patient per week and engage in the surgery observations, post-operative evaluations, etc.

***Stroke and Cerebrovascular Disease***  
**Supervisor: Dr. John Williamson**

This advanced specialty practicum focuses on neuropsychological sequelae of acute and chronic stroke and is associated with the UF Stroke Center through the Department of Neurology. As part of this rotation, trainees will gain experience in identifying common neurobehavioral syndromes that occur with stroke, including contributions of white matter disease and learn to function effectively as a consultant to other health care providers, patients, and families. Trainees will gain experience in using flexible/adaptive batteries, as symptoms/syndromes will vary depending on the laterality and site of stroke, along with other characteristics that influence recovery. Goals of assessments include determining if there is impairment, the nature of the impairment (due to stroke or other reasons), prognosis (e.g., recovery curves, participation in rehabilitation), treatment options (cognitive rehabilitation, psychotherapy, pharmacotherapy), and living situation. In addition, a similar age cohort will be available for evaluation (neurodegenerative/MCI through geriatric and neurology referral sources). Students will complete 1 to 2 evaluations every other week, participate in regularly scheduled supervision, and will have opportunity to participate in weekly Stroke Center meetings (Dept. Neurology), Synapse lectures through the BRRC (VA), and presentations through the IOA. This practicum represents 1-2 credits.

## B. CHILD FOCUS SPECIALTY PRACTICA – BEYOND ADVANCED

### *Pediatric Neuropsychology (Autism/Epilepsy)*

**Supervisor: Dr. Krestin Radonovich**

This practicum involves neuropsychological assessment of children with a variety of developmental delays. This clinic will specialize in assessment of young children with autism and epilepsy. Students will gain experience in expanded testing protocols, including the autism diagnostic observation schedule (ADOS), Mullen Scales of Early Learning, Differential Ability Scales (DAS-II), Preschool Language Scale, Kaufman Assessment Battery for Children (KABC-II), among others. Dr. Radonovich will work directly with the students on training in these assessment tools. She will meet with the students on a weekly basis for supervision and discussion of developmental issues in evaluation and treatment. Students will also be provided opportunities to participate in therapy for children or families, as appropriate.

### *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.

### *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.

***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 conducts an initial evaluation of the child. Trainees will have the opportunity to attend this initial evaluation and work closely with Attendees 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 the Attending 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.

**APPENDIX F**  
**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 Academic Coordinator. 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 Academic Coordinator. 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.



**APPENDIX G: Department of Clinical & Health Psychology**  
**5-year Teaching Plan**  
**Effective August, 2015**

	<b>Fall</b>	<b>Spring</b>	<b>Summer</b>
<b>2015-2016</b>	<p>CLP 7934 Intro to CLP: Professional Issues and Ethics (<i>Bauer</i>)            CLP 6527 Stats 1 (<i>Marsiske</i>)            CLP 7934 Cognitive Bases of Behavior (<i>Perlstein</i>)            CLP 6476 Lifespan Psychopathology (<i>Dede/Wiens</i>)            DEP 6099 Survey of Developmental Psychology (<i>Psych faculty</i>)            CLP 7934 Thesis Development (<i>Whitehead</i>)            PHC 6937 Intro to Public Health (<i>staff</i>)</p> <p>CLP 6529 Multivariate (<i>Marsiske</i>)            CLP 7934 Neuropsychology of Aging (<i>Marsiske</i>)            CLP 7934 Grant Writing (<i>Robinson</i>)            CLP 7934 Behavioral Health &amp; Illness (<i>Rozensky</i>)            CLP 7934 Pediatric Psychology (<i>Fedele/Janicke</i>)</p>	<p>CLP 6430 Assessment Lifespan (<i>Durning/Heaton</i>)            CLP 6528 Stats 2 (<i>Marsiske</i>)            CLP 6307 Higher Cortical Function (<i>Bowers</i>)</p> <p>CLP 7525 Best Methods for Assessment of Change (<i>Marsiske</i>)            CLP 7934 Neuropsychology of Aging (<i>Marsiske</i>)            CLP 7317 Advanced Health Psychology and Behavioral Medicine (<i>Pereira</i>)</p>	<p>CLP 6943 Practicum in Clinical Psychology (<i>Bauer</i>)*            CLP 6407 Psychological Intervention/Treatment I (<i>Dede, Guenther, Waxenberg</i>)</p> <p>CLP 7934 Advanced Psychotherapy (<i>Rozensky</i>)            PSY 6608 History of Psychology (<i>Ashton</i>)            SOP 6099 Survey of Social Psychology (<i>Webster</i>)            CLP 7934 TBI Lifespan (<i>Heaton</i>)            CLP 7934 Neuropsychology of Aging (<i>Marsiske</i>)</p>
<b>2016-2017</b>	<p>CLP 7934 Intro to CLP: Professional Issues and Ethics (<i>Bauer</i>)            CLP 6527 Stats 1, (<i>Marsiske</i>)            CLP 6476 Lifespan Psychopathology (<i>Dede/Wiens</i>)            CLP 7934 Cognitive Bases of Behavior (<i>Perlstein</i>)            PHC 6937 Intro to Public Health (<i>staff</i>)</p> <p>CLP 7428 Adult NP Assessment (NP faculty)            CLP 6529 Multivariate (<i>Marsiske</i>)            CLP 7934 Neuropsychology of Aging (<i>Marsiske</i>)            CLP 7934 Thesis Development (<i>Whitehead</i>)            CLP 7934 Behavioral Health &amp; Illness (<i>Rozensky</i>)            CLP 7934 Introduction to Child and Family Treatment (<i>Fedele</i>)            CLP 7934 Assessment and Diagnosis of Autism Spectrum Disorders (<i>Johnson</i>)</p>	<p>CLP 6430 Lifespan Assessment (<i>Durning/Heaton</i>)            CLP 6528 Stats 2 (<i>Marsiske</i>)</p> <p>CLP 7525 Best Methods for Analysis of Change (<i>Marsiske</i>)            CLP 7934 Neuropsychology of Aging (<i>Marsiske</i>)            CLP 7934 Health Promotion (<i>Anton</i>)            CLP 7934 NP Case Analysis &amp; Integration (<i>Price - tentative</i>)</p>	<p>CLP 6943 Practicum in Clinical Psychology (<i>Bauer</i>)*            CLP 6407 Psychological Intervention -Treatment I (<i>Dede, Guenther, Waxenberg</i>)</p> <p>CLP 7934 Advanced Psychotherapy (<i>Rozensky</i>)            PSY 6608 History of Psychology (<i>Ashton</i>)            SOP 6099 Survey of Social Psychology (<i>Webster</i>)            CLP 7427 Pediatric Neuropsychology (<i>Heaton</i>)            CLP 7934 Neuropsychology of Aging (<i>Marsiske</i>)            CLP 7934 Forensic Neuropsychology (<i>Bauer</i>)            CLP 7934 Advanced Child Psychotherapy (Team)</p>

	Fall	Spring	Summer
<b>2017-2018</b>	<p>CLP 7934 Intro to CLP: Professional Issues and Ethics (<i>Bauer</i>)            CLP 6527 Stats 1 (<i>Marsiske</i>)            CLP 6476 Lifespan Psychopathology (<i>Dede/Wiens</i>)            CLP 7934 Cognitive Bases of Behavior (<i>Perlstein</i>)            DEP 6099 Survey of Developmental Psychology (<i>Psych faculty</i>)            CLP 7934 Thesis Development (<i>Whitehead</i>)            PHC 6937 Intro to Public Health (<i>staff</i>)</p> <p>CLP 6529 Multivariate (<i>Marsiske</i>)            CLP 7934 Neuropsychology of Aging (<i>Marsiske</i>)            CLP 7934 Grant Writing (<i>Robinson</i>)            CLP 7934 Behavioral Health &amp; Illness (<i>Rozenky</i>)            CLP 7934 Pediatric Psychology (<i>Fedele/Janicke</i>)</p>	<p>CLP 6430 Lifespan Assessment (<i>Durning/Heaton</i>)            CLP 6528 Stats 2 (<i>Marsiske</i>)            CLP 6307 Higher Cortical Function (<i>Bowers</i>)</p> <p>CLP 7525 Best Methods for Analysis of Change (<i>Marsiske</i>)            CLP 7934 Neuropsychology of Aging (<i>Marsiske</i>)            CLP 7317 Advanced Health Psychology and Behavioral Medicine (<i>Pereira</i>)</p>	<p>CLP 6943 Practicum in Clinical Psychology (<i>Bauer</i>)*            CLP 6407 Psychological Intervention/Treatment I (<i>Dede, Guenther, Waxenberg</i>)            PSY 6608 History of Psychology (<i>Ashton</i>)            SOP 6099 Survey of Social Psychology (<i>Webster</i>)</p> <p>CLP 7934 Advanced Psychotherapy (<i>Rozenky</i>)            CLP 7934 TBI Lifespan (<i>Heaton</i>)            CLP 7934 Neuropsychology of Aging (<i>Marsiske</i>)</p>
<b>2018-2019</b>	<p>CLP 7934 Intro to CLP: Professional Issues and Ethics (<i>Bauer</i>)            CLP 6527 Stats 1 (<i>Marsiske</i>)            CLP 6476 Lifespan Psychopathology (<i>Dede/Wiens</i>)            CLP 7934 Thesis Development (<i>Whitehead</i>)            CLP 7934 Cognitive Bases of Behavior (<i>Perlstein</i>)            PHC 6937 Intro to Public Health (<i>staff</i>)</p> <p>CLP 6529 Multivariate (<i>Marsiske</i>)            CLP 7934 Neuropsychology of Aging (<i>Marsiske</i>)            CLP 7428 Adult NP Assessment (<i>NP faculty</i>)            CLP 7934 Behavioral Health &amp; Illness (<i>Rozenky</i>)            CLP 7934 Introduction to Child and Family Treatment (<i>Fedele</i>)            CLP 7934 Assessment and Diagnosis of Autism Spectrum Disorders (<i>Johnson</i>)</p>	<p>CLP 6430 Lifespan Assessment (<i>Durning/Heaton</i>)            CLP 6528 Stats 2 (<i>Marsiske</i>)</p> <p>CLP 7525 Best Methods for Analysis of Change (<i>Marsiske</i>)            CLP 7934 Neuropsychology of Aging (<i>Marsiske</i>)            CLP 7934 Health Promotion (<i>Anton</i>)            CLP 7934 Special Topics: NP Case Analysis &amp; Integration (<i>Price – tentative</i>)</p>	<p>CLP 6943 Practicum in Clinical Psychology (<i>Bauer</i>)*            CLP 6407 Psychological Intervention/Treatment I (<i>Dede, Guenther, Waxenberg</i>)            PSY 6608 History of Psychology (<i>Ashton</i>)            SOP 6099 Survey of Social Psychology (<i>Webster</i>)</p> <p>CLP 7934 Advanced Psychotherapy (<i>Rozenky</i>)            CLP 7427 Pediatric Neuropsychology (<i>Heaton</i>)            CLP 7934 Neuropsychology of Aging (<i>Marsiske</i>)            CLP 7934 Forensic Neuropsychology (<i>Bauer</i>)            CLP 7934 Advanced Child Psychotherapy (<i>Team</i>)</p>

	Fall	Spring	Summer
2019-2020	<p>CLP 7934 Intro to CLP: Professional Issues and Ethics (<i>Bauer</i>)            CLP 6527 Stats 1 (<i>Marsiske</i>)            CLP 6476 Lifespan Psychopathology (<i>Dede/Wiens</i>)            CLP 7934 Cognitive Bases of Behavior (<i>Perlstein</i>)            CLP 7934 Thesis Development (<i>Whitehead</i>)            DEP 6099 Survey of Developmental Psychology (<i>Psych faculty</i>)            PHC 6937 Intro to Public Health (<i>staff</i>)</p> <p>CLP 6529 Multivariate (<i>Marsiske</i>)            CLP 7934 Neuropsychology of Aging (<i>Marsiske</i>)            CLP 7934 Grant Writing (<i>Robinson</i>)            CLP 7934 Behavioral Health &amp; Illness (<i>Rozensky</i>)            CLP 7934 Pediatric Psychology (<i>Fedele/Janicke</i>)</p>	<p>CLP 6430 Lifespan Assessment (<i>Durning/Heaton</i>)            CLP 6528 Stats 2 (<i>Marsiske</i>)            CLP 6307 Higher Cortical Function (<i>Bowers</i>)</p> <p>CLP 7525 Best Methods for Analysis of Change (<i>Marsiske</i>)            CLP 7934 Neuropsychology of Aging (<i>Marsiske</i>)            CLP 7317 Advanced Health Psychology and Behavioral Medicine (<i>Pereira</i>)</p>	<p>CLP 6943 Practicum in Clinical Psychology (<i>Bauer</i>)*            CLP 6407 Psychological Intervention/Treatment I (<i>Dede, Guenther, Waxenberg</i>)            PSY 6608 History of Psychology (<i>Ashton</i>)            SOP 6099 Survey of Social Psychology (<i>Webster</i>)</p> <p>7934 Advanced Psychotherapy (<i>Rozensky</i>)            CLP 7934 TBI Lifespan (<i>Heaton</i>)            CLP 7934 Neuropsychology of Aging (<i>Marsiske</i>)</p>

**\*First year students register for CLP 6943 for Summer C. Summer A is spent in “Pre-Practicum” preparation. Actual practicum placements start Summer B.**

**The following courses are available every semester:**

PHC 6937 Introduction to Public Health

PHC 6001 Principles of Epidemiology (online)

CLP 6943 Practicum in Clinical Psychology (Core Prac)  
 CLP 6947 Rural/Primary Care Practicum  
 CLP 6947 Practicum in Intervention  
 CLP 6945 Practicum in Neuropsychology (neuro faculty)  
 CLP 6946 Practicum in Applied Medical/Health Psychology  
 CLP 6948 Practicum in Clinical Child Psychology  
 CLP 6945 Practicum in Fear and Anxiety Disorders (Lang)  
 CLP 7949 Internship

CLP 7934 Clinical Child/Pediatric Psychology Research Seminar  
 CLP 6971 Masters Research  
 CLP 7979 Advanced Research (after M.S., before quals completion)  
 CLP 7980 Doctoral Research  
 CLP 6905 Individual Work  
 CLP 6940 Supervised Teaching  
 CLP 6910 Supervised Research



# Ethical Principles of Psychologists and Code of Conduct 2002 including 2010 revisions

## 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. Human Relations**

#### **3.01 Unfair Discrimination**

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

#### **3.02 Sexual Harassment**

Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that 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. Privacy And Confidentiality**

### **4.01 Maintaining Confidentiality**

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

### **4.02 Discussing the Limits of Confidentiality**

(a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with

whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities. (See also Standard 3.10, Informed Consent.)

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

(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. Advertising and Other Public Statements**

### **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. Record Keeping and Fees**

### **6.01 Documentation of Professional and Scientific Work and Maintenance of Records**

Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in

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

### **9.01 Bases for Assessments**

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

(b) Except as noted in 9.01c, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. When, despite reasonable efforts, such an examination

is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or recommendations. (See also Standards 2.01, Boundaries of Competence, and 9.06, Interpreting Assessment Results.)

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

### **9.02 Use of Assessments**

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

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

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

### **9.03 Informed Consent in Assessments**

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

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

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

#### **9.04 Release of Test Data**

(a) The term *test data* refers to raw and scaled scores, client/patient responses to test questions or stimuli, and psychologists' notes and recordings concerning client/patient statements and behavior during an examination. Those 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. Therapy**

### **10.01 Informed Consent to Therapy**

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

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

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

### **10.02 Therapy Involving Couples or Families**

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

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

### 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.php.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, GPower, AMOS and MPlus) and other programs required by CLP 6527/6528/6529/7525.
- d) Graphics/presentation software (Microsoft PowerPoint)

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

***4) Working knowledge of secure methods of remote access*** (*see apps.ufl.edu*)

- a) VPN (currently, Cisco AnyConnect)
- b) Terminal Services (Remote Desktop for Windows/Mac)

c) Citrix Receiver (for accessing medical records; available at apps.ufl.edu)

**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 J: COURSES USED FOR MEETING PROGRAM REQUIREMENTS BY AREA**

Revised May 2015

<b>Course Title</b>	<b>Neuro Area Elective?</b>	<b>Child Area Elective?</b>	<b>Health Area Elective?</b>	<b>Breadth for Neuro Student</b>	<b>Breadth for Child Student</b>	<b>Breadth for Health Student</b>	<b>Intervention for Neuro Student</b>	<b>Intervention for Child Student</b>	<b>Intervention for Health Student</b>
<b>Behavioral Health and Illness</b>	N	N	REQ	Y	Y	N	N	N	N
<b>Adv Health Psy and Beh Med</b>	N	N	REQ	Y	Y	N	N	N	N
<b>Health Promotion</b>	N	N	REQ	Y	Y	N	N	N	N
<b>Pediatric Psychology</b>	N	Y	Y	Y	N	N	N	N	N
<b>Intro Child &amp; Fam Treatment</b>	N	REQ	N	Y	N	Y	Y	Y	Y
<b>Asst/Diag Autism Spectrum D/O</b>	N	Y	N	Y	N	Y	N	N	N
<b>Pediatric Neuropsychology</b>	Y	Y	N*	N	N	Y	N	N	N
<b>Lifespan TBI</b>	Y	N	N	N	Y	Y	N	N	N
<b>Adult Neuropsych Assmt</b>	REQ	N	Y	N	Y	N	N	N	N
<b>NP Case Analysis/Integration</b>	Y	N	N	N	Y	Y	N	N	N
<b>Neuropsychology of Aging</b>	Y	N	N	N	Y	Y	N	N	N
<b>Forensic Neuropsychology</b>	Y	N	N	N	Y	Y	N	N	N
<b>Multicult COUNSING (MHS 6428)</b>	N	N	N	Y	Y	Y	N	N	N
<b>Grant Writing Course</b>	N	N	N	Y	Y	Y	N	N	N
<b>Advanced Psychotherapy</b>	N	N	N	Y	Y	Y	Y	Y	Y
<b>Supervised Teaching</b>	N	N	N	Y	Y	Y	N	N	N
<b>Can an intervention course count as a breadth course? Yes</b>									



**APPENDIX K  
PROGRAM REQUIREMENTS CHECKLIST  
Revised Fall 2015**

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	_____
PHC 6937	Intro. to Public Health	_____
	Interdisciplinary Fam. Health	_____

**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)

**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 Adv/Doctoral Research Credits Required (7979/7980)

**ADVANCED ELECTIVES (9)**

**Course # Title Semester Credit Grade**

Advanced Elective (3):  
 \_\_\_\_\_

Intervention (3):  
 \_\_\_\_\_

Statistics (3):  
 \_\_\_\_\_

**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 Forms and Checklists**

**NOTE: Forms are occasionally updated or revised. 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) CLINICAL COMPETENCY ASSESSMENT TOOL (PRACTICUM  
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) CHP MENTORSHIP AGREEMENT – MENTOR COMPACT**
- 15) CHP MENTORSHIP AGREEMENT – STUDENT COMPACT**
- 14) PUBLICATION POLICY GUIDELINES**

**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	Credits	What Requirement does this meet?	Section Number
<small>(EX: CLP 7979, SOP 6555)</small>	<small>(EX: 1, 8, etc)</small>		<small>(Dept. Use Only)</small>
_____	_____	<input type="checkbox"/> Core <input type="checkbox"/> Area <input type="checkbox"/> Prac <input type="checkbox"/> Stats <input type="checkbox"/> Research <input type="checkbox"/> Elective	_____

Course Title: \_\_\_\_\_

_____	_____	<input type="checkbox"/> Core <input type="checkbox"/> Area <input type="checkbox"/> Prac <input type="checkbox"/> Stats <input type="checkbox"/> Research <input type="checkbox"/> Elective	_____
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Course Title: \_\_\_\_\_

_____	_____	<input type="checkbox"/> Core <input type="checkbox"/> Area <input type="checkbox"/> Prac <input type="checkbox"/> Stats <input type="checkbox"/> Research <input type="checkbox"/> Elective	_____
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Course Title: \_\_\_\_\_

_____	_____	<input type="checkbox"/> Core <input type="checkbox"/> Area <input type="checkbox"/> Prac <input type="checkbox"/> Stats <input type="checkbox"/> Research <input type="checkbox"/> Elective	_____
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Course Title: \_\_\_\_\_

_____	_____	<input type="checkbox"/> Core <input type="checkbox"/> Area <input type="checkbox"/> Prac <input type="checkbox"/> Stats <input type="checkbox"/> Research <input type="checkbox"/> Elective	_____
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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 PROGRAM DIRECTOR/ACADEMIC COORDINATOR: \_\_\_\_\_

## 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 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 2014, 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 Academic Program 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**

_____	_____	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	_____
NAME	UFID				Year
_____	_____	_____	_____	_____	_____
Credits	Faculty Supervisor Printed	Faculty Supervisor Signature	DATE		

**EDUCATIONAL OBJECTIVES AND PROCEDURES**

State below the educational objectives:

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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

**Clinical Competency Assessment Tool**  
**ADVANCED PRACTICUM EVALUATION**  
Date of Evaluation \_\_\_\_\_  
Recommended Grade (circle one):    **S**    **I**    **U**

Q1.1 SECTION 1: IDENTIFYING INFORMATION

Q1.2 Student Name \_\_\_\_\_

Q1.3 Supervisor Name \_\_\_\_\_

Q1.4 Level of Training

- Advanced Year 1 (3rd year) (2)
- Advanced Year 2 (4th year) (3)
- Advanced Year 3 (5th year) (4)
- Advanced >5th year (5)

Training Period for Advanced Practicum

- Summer Semester
- Fall Semester
- Spring Semester

Q1.6 Training Activities during this rotation with this supervisor (click all that apply AND enter number of cases)

- Assessment/Consultation (# cases): (1) \_\_\_\_\_
- Treatment/Intervention (# cases): (2) \_\_\_\_\_
- Other/specify (# cases): (3) \_\_\_\_\_

Q1.7 Types of Cases seen with this supervisor on this rotation

- Child/Pediatric Psychology (1)
- Medical/Health Psychology (2)
- Mental Health (3)
- Clinical Neuropsychology (4)
- Rural/Primary Care Psychology (5)
- Other (specify) (6) \_\_\_\_\_

Q1.8 Type of Rotation

- Major Area of Study Requirement (1)
- Major Area of Study Elective (2)
- General Program Requirement (3)
- Other (specify) (4) \_\_\_\_\_

Q1.9 Prior training with types of cases seen in this rotation

- None (1)
- Limited (1-2) (2)
- Some (2-4) (3)
- More extensive (>4) (4)

Q1.10 Clinical Teaching Methods used by this supervisor (check all that apply)

- Individual Supervision (1)
- Group Supervision (2)
- Live Observation (3)
- Audiotape Review (4)
- Videotape Review (5)
- Review of Written Reports/Progress Notes (6)

Q1.11 Amount of Face-to-Face Supervision per week

Training Activities during this rotation with this supervisor (click all that apply AND enter number of cases)

- Assessment/Consultation (# cases): \_\_\_\_\_
- Treatment/Intervention (# cases): \_\_\_\_\_
- Other/specify (# cases): \_\_\_\_\_

Types of Cases seen with this supervisor on this rotation

- Child/Pediatric Psychology
- Medical/Health Psychology
- Mental Health
- Clinical Neuropsychology
- Rural/Primary Care Psychology
- Other (specify) \_\_\_\_\_

Type of Rotation

- Major Area of Study Requirement
- Major Area of Study Elective
- General Program Requirement
- Other (specify) \_\_\_\_\_

Prior training with types of cases seen in this rotation

- None
- Limited (1-2)
- Some (2-4)
- More extensive (>4)

Clinical Teaching Methods used by this supervisor (check all that apply)

- Individual Supervision
- Group Supervision
- Live Observation
- Audiotape Review
- Videotape Review
- Review of Written Reports/Progress Notes

Amount of Face-to-Face Supervision per week \_\_\_\_\_

## Section 2. TO BE COMPLETED BY SUPERVISOR

Your familiarity with Trainee's clinical performance during this rotation:

1-----2-----3-----4-----5  
Very Limited Extensive/Intensive

I. KNOWLEDGE AND SKILLS Using the following behavioral descriptors, the supervisor's observation of the trainee's performance should be made in the context of expectations for their current level of training (year). You should consider the type of clinical experience[s] (major area of study, emphasis, experience, or exposure to other clinical training opportunities) being evaluated:

PLEASE RATE THE FREQUENCY WITH WHICH EACH COMPETENCY IS DEMONSTRATED:

0 = Never (0% of the time)

1 = Rarely (less than 30% of the time)

2 = Sometimes (greater than 30% but less than 50%)

3 = Often (greater than 50% but less than 80%)

4 = Almost Always (80% of the time or greater)

N/O; Cannot rate this item; either an expected skill at this level but unable to evaluate due to no opportunity to observe or not expected at this level and thus not observed.

At the end of each Competency Group, Rate the trainee's overall performance in that category: Using the frequency information for each set of competencies within each Group, make a determination as to whether the trainee has met programmatic criteria for that section at their current level of training. Please indicate:

Meets expectations = Expected at this training level and what was observed met with expectations for the student's experience.

Needs Improvement = Expected at this training level but what was observed was below expectations. Please specify remediation needed to move to the next level of training in that area.

## 2. PROFESSIONALISM

**2.1.: PROFESSIONAL VALUES AND BEHAVIOR.** Professional values and ethics as evidenced in behavior and comportment that reflects integrity, responsibility and the values and ethics of psychology

2.1.1. INTEGRITY: Honesty, personal responsibility and adherence to professional values

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

2.1.2. DEPARTMENT

\_\_\_\_\_ Professionally appropriate communication and physical conduct, including attire, across different settings

2.1.3. ACCOUNTABILITY

\_\_\_\_\_ Accepts responsibility for own actions

\_\_\_\_\_ Acts to understand and safeguard the welfare of others

2.1.5. PROFESSIONAL IDENTITY

\_\_\_\_\_ Emerging professional identity as psychologist; uses resources (e.g., supervision/literature) for professional development

**2.2. INDIVIDUAL AND CULTURAL DIVERSITY.** Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.

2.2.1. SELF AS SHAPED BY INDIVIDUAL AND CULTURAL DIVERSITY ((e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status ) and Context.

\_\_\_\_\_ Monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation

2.2.2. OTHERS AS SHAPED BY INDIVIDUAL AND CULTURAL DIVERSITY AND CONTEXT

\_\_\_\_\_ Applies knowledge of others as cultural beings in assessment, treatment and consultation

2.2.2. INTERACTION OF SELF AND OTHERS AS SHAPED BY INDIVIDUAL AND CULTURAL DIVERSITY AND CONTEXT

\_\_\_\_\_ Applies knowledge of the role of culture in interactions in assessment, treatment, and consultation of diverse others

2.2.3. APPLICATIONS BASED ON INDIVIDUAL AND CULTURAL CONTEXT

\_\_\_\_\_ Applies knowledge, sensitivity, and understanding regarding ICD issues to work effectively with diverse others in assessment, treatment, and consultation

**2.3. ETHICAL AND LEGAL STANDARDS AND POLICY.** Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.

2.3.1 KNOWLEDGE OF ETHICAL, LEGAL, AND PROFESSIONAL STANDARDS AND GUIDELINES

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

2.3.2 AWARENESS AND APPLICATION OF ETHICAL DECISION MAKING

\_\_\_\_\_ Demonstrates knowledge and application of an ethical decision-making model and is able to apply relevant elements of ethical decision making to a dilemma

2.3.3 ETHICAL CONDUCT

\_\_\_\_\_ Demonstrates knowledge of own moral principles/ethical values integrated in professional conduct

2.3.4. FLORIDA STATUTES

\_\_\_\_\_ Demonstrates knowledge and application of Florida Statutes as appropriate to patients seen

**2.4. REFLECTIVE PRACTICE/SELF-ASSESSMENT/SELF-CARE:** Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.

2.4.1. REFLECTIVE PRACTICE

\_\_\_\_\_ Broadened self-awareness; self monitoring; reflectivity regarding professional practice (reflection in action); use of resources to enhance this processes; elements of reflection in action are evident in behavior

2.4.2. SELF-ASSESSMENT

\_\_\_\_\_ Broad, accurate self-assessment of competence; consistent monitoring and evaluation of own practice activities

2.4.3 SELF-CARE

\_\_\_\_\_ Monitoring of issues related to self-care with supervisor; understanding of the central role of self-care to effective practice

2.4.4. PARTICIPATION IN THE SUPERVISION PROCESS

\_\_\_\_\_ Effective participation in supervision

#### 2.4.5. FOLLOWS CLINIC PROCEDURES

\_\_\_\_\_ Seeks out consultation on policy and procedures as needed and independently carries out responsibilities

#### **SUMMARY: PROFESSIONALISM**

- Trainee Meets Expectations**
- Trainee Needs Improvement**

**Comments (recommended always, but required if “Needs Improvement”)** \_\_\_\_\_

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### **3. PROFESSIONAL RELATIONSHIPS: THE ABILITY TO RELATE EFFECTIVELY AND MEANINGFULLY WITH INDIVIDUALS, GROUPS, AND COMMUNITIES**

\_\_\_\_\_ Interpersonal Relationships: Forms and maintains productive and respectful relationships with patients, peers/colleagues, supervisors, and professionals from other disciplines

\_\_\_\_\_ Affective skills: Negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback non-defensively

\_\_\_\_\_ Expressive Skills: Clear and articulate expression

#### **Summary: RELATIONAL**

- Trainee Meets Expectations**
- Trainee Needs Improvement**

**Comments (recommended always, but required if “Needs Improvement”)** \_\_\_\_\_

---

## **4. APPLICATION OF KNOWLEDGE AND SKILL TO PRACTICE**

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

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

**4.2 Assessment:** Assessment and diagnosis of problems, capabilities, and issues associated with individuals, group, and/or organizations

\_\_\_\_\_ Psychometrics: Selects assessment measures with attention to issues of reliability and validity

\_\_\_\_\_ Knowledge of Assessment Methods: Awareness of strengths and limitations of administration, scoring, and interpretation of traditional assessment measures as well as related technological advances

\_\_\_\_\_ Application of Assessment Methods: Selects appropriate assessment measures to answer diagnostic questions

\_\_\_\_\_ Diagnosis: Demonstrates basic Applies concepts of normal/abnormal behavior to case formulation and diagnosis in the context of stages of human development and diversity

\_\_\_\_\_ Conceptualization/Recommendations: Utilizes systematic approaches of gathering data to inform clinical decision-making

\_\_\_\_\_ Communication of Assessment Findings: Independently writes assessment reports and progress notes

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

\_\_\_\_\_ Intervention Planning: Formulates and conceptualizes cases and plans interventions utilizing at least one consistent theoretical orientation

\_\_\_\_\_ Skills: Clinical skills- demonstrates application of helping skills (empathy, treatment planning); understands both content and process issues in treatment and demonstrates application

\_\_\_\_\_ Intervention Implementation: Implements evidence-based interventions where applicable; adapts treatment under supervision

\_\_\_\_\_ Able to manage effectively impediments and barriers to therapeutic progress

\_\_\_\_\_ Progress Evaluation: Can evaluate treatment progress and modify treatment planning as indicated, utilizing established empirical or clinical outcome measures

**4.4 Consultation:** The ability to provide expert guidance or professional assistance in response to a patient's needs or goals

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

\_\_\_\_\_ Addressing referral question: Demonstrates knowledge of, and ability to, select appropriate means of assessment to answer referral questions

\_\_\_\_\_ Communication: Independently prepares consultation reports for supervisor review

\_\_\_\_\_ Application: Independently applies literature to provide effective consultative services for most routine and some complex cases

## **APPLICATION SUMMARY**

**Trainee Meets Expectations**

**Trainee Needs Improvement**

**Comments (recommended always, but required if "Needs Improvement")** \_\_\_\_\_

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## **5. SCIENCE IN PRACTICE**

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

\_\_\_\_\_ Scientific Mindedness: Values and applies scientific methods to professional practice

\_\_\_\_\_ Scientific Foundation of Psychology: Demonstrates an intermediate level knowledge of core science (scientific bases of behavior)

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

## **SUMMARY: SCIENCE IN PRACTICE**

**Trainee Meets Expectations**

**Trainee Needs Improvement**

**Comments (recommended always, but required if "Needs Improvement")** \_\_\_\_\_

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## 6. SUPERVISION

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

\_\_\_\_\_ Expectations and Roles: Demonstrates knowledge of, purpose for, and roles in supervision

\_\_\_\_\_ Processes and procedures: Identifies and tracks the goals and tasks of supervision

\_\_\_\_\_ Skills development: Demonstrates knowledge of the supervision literature and how clinicians develop to be skilled professionals

\_\_\_\_\_ Supervisory Practices: provides helpful supervisory input in peer and group supervision

### SUPERVISION SUMMARY

Trainee Meets Expectations

Trainee Needs Improvement

Comments (recommended always, but required if “Needs Improvement”) \_\_\_\_\_

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## 7. SYSTEMS

**7.1 Interdisciplinary Systems:** Knowledge of key issues and concepts in related disciplines. Able to identify and interact with professionals in multiple disciplines

\_\_\_\_\_ Awareness of multiple and differing worldviews, roles, professional standards and contributions across contexts and systems; demonstrates intermediate level knowledge of common and distinctive roles of other professionals

\_\_\_\_\_ Demonstrates beginning, basic knowledge of the ability to display skills that support effective interdisciplinary team functioning, such as communicating without jargon, dealing effectively with disagreements about diagnosis or treatment goals, and supporting and utilizing the perspectives of other team members

\_\_\_\_\_ Participates in and initiates interdisciplinary collaboration/consultation directed toward shared goals

\_\_\_\_\_ Develops and maintains collaborative relationships and respect for other professionals

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

**7.2 Advocacy:** Actions targeting the impact of social, political, economic, or cultural factors to promote change at the individual, institutional, and/or systems level

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

\_\_\_\_\_ Systems Change: Promotes change to enhance the functioning of individuals

### SYSTEMS SUMMARY

Trainee Meets Expectations

Trainee Needs Improvement

**Comments (recommended always, but required if “Needs Improvement”)**\_\_\_\_\_

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Recommendations for Strengths and Continued Training Needs \_\_\_\_\_

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\_\_\_\_\_  
Supervisor Signature                      Date

\_\_\_\_\_  
Student Signature    Date

**Clinical Competency Assessment Tool**  
**CORE PRACTICUM EVALUATION**  
**DATE OF EVALUATION \_\_\_\_\_**  
**Recommended Grade (circle one): S I U**

SECTION 1: IDENTIFYING INFORMATION

Student Name \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Training Period for Core Practicum

- 1st Quarter (July-Sept)
- 2nd Quarter (Oct-Dec)
- 3rd Quarter (Jan-Mar)
- 4th Quarter (Apr-Jun)

Training Activities during this rotation with this supervisor (click all that apply AND enter number of cases)

- Assessment/Consultation (# cases): \_\_\_\_\_
- Treatment/Intervention (# cases): \_\_\_\_\_
- Other/specify (# cases): \_\_\_\_\_

Types of Cases seen with this supervisor on this rotation

- Child/Pediatric Psychology
- Medical/Health Psychology
- Mental Health
- Clinical Neuropsychology
- Rural/Primary Care Psychology
- Other (specify) \_\_\_\_\_

Type of Rotation

- Major Area of Study Requirement
- Major Area of Study Elective
- General Program Requirement
- Other (specify) \_\_\_\_\_

Prior training with types of cases seen in this rotation

- None
- Limited (1-2)
- Some (2-4)
- More extensive (>4)

Clinical Teaching Methods used by this supervisor (check all that apply)

- Individual Supervision
- Group Supervision
- Live Observation
- Audiotape Review
- Videotape Review
- Review of Written Reports/Progress Notes

Amount of Face-to-Face Supervision per week \_\_\_\_\_ hours

**Section 2. TO BE COMPLETED BY SUPERVISOR**

Your familiarity with Trainee’s clinical performance during this rotation:

1-----2-----3-----4-----5  
Very Limited Extensive/Intensive

I. KNOWLEDGE AND SKILLS Using the following behavioral descriptors, the supervisor’s observation of the trainee’s performance should be made in the context of expectations for their current level of training (year). You should consider the type of clinical experience[s] (major area of study, emphasis, experience, or exposure to other clinical training opportunities) being evaluated:

PLEASE RATE THE FREQUENCY WITH WHICH EACH COMPETENCY IS DEMONSTRATED:

- 0 = Never (0% of the time)
- 1 = Rarely (less than 30% of the time)
- 2 = Sometimes (greater than 30% but less than 50%)
- 3 = Often (greater than 50% but less than 80%)
- 4 = Almost Always (80% of the time or greater)
- N/O; Cannot rate this item; either an expected skill at this level but unable to evaluate due to no opportunity to observe or not expected at this level and thus not observed.

At the end of each Competency Group, Rate the trainee’s overall performance in that category: Using the frequency information for each set of competencies within each Group, make a determination as to whether the trainee has met programmatic criteria for that section at their current level of training. Please indicate:

- Meets expectations = Expected at this training level and what was observed met with expectations for the student’s experience.
- Needs Improvement = Expected at this training level but what was observed was below expectations. Please specify remediation needed to move to the next level of training in that area

**SECTION 2. PROFESSIONALISM**

**2.1. PROFESSIONAL VALUES AND BEHAVIOR.** Professional values and ethics as evidenced in behavior and comporment that reflects integrity, responsibility and the values and ethics of psychology

2.1.1. INTEGRITY: Honesty, personal responsibility and adherence to professional values  
\_\_\_ Understanding of professional values; honesty, personal responsibility

2.1.2. DEPORTMENT  
\_\_\_ Understands how to conduct oneself in a professional manner

2.1.3. ACCOUNTABILITY  
\_\_\_ Accountable and reliable  
\_\_\_ Aware of the need to uphold and protect the welfare of others

2.1.5. PROFESSIONAL IDENTITY  
\_\_\_ Beginning understanding of self as professional; "thinking like a psychologist"

**2.2. INDIVIDUAL AND CULTURAL DIVERSITY.** Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.

2.2.1. SELF AS SHAPED BY INDIVIDUAL AND CULTURAL DIVERSITY ((e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status ) and Context.

\_\_\_\_ Demonstrates knowledge, awareness and understanding of one's own dimensions of diversity and attitudes towards diverse others

#### 2.2.2. OTHERS AS SHAPED BY INDIVIDUAL AND CULTURAL DIVERSITY AND CONTEXT

\_\_\_\_ Demonstrates knowledge, awareness, and understanding of other individuals as cultural beings

#### 2.2.2. INTERACTION OF SELF AND OTHERS AS SHAPED BY INDIVIDUAL AND CULTURAL DIVERSITY AND CONTEXT

\_\_\_\_ Demonstrates knowledge, awareness, and understanding of interactions between self and diverse others

#### 2.2.3. APPLICATIONS BASED ON INDIVIDUAL AND CULTURAL CONTEXT

\_\_\_\_ Demonstrates basic knowledge of, and sensitivity to, the scientific, theoretical, and contextual issues related to ICD as they apply to professional psychology. Understands the need to consider ICD in all aspects of professional psychology work

**2.3. ETHICAL AND LEGAL STANDARDS AND POLICY.** Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.

#### 2.3.1 KNOWLEDGE OF ETHICAL, LEGAL, AND PROFESSIONAL STANDARDS AND GUIDELINES

\_\_\_\_ Demonstrates basic knowledge of the APA Ethical Principles and Code of Conduct; demonstrates beginning level knowledge of legal and regulatory issues in the practice of psychology

#### 2.3.2 AWARENESS AND APPLICATION OF ETHICAL DECISION MAKING

\_\_\_\_ Demonstrates awareness of the importance of an ethical decision model applied to practice

#### 2.3.3 ETHICAL CONDUCT

\_\_\_\_ Ethical attitudes and values evident in conduct

#### 2.3.4. FLORIDA STATUTES

\_\_\_\_ Understands where to find appropriate Florida Statutes and how they apply to practice

**2.4. REFLECTIVE PRACTICE/SELF-ASSESSMENT/SELF-CARE:** Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.

#### 2.4.1. REFLECTIVE PRACTICE

\_\_\_\_ Demonstrates basic mindfulness and self-awareness; basic reflectivity regarding professional practice (reflection on action)

#### 2.4.2. SELF-ASSESSMENT

\_\_\_\_ Demonstrates knowledge of core competencies; emergent self-assessment competencies

#### 2.4.3 SELF-CARE

\_\_\_\_ Understands the importance of self-care in effective practice; demonstrates knowledge of self-care methods; attention to self-care

#### 2.4.4. PARTICIPATION IN THE SUPERVISION PROCESS

\_\_\_\_ Demonstrates straightforward, truthful, and respectful communication in the supervisory relationship

#### 2.4.5. FOLLOWS CLINIC PROCEDURES

\_\_\_\_ Demonstrates understanding of clinic policy and procedures

### **SUMMARY: PROFESSIONALISM**

**Trainee Meets Expectations**

**Trainee Needs Improvement**

**Comments (recommended always, but required if “Needs Improvement”)**\_\_\_\_\_

---

**3. PROFESSIONAL RELATIONSHIPS: THE ABILITY TO RELATE EFFECTIVELY AND MEANINGFULLY WITH INDIVIDUALS, GROUPS, AND COMMUNITIES**

\_\_\_ Interpersonal Skills: Understands basic issues of building and maintaining professional relationships

\_\_\_ Affective Skills: Understands the importance of identifying own stimulus value in a professional relationship and the importance of empathic skills

\_\_\_ Expressive Skills: Understands importance of and can express self directly and professionally

**Summary: RELATIONAL**

**Trainee Meets Expectations**

**Trainee Needs Improvement**

**Comments (recommended always, but required if Needs Improvement”)**\_\_\_\_\_

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**4. APPLICATION OF KNOWLEDGE AND SKILL TO PRACTICE**

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

\_\_\_ Demonstrates basic knowledge of scientific, theoretical, and contextual bases of assessment, intervention and other psychological applications; demonstrates basic knowledge of the value of evidence-based practice and its role in scientific psychology

**4.2 Assessment:** Assessment and diagnosis of problems, capabilities, and issues associated with individuals, group, and/or organizations

\_\_\_ Psychometrics: Demonstrates basic knowledge of the scientific, theoretical, and contextual basis of test construction and interviewing

\_\_\_ Knowledge of Assessment Methods: Demonstrates basic knowledge of administration and scoring of traditional assessment measures, models and techniques, including clinical interviewing and mental status exam

\_\_\_ Application of Assessment Methods: Demonstrates knowledge of measurement across domains of functioning and practice settings

\_\_\_ Diagnosis: Demonstrates basic knowledge regarding the range of normal and abnormal behavior in the context of stages of human development and diversity

\_\_\_ Conceptualization/Recommendations: Demonstrates basic knowledge in formulating diagnosis and case conceptualizations

\_\_\_ Communication of Assessment Findings: Awareness of models of report writing and progress notes and demonstrates basic report-writing skills

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

\_\_\_ Intervention Planning: Basic understanding of the relationship between assessment and intervention

\_\_\_ Skills: Basic helping skills - able to develop effective working relationship with patient; understands content issues in treatment

\_\_\_ Intervention Implementation: Demonstrates basic knowledge of intervention strategies

\_\_\_ Understands the concepts of patient ambivalence/resistance in treatment

\_\_\_ Progress Evaluation: Demonstrates basic knowledge of the assessment of intervention progress and outcome

4.4 Consultation: The ability to provide expert guidance or professional assistance in response to a patient's needs or goals

\_\_\_ Role of Consultant: Demonstrates knowledge of consultant's role and carries out under supervision

\_\_\_ Addressing referral question: Demonstrates knowledge of means to assessment of referral question and carries out that role under supervision

\_\_\_ Communication: Identifies literature and knowledge about process of informing consultee of assessment findings and prepares report under supervision

\_\_\_ Application: Identifies and acquires literature relevant to unique consultation methods (assessment and intervention) within systems, patients, or settings

## **APPLICATION SUMMARY**

**Trainee Meets Expectations**

**Trainee Needs Improvement**

**Comments (recommended always, but required if "Needs Improvement")** \_\_\_\_\_

---

## **5. SCIENCE IN PRACTICE**

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

\_\_\_ Scientific Mindedness: Demonstrates critical scientific thinking

\_\_\_ Scientific Foundation of Psychology: Demonstrates understanding of psychology as a science

\_\_\_ Demonstrates understanding of the scientific foundation of professional practice

### **SUMMARY: SCIENCE IN PRACTICE**

**Trainee Meets Expectations**

**Trainee Needs Improvement**

**Comments (recommended always, but required if "Needs Improvement")** \_\_\_\_\_

---

## **6. SUPERVISION**

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

\_\_\_ Expectations and Roles: Demonstrates basic knowledge of expectations for supervision

\_\_\_ Processes and procedures: Demonstrates basic knowledge of supervision models and practices

\_\_\_ Skills development: Interpersonal skills of communication and openness to feedback

### **SUPERVISION SUMMARY**

**Trainee Meets Expectations**

**Trainee Needs Improvement**

**Comments (recommended always, but required if "Needs Improvement")** \_\_\_\_\_

---

## 7. SYSTEMS

**7.1 Interdisciplinary Systems:** Knowledge of key issues and concepts in related disciplines. Able to identify and interact with professionals in multiple disciplines

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

\_\_\_\_ Demonstrates beginning knowledge of strategies that promote interdisciplinary collaboration

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

\_\_\_\_ Awareness of the benefits of forming collaborative relationships with other professionals

\_\_\_\_ Awareness of the functions of policies and procedures; ability to comply with regulations

**7.2 Advocacy:** Actions targeting the impact of social, political, economic, or cultural factors to promote change at the individual, institutional, and/or systems level

\_\_\_\_ Empowerment: Awareness of social, political, economic, or cultural factors that affect individuals, institutions and systems, in addition to other factors that may lead them to seek intervention

\_\_\_\_ Systems Change Understanding the differences between individual and institutional level interventions and system level change

### SYSTEMS SUMMARY

Trainee Meets Expectations

Trainee Needs Improvement

COMMENTS ON SYSTEMS \_\_\_\_\_

General Comments on Strengths and Additional Training Needs

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\_\_\_\_\_  
Supervisor Signature  
Date

Date

\_\_\_\_\_  
Student Signature

# 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 Academic Coordinator in room 3158.

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	_____ # supervision hrs/wk
	_____ Individual
_____ # hrs. on-site per week	_____ 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)

# DOCTORAL COMMITTEE RECOMMENDATION FORM

(Department Form)

Name \_\_\_\_\_

UFID# \_\_\_\_\_

Anticipated Date of Degree \_\_\_\_\_

Recommended Committee: **[SIGNATURES REQUIRED]**

Chair: \_\_\_\_\_  
Signature

UFID# \_\_\_\_\_

\_\_\_\_\_  
Print Name

Co-Chair:  
(If applicable) \_\_\_\_\_  
Signature

UFID# \_\_\_\_\_

\_\_\_\_\_  
Print Name

Members:  
\_\_\_\_\_  
Signature

UFID# \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

UFID# \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

UFID# \_\_\_\_\_

\_\_\_\_\_  
Print Name

External  
Member: \_\_\_\_\_  
Signature

UFID.# \_\_\_\_\_

\_\_\_\_\_  
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 Academic Coordinator 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: \_\_\_\_\_  
Program Director

Date: \_\_\_\_\_

Approved: \_\_\_\_\_  
Department Chair

Date: \_\_\_\_\_

**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).

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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.

\_\_\_\_\_  
**Student Signature**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**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**

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

**Question 2**

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

SECTION 1 SCORE:            Pass                    Marginal                    Fail

**SECTION 2** \_\_\_\_\_ (title)

**Question 1**

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

**Question 2**

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

SECTION 2 SCORE:            Pass                    Marginal                    Fail

**SECTION 3** \_\_\_\_\_ (title)

**Question 1**

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

**Question 2**

Member 1	P	M	F
Member 2	P	M	F
Member 3	P	M	F
Member 4	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

**CHP MENTORSHIP AGREEMENT - MENTOR COMPACT**

Student Name: \_\_\_\_\_

Mentor: \_\_\_\_\_

**Commitments of Mentor (Compact between Student and Their Mentor)**

- I intend to develop maintain the skills needed to be a good mentor.
- I will ensure that a mutually agreed upon set of expectations and goals are in place throughout the training period, and I will work with the student/fellow to create an individual career development plan.
- I will strive to maintain a relationship with the student/fellow that is based on trust and mutual respect. I acknowledge that open communication and periodic formal performance reviews will help ensure that the expectations of both parties are met.
- I will promote all ethical standards for conducting research including compliance with all institutional and federal regulations as they relate to responsible conduct in research, privacy and human subjects research, and, as applicable to my research program, animal care and use, laboratory safety, and use of radioisotopes.
- I will clearly define expectations for conduct of research in my lab and make myself available to discuss ethical concerns as they arise.
- I will ensure that the student/fellow has sufficient opportunities to acquire the skills necessary to become competent in an agreed upon area of investigation.
- I will provide the student/fellow with the required guidance and mentoring, including scheduling prompt meetings when requested, and will seek the assistance of other faculty and departmental/institutional resources when necessary.
- Although I am expected to provide guidance and education in technical areas, I recognize that I must also educate the student/fellow by example and by providing access to formal opportunities/programs in complementary areas necessary for a successful career.
- I will provide a training environment that is suited to the individual needs of the student/fellow in order to ensure his/her personal and professional growth. I will encourage a progressive increase in the level of responsibility and independence to facilitate the transition to an independent career, as appropriate to the student's level of training.
- I will encourage the interaction of the student/fellow with fellow scientists both inside and outside the department and will encourage the appointee's attendance at relevant professional

meetings to network and present research findings. Together with departmental administration and the Graduate School, I will support efforts to provide financial support to attend meetings where the student/fellow will be presenting findings from my research and others whenever possible.

- I will encourage students to submit their work for publication in a timely manner and that she/he receives appropriate credit for the work she/he performs. I will have a publication plan in place that allows for alternative pathways to publication if the student is unable to submit their work in a timely fashion.
- I will acknowledge her/his contribution to the development of any intellectual property and will clearly define future access to tangible research materials according to institutional policy.

**Training Program--Specific Guidelines: (Please initial)**

\_\_\_\_ I agree to meet regularly, as often as is mutually convenient, with my mentee to assess progress and to plan future work.

\_\_\_\_ I agree to develop a training plan with my mentee and to review progress regularly, including semesterly and-yearly evaluations.

\_\_\_\_ I agree to encourage and support my mentee's attendance at relevant training opportunities that come up throughout the year.

\_\_\_\_ I agree to actively work with my mentee to establish publication goals that reflect his/her ongoing contributions to the current body of knowledge in the field. Toward this end, I will be cognizant of productivity benchmarks that define expected output by students in comparable programs and areas of expertise.

\_\_\_\_ I agree to encourage and support my mentee's prompt reporting of activities and achievements as may be requested by the mentor, doctoral program, department, or college in support of regular progress reporting requirements.

\_\_\_\_ I agree to encourage and support my mentee to actively engage with their training cohort to form writing or study groups, networking activities, and to support and encourage each other, as appropriate.

\_\_\_\_ I agree to discuss, in timely fashion, any problems or issues in this mentorship relationship first with the mentee, and, if necessary, with the Director of the Doctoral Program or other parties as appropriate.

Mentor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- I agree to mentor this student for the period of \_\_\_\_\_ to \_\_\_\_\_  
(Completing this form annually is recommended).

**STUDENT COMPACT**

Student Name: \_\_\_\_\_

Mentor: \_\_\_\_\_

**Commitments of Student (Compact between Student and Their Mentor)**

- I acknowledge that I have the primary responsibility for the development of my own career. As such, it is my responsibility to arrange meeting times and meet with my mentor regularly and with other faculty as appropriate to insure my ongoing career development.
- I recognize that I must take a realistic look at career opportunities and follow a path that matches my individual skills, values, and interests.
- I recognize the value of the time and energy my mentor devotes to my career development.
- I will develop a mutually defined research project with my mentor that includes well-defined goals and timelines. Ideally, these goals should be clearly outlined and agreed upon at the time of project inception.
- I will perform my research activities conscientiously, pledge to maintain good research records, and will catalog and maintain all tangible research materials that result from the research project.
- I will conduct research responsibly and ethically, including respecting all ethical standards when conducting my research, complying with all institutional and federal regulations as they relate to responsible conduct in research, privacy and human subjects research, animal care and use, laboratory safety, and use of radioisotopes, as applicable. Educational opportunities for ethical conduct will be offered to me, and I recognize that it is my responsibility to take advantage of these training opportunities, and I will do so.
- I recognize that this commitment includes asking for guidance as needed when presented with ethical or research compliance uncertainties and reporting on breeches of ethical or compliance standards by me and/or others following University of Florida and Federal policies and requirements.
- I will show respect for and will work collegially with my supervisors, coworkers, support staff, and all other individuals with whom I interact.
- I will endeavor to assume progressive responsibility and management of my M.S. thesis and Ph.D. dissertation and other research projects in which I am involved. I recognize that assuming responsibility for the conduct of research projects is a critical step on the path to independence.
- I will seek regular feedback on my performance and am entitled to formal semesterly and yearly progress evaluations.

- I will have open and timely discussions with my mentor concerning the dissemination of research findings and the distribution of research materials to third parties, as appropriate.
- I recognize that I have embarked on a career requiring “lifelong learning.” To meet this obligation, I pledge to stay abreast of the latest developments in my specialized field through reading the literature, regular attendance at relevant seminar series, and attendance at scientific meetings.
- I will actively seek opportunities outside the laboratory (e.g. professional development seminars and workshops in oral communication, scientific writing, and teaching) that may be appropriate to develop the full set of professional skills necessary to be successful in my chosen career.
- At the end of my residence in the program, in accordance with institutional policy, I will leave behind all original notebooks, computerized files, and tangible research materials so that other individuals can carry on related research. I will also work with my mentor to submit the research results for publication in a timely manner. By arrangement with my mentor, I can make copies of my notebooks and/or computerized files, as applicable, and have access to tangible research materials which I helped to generate during my enrollment, according to institutional policy.

**Training Program--Specific Guidelines: (Please initial)**

\_\_\_ I agree to attend meetings that come up throughout the year that will benefit my career, that my program requires, and that my mentee recommends.

\_\_\_ I agree to actively participate in my mentor’s lab and work to develop plans for publication of the work I produce, and to be aware of relevant benchmarks and expectations for students in comparable programs and areas of study.

\_\_\_ I agree to provide prompt reporting of activities and achievements as may be requested by the mentor, doctoral program, department, or college in support of regular progress reporting requirements.

\_\_\_ I agree, as appropriate, to actively engage with my fellow students to form writing or study groups, to engage in networking activities, and to support and encourage each other.

\_\_\_ I agree to attend department sponsored activities and extra educational opportunities as often as I can.

\_\_\_ I pledge to remain knowledgeable of all requirements, policies, and procedures as outlined in the Student Handbook I received during initial program orientation.

\_\_\_ If problems or concerns develop regarding any aspect of the mentor-student relationship, I recognize that I have the right to discuss my concerns directly with the mentor for purposes of improving the ability of the relationship to foster my professional development. I recognize that I can also discuss my concerns with the Program Director or other parties as appropriate.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 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:

\_\_\_\_\_

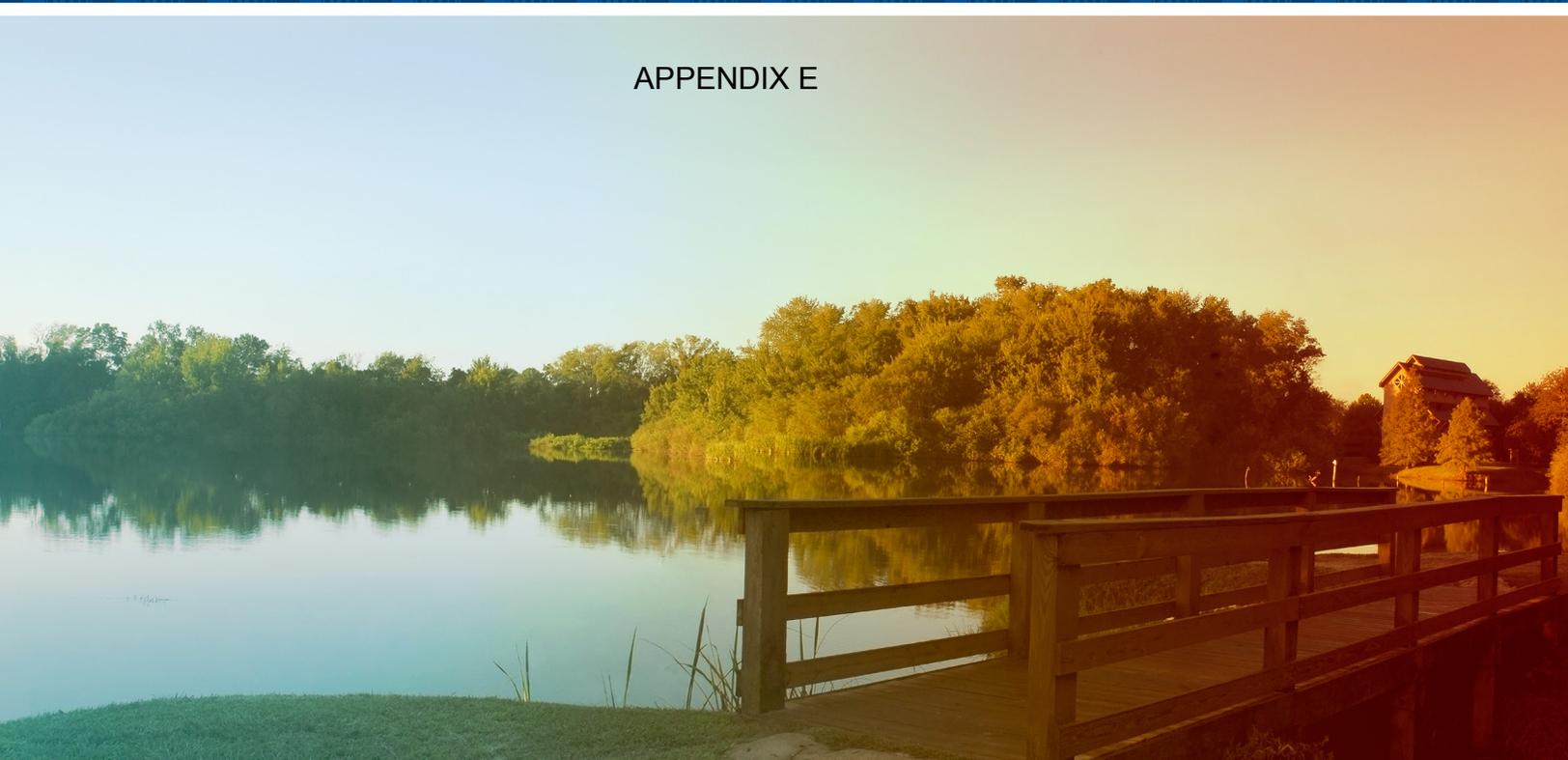
Order of authorship is as follows:

- |                                    |              |
|------------------------------------|--------------|
| 1. _____                           | Signed _____ |
| 2. _____                           | Signed _____ |
| 3. _____                           | Signed _____ |
| 4. Other authors (in order): _____ | Signed _____ |

# UNIVERSITY OF FLORIDA

THE GRADUATE SCHOOL 2014-2015 HANDBOOK FOR GRADUATE STUDENTS

## APPENDIX E





**Graduate School**  
**2014-2015 HANDBOOK**  
**for Graduate Students**

Every effort has been made to ensure the accuracy of the information presented in this handbook. It is intended as a resource guide for graduate students. The Graduate Catalog is the official University of Florida (UF) publication for graduate policies and procedures and will take precedence if there are any discrepancies between the two publications.

The University of Florida is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award Bachelor's, Master's, Specialist, Engineer, Doctoral, and Professional degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of the University of Florida.

The University is committed to non-discrimination with respect to race, creed, color, religion, age, disability, sex, sexual orientation, gender identity and expression, marital status, national origin, political opinions or affiliations, genetic information and veteran status, as protected under the Vietnam Era Veterans' Readjustment Assistance Act. Refer to the Office of Institutional Equity & Diversity within UF's Human Resource Services for additional information. For more information regarding UF's commitment to equity and diversity, visit The Office of Institutional Equity & Diversity's website at <http://www.hr.ufl.edu/eo/default.htm>. Visit the UF Graduate School website at <http://graduateschool.ufl.edu>

## **MISSION**

The University of Florida Graduate School is committed to ensure that every graduate student obtains the best possible educational and research experiences, is supported by committed Graduate Faculty, and can complete their degrees in a reasonable time.

Policies and procedures developed by the Graduate School are intended to uphold the highest academic standards without restricting student successes in scientific, scholarly, creative, and professional arenas.

The Graduate School provides administrative services to help coordinate, educate, and collaborate with the university community in all aspects of graduate education.

## DEAN'S LETTER Fall 2014



Dear Graduate Students:

On behalf of the Graduate School, I extend a warm welcome to you as a new or returning graduate student for this academic year at the University of Florida.

As the best and brightest, you have the opportunity through your academic and research studies to strengthen the economic and social welfare of Florida, the nation, and the world. The dynamic partnership between experienced faculty and enthusiastic and curious graduate students generates creativity, excitement, and innovation.

Along with the Graduate Catalog, one of the most important documents to keep readily available is this Graduate Student Handbook. This handbook is intended to assist you by providing helpful information and reference material in a useful format. Please take the time to read through the table of contents and become familiar with the topics that are covered.

I wish you enjoyable and successful years on this campus as a Gator Graduate Student.

Henry T. Frierson, Ph.D.

Associate Vice President and Dean of the Graduate School

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# ACADEMIC CALENDAR 2014-2015

## Fall 2014 Calendar

### *August 2014*

#### **August 8, Friday, 5:00 p.m.**

Deadline for requesting transfer of credit (for fall degree candidates).

#### **August 22, Friday, 5:00 p.m.**

Registration deadline.

Last day for thesis and dissertation students to clear prior to the fall semester with the Graduate School Editorial Office. <http://www.graduateschool.ufl.edu/files/editorial-deadlines.pdf>

#### **August 25, Monday**

Classes start.

Drop/add starts.

Late registration starts (late fee assessed after 5:00 p.m. on 8/22/14).

#### **August 29, Friday, 11:59 p.m.**

Drop/add ends.

Late Registration ends (late fee assessed).

Deadline to withdraw with no fee liability.

### *September 2014*

#### **September 1, Monday, Labor Day**

No classes.

#### **September 5, Friday, 3:30 p.m.**

Fee payment deadline.

Residency reclassification deadline for receiving the request and all documents.

#### **September 12, Friday, 5:00 p.m.**

Deadline for Graduate Student Records to review S/U option applications for courses approved with this grading scheme.

#### **September 19, Friday, 5:00 p.m.**

Deadline to withdraw with 25% refund (W symbol assigned):

<http://www.registrar.ufl.edu/pdf/withdrawal.pdf>

Degree application deadline for degree award this term:

<http://www.graduateschool.ufl.edu/files/graduation-checklist.pdf>

<http://www.isis.ufl.edu>

## ***October 2014***

### **October 3, Friday, 5:00 p.m.**

Last day to submit Transmittal Letter and dissertation for initial review by Graduate School Editorial Office: <http://www.graduateschool.ufl.edu/files/checklist-dissertation.pdf>

### **October 10, Friday**

Midpoint of term.

Deadline to finalize all data (except Final Exam) in GIMS for all degree applicants.

Late degree application deadline for degree award this term:

<http://www.registrar.ufl.edu/currents/latedegreeinfo.html>

### **October 17-18, Friday-Saturday, Homecoming**

No classes.

## ***November 2014***

### **November 3, Monday, 5:00 p.m.**

Last day to submit successfully defended thesis for review by Graduate School Editorial Office:

<http://graduateschool.ufl.edu/files/checklist-thesis.pdf>

Deadline for final exam forms to be posted to GIMS for thesis students

### **November 11, Tuesday, Veterans Day**

No classes.

### **November 24, Monday, 5:00 p.m.**

Last day to withdraw (all courses) without failing grades via ISIS:

<http://www.registrar.ufl.edu/currents/withdraw.html>

### **November 26-29, Wednesday-Saturday, Thanksgiving**

No classes.

## ***December 2014***

### **December 1, Monday, 5:00 p.m.**

Deadline for final exam forms to be posted to GIMS for dissertation, non-thesis, project, and project-in-lieu of thesis students.

Deadline for ETD Signature Pages to be posted to GIMS for thesis and dissertation students.

Deadline for thesis and dissertation students to submit final pdf document for review by the Graduate School Editorial Office in order to qualify for degree award this term. No exceptions can be granted.

<http://www.graduateschool.ufl.edu/files/editorial-deadlines.pdf>

<http://www.graduateschool.ufl.edu/graduation/checklists>

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### **December 10, Wednesday**

Classes end.

Deadline for requesting transfer of credit (for spring degree candidates)

### **December 10, Wednesday, 5:00 p.m.**

Deadline for thesis and dissertation students to receive an email confirming Final Clearance status with the Graduate School Editorial Office to remain eligible for a degree award this term. No exceptions can be granted. <http://www.graduateschool.ufl.edu/files/editorial-deadlines.pdf>

### **December 11-12, Thursday-Friday**

Examination reading days (no classes) .

### **December 13, Saturday, 15-19, Monday-Friday**

Final examinations.

### **December 19, Friday, 5:00 p.m.**

Last day to drop a course and receive W on transcript via College petition to the Registrar, Room 222 Criser.

Last day to withdraw (all courses) without failing grades via College petition to the Registrar, Room 222 Criser.

### **December 19-20, Friday-Saturday**

Commencement Ceremonies+

### **December 22, Monday, 12:00 noon**

Final term grades are due.

### **December 23, Tuesday**

Degree certification.

### **December 24, Wednesday**

Unofficial transcripts with grades and remarks available via ISIS.

NOTES: All dates and deadlines are subject to change and will be updated accordingly.  
Prospective students should contact the appropriate academic unit for admission application deadlines.

+ Projected dates. Notification of dates and times of ceremonies for colleges and schools will be sent to degree candidates as soon as plans are finalized. Please do not anticipate exact dates and times until notification is received.

## **Spring 2015 Calendar**

### ***December 2014***

### **December 10, Wednesday, 5:00 p.m.**

Deadline for requesting transfer of credit (for spring degree candidates)

## ***January 2015***

### **January 5, Monday, 5:00 p.m.**

Registration deadline.

Last day for thesis and dissertation students to clear prior to the spring semester with the Graduate School Editorial Office: <http://www.graduateschool.ufl.edu/files/editorial-deadlines.pdf>

### **January 6, Tuesday**

Classes start.

Drop/add starts.

Late registration starts (late fee assessed, after 5:00 p.m. on 1/5/14).

### **January 12, Monday, 11:59 p.m.**

Drop/add ends.

Late Registration ends (late fee assessed).

Deadline to withdraw with no fee liability.

### **January 16, Friday, 3:30 p.m.**

Fee payment deadline.

Residency reclassification deadline for receiving requests and all documents.

### **January 19, Monday, Martin Luther King Jr. Day**

No classes.

### **January 23, Friday, 5:00 p.m.**

Deadline for Graduate Student Records to review S/U option applications for courses approved with this grading scheme.

### **January 30, Friday, 5:00 p.m.**

Degree application deadline for degree award this term: <http://graduateschool.ufl.edu/files/graduation-checklist.pdf>  
<http://www.isis.ufl.edu>

Deadline to withdraw with 25% refund (W symbol assigned):  
<http://www.registrar.ufl.edu/pdf/withdrawal.pdf>

## ***February 2015***

### **February 11, Wednesday, 5:00 p.m.**

Last day to submit Transmittal Letter and dissertation for review by Graduate School Editorial Office:  
<http://graduateschool.ufl.edu/files/checklist-dissertation.pdf>

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## **February 13, Friday**

Midpoint of term.

Deadline to finalize all data (except Final Exam) in GIMS for all degree applicants.

Late degree application deadline for degree award this term.

## **February 28-March 7, Saturday-Saturday, Spring Break**

No classes.

## ***March 2015***

### **March 11, Wednesday, 5:00 p.m.**

Last day to submit successfully defended thesis for review by Graduate School Editorial Office:

<http://graduateschool.ufl.edu/files/checklist-thesis.pdf>

Deadline for final exam forms to be posted to GIMS for thesis students.

## ***April 2015***

### **April 8, Wednesday, 5:00 p.m.**

Deadline for final exam forms to be posted to GIMS for dissertation, non-thesis, project, and project-in-lieu of thesis students.

Deadline for ETD Signature Pages to be posted to GIMS for thesis and dissertation students.

Deadline for thesis and dissertation students to submit final pdf document for review by the Graduate School Editorial Office in order to qualify for degree award this term. No exceptions can be granted.

<http://www.graduateschool.ufl.edu/files/editorial-deadlines.pdf>

<http://www.graduateschool.ufl.edu/graduation/checklists>

### **April 10, Friday, 5:00 p.m.**

Last day to withdraw (all courses) via ISIS without failing grades:

<http://www.registrar.ufl.edu/currents/withdraw.html>

### **April 22, Wednesday**

Classes end.

### **April 22, Wednesday, 5:00 p.m.**

Deadline for thesis and dissertation students to receive an email confirming Final Clearance status with the Graduate School Editorial Office to remain eligible for a degree award this term. No exceptions can be granted. <http://www.graduateschool.ufl.edu/files/editorial-deadlines.pdf>

Deadline for requesting transfer of credit (for summer degree candidates).

### **April 23-24, Thursday-Friday**

Examination reading days (no classes).

### **April 24, Friday**

Doctoral Degree Commencement Ceremony+

## **April 25, Saturday; April 27-May 1, Monday-Friday**

Final examinations.

### **May 2015**

#### **May 1, Friday**

Last day to drop a course and receive W on transcript via College petition to the Registrar, Room 222 Criser.

Last day to withdraw (all courses) without failing grades via College petition to the Registrar, Room 222 Criser.

#### **May 1-3, Friday-Sunday**

Commencement Ceremonies (Non-doctoral)+

#### **May 4, Monday, 12:00 noon**

Final term grades are due.

#### **May 5, Tuesday**

Degree certification.

#### **May 6, Wednesday**

Unofficial transcripts with grades and remarks available via ISIS.

NOTES: All dates and deadlines are subject to change and will be updated accordingly.

Prospective students should contact the appropriate academic unit for admission application deadlines.

+ Projected dates. Notification of dates and times of ceremonies for colleges and schools will be sent to degree candidates as soon as plans are finalized. Please do not anticipate exact dates and times until notification is received.

### **Summer 2015 Calendar**

All Summer 2015 graduate-level degrees will be awarded at the end of Summer B/C (August 2015). Applicants will select Summer B/C 2015 on the degree application menu in ISIS. The Summer 2015 degree application will be available via ISIS in mid-March 2015.

Students enrolled only in Summer A courses, still apply for the Summer B/C term, since graduate-level degrees are only awarded at the end of the B/C term. No graduate-level degrees are awarded at the end of Summer A (June). No late degree applications will be approved after the B/C deadline (July 1).

<http://graduateschool.ufl.edu/files/graduation-checklist.pdf>

<http://www.isis.ufl.edu>

### **April 2015**

#### **April 22, Wednesday, 5:00 p.m.**

Deadline for requesting transfer of credit (for summer degree candidates)

## **May 2015**

### **May 8, Friday, 5:00 p.m.**

Summer A & C registration

Last day for thesis and dissertation students to clear prior to the summer semester with the Graduate School Editorial Office: <http://www.graduateschool.ufl.edu/files/editorial-deadlines.pdf>

### **May 11, Monday**

Summer A & C classes start.

Summer A & C drop/add starts.

Summer A & C late registration starts (late fee assessed).

### **May 12, Tuesday, 11:59 p.m.**

Summer A & C late registration ends (late fee assessed).

Summer A & C drop/add ends.

Summer A & C deadline to withdraw with no fee liability.

### **May 20, Wednesday, 5:00 p.m.**

Summer A deadline to withdraw with 25% refund (W symbol assigned):

<http://www.registrar.ufl.edu/pdf/withdrawal.pdf>

Deadline for Summer A courses for Graduate Student Records to review S/U option applications for courses approved with this grading scheme.

### **May 22, Friday, 3:30 p.m.**

Summer A & C fee payment deadline.

Summer A & C residency reclassification deadline for receiving the request and all documents.

### **May 25, Monday, Memorial Day observed**

No classes.

### **May 29, Friday, 5:00 pm**

Summer C deadline to withdraw with 25% refund (W symbol assigned):

<http://www.registrar.ufl.edu/pdf/withdrawal.pdf>

Deadline for Summer C courses for Graduate Student Records to review S/U option applications for courses approved with this grading scheme.

## ***June 2015***

### **June 12, Friday, 5:00 p.m.**

Last day to withdraw (all courses) via ISIS for Summer A without failing grades:

<http://www.registrar.ufl.edu/currents/withdraw.html>

### **June 15, Monday, 5:00 p.m.**

Last day to submit Transmittal Letters and dissertation for initial review by Graduate School Editorial

Office: <http://graduateschool.ufl.edu/files/checklist-dissertation.pdf>

### **June 19, Friday**

Summer A classes end.

Summer A final examinations during regular class periods

### **June 19, Friday, 5:00 p.m.**

Last day to drop a course and receive W on transcript for Summer A term via College petition to the Registrar, Room 222 Criser.

Last day to withdraw (all courses) without failing grades for Summer A term via College petition to the Registrar, Room 222 Criser.

### **June 22, Monday, 12:00 p.m.**

Summer A final term grades are due.

### **June 22-26, Monday-Friday, Summer Break**

No classes.

### **June 26, Friday, 5:00 p.m.**

Summer B Registration.

### **June 29, Monday**

Summer B classes start.

Summer B drop/add starts.

Summer B late registration starts (late fee assessed, after 5:00 p.m. on 6/26/14).

### **June 30, Tuesday, 11:59 p.m.**

Summer B drop/add ends.

Summer B late registration ends (late fee assessed).

Summer B deadline to withdraw with no fee liability.

## **July 2015**

### **July 1, Wednesday**

Summer B/C Degree application deadline – no exceptions will be granted after this date.

<http://graduateschool.ufl.edu/files/graduation-checklist.pdf>

<http://www.isis.ufl.edu>

Midpoint of Summer term.

Deadline to finalize all data (except Final Exam) in GIMS for all degree applicants.

### **July 3, Friday, Independence Day, observed**

No classes.

### **July 7, Tuesday, 5:00 p.m.**

Last day to submit successfully defended thesis for review by Graduate School Editorial Office:

<http://graduateschool.ufl.edu/files/checklist-thesis.pdf>

Deadline for final exam forms to be posted to GIMS for thesis students. .

### **July 8, Wednesday, 5:00 p.m.**

Summer B deadline to withdraw with 25% refund (W symbol assigned):

<http://www.registrar.ufl.edu/pdf/withdrawal.pdf> or 222 Criser Hall.

Deadline for Summer B courses for Graduate Student Records to review S/U option applications for courses approved with this grading scheme.

### **July 10, Friday, 3:30 p.m.**

Summer B fee payment deadline.

Summer B residency reclassification deadline for receiving the request and all documents.

### **July 27, Monday, 5:00 p.m.**

Deadline for final exam forms to be posted to GIMS for dissertation, non-thesis, project, and project-in-lieu of thesis students.

Deadline for ETD Signature Pages to be posted to GIMS for thesis and dissertation students.

Deadline for thesis and dissertation students to submit final pdf document for review by the Graduate School Editorial Office in order to qualify for degree award this term. No exceptions can be granted.

<http://graduateschool.ufl.edu/files/editorial-deadlines.pdf>

<http://www.graduateschool.ufl.edu/graduation/checklists>

### **July 31, Friday, 5:00 p.m.**

Last day to withdraw (all courses) for Summer B or Summer C via ISIS without failing grades:

<http://www.registrar.ufl.edu/currents/withdraw.html>

## ***August 2015***

### **August 4, Tuesday, 5:00 p.m.**

Deadline for thesis and dissertation students to receive an email confirming Final Clearance status with the Graduate School Editorial Office to remain eligible for a degree award this term. No exceptions can be granted. <http://graduateschool.ufl.edu/files/editorial-deadlines.pdf>

### **August 7, Friday**

Summer B and C classes end.

Final examinations are during regular class periods.

### **August 7, Friday, 5:00 p.m.**

Last day to drop a course and receive W on transcript for Summer B or Summer C via College petition to the Registrar, Room 222 Criser.

Last day to withdraw (all courses) without failing grades for Summer B or Summer C via College petition to the Registrar, Room 222 Criser.

Deadline for requesting transfer of credit (for fall degree candidates).

### **August 8, Saturday**

Commencement+

### **August 10, Monday, 12:00 noon**

Summer B and C final term grades are due.

### **August 11, Tuesday**

Degree certification.

### **August 12, Wednesday**

Unofficial transcripts with grades and remarks are available via ISIS.

NOTES: All dates and deadlines are subject to change and will be updated accordingly.  
Prospective students should contact the appropriate academic unit for admission application deadlines.

+ Projected dates. Notification of dates and times of ceremonies for colleges and schools will be sent to degree candidates as soon as plans are finalized. Please do not anticipate exact dates and times until notification is received.

## GRADUATE SCHOOL

The Graduate School currently consists of the Dean, a Senior Associate Dean, an Assistant Dean, the Graduate Council, the Graduate Faculty, and the Graduate School staff.

General policies and standards of the Graduate School are established by the Graduate Faculty. Any policy change must be approved by the graduate dean(s) and the Graduate Council.

The Graduate School is responsible for enforcing minimum general standards of graduate work in the University and for coordinating the graduate programs of the various colleges and divisions of the University.

Responsibility for detailed operation of graduate programs is vested in individual colleges, schools, divisions, and academic units. In most colleges an associate dean or other administrator is directly responsible for graduate studies in that college.

The Graduate Council helps the Dean in being the agent of the Graduate Faculty for executing policy related to graduate study and associated research. The Council (chaired by the Graduate Dean) considers petitions, policy changes, and creation of or revisions to graduate degree programs, concentrations, and certificates.

All faculty members who serve on supervisory committees or who direct master's theses and doctoral dissertations must first be appointed to the Graduate Faculty. A graduate program's academic unit nominates faculty members for appointment to the Graduate Faculty. Nominations must be approved by the Department Chair/Director, the College Dean, and a vote of the current graduate faculty members in the nominating unit. The appointment is formally approved by the Graduate Dean. The academic unit determines the level of duties for each Graduate Faculty member, though it is expected that all Graduate Faculty members should be available and willing to serve as external members of doctoral dissertation committees across the University of Florida campus.

A graduate student is elected each year by the Graduate Student Council to serve a two-year term on the Graduate Council, serving the first year as a nonvoting alternate member, attending and participating in meetings, and the second year as a voting member. To be eligible for this appointment, a student must be enrolled in a doctoral program.

Members of the Graduate Council are found at: <http://graduateschool.ufl.edu/academics/graduate-council>.

## GRADUATE SCHOOL ADMINISTRATORS

Current Graduate School Personnel directory information is available online at:  
<http://graduateschool.ufl.edu/personnel-and-policy/uf-graduate-school-personnel>

Henry T. Frierson, Ph.D.  
*Associate Vice President and Dean*

R. Paul Duncan, Ph.D.  
*Senior Associate Dean*

Rhonda S. Moraca, Ph.D.  
*Assistant Dean for Administration*

Rimjhim Banerjee-Batist, Ed.D.  
*Associate Director, Research Programs and Services*

Gann Enholm  
*Coordinator, Student Records*

Tyisha Hathorn, Ph.D.  
*Associate Director, Graduate Minority Programs*

Emilia Hodge, Ph.D.  
*Graduate Education Outreach Director*

Katie A. Indarawis, Ph.D.  
*Associate Director, Graduate Professional Development*

Matthew Mitterko  
*Associate Director, International Student Enrollment*

Susan Morris, M.B.A.  
*Business Manager*

Stacy Wallace  
*Coordinator, Editorial Office*

## **REGISTRATION AND FEES**

### **Registration Procedures**

Students may register for courses and check course schedules, fee assessments, and grades using the online Integrated Student Information System (ISIS) directly at [www.isis.ufl.edu](http://www.isis.ufl.edu) or through <http://www.my.ufl.edu/ps/signon.html>.

Students should note the time of the registration appointment and the deadlines for registration and payment of fees to avoid late fee penalties. Graduate students who have been admitted and who do not receive a registration appointment should check with the Office of the University Registrar in S222 Criser Hall.

Procedures for registration are outlined in the Schedule of Courses publication, online at <http://www.Registrar.ufl.edu> or on ISIS at [www.isis.ufl.edu](http://www.isis.ufl.edu).

ISIS will provide confirmation of student transactions. If the student does not get a confirmation, then the registration transaction has not been completed. The student should contact the academic unit for assistance if there is a problem with ISIS. In any case, confirming the registration during the drop/add period is strongly urged so that errors may be easily corrected.

Before registration, each graduate student should check with an academic adviser. Depending on the graduate program, this may be the supervisory committee chair or the degree program graduate coordinator. In some cases, particularly when the section number is not published in the Schedule of Courses, permission of the department or the instructor must be obtained before registration. The section number of the course will be given to the student at the time permission to register for the course is granted.

### **Registration Requirements**

Review the Graduate Catalog (<http://gradcatalog.ufl.edu/>) for complete registration requirements, including full-time or full-time equivalents.

If enrolled, graduate students must register for a minimum of three credits in Fall or Spring and two credits in Summer; minimum registration for students receiving financial aid may be different. Students on a fellowship, traineeship, or assistantship must be registered appropriately for their appointments. Students who do not register properly will not be permitted to remain on appointment. Any graduate student who is using University facilities (e.g., libraries, laboratories, etc.) and/or faculty time must register for an appropriate load. The departmental graduate coordinator, college dean, and Graduate School must approve all exceptions.

During the terms of the qualifying examination, final examination, and the final term in which the degree is awarded, the student must be registered for credits that count toward the graduate degree. In the latter of the two terms cited, thesis students must be registered for 6971 and doctoral students for 7979 or 7980.

### **Attendance Policies**

Students are responsible for meeting all academic objectives as defined by the instructor. Absences count from the first class meeting. In general, acceptable reasons for absences from class include illness, serious family emergencies, special curricular requirements, military obligation, severe

weather conditions, religious holidays, and participation in official University activities. Absences from class for court-imposed legal obligations (e.g., jury duty or subpoena) must be excused. Other reasons also may be approved.

Students may not attend classes unless they are registered officially or approved to audit with evidence of having paid audit fees. After the end of drop/add, the Office of the University Registrar provides official class rolls/addenda to instructors.

Students who do not attend at least one of the first 2 class meetings of a course or laboratory in which they are registered and who have not contacted the academic unit to indicate their intent may be dropped from the course. Students must not assume that they will automatically be dropped if they fail to attend the first few days of class. The academic unit will notify students dropped from courses or laboratories by posting a notice in the academic unit office. Students may request reinstatement on a space-available basis if documented evidence is presented.

The University recognizes the right of the individual professor to make attendance mandatory. After due warning, professors may prohibit further attendance and then assign a failing grade for excessive absences. Students who have registration changes, at any time during the semester, should verify their registrations before the last day of class of the term. Retroactive drop/add or other registration changes will not be permitted.

### **Clear Prior**

Clearing prior status is only possible for thesis and dissertation students who have met all published deadlines for the current term except Final Submission and/or Final Clearance from the Graduate Editorial Office. No other students are eligible. Clear Prior permits students to be exempt from registration for the term in which the degree will be awarded. Although not required to register during the term of degree award, students are required to file a new degree application for that term within all published deadlines for doing so, as degree applications do not carry over from semester to semester and are essential for the degree to be awarded.

A student requesting to clear prior must meet ALL of the following criteria:

- Student has successfully submitted a degree application for the current term within the published deadlines, as confirmed by print screen available from ISIS.
- Student has appropriately satisfied the current term registration.
- Student has successfully met the current term first submission deadlines for the thesis or dissertation, as confirmed by the Editorial Office, via a confirmation email to the student and committee chair.
- Student has successfully met all other degree and administrative requirements, within the published deadlines for the current term, except Final Submission and/or Final Clearance with the Graduate School Editorial Office.
- Student is in the process of finalizing the thesis or dissertation with the Graduate School Editorial Office. No other students are eligible.

## **Degree Award Date**

Although a student may have fulfilled academic requirements, the degree is not awarded until the Graduate School certifies the degree to the University Registrar. That is done at the end of Fall, Spring, and Summer C terms for all students who applied to graduate. Some employers and licensure boards require the degree statement on the transcript, which is available the day after certification in December, May, and August.

## **Readmission**

This information applies only to students who have previously been enrolled in a graduate, post-baccalaureate or professional UF program. Former students who do not enroll at the university for two consecutive terms, including any summer term, must apply for readmission at the same level of their previous enrollment.

Students who wish to take a leave of absence for two or more consecutive terms should obtain written approval from their academic units before they leave. Students who skip a single term will be scheduled automatically for a registration appointment for one additional term.

All readmission applicants must meet the current admission requirements of the college or school they expect to enter. Readmission is not guaranteed and is subject to availability at the level, college and major. Consult the appropriate program's admission requirements. Readmission is for a specific term. If you are unable to enroll for the term for which you have been admitted, you must apply for readmission again to a different term.

Applicants must present a satisfactory record of conduct. Regardless of other qualifications, applicants who have experienced major or continuing difficulties with school or other authorities since their last enrollment at the University of Florida may find their application for readmission denied.

The readmission application (<http://www.admissions.ufl.edu/forms.html>) must be completed via a PDF copy and mailed to the Office of Admissions. A non-refundable \$30.00 application fee is required. The application requires you to indicate the college and program/major of your last enrollment at the university as well as the college and major you want to re-enroll or apply to:

Office of Admissions  
P.O. Box 2946, University of Florida  
Gainesville, FL 32602-2946

For further information:

<http://www.admissions.ufl.edu/grad/readmission.html>

## **Add or Change a Degree Program**

Students who wish to change a major or degree objective (including continuing to a Ph.D. after receiving a Master's degree,), whether in the same or to a different college, must have the academic unit offering the degree add a degree segment via the Graduate Information Management System (GIMS). Any changes to degree programs, including thesis/non-thesis/project options, concentrations, or minors MUST occur before the published midpoint deadline of the student's final term. Do not submit another Application for Admission to the Office of Admissions.

## **Instructional Fees**

Instructional fees are payable on the dates listed in the University Calendar or the dates shown on statements sent to those participating in advance registration. Registration and payment of fees must be completed on or before the stated date. Fees are paid at [University Bursar](#), S113 Criser Hall. In cases where fees are to be paid by a previously approved loan, scholarship, etc., the student must provide University Financial Services with properly executed authorization before the deadline.

Fees for tuition are based on the level of the course taken and not on the classification of the student as an undergraduate, post-baccalaureate, or graduate student. All students pay Florida tuition and fees. Nonresidents pay additional out-of-state tuition and fees.

Other fees and expenses such as health, microfilm, library processing, and late payment of fees are discussed in the Financial Information section of the Graduate Catalog, available online at: <http://gradcatalog.ufl.edu>.

## **FINANCIAL SUPPORT FOR GRADUATE STUDY**

Qualified graduate students in every department are eligible for fellowships, assistantships, traineeships, and other financial aid awards.

Graduate assistantship appointments are available through individual academic units. The employing program or unit determines stipend rates. Some units also have fellowships available. Many of these are described in the Financial Aid section of the Graduate Catalog (<http://gradcatalog.ufl.edu>). Interested students should contact the program graduate coordinator or chair for further information. Contact information for graduate coordinators is available from the unit's website, or online at <http://graduateschool.ufl.edu/personnel-and-policy/directories>.

Information on external fellowships, small grants, and other funding opportunities is available on the Office of Research website: <http://research.ufl.edu/research-program-development/external-funding.html>. The Community of Science Funding Opportunities database and the GrantsNet Database are keyword searchable and highly recommended as information resources. The University Libraries hosts a website: <http://guides.uflib.ufl.edu/funding>. The Graduate School posts information that it receives concerning external funding opportunities at <http://www.graduateschool.ufl.edu/finances-and-funding/>.

Loan applications are available from the Student Financial Affairs Office (S107 Criser Hall) or online at <http://www.sfa.ufl.edu/>.

## **GRADUATE ASSISTANTS**

**Graduate Assistants:** A student must be classified as a degree-seeking graduate student. If s/he assists in a teaching and/or research function, s/he may not have primary responsibility for that teaching and/or research.

**Graduate Research/Teaching Assistant:** Available for those students who have a Master's degree or who have completed 30 credits at UF toward a Master's degree. These students may hold an appointment with an FTE between .25 and 1.0. These students must be classified as degree-seeking graduate students who perform research or teaching duties.

**Graduate Research/Teaching Associate:** Available for those students who have passed the Ph.D. qualifying examination. Appointment does not carry tenure and is temporary in nature, either because of the character of the project or because the appointee will leave the University upon completion of requirements for a Doctorate. These students may hold an appointment with an FTE up to full time. These students must be classified as degree-seeking graduate students who perform research or teaching duties.

No employee shall be assigned employment responsibilities that exceed an average of 10 hours per week for one-quarter time (0.25 FTE); 13.3 hours per week for one-third time (0.33 FTE); or 20 hours per week for one-half time (0.50 FTE) appointment. Appointment of graduate students on a full-time basis is discouraged.

A Letter of Appointment for each student is required. The actual stipend paid will depend on available funds, but in no case will fall below the minimum rate. Graduate Assistants must be evaluated annually by their immediate supervisors.

Any appointment may be curtailed, diminished, or terminated at any time for lack of funds; continued failure to perform duties as specified in the Letter of Appointment, after written notification; failure of the student to maintain satisfactory student status or to make appropriate progress toward the degree; no further need for the functions to be performed; incompetence or misconduct of the employee; or the completion of the degree requirements.

## **GRADUATE TUITION PAYMENTS**

The State of Florida Legislature provides funding to award tuition payments to graduate students receiving appointments as:

- Graduate Assistants
- Graduate Research Assistants
- Graduate Teaching Assistants
- Graduate Research Associates
- Graduate Teaching Associates
- Pre-Doctoral Fellows

The appointment must be awarded through the UF payroll system. Each term a payment is received: 1) the appointment must conform with the published academic year appointment calendar dates, 2) an assistant or associate appointment must be a minimum of .25 FTE (quarter-time) but not more than 1.0 FTE (full-time), 3) a fellowship must pay a minimum of \$4,000 per term (prorated for summer term at \$1,500 for Summer A, \$1,500 for Summer B, or \$3,000 for Summer C).

To receive a Graduate Tuition Payment a student must 1) be admitted and enrolled in a graduate program at the University of Florida, 2) maintain a GPA of 3.00 (truncated) or have a petition approved by his/her adviser, the associate dean of the college, and the Graduate School, 3) be registered for the number of credits required for the appointment, and 4) be appointed for the full academic term.

Tuition and fees at UF are usually charged on a per credit hour basis. The tuition and fees for each credit hour include several student services fees. A Graduate Tuition Payment pays the matriculation fee (often referred to as "in-state" tuition) and, if necessary, the nonresident fee ("out-

of-state" tuition) for the number of credits required for the appointment. The student is responsible for paying the student services fees for all credits. In addition, the student is responsible for paying all tuition and fees for credits carried over the minimum number of credits required for the appointment. Graduate Tuition Payments are processed automatically by the student's department at the beginning of each term.

A Graduate Tuition Payment is NOT available for audited courses, correspondence work, DOCE courses, self-funded courses, courses not eligible to count toward a graduate degree, or dropped courses regardless of the point of the term at which the course is dropped. Employment as a student assistant, or temporary OPS will not qualify the student for a Graduate Tuition Payment.

Any change in the student's academic or employment status after processing the Graduate Tuition Payment will result in the entire original payment liability being reassigned to the student.

For further information or clarification, contact the Academic Personnel Office, 392-2477.

## **APPLYING FOR FLORIDA RESIDENCY**

For updated information and forms please consult with the registrar's website at <http://www.admissions.ufl.edu/residency>.

Residency refers to whether you are an in-state Florida resident or an out-of-state resident, and this classification determines your rate of tuition. Florida residents pay less in fees per credit hour than do non-Florida residents.

Florida state statute Section 1009.21 defines the requirements for in-state status. Generally a person is considered a Florida resident for the purpose of paying taxes, voting or other legal purposes after residing in the state for a designated length of time.

However, state statute specifies additional requirements for a student to be classified as an in-state resident for tuition purposes. Most importantly: Living in or attending school in Florida will not, in itself, establish legal residence for tuition purposes.

Your initial residency classification (<http://www.admissions.ufl.edu/pdf/residency.pdf>) is determined by the Office of Admissions when you apply to the university. Failure to provide all relevant information and required documentation in the residency section of the admission application could result in a non-Florida or out-of-state resident classification for tuition purposes.

You have until the last day of classes in your first term to request the Office of Admissions to re-evaluate your residency status by providing additional documentation not submitted previously.

Once you have completed your first term at UF, you can request a reclassification (<http://www.admissions.ufl.edu/pdf/residencyreclass.pdf>) of your residency status. You must contact the Office of the University Registrar to initiate this process: <http://www.registrar.ufl.edu/currents/residencychange.html>.

## **GRADUATE COURSES AND CREDIT**

Undergraduate courses (1000-2999) may not be used to satisfy any graduate degree requirements. All 1000- and 2000-level courses may be taken on a satisfactory/unsatisfactory (S/U) basis. Up to

six credits of undergraduate courses (3000-4999) outside the major may count when taken as part of an approved graduate program. Consult the Academic Unit before registering.

Courses numbered 5000 and above are limited to graduate students, with the exception described under Undergraduate Registration in Graduate Courses. Courses numbered 7000 and above are normally for advanced graduate students.

**Supervised Research and Supervised Teaching:** No more than 5 credits each of 6910 (Supervised Research) and 6940 (Supervised Teaching) may be taken by a graduate student at UF. Students who have taken 5 credits of 6910 cannot take 7910; the rule also applies to 6940 and 7940. Courses numbered 7979 and 7980 are not eligible to count toward a master-level degree program.

**Audited Courses:** Audited courses at any level do not count toward any graduate degree requirements.

**Repeating courses for credit:** Generally, graduate courses may not be repeated for credit. However, there is no limit on courses numbered 6971 (but the Graduate School will only count a maximum of 6 credits of 6971 toward a thesis master's-level degree), 6972, 6979, 7979, and 7980. Other courses repeated for credit indicate "max" after the single term credit, as listed in the Programs Section of this catalog.

**Professional course work:** Graduate students may receive credit toward their degrees for courses in professional programs (e.g., J.D., D.V.M., or M.D.) when their advisers and graduate coordinators certify that the course work is appropriate for their programs and when the students receive permission from the academic units and colleges offering the courses. The courses must be letter-graded and earned with a grade of B or better. However, the associated grades in these professional courses are not included in the calculations of the overall GPA, major GPA, and minor GPA. A list of UF professional courses for each student must be filed with Graduate Student Records (106 Grinter) on or before the midpoint deadline within the intended term of degree award. Professional courses earned at other institutions must be approved by the Graduate School via the transfer credit process. In all cases, these credits are limited to a maximum of 9 credits toward the Master's degree and 30 credits toward the Doctorate.

More information about graduate courses, credit, and grades is found online in the Graduate Catalog, at <http://gradcatalog.ufl.edu>. Academic units decide which graduate courses to offer in a given term. Contact the academic unit for information on available courses.

## GRADING SYSTEM

### Grades

**Passing, Non-Punitive and Failing Grades:** The Office of the University Registrar records student grades. The word "credit" refers to one semester hour, generally representing one hour per week of lecture or two or more hours per week of laboratory work.

The only passing grades for graduate students are A, A-, B+, B, B-, C+, C, and S. Grades of B-, C+ or C count toward a graduate degree if an equal number of credits in courses numbered 5000 or higher have been earned with grades of B+, A- and A, respectively. Grade points are not given for S and U grades; S and U grades are not used to calculate grade point averages. All letter-graded

courses eligible to count toward the graduate degree, except 1000- and 2000-level courses, are used to calculate the cumulative grade-point average. Letter grades of C-, D+, D, D- or E are not considered passing at the graduate level, although the grade points associated with these letter grades are included in grade point average calculations.

**Satisfactory/Unsatisfactory:** Grades of S and U are the only grades awarded in courses numbered 6910 (Supervised Research), 6940 (Supervised Teaching), 6971 (Research for Master’s Thesis), 6972 (Engineer’s Research), 7979 (Advanced Research), and 7980 (Research for Doctoral Dissertation). Additional courses for which S and U grades apply are noted in the academic unit offerings in the Programs Section of this catalog.

All language courses regardless of level may be taken S/U if the student’s major is not a language and the courses are not used to satisfy a minor, with approval from the student’s supervisory committee chair and the instructor of the course. S/U approval should be made by the published deadline date. All 1000 and 2000 level courses may be taken S/U. No other courses (graduate, undergraduate, or professional) may be taken for an S/U grade.

**Deferred grade H:** The grade of H is not a substitute for a grade of S, U, or I. Courses for which H grades are appropriate must be so noted in their catalog descriptions, and must be approved by the Graduate Curriculum Committee and the Graduate School. This grade may be used only in special situations where the expected unit of work may be developed over a period of time greater than a single term. All grades of H must be removed before a graduate degree can be awarded.

**Incomplete grades:** Grades of I (incomplete) received during the preceding term should be removed as soon as possible. Grades of I carry zero grade points and become punitive after 1 term. All grades of I must be removed or petitioned before a graduate degree can be awarded.

## Notation System

The following values are assigned to each grade:

A	A-	B+	B
4.0	3.67	3.33	3.0
B-	C+	C	C-
2.67	2.33	2.0	1.67
D+	D	D-	E
1.33	1.0	0.67	0
WF	I	NG	S/U
0	0	0	0

Note: The degree-granting college may require a minimum grade of C in particular courses. GPA calculations are truncated (not rounded) and displayed on the transcript to the hundredths place.

**Non-Punitive Grades and Symbols:** Zero Grade Points – Not Counted in GPA

W = Withdrew

U = Unsatisfactory

H = Deferred grade assigned only in approved sequential courses or correspondence study

N\* = No grade reported

I\* = Incomplete

### **Failing Grades: Zero Grade Points – Counted in GPA**

E = Failure

WF = Withdrew failing

NG = No grade reported

I = Incomplete

### **Calculating Grade Point Averages**

Grade point averages for graduate students are computed on all eligible credits attempted at the 5000 level and above and 3000/4000 level outside the major taken at the University of Florida while in a 7, 8, or 9 classification. Courses receiving grades of S and U are excluded. Courses taken at the 1000-2000 level are excluded. Credits at the 1000-2000 level may not count toward the campus residence requirement or toward the total credits required for a degree. Students must earn an overall GPA of 3.00 (truncated) AND a major GPA of 3.00 (truncated) (also applicable to a minor if elected). Applicable coursework for the major and minor are defined in the Majors and Concentrations section of the Graduate Catalog.

Course work transferred from either the baccalaureate status (credits in excess of bachelor's degree requirements) or from a post baccalaureate status at the University of Florida is computed in the grade point average. Course work transferred from another institution is assigned to total credits only. Such transfers are not included in the computation of grade point average for work attempted at the University of Florida.

All questions should be directed to the academic unit. Contact information is available online at <http://graduateschool.ufl.edu/student-life-and-support/graduate-contacts>.

### **Repeating Courses**

Repeating courses refers only to repetition of the same course where no significant change in content has occurred. It does not include repetition of seminars, special problems, or courses that have a varying content.

With academic unit approval, graduate students may only repeat courses in which they earned failing grades (C-, D+, D, D-, or E).. Grade points from both the initial failed attempt and the first attempt earning a grade of C or better are included in computing the grade point average. The student receives credit for the satisfactory attempt only. Repeating a course for credit may not be used to resolve an incomplete grade. If enrollment is needed for completion, then auditing the course is the appropriate registration.

### **Registration Adjustment – Drop/Add**

Courses may be dropped or added during the drop/add period without penalty. This period usually lasts 5 UF business days in the fall and spring semesters or 2 business days for summer semesters, starting with the first day of the term. Classes that meet for the first time after drop/add may be dropped without academic penalty or fee liability by the end of the next business day after the first meeting. This does not apply to laboratory sections.

After this period, a course may be dropped and a W appears on the transcript. Students become financially liable for any course added or dropped after the deadline, including students with tuition waivers. Prior to the last day of classes for each term, students should personally verify all registration changes and any required adjustments online on ISIS. Retroactive drop/add will not be permitted.

### **Unsatisfactory Scholarship**

Any graduate student may be denied further registration if progress toward completing the program becomes unsatisfactory to the academic unit, college, or Dean of the Graduate School. Unsatisfactory scholarship is defined as failure to maintain a B average (3.00) in all work attempted. Graduate students need an overall GPA of 3.00 truncated and a 3.00 truncated GPA in their major (and in the minor, if a minor is declared) at graduation. Students with less than a 3.00 GPA may not hold an assistantship or fellowship.

## **REQUIREMENTS FOR ADVANCED DEGREES**

### **General Requirements**

The following are Graduate School regulations. Colleges and academic units may have additional regulations.

**Time Limit:** All work counted toward *the Master's degree or Specialist degree* must be completed during the seven years immediately preceding the term in which the degree is awarded.

For the *Engineer* degree, the final 30 semester credits must be completed within five calendar years of the Master's degree award.

For both the *Ph.D. and the Ed.D.*, all work must be completed within five calendar years after the qualifying examination, or the examination must be repeated.

**Candidacy:** Only doctoral students (Ph.D. and Ed.D.) are formally admitted to candidacy. Such admission requires the approval of the student's supervisory committee, the department chair, the college dean, and the Dean of the Graduate School. The approval must be based on:

- The academic record of the student
- The supervisory committee's opinion on overall fitness for candidacy
- An approved dissertation topic
- A qualifying examination

**Credits earned at UF:** Unless otherwise specified, for any *Master's degree*, the student must earn a minimum of 30 semester credits as a graduate student at the University of Florida, of which no more than 9 semester credits of graduate courses earned with a grade of A, A-, B+, or B may be transferred from an institution approved for this purpose by the Dean of the Graduate School. (See the Graduate Catalog for the requirements for a specific Master's degree.)

For the *Engineer* degree, a total registration in an approved program of at least 30 semester credits beyond the Master's degree is required. This minimum requirement must be earned through the University of Florida.

Beyond the first 30 credits counted toward a *doctoral* program, students must complete 30 credits in residence at the University of Florida campus or at approved branch stations of the University of Florida Agricultural Experiment Station or the Graduate Engineering and Research Center.

**Leave of Absence:** A graduate student who ceases to be registered at UF for more than 1 term needs prior written approval from the supervisory committee chair for a leave of absence for a stated period of time. This approved leave is kept on file in the student's departmental record. It does not need Graduate School approval. The student must reapply for admission on returning.

**Language Requirement:** All candidates must be able to use the English language correctly and effectively, as judged by the supervisory committee. A foreign language examination is required for some degree programs. Each student should contact the graduate coordinator in the major department for information on language requirements.

### **Administration of a Program of Study**

All graduate degrees must have graduate faculty oversee the student's program of study and progress. For thesis and dissertation degrees, this oversight process is accomplished by a formal committee. These committees have slightly different criteria based on the particular degree.

For non-thesis degree programs, the oversight is at the academic unit/department/college level only. Non-thesis programs may choose to have a formal committee or an alternate structure as determined by the program's graduate faculty and consistent with academic unit policies. The oversight authority will be considered as the supervisory committee. Units are able to enter their internal information into GIMS as a convenience.

Regardless of degree program, any student with a minor must have the name of the graduate faculty member overseeing the minor entered into GIMS.

A temporary adviser may be appointed by the chair or graduate coordinator of the major academic unit in the first semester of study. This adviser guides the student in selection of courses until the supervisory committee is established. The deadline date for appointing a supervisory committee for thesis or dissertation students is at the end of the term in which the student has accumulated 12 or more credits, or at the end of the second semester.

### **Composition of a Supervisory Committee**

**Master's Degree:** The supervisory committee for a Master's degree with thesis should consist of at least two Graduate Faculty members, unless otherwise specified. The committee membership is entered by academic unit staff into the Graduate Information Management System (GIMS). For students pursuing a non-thesis program, the supervisory committee does not need to be entered into GIMS; if a minor is elected, the name of the minor representative must be entered into GIMS.

**Engineer Degree:** The supervisory committee must consist of at least three Graduate Faculty members: two from the major department and one from a supporting department. In addition, every effort should be made to have a representative from industry as an external adviser for the student's program.

***Specialist in Education:*** For students pursuing this non-thesis program, the supervisory committee, as determined by the academic unit, does not need to be entered into GIMS. If a minor is elected, the name of the minor representative must be entered into GIMS.

***Doctoral Degree:*** For Ph.D. and Ed.D., the supervisory committee for a candidate for the doctoral degree shall consist of no fewer than four members selected from the Graduate Faculty. At least two members, including the chair, will be from the major academic unit, and at least one member will be drawn from a different educational discipline with no ties to the home academic unit to serve as the external member. One regular member can be from the home or any other academic unit.

***Doctor of Audiology (Au.D):*** For students pursuing this non-thesis program, the supervisory committee, as determined by the academic unit, does not need to be entered into GIMS. If a minor is elected, the name of the minor representative must be entered into GIMS.

***Doctor of Plant Medicine (D.P.M.)*** For students pursuing this non-thesis program, the supervisory committee, as determined by the academic unit, does not need to be entered into GIMS. If a minor is elected, the name of the minor representative must be entered into GIMS.

If a ***minor*** is chosen for any degree, the supervisory committee will include at least one person selected from the Graduate Faculty from outside the discipline of the major for the purpose of representing the student's minor. In the event that the student elects more than one minor, each minor area must be represented on the supervisory committee. For the Ed.D. or Ph.D. programs, this person may also be the external committee member.

A ***co-chair*** from the same department may be appointed to serve during the planned absence of the supervisory committee chair. Co-chairs from outside the department may not substitute for the chair.

### **Responsibilities of the Supervisory Committee**

The general duties of all supervisory committees include informing the student of all regulations governing the degree sought, checking the qualifications of the student, and planning and approving a program of study. **ANY CHANGE TO THE COMMITTEE MUST BE COMPLETED PRIOR TO THE FINAL EXAMINATION AND BEFORE THE MIDPOINT DEADLINE OF THE GRADUATING TERM.**

Although it is the duty of the supervisory committee to inform the student of all regulations governing the degree sought, this does not absolve the student from the responsibility of being informed concerning these regulations.

### **Master's Degree**

***Thesis:*** In addition to the general responsibilities and those listed below for all master's committees, the supervisory committee for a thesis program must approve a thesis topic and the plans for carrying out the research. The committee must meet when the thesis is at least 50% completed to review procedures, progress, and expected results and to make suggestions for the completion of the study.

The final exam must be attended by the entire supervisory committee in compliance with Graduate Council policies. Only the supervisory committee members may sign the signature pages for the thesis. Unanimous approval is required.

*Non-thesis:* a final comprehensive exam is required for all non-thesis degree programs. The exam is administered by the program in a variety of formats, and may include a capstone course. Students should consult with the program to determine how this Graduate Council requirement is fulfilled.

### **Engineer Degree**

The supervisory committee conducts the final comprehensive written or oral examination, which also involves a defense of the thesis if one is included in the program. Committee approval must be unanimous.

### **Specialist in Education**

Three faculty members are necessary to conduct the final written and oral examinations for the Specialist in Education degree. Recommendation for the awarding of the degree must be unanimous.

### **Doctoral Degree**

*Au.D.:* Duties include curriculum planning for the student, annual evaluation of the student's progress in the program including administration of the oral and written comprehensive examination in the third year of study, and determination of successful completion of the Audiology research project.

*D.P.M.:* Duties include curriculum and internship planning and evaluation of the student, annual evaluation of the student's progress in the program, and cooperation in the final written and/or oral comprehensive examination in the areas of plant pathology, entomology/nematology, and plant sciences.

*Ed.D. and Ph.D.:* The supervisory committee must meet to discuss and approve the proposed dissertation topic and the plans for carrying out the research. The supervisory committee conducts the written qualifying examination or, in those cases where the written examination is administered by the department, takes part in it. The oral qualifying examination must be attended by the entire supervisory committee in compliance with Graduate Council policies. The committee recommends the student's admission to candidacy for the degree.

The committee chair must oversee and supervise the student's research. To protect both the student's and the University's interests in this important task, the chair is required to give the student a yearly letter of evaluation in addition to the S/U grades awarded for the research courses 7979 and 7980. A copy of the letter of evaluation must be placed in the student's confidential departmental file.

The supervisory committee should meet again when at least 50% of the work on the dissertation has been completed to review procedures, progress, and expected results and to make suggestions for completion.

The supervisory committee conducts the final examination, which may be oral, written, or both, to satisfy itself that the dissertation is a piece of original research and a contribution to knowledge. The oral portion of the examination must be conducted in compliance with Graduate Council policies. If the examination is satisfactory, all members of the supervisory committee sign the Final Examination Report.

### **Examinations**

**Test of Spoken English (TSE)/SPEAK Test:** All graduate assistants who hold a position that places them in contact with other students—for example, tutoring, lecturing, assisting in a laboratory class—and who do not speak English as their native language must take the Test of Spoken English or SPEAK Test. A score of 45 or higher is required.

**Foreign Language Examination:** A foreign language examination is not required for all degree programs. Each student should contact the graduate coordinator in the appropriate program for specific information.

**Master's Examination:** A final comprehensive examination – oral, written, or both – must be passed by the candidate. This examination must cover at least the candidate's field of concentration and in no case may be scheduled earlier than the term preceding the semester in which the degree is to be conferred. For thesis degrees, the oral portion of the examination must be attended by the entire supervisory committee in compliance with Graduate Council policies. The written comprehensive examination for the non-thesis Master's degree may be taken at a remote site. All other examinations must be held in compliance with Graduate Council policies with all participants. For specific examination requirements, see the individual degree listings in the Graduate Catalog.

**Engineer Examination:** After the student has completed all work on the plan of study, the supervisory committee/oversight authority conducts a final comprehensive oral and/or written examination, which also involves a defense of the thesis if one is included in the program, within 6 months of the degree award.

**Specialist in Education Examination:** Students are tested by three faculty members in both a written and an oral examination. These examinations must be given within 6 months of the intended date of graduation.

**Au.D. Examination:** The comprehensive examination, which is required of all candidates, may be taken during the eighth semester of study beyond the bachelor's degree. The examination, prepared and evaluated by the oversight authority, is both written and oral. The decision is made at this time whether the student is qualified to continue work toward the degree through completion of the clinical residency.

**D.P.M. Examination:** A comprehensive examination is required of all D.P.M. students and may be taken at the end of the Fall, Spring, or Summer Semester in which the student completes all course work and internships. Each of the three examinations is administered and evaluated by the oversight authority who is a specialist in that area. A student who fails to pass a comprehensive examination may retake it within three months.

**Ed.D. or Ph.D. Qualifying Examination:** A qualifying examination is required for Ph.D. and Ed.D. students. It may be taken after the third semester of graduate study. The results of the qualifying examination, successful or unsuccessful, must be filed with the Graduate School. If the student fails the qualifying examination, a reexamination may be requested, but it must be recommended by the supervisory committee. At least one semester of additional preparation is considered essential before reexamination.

**Ed.D.:** The applicant is recommended for the qualifying examination by the supervisory committee after completion of sufficient course work. The examination, administered by the student's major department, consists of

- 1) a general section,

- 2) a field of specialization section,
- 3) examination in the minor or minors, where involved, and
- 4) 4) an oral examination conducted by the applicant's supervisory committee. The entire supervisory committee must attend the oral portion of the examination in compliance with Graduate Council policies.

**Ph.D.:** The examination, conducted by the supervisory committee or the major and minor academic units, is both written and oral and covers the major and minor subjects. The entire supervisory committee must attend the oral portion of the examination in compliance with Graduate Council policies. The supervisory committee has the responsibility at this time of deciding whether the student is qualified to continue work toward the Ph.D. degree.

**Ed.D. or Ph.D. Final Examination:** After submission of the dissertation and completion of all other prescribed work for the degree, the candidate is given a final examination, which includes the defense of the dissertation. It is usually oral but may be written or both. The entire supervisory committee must attend the oral portion of the examination in compliance with Graduate Council policies. After the defense, all committee members sign the Final Examination form. Unanimous approval is required. This examination must be given within six months of the date of graduation.

### **Thesis and Dissertation**

Each thesis or dissertation candidate must prepare and present a body of work that must be of publishable quality and must be in a form suitable for publication, using the Graduate School's format requirements. The department is responsible for quality and scholarship. Graduate Council requires the Graduate School Editorial Office, as agents of the Dean of the Graduate School, to briefly review theses and dissertations for acceptable format, and to make recommendations as needed.

**Thesis:** Every thesis should have a thesis statement, which tells the reader what the writer has investigated. It gives the writer's point of view and indicates what focus the paper will take. According to the Prentice Hall Handbook for Writers, a well-formed thesis statement has four main characteristics:

- **Unity:** The thesis states a single controlling idea. The idea may be complex and have several parts, but it should be one idea.
- **Focus:** The thesis should be restricted and specific enough for the reader to gain a clear idea of the subject and the direction.
- **Structure:** If the thesis is sufficiently focused, it will provide a basis for decisions about which information to include and which to exclude from the paper.
- **Interest:** The thesis should sharpen the reader's interest in the subject.

In some fields, a thesis statement may be known as the problem statement, research question, or statement of purpose. The common thread running through all of these variations is the notion of the advancement in knowledge that the document is attempting to convey.

A project report cannot become a thesis by using Graduate School format. There must be some version of a thesis statement and the appropriate scholarly investigation relative to that thesis statement.

**Dissertation:** A doctoral dissertation must demonstrate the ability of the author to conceive, design, conduct, and interpret independent, original, and creative research. It must describe significant original contributions to the advancement of knowledge and must demonstrate the ability to organize, analyze, and interpret data.

A dissertation includes a statement of purpose, a review of pertinent literature, a presentation of methods and results obtained, and a critical interpretation of conclusions in relation to the findings of others. It involves a defense of objectives, design, and analytical procedures.

**Preparation of the document:** Prior to beginning the thesis or dissertation, the student is strongly encouraged to attend an Application Support Center (ASC) presentation, and review the material on the website at <https://asc.helpdesk.ufl.edu/etd.html>. The Graduate School Editorial Office examines a limited portion of the final draft and will make recommendations concerning the format of the manuscript before final submission.

The thesis or dissertation must have a common introduction and review of literature. There must also be a final chapter summarizing the overall results, conclusions, and recommendations for further research. In addition, the dissertation or thesis must have the following elements:

- A common table of contents covering the entire body.
- An abstract of the complete study.
- A common list of references for the entire document.
- All pages numbered in sequence—from page 1 through the biographical sketch.

The responsibility for acceptable style rests primarily with the supervisory chair and committee. However, the Graduate Dean, as an ex-officio member of all supervisory committees, has the right of final approval on both style and scope of content. At the candidate's final examination, each member must sign the Report of Final Examination. Prior to the Editorial Office Final Submission Deadline, each member must sign the ETD Signature Page certifying that he or she has read the final version of the manuscript and found it acceptable in scope and quality.

Dates for submission of theses and dissertations are published in the Graduate Catalog, the Graduate Academic Calendar, and in the front of this handbook.

For updates and new requirements, check the Graduate School website at <http://graduateschool.ufl.edu/graduation/thesis-and-dissertation> or check with your program's graduate coordinator.

**Thesis or Dissertation first submission:** When first presented to the Graduate School Editorial Office, the thesis should be successfully defended, and should be near-final (not a draft), and completely formatted. In the case of a dissertation, students may or may not have defended prior to first submission. Students should be completely familiar with the format requirements and should work with the Application Support Center to troubleshoot their files before their first submission for the Graduate School Editorial Office.

- Checklist for master's theses: <http://graduateschool.ufl.edu/files/checklist-thesis.pdf>
- Checklist for doctoral dissertations: <http://graduateschool.ufl.edu/files/checklist-dissertation.pdf>
- Graduate School Editorial Office: <http://graduateschool.ufl.edu/graduation/thesis-and-dissertation>

- Format requirements: <http://www.graduateschool.ufl.edu/files/etd-guide.pdf>
- Format examples: <http://helpdesk.ufl.edu/application-support-center/graduate-editorial-office/format-requirements/examples>

**Library processing fee:** Thesis and dissertation students will be billed a \$12.80 library processing fee automatically to their ISIS accounts after initial submission. Dissertation students must also pay a \$25 microfilm fee which will be billed in the same way to their ISIS accounts.

**Gatorlink email:** By UF requirement, students must maintain access to their Gatorlink email; the Editorial Office emails the student when the thesis or dissertation has been reviewed. The student is responsible for retrieving the marked document, review comments, and resolving any deficits related to the format requirements. Students should promptly make all needed changes.

**Uploading and submitting the final pdf:** After changes have been made to the satisfaction of the supervisory committee, the ETD Signature Page is submitted by the department via GIMS, and the student may then upload and submit the final pdf of the electronic thesis or dissertation, through the Editorial Document Management (EDM) system. By the final submission deadline, the Editorial Office checks format and working hyperlinks, and emails the student regarding the status of the ETD (electronic thesis or dissertation). If accepted, no further changes are allowed.

**Editorial final clearance:** the final PDF and all other required documents must be confirmed as finalized by 5:00 pm of this deadline. Students MUST receive an email from the Editorial Office stating that their ETD has been accepted and finalized in order to achieve Final Clearance. Most students complete all requirements well in advance.

**Copyright:** The student is automatically the copyright holder, by virtue of having written the thesis or dissertation. A copyright page should be included immediately after the title page to indicate this.

**Thesis or dissertation language:** Theses or dissertations must be written in English, except for students pursuing degrees in Romance or Germanic languages and literatures. Students in these disciplines, with the approval of their supervisory committees, may write in the topic language. A foreign language thesis or dissertation should have the Acknowledgments, Abstract, and Biographical Sketch written in English. All page titles before Chapter 1 should also be in English.

**Journal articles:** A thesis or dissertation may include a journal article/s as a chapter/s, if all copyright considerations are addressed appropriately. In such cases, Chapter 1 should be a general introduction, tying everything together as a unified whole. The last chapter should be general conclusions, again tying everything together into a unified whole. Any chapter representing a journal article needs a footnote at the bottom of the first page of the chapter: "Reprinted with permission from" giving the source, just as it appears in the list of references.

**Publication of thesis or dissertation:** All theses and dissertations are placed in the University archives, as well as in circulation through the UF library system. All dissertation abstracts are also microfilmed by UMI and distributed through Dissertations Abstracts International. All dissertation students must pay a \$25 microfilm fee. All students must sign the UF Publishing Agreement form. In addition, dissertation students must complete the UMI Publishing Agreement.

## Hints for Dissertation Writers

*Keep things simple.* Handle complex questions (proofs, constructs) step by step rather than assuming the reader has extensive knowledge of your particular topic.

*General.* State your thesis (problem, area of exploration) at the outset and proceed to explain how you are going to prove (disprove, shed new light on) it in a step-by-step fashion. Then allow this step-by-step procedure to guide your writing of the chapters of your dissertation.

Explain your concepts (methodology, experimental design) and support your explanations by citing your sources.

## **SELECTING AN ADVISER**

The student's studies are generally guided and evaluated most directly by an adviser known officially as the supervisory committee chair. The relationship between a student and an adviser is extremely important. The adviser acts as mentor, shaping the student's academic values and understanding of research. Thus, the agreement between an adviser and a student to work together must be made carefully. Both the student and the adviser should consider research goals, mutual interests, compatibility of work habits and personalities, and the student's career goals.

The best student/adviser relationships are those that closely approximate the relationship between senior and junior colleagues. The adviser may participate in the research to varying degrees, depending on the discipline and the research issues being addressed. However, it is the adviser's responsibility to guide the student through the first research experiences and to understand and constructively critique research accomplishments. It is the responsibility of the adviser and the student to meet frequently enough to achieve these goals. As a mentor, the adviser neither gives the student excessive guidance nor allows the student to struggle needlessly. The ultimate objective of the graduate research experience is for the student to progress to the point of being self-reliant in subsequent research experiences. To this end, advice to the student should be given with the aim of teaching effective research practices.

The adviser has the responsibility of discussing career opportunities with the student throughout the graduate program. During the year before graduation, advisers assist students in searching for a position by helping to identify potential positions and evaluating opportunities, writing letters of reference, reviewing and critiquing the student's vita, and guiding the student through the application and review process. In some disciplines, advisers may contact colleagues on behalf of their graduate students. In other fields, open position files may be maintained for graduate students' access.

The following sections contain questions for the graduate student and for the potential adviser that may help in assuring a good match.

### **Questions for the Graduate Student**

Near the beginning of the graduate program, you should consider the following questions.

- Have you actively and thoroughly researched potential advisers?
- Have you met potential advisers? Have you read the recent publications of your potential advisers? Have you discussed perceived strengths and weaknesses of your potential advisers with current or recent students of those advisers?

- Have you and your potential adviser discussed projects and potential career options that will be available on completion of the degree program? In these discussions, have you and your potential adviser been able to communicate honestly and effectively?

Throughout the graduate program, the following questions should be considered.

- Do you and your adviser meet frequently to discuss the progress you are making and problems that you have encountered?
- Do you have opportunities to develop non-research skills, such as public speaking and writing, which are necessary for success in most jobs?
- Have you considered the ethics issues involved in the discovery of knowledge?

### **Questions for the Potential Adviser**

You may want to ask the potential adviser the following questions.

- Have you considered whether you will have the time and resources to advise and support me in providing education and experience so I will be able to complete the degree program at the appropriate quality level in a timely manner?
- How will I be made aware of possible career opportunities and career paths in my field? Is this information provided throughout the program? Does the department make information available on the previous placement of graduates, on position openings, and on postdoctoral opportunities?
- Does the department have a mechanism to assist graduate students in preparing, assessing, and improving their vitae? Do graduate students have opportunities to learn strategies for enhancing their job search knowledge and skills?

Note: This material is excerpted and adapted with permission from Graduate Education at Purdue University.

## **APPROVAL OF RESEARCH INVOLVING HUMAN OR ANIMAL SUBJECTS**

University regulations require that all research projects involving human or animal subjects be reviewed even if the research does not involve experimentation, if it is purely observational, or if it appears totally harmless. In addition, projects must be reviewed whether or not they are funded.

Graduate research that will involve collecting data using human or animal subjects must be approved before the project begins by one of three boards outside of the department.

The *Institutional Review Board (IRB)* reviews all research involving humans. There are three IRB offices. IRB-01 is responsible for reviewing research conducted at the Health Science Center, Shands HealthCare, Inc., and the VA Hospital and conducted by faculty or staff working at any of those facilities – the telephone number is 846-1494. IRB-02 is responsible for all other nonmedical research involving human subjects – the telephone number is 392-0433. IRB-03 is responsible for the University Medical Center in Jacksonville – the telephone number is (904) 244-5310. For

further information on these offices see <http://irb.ufl.edu>. The site also contains all necessary forms.

The *Institutional Animal Care and Use Committee (IACUC)* reviews all research involving animals. See <http://iacuc.ufl.edu/about.htm> for guidelines, forms, and detailed information.

## **GUIDELINES FOR RESTRICTION ON RELEASE OF DISSERTATIONS**

Research performed at the University can effectively contribute to the education of our students and to the body of knowledge that is our heritage only if the results of the research are published freely and openly. Conflicts can develop when it is in the interests of sponsors of university research to restrict such publication. When such conflicts arise, the University must decide what compromises it is willing to accept, taking into account the relevant circumstances.

The recommendations of sponsors, which result from pre-publication reviews of research results and which affect subsequent publication of these results, should be considered advisory rather than mandatory.

The maximum delay in publication allowed for pre-reviews should not exceed three months.

There should be no additional delays in publication beyond the pre-review. Timely submission of any patent or copyright applications should be the result of effective communication between investigators and sponsors throughout the course of the project.

There should be no restriction on participation in non-classified sponsored research programs on the basis of citizenship.

Students should not be delayed in the final defense of their dissertations by agreements involving publication delays.

Note: The AAU guidelines contained herein were adopted by the University of Florida Graduate Council on January 19, 1989.

## **PREPARING FOR GRADUATION**

Degrees are awarded after each term in December, May, and August. The semester before graduation, the candidate should check his or her file with the academic unit to make sure that all incompletes or other unresolved grades are cleared, grade changes have been recorded, and the supervisory committee (if required) and all degree program details listed in the web-based Graduate Information Management System (GIMS) are accurate.

<http://gradschool.ufl.edu/gimsportal/gatorlink/portal.asp>.

**Application for the degree** must be made online

(<http://www.registrar.ufl.edu/currents/degreeapp.html>) early in the semester of graduation by the deadline published in the University Calendar and the Graduate School Academic Calendar.

Application for the degree assures that the student's name is on the graduation list and includes the application for the diploma, placement of the student's name in the commencement program, and placement of the name on the list to receive information on commencement procedures, including rental or purchase of regalia. Application for graduation must be made each term a

student anticipates graduating. **THE APPLICATION DOES NOT CARRY OVER FROM A PREVIOUS SEMESTER.** Failure to make application by the published deadline will preclude the student's graduation in that term.

Students must **register** for at least three credits (two in Summer) that count toward the degree during the semester of graduation. Students on an assistantship, fellowship, or traineeship must be registered appropriately for their appointment. Thesis students must register for 6971 and doctoral students for 7979 or 7980. Candidates pursuing concurrent degrees to be awarded in the same semester need to apply to the Office of the University Registrar for both degrees.

Satisfactory performance on **the final examination or defense and final submission of the corrected thesis or dissertation** must be completed by the deadline dates shown in the Graduate School calendar.

Diplomas will be available approximately six weeks after Commencement and will be mailed by the Registrar's Office to the graduates' permanent addresses. Degree remarks are posted to the student's transcript by the Registrar's Office and are generally available the day after certification.

## **GRADUATE STUDENT SERVICES**

### **Graduate Minority Programs**

The Office of Graduate Minority Programs (OGMP) is defined by its student-centered support services. The OGMP administers various multicultural educational programs that support and foster an intellectually and culturally diverse student population.

The OGMP's staff accomplishes this by actively working with academic units to recruit and retain students who are underrepresented in their field of study (women in engineering, men in nursing, etc.), low-income, or first-generation students, as well as ethnic/cultural minorities (African Americans, Hispanics, Native Alaskans [Aleuts and Eskimos], Native Americans, and Native Pacific Islanders).

Recruitment activities occur through Graduate School programs, including the Fall and Spring two-day Campus Visitation Program (CVP), the Graduate School Information Day, and the HBCU-UF Master's to the PhD Pathway Project. Student funding opportunities are available through the Florida Board of Education (BOE) Summer Fellowship Program, Florida A&M University (FAMU) Feeder Program, McKnight Doctoral Fellowships, UF/SFC Faculty Development Project, National Consortium for Graduate Degrees for Minorities in Engineering and Sciences, Inc. (GEM) Fellowships, McNair Graduate Assistantship Program, NSF Florida-Georgia Louis Stokes Alliance for Minority Participation Bridge to the Doctorate, and the NSF Atlantic Coast-Social, Behavioral and Economic Sciences Alliance. Retention and completion support programs include the Supplemental Tuition Retention Award, Delores Auzenne Dissertation Award, Graduate School Dissertation Award, and Graduate School Doctoral Research Travel Award.

For more information, visit OGMP's website: <http://graduateschool.ufl.edu/student-life-and-support/diversity-programs>.

### **Graduate School Editorial Office**

The Graduate School Editorial Office provides format requirements for theses and dissertations on the editorial page of the Graduate School website in order to help students prepare their manuscripts for submission to the Editorial Office. The Graduate School Editorial Office facilitates the thesis and dissertation process, by providing clear guidelines and checklists, and by outlining the procedures to follow when completing the thesis or dissertation. In order to complete degree requirements, all thesis and dissertation students must gain clearance status with the Editorial Office by each of the posted deadlines for the term in which they intend for the degree to be awarded.

The Application Support Center, although not a part of the Graduate School Editorial Office, provides assistance to students seeking help with the guidelines of the Editorial Office free of charge. Their services are invaluable to students concerned about meeting the submission standards of the Editorial Office. Students should avail themselves of these services long before making first submission to the Editorial Office. Appointments are encouraged, particularly well in advance of deadlines, because seats are extremely limited. More information is available at: <http://helpdesk.ufl.edu/application-support-center>.

The Graduate School Editorial Office maintains a list of formatters, editors, and binders that students may hire for a fee, if needed; however, the Application Support Center also offers many formatting and conversion services at reasonable rates as well.

More information is available at: <http://graduateschool.ufl.edu/graduation/thesis-and-dissertation>.

### **Graduate Student Records Office**

Graduate Student Records staff work with academic units to support students at all phases of their graduate careers, from admission through degree certification and graduation. The office is responsible for keeping the official graduate student record and ensuring compliance with all Graduate Council and University policies.

### **University of Florida International Center**

Located on 1765 Stadium Rd. Suite 170, Hub, the University of Florida International Center (UFIC), through Exchange Visitor Services, International Student Services, Study Abroad Services, and Program Development, serves in a leadership and facilitation role to further the University's international agenda, providing assistance and support to faculty, staff, administrators, and students as well as external stakeholders in their international activities. In addition to assisting these clients, the Center also functions to enhance the University's ability to pursue and develop international activities and partnerships appropriate to its core mission, motivating and mobilizing the UF community to integrate and sustain high-impact global dimensions in learning, discovery, and engagement, and provides administrative support to assure leadership for this vision.

For more information:

Phone: (352) 392-5323

Fax: (352) 392-5575

Email: [ufic@ufic.ufl.edu](mailto:ufic@ufic.ufl.edu)

Website: <http://ufic.ufl.edu>

**Exchange Visitor Services** offers administrative, liaison, and support services for foreign national faculty, scholars, researchers and professionals. Additionally Exchange Visitor Services ensures

that the university is in compliance with immigration laws and regulations affecting immigration statuses for sponsored foreign nationals and visiting scholars by providing technical and advisory information to the university community. Support services include assistance with immigration regulations compliance, pre-arrival procedures, and orientation to the campus and community.

**International Student Services** provides support services for international students through immigration document preparation, orientation, immigration services, and various workshops. These services include advising international students on academic, immigration, financial, cultural, and personal issues. All new international students are required to check-in with the International Center.

**Study Abroad Services** administers a wide range of programs that give students the opportunity to live and study abroad while fulfilling degree requirements. Students can choose among faculty-led summer programs, exchange programs, and independent programs for the summer, a semester, or an academic year as well as spring break, Thanksgiving break and other programs. Various scholarships and other financial aid can be applied to help finance the international academic experience. UF exchange programs enable students to pay UF tuition while studying abroad. Study Abroad program assistants advise applicants on all aspects of UF approved programs, provide pre-departure orientations, and process the foreign transcript on return of the student. Study Abroad program details are available in the UFIC library or on the UFIC website.

**Program Development** helps UF faculty and students develop programs in international applied research, technical cooperation, workshops, outreach, and other international activities. Working closely with other centers, academic units, and colleges, PD promotes programs and projects that capitalize on the strengths of UF's faculty and staff. UFIC administers the World Citizenship Program, an international internship program, which places students with nongovernmental organizations around the world.

## **GRADUATE STUDENT RESOURCES**

### **Web Pages for Graduate Students**

#### *Graduate School website:*

<http://graduateschool.ufl.edu>

The Graduate School website contains information about important deadlines, checklists, grants and fellowships, workshops, and other items relevant to graduate education. Students will be held responsible for procedures, and deadlines that are published through this website

#### *Integrated Student Information System (ISIS):*

<http://www.isis.ufl.edu>

The Office of the Registrar provides ISIS as a central location for many academic services and student resources. Please become familiar with the elements, including access to the Graduate Catalog, GIMS, your transcript, grades, registration, etc. Be advised that some of the items in ISIS are for undergraduates.

### ***Graduate Information Management System (GIMS):***

<http://gradschool.ufl.edu/gimsportal/gatorlink/portal.asp>

The Graduate School maintains a database which captures key elements of graduate students' progress through their degree program. Students are expected to review this read-only data a minimum of twice each semester. The first review should be two weeks after drop-add, to make sure their demographic information is pulling correctly from the university directory. At the end of each semester, students should review GIMS to make sure all degree program changes and/or milestones achieved in that term have been properly recorded. Prudent students will carefully review their GIMS' record any time a milestone has been reached. During the final term/graduating semester, students must be certain that all necessary GIMS data is entered on time to meet the deadlines posted in the graduate calendar. Failure to meet any deadline will result in delay of degree award to a future term.

### **Graduate Student Email Listserv, GatorLink, and myUFL Portal**

The Graduate School communicates directly with enrolled graduate students via email using GatorLink email addresses. Students must establish their GatorLink account and must check it regularly. GatorLink has a website at <http://www.gatorlink.ufl.edu> to create and modify an account. The Graduate School cannot maintain personal email addresses.

The Gatorlink email addresses of all currently enrolled graduate students are automatically added to the Graduate School's Graduate Student listserv. A student cannot opt out of receiving these messages. Messages contain time-sensitive information about important deadlines. If you choose to forward GatorLink messages to another email address, be aware that some commercial email clients may filter out these messages. Therefore, you must actively check your GatorLink account separately. An archive of messages is available at <http://lists.ufl.edu/archives/gradstudent-1.html>.

The myUFL Portal (<http://my.ufl.edu>) has a student page that contains a graduate student section. Information about grants and fellowships, workshops, and other items relevant to graduate education are posted at this site. Students should subscribe to this section and check it regularly.

### **Graduate Student Council**

The Graduate Student Council (GSC) was formed in 1989 to foster interaction among graduate students on campus and to provide an agency for the coordination of graduate student activities and programs. The GSC seeks the improvement of graduate student education through active and permanent communication with the Graduate School, the University administration, and the Board of Trustees. It also represents the interests of graduate students at the student government, administration, local, state, and national levels.

GSC activities include participating in the annual fall and spring orientations for new graduate students, organizing the Graduate Student Research Forum every spring semester, and funding travel grants for graduate students who participate in conferences. GSC meetings are scheduled monthly and a student represents each department. Interested students should contact department chairs for details on how to get involved with the GSC, and visit the website: <http://gsc.sg.ufl.edu>.

## **Graduate Assistants United**

Graduate Assistants United (GAU) represents graduate assistants in collective bargaining with respect to wages, credits, and other conditions of employment. GAU also serves as an advocate for graduate assistants with employment grievances, publishes a newsletter, provides an email list, and organizes social events. The GAU includes the GAU Women's Council. Call 392-0274 or visit the website: <http://www.ufgau.org>.

## **Student Government**

Student Government (SG) comprises the executive, legislative, and judicial branches. The Graduate, Professional, and Family Affairs cabinet post, part of the executive branch, works to help SG properly identify and respond to the unique concerns of graduate students. The cabinet officer works closely with graduate student organizations and the Graduate Student Council to enhance their programs. This position allows graduate students to take an active role in the decision making process of SG. For more information call (352) 392-1665. Graduate students participate in the legislative portion of SG by annually electing eleven graduate students to serve in the SG Senate. These senators attend Senate meetings and vote on legislation. Selected other SG cabinets include Academic Affairs, Career Development, Community Involvement, External Affairs, Disability Affairs, Health, Housing, Internal Communications, LGBTQ Affairs, Multicultural Affairs, Student Organizational Outreach, Technology, and Women's Affairs.

Details are available at <http://sg.ufl.edu>. Contact SG by telephone at (352) 392-1665.

## **Workshops for Teaching Assistants**

The Graduate School and the Office of Academic Technology offer an orientation and a series of workshops for teaching assistants who want to improve their instructional skills. The orientation session is mandatory for all who are beginning teaching assignments. The website for teaching assistants is [http://www.teachingcenter.ufl.edu/ta\\_development.html](http://www.teachingcenter.ufl.edu/ta_development.html).

Free workshops for teaching assistants and other graduate students who want to improve their instructional skills are conducted each semester. There are two strands of workshops: "Improving Your Teaching" and "Using Technology to Enhance Learning." Certificates of participation are given for attending each workshop strand (one for pedagogy and another for teaching with technology).

Participants may request videotaping of their classroom presentations and student feedback on strengths and weaknesses. To sign up or for more information, call the AT Teaching Center, 392-2010, or drop by the office on the ground level, Southwest Broward Hall.

Teaching at the University of Florida: A Handbook for Teaching Assistants is available on-line at [https://teachingcenter.ufl.edu/materials/ta\\_handbook\\_web.pdf](https://teachingcenter.ufl.edu/materials/ta_handbook_web.pdf).

## **EXCEL Newsletter**

EXCEL, the Graduate School newsletter, is published online each spring to highlight graduate education at UF. For more information or to contribute a topic, contact the Graduate School Associate Director, phone 392-6622.

<http://graduateschool.ufl.edu/student-life-and-support/excel-uf-graduate-school-newsletter>

## **University Libraries**

The libraries of the University of Florida (UF Libraries) form the largest information resource system in the state of Florida and include seven libraries. Six are in the system known as the George A. Smathers Libraries, and one (Legal Information Center) is attached to the law school's administrative unit. All of the libraries serve the entire community, but each has a special mission to be the primary support of specific colleges and degree programs. Because of the interdisciplinary nature of research, scholars may find collections built in one library to serve a specific discipline or constituency to be of great importance to their own research. The University of Florida Gator 1 card provides access to library services.

Library orientation programs are offered at the beginning of each term. In addition, instruction librarians will work with faculty and teaching assistants to develop and present course-specific library instruction sessions for their students. Subject specialists, who work closely with faculty and graduate students to select materials for the collections, also advise graduate students and other researchers who need specialized bibliographic knowledge to define local and global information resources available to support specific research.

The sixth floor of Library West is a study area reserved for graduate students. Access is provided after students register at the Circulation Desk on a first come, first served basis.

<http://www.uflib.ufl.edu>

## **University Counseling and Wellness Center**

The Counseling and Wellness Center (CWC) offers services to currently enrolled graduate students for personal and educational concerns.

Professional counselors offer short-term individual, couples, and group counseling. There is no charge for the Center's confidential services. Topics of services for graduate students often include help with concerns related to academic success, time and stress management skills, anxiety and depression, personal and family relationships, adjustment to the culture, and other issues associated with transition.

Counseling and Wellness Center clinicians also provide a range of consultation and outreach programs to the campus community. Phone or in-person consultation is available for students, parents, faculty, and staff regarding any issues related to student development. The CWC clinicians serve as program resources for a wide variety of student organizations and academic departments. The Center has an extensive training program for selected graduate students. The clinical staff teaches undergraduate and graduate courses in the Departments of Psychology and Counselor Education and guest lecture on a variety of psychological and wellness topics.

All CWC activities are conducted with sensitivity to the diversity of the students on a large, multicultural campus.

For more information, phone (352) 392-1575, or visit <http://www.counseling.ufl.edu>. The CWC is located at 3190 Radio Road (down the street from Lakeside and SW Rec Center).

## **Student Health Care Center**

The Student Health Care Center (SHCC) is an accredited outpatient clinic offering a wide variety student-focused services, including: General Medical Care/Primary Care; Health Counseling; Immunizations (flu shots, vaccinations for travel, etc.); Lab and X-ray/EKG Services; Pharmacy and Mini Drug Store; Sexual Health Services; Allergy Injection Therapy; Massage Therapy (SHCC@CorryVillage); Nutrition Services; Physical Therapy (operated by Shands Rehab Services); Sports Medicine Clinic; and Women's Clinic.

Please CALL FIRST to be seen: (352) 392-1161. SHCC staff is comprised of licensed, board-certified physicians (MDs), physician assistants (PAs), advanced registered nurse practitioners (ARNPs), registered nurses (RNs), health support technologists (HSTs) and many others who pride themselves in helping each student achieve maximum physical and emotional health so that each may participate fully in the educational and personal growth opportunities afforded by the University.

The tuition-included health fee helps pay for basic evaluations, but does not cover all possible charges at the SHCC. Patients are financially responsible for items including, but not limited to: physicals; procedures; X-rays; lab tests; medications; medical equipment; massage; and physical therapy. Private health insurance plans are accepted for payment of covered services, and you can submit/verify your coverage online; visit the "Fees & Insurance" area of the SHCC website at <http://shcc.ufl.edu/fees-and-insurance> for more information about charges, billing and health insurance. NOTE: The health fee is not considered health insurance.

Students are encouraged to view an introductory video and review basic information about the SHCC by visiting the "New Students: General Information" area of the SHCC website at <http://shcc.ufl.edu/new-students>.

## **Speech and Hearing Clinic**

Faculty in the Department of Speech, Language, and Hearing Sciences see patients in the Speech and Hearing Center located at UF Health, as well as at UF Health Rehab at Magnolia Parke, UF Health Hearing Center at Hampton Oaks, and UF Health Hearing Center at Park Avenue. Our clinics serve the needs of the individual from initial evaluation through the rehabilitation process.

Members of our clinical staff are all Board Certified & Florida Licensed Audiologists and Speech-Language Pathologists. We are committed to maintaining the highest standard of excellence in all areas of service to the patient. Our clinics are premier centers for delivering speech, language, swallowing, hearing and balance services to individuals of all ages.

Speech & Hearing Center  
2nd Floor, Dental Tower  
1600 S.W. Archer Road  
Gainesville, Florida 32610  
Room: D2-055

Speech Pathology: (352) 273-5871  
Audiology: (352) 273-5555  
Fax: (352) 846-1565

## **Students with Disabilities**

The Disability Resource Center provides individual support services based on specific needs and may include campus orientation, assistance with registration, and support in securing auxiliary learning aids. All support services provided to and for University of Florida students are individualized to meet the needs of students with disabilities. To obtain individual support services, each student must meet with one of the support service coordinators at the Disability Resource Center and collaboratively develop appropriate support strategies. Appropriate documentation regarding the student's disability is necessary to obtain any reasonable accommodation or support service. For further information, please contact 001 Reid Hall, 392-8565 and see the web page at <https://www.dso.ufl.edu>.

## **English Skills for International Students**

The University of Florida makes available English language programs to help international graduate students improve their proficiency in English. These programs are 1) the English Language Institute, 2) Academic Written English, and 3) Academic Spoken English.

Applicants whose command of English is not as good as expected may be requested by their departments to attend the *English Language Institute (ELI)*, an intensive English program designed to provide rapid gain in English proficiency. An ELI student may require one, two, or occasionally three semesters of full-time English study before entering Graduate School. Information about ELI is available in 315 Norman Hall.

The *Academic Written English (AWE)* program is designed to help foreign graduate students improve their writing ability. Applicants whose verbal GRE scores are below 320, or students who have been admitted provisionally with a score lower than required on a TOEFL (550 paper, 80 internet), IELTS (6), or MELAB (77) may be required to take a writing test. Those demonstrating a lower proficiency than needed for successful performance in written tasks as determined by their academic unit may be required to take courses in written English. Information about the AWE program is available at the coordinator's office, 4131 Turlington Hall, telephone (352) 392-0639.

The *Academic Spoken English (ASE)* program consists, primarily, of the 03 credit supervised ITA teaching course – EAP 5836. This course is required of all international teaching assistants (whose first language is not English) during their first semester of teaching at UF, whose TOEFL-IBT Speaking score is between 23 – 27 or UF SPEAK score is 45 – 50. A 04 credit EAP 5835 course is also offered for students who need to make rapid progress in their oral proficiency in English or who desire to improve their performance on a UF SPEAK test. These two credit-bearing courses are eligible for a graduate tuition waiver. Non-credit ASEP classes intended to help with general oral communication in English skills (fluency, pragmatics, pronunciation) are offered each semester if there is sufficient student demand. Information about ASE can be found at <http://ase.ufl.edu/>.

## **Computer Support**

Students are required to have computer hardware and software appropriate to their degree program and to have basic competency in computer use. Consult your college or department website for the specific requirements for your degree program. Consult UF Computing Help Desk (downstairs HUB) for further advice and information.

Services are available to graduate students through the *Office of Academic Technology @ The Hub*, including electronic thesis and dissertation computing support, phone and walk-in application support, plotter printing, technical & mobile device consulting, email support, software distribution (including statistical software), and the use of computer classrooms. The AT computer classrooms are available for personal and academic use. They are equipped with both Windows and Macintosh-compatible computers, laser printers, plotters, and scanners.

Instructors may use the site-licensed E-Learning course management system to provide online course tools such as syllabus, content and secure grade posting. Instructors may reserve an AT computer classroom or multimedia lecture classroom for class sessions. For more information about these and other Academic Technology services, contact the UF Computing Help Desk, 132 Hub, <http://helpdesk.ufl.edu>, (352) 392-HELP (4357).

Graduate students who are preparing theses or dissertations must contact the *Application Support Center*. ASC has developed templates in various word-processing programs for preparing theses and dissertations in the Graduate School format. Students should download these templates from <http://etd.helpdesk.ufl.edu>. Thesis or dissertation production consulting also is available by appointment: call ASC, 392-HELP (392-4357), option 5, and ask for a thesis/dissertation consultant.

## **CAREER SERVICES FOR GRADUATE STUDENTS**

The Career Resource Center helps graduate students across all disciplines to explore careers both inside and outside academia by reviewing their individual strengths, skills and subjects of interest. Prepare for internships and job searches helping students get involved on and off campus. Start an internship or job search helping to create application materials including CVs, resumes and cover letters, practice networking and interviewing skills and start job searching.

The Career Resource Center also works with students to help them learn to adapt for a changing world, gaining comfort with the uncertainty in career planning and learning to create flexible adaptable plans.

The CRC website has pages dedicated to your specific career concerns as graduate students. You can find detailed information about the job search needs of Master's and Ph.D. students, including sample CVs and job search resources/links. Whether you are trying to decide to go on for the PhD, go into industry or go into academia, the CRC graduate student web pages can assist you with your career concerns. <http://www.crc.ufl.edu>

**Gator CareerLink:** is an on-line career portal for UF students and alumni which connects you to government, industry, and academic employment postings, on-campus interview opportunities through the CRC and also highlights important career-related events hosted by the CRC. Graduate students can log into Gator Career Link through the CRC website:

<http://www.crc.ufl.edu/gatorcareerlink>

**Career Planning:** The CRC offers individual career counseling and advising to graduate students who would like assistance with their career decision-making and job search strategies. Whether you are interested in narrowing down your career options, exploring who you are in relation to your work, discovering meaningful career options or nurturing your creativity within your chosen vocational path, our career planning staff is here to help. Staff will also be available to answer

questions related to career and job search concerns including CV, resume, or other job search materials. <http://www.crc.ufl.edu/students/studentCareerPlanning.html>

**Career Fairs:** The CRC organizes several career fairs for you to explore options and meet with numerous employers at one time. Employers offer a number of professional opportunities for Master's and Ph.D. students. The largest fair, Career Showcase, is held every fall and spring. Attend each fair to meet employers who are looking to hire you.

<http://www.crc.ufl.edu/students/studentCareerFairs.html>

**Workshop Series:** The CRC offers a series of workshops for graduate students to help with all job search needs, including curriculum vitae and resume writing, organizing and preparing for the job search, interviewing techniques, creating professional portfolios, and exploring academic and non-academic career options. <http://www.crc.ufl.edu/students/studentGraduateStudentWorkshops.html>

## **CONFIDENTIALITY**

### **Student Files**

The University of Florida assures the confidentiality of student educational records in accordance with the State University System rules, state statutes, and the Family Educational Rights and Privacy Act of 1974, known as the Buckley Amendment or FERPA.

Information that may be released to the public on any student is the name; class, college, and major; dates of attendance; degree(s) earned; awards received; local and permanent address; email address; local telephone number; nature and place of employment at the University; participation in officially recognized activities and sports; and the weight and height of members of athletic teams.

In general, a present or former student has the right to review personally his or her own educational records for information and to determine the accuracy of these records. Parents of dependent students, as defined by the Internal Revenue Service, have these same rights. A photo ID or other equivalent documentation or personal recognition by the custodian of record is required before access is granted.

Additional information detailing the confidentiality of student records is available at <http://www.registrar.ufl.edu/ferpa.html>

### **Graduate Student Participation in Academic Unit Meetings**

On March 15, 1990, the Graduate Council approved the following statement regarding graduate student involvement in policy and procedure meetings.

“Although departments may wish to have graduate students attend and become involved in departmental meetings at which policies and procedures of the graduate programs or other related matters are being discussed, graduate students should not participate in the faculty decisions on matters pertaining to admission of new graduate students or the performance evaluations of current graduate students.”

## **INTEGRITY**

Plagiarism is not tolerated at the University of Florida. Plagiarism in a thesis or dissertation is punishable by expulsion. If the plagiarism is detected after the degree has been awarded, the degree may be rescinded. The University of Florida has an honor code that defines plagiarism as follows:

Section 3a: Plagiarism.

A student shall not represent as the student's own work all or any portion of the work of another. Plagiarism includes but is not limited to:

1. Quoting oral or written materials including but not limited to those found on the internet, whether published or unpublished, without proper attribution.
2. Submitting a document or assignment which in whole or in part is identical or substantially identical to a document or assignment not authored by the student.

Please note that intent is not an element of this kind of violation so it is important to take great care in appropriately citing your work. For a good discussion about plagiarism and how to properly cite your sources, please visit

<http://mediasite.video.ufl.edu/Mediasite/Play/adaa44500eaf460a84f238e6b9a558f9>

For a complete description of the UF Honor Code and procedures, please visit:

<https://www.dso.ufl.edu/sccr/process/student-conduct-honor-code>

## **GRIEVANCE PROCEDURE FOR ACADEMIC PROBLEMS**

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. A formal grievance procedure exists 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. Individual departments or colleges may have more detailed grievance procedures. The student should check with his or her program's 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 academic unit 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 Ombuds is located in 31 Tigert Hall, 392-1308 and their website is: <http://www.ombuds.ufl.edu>

**Grievance Procedure – 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.

**Grievance Procedure – 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 Ombuds 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, 392-1582, before making a formal complaint.

Graduate students who have complaints or problems with other aspects of university life should consult the Dean of Students Office in 202 Peabody Hall, 392-1261 for the appropriate grievance procedure.

## **ACADEMIC AND ADMINISTRATIVE PETITIONS**

At the graduate level, the Senate Petition Packet is for fee refunds only; it is not appropriate for drop/add, academic, and registration petitions. Petition forms, "Senate Petition for Fee Refund," are available at the Registrar's Office in Criser Hall. The completed packet must be submitted to the petitions committee at the Registrar's Office. The actual course drop/add is a separate transaction that must be approved by the academic unit for current term course adjustments, and by the academic unit and the Graduate School for the highly unusual retroactive course adjustment.

A petition is a request for an exception to a current graduate education policy due to an unusual situation beyond the control of student, staff or faculty. Petitions are submitted to

[GraduateSchoolPetitions@aa.ufl.edu](mailto:GraduateSchoolPetitions@aa.ufl.edu) by the academic unit with college approval, on behalf of the student.

A petition must be on program letterhead and be stamped with college approval. It must include the following:

- Student name and UFID
- International or domestic
- How is student funded
- Policy exception requested and why
- How the situation will be avoided in the future

The deadline to submit a petition is Friday, 5 pm.

Petitions are reviewed by graduate school units on a weekly basis. Response time varies depending on complexity of student situation, and/or policy exceptions being requested.

A decision is communicated to the originator and college, because they are the requesters. The academic unit is responsible to notify the student, and/or UFIC (if appropriate).

Units may want to centralize the process to ensure those who need to know the response receive it.

## **SEXUAL HARASSMENT**

Sexual harassment is illegal under federal and Florida law as well as University rules and collective bargaining agreements. See below for the University's policy statement (<http://hr.ufl.edu/manager-resources/policies-2/sexual-harassment>):

**Policy:** The University of Florida is committed to maintaining a safe and comfortable workplace and academic environment. The sexual harassment policy is available in the Office of Human Resource Services and the Institutional Equity and Diversity section of this website. Sexual harassment of employees, students or visitors will not be tolerated by the university.

Sexual harassment occurs in a variety of situations that tend to share a commonality: the inappropriate introduction of sexual activities or comments in a situation where sex would otherwise be irrelevant. Sexual harassment is a form of sex discrimination and a violation of state and federal laws as well as of the policies and regulations of the university.

The university's policy is to protect all members of the community from sexual harassment. As a result, the responsibility for reporting incidents of sexual harassment also must rest with all members of the university community. Any employee, co-worker, or student who has knowledge of sexual harassment is strongly encouraged to report it promptly to the Director of Institutional Equity & Diversity. Employees with supervisory responsibility and faculty who have knowledge of sexual harassment are required to promptly report the matter directly to the Director of Institutional Equity & Diversity, and may be disciplined for failing to do so. It is the university's goal to process complaints of harassment in a prompt and responsive manner to enable appropriate corrective action.

**Scope:** This policy applies to visitors, applicants for admission to or employment with the University, and students and employees of the University who allege sex discrimination, including sexual harassment, by University employees, students, visitors or contractors.

**Definition:** Sexual Harassment is a form of sex discrimination that can occur when:

The submission to unwelcome physical conduct of a sexual nature, or to unwelcome requests for sexual favors or other verbal conduct of a sexual nature, is made an implicit or explicit term or condition of employment or education; or

The submission or rejection to unwelcome physical conduct of a sexual nature, or to unwelcome request for sexual favors or other verbal conduct of a sexual nature, is used as a basis for academic or employment decisions or evaluations; or

Unwelcome physical acts of a sexual nature, or unwelcome requests for sexual favors or other verbal conduct of a sexual nature, have the effect of creating an objectively hostile environment that interferes with employment or education on account of sex.

**Reporting:** A person who believes that he or she has been subjected to sex discrimination or sexual harassment should report the incident to any University official, administrator or supervisor. The Office of Human Resource Services investigates all complaints. Incidents should be reported as soon as possible after the time of their occurrence.

Any student who needs help in resolving a sexual harassment problem or filing a complaint is encouraged to seek assistance from the Vice Provost, 392-6004.

Inquiries and requests for assistance may also be directed to faculty members, department chairs, assistant or associate deans, deans or directors, the Dean of Students Office (392-1261), the University Ombuds in the Office of Academic Affairs (392-1308), and Graduate Assistants United (392-0274). Confidential counseling services are available at the University Counseling and Wellness Center (392-1575). More information is also available at the Division of Student Affairs website: [http://www.ufsa.ufl.edu/faculty\\_staff/fees\\_resources\\_policies/sexual\\_harassment](http://www.ufsa.ufl.edu/faculty_staff/fees_resources_policies/sexual_harassment)

## REFERENCES

Agreement between University of Florida Board of Trustees and Graduate Assistants United, United Faculty of Florida, 2011-2014, [http://www.ufgau.org/docs/GAU\\_contract\\_11\\_14.pdf](http://www.ufgau.org/docs/GAU_contract_11_14.pdf). Accessed August 2014.

Citing Your Sources.

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University of Florida Sexual Harassment Policy, Gainesville: <http://hr.ufl.edu/manager-resources/policies-2/sexual-harassment>. Accessed August 2014.

University of Southern California. Guidelines for Ethical Faculty and Graduate Student Relations. Los Angeles: USC Vice Provost for Graduate and Professional Studies, August 1989.

Wilson, Edward N. Letter from the Dean. Graduate School Newsletter: Information for Arts and Sciences Graduate Students (Washington University in St. Louis), 4 (1), 1, Fall 1991.

## TELEPHONE NUMBERS

### Graduate School

Administration	392-6622
Data Management	392-1558
Editorial Office	392-1282
Graduate Student Records	392-4643
Graduate Student Affairs	392-6444

### University of Florida Directory

<https://phonebook.ufl.edu/>

### Student Groups

The Center for Student Activities and Involvement

<https://www.union.ufl.edu/involvement>

Specific for graduate and professional students

<https://www.union.ufl.edu/involvement/gradAndProf.asp>

## **APPENDIX E**

### **UNIVERSITY OF FLORIDA GRADUATE CATALOG URL'S**

The Graduate Catalog is a very large document that contains a broad range of information used by graduate students in planning their course of study, registering for courses, and seeking appropriate support services and infrastructure. The Catalog is no longer printed, but is available online. The following URL's direct readers to specific components of the catalog:

**Main page:** <http://gradcatalog.ufl.edu/>

**General Regulations:** <http://gradcatalog.ufl.edu/content.php?catoid=6&navoid=1219>

This section contains regulations on confidentiality of student records, academic honesty, student conduct code, registration requirements, tuition/fee waivers, attendance policies, grades, courses and credits, unsatisfactory progress or scholarship, examinations, degree candidacy, degree awarding.

**Financial Information:** <http://gradcatalog.ufl.edu/content.php?catoid=6&navoid=1219>

This section contains information about University-wide fellowships, graduate school support programs (Office of Graduate Minority Program, Dissertation Completion Assistance) and the Office of Student Financial Affairs.

**Research and Teaching Services:**

<http://gradcatalog.ufl.edu/content.php?catoid=6&navoid=1219>

This section catalogues services and infrastructure to support research and teaching at UF.

**Student Services:** <http://gradcatalog.ufl.edu/content.php?catoid=6&navoid=1222>

Student services include: Career Resource Center, Counseling and Wellness Center, Graduate Student e-mail Listserv, Graduate Minority Programs, Graduate School Editorial Office, Graduate Professional Development, Graduate School Records, Graduate Student Council, Housing, Ombuds, Speech and Hearing Center, UF International Center, University Writing Studio, and Workshops for Teaching Assistants

**Graduate Degrees Available:**

<http://gradcatalog.ufl.edu/content.php?catoid=6&navoid=1217>

**Colleges and Departments:**

<http://gradcatalog.ufl.edu/content.php?catoid=6&navoid=1208>

**Majors and Concentrations:**

<http://gradcatalog.ufl.edu/content.php?catoid=6&navoid=1209>

**Graduate Certificates:** <http://gradcatalog.ufl.edu/content.php?catoid=6&navoid=1210>

**Academic Assessment Plans:** <http://assessment.aa.ufl.edu/graduate-and-professional-academic-assessment-planning-and-data-reporting-resources>

**Academic Calendar:** <http://gradcatalog.ufl.edu/content.php?catoid=6&navoid=1206>

**Course Listings:** <http://gradcatalog.ufl.edu/content.php?catoid=6&navoid=1212>

**Graduate Faculty Listing:**

<http://gradschool.ufl.edu/GimsPublic/Acalog/Faculty.aspx?All=1&catoid=6>

APPENDIX F  
CHP PHD PROGRAM WEBISTE EXCERPTS



# Department of Clinical and Health Psychology

College of Public Health and Health Professions

## Doctoral Program in Clinical Psychology

The Doctoral Program in Clinical Psychology is currently accredited by the Commission on Accreditation of the American Psychological Association.

*Questions related to the Program's accredited status should be directed to the Commission on Accreditation:*

[Office of Program Consultation and Accreditation](#)

*American Psychological Association  
750 1st Street, NE, Washington, DC 20002*

*Phone: (202) 336-5979(202) 336-5979  Skype:(202) 336-5979(202) 336-5979 *

*(202) 336-5979(202) 336-5979 *

*Email: [apaaccred@apa.org](mailto:apaaccred@apa.org)*

**Program Director: [Dr. Russell Bauer, Ph.D., ABPP/CN](#)**

- [Application Procedures](#)
- [UF Graduate Catalog](#)
- [Financial Aid](#)
- [Student Handbooks](#)
- [Computer Literacy Policy](#)
- [Course Schedules](#)
- [Student Admissions, Outcomes and Other Data](#)
- [Course Syllabi](#)
- [UF Academic Honesty Guidelines](#)

## Introduction

The department of [Clinical and Health Psychology](#) is an academic and professional unit in the [College of Public Health and Health Professions](#) at the Academic Health Center on the [University of Florida](#) campus in Gainesville. 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. 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).

To accommodate the broad range of career trajectories possible within Scientist-Practitioner education and training, the program offers a flexible Scientist-Practitioner curriculum that readies students for careers anywhere along the science-practice continuum. Our graduates successfully pursue careers in research, practice, or, more typically, in research-practice integration, and work in a broad range of professional settings, including academic health centers, hospitals, healthcare practices, and community agencies. All students obtain focused research mentorship in a faculty member’s laboratory and obtain broad training in clinical assessment and intervention both in and outside of their designated major area of study. The curriculum allows the student to develop broad competencies in assessment, intervention, consultation, and supervision, and ensures the acquisition of research skills and 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 Doctoral Program provides the student with training in the concepts, tools, roles, and functions of the clinical psychologist. The overall goals of the graduate program are to prepare the student to:

- (1) investigate meaningful, empirically testable questions in the quest for understanding a behavioral process, a patient’s problem, or a professional issue;
- (2) function as a professional psychologist;
- (3) practice competently in the applied areas of psychological assessment/diagnosis, intervention/therapy, consultation, and supervision; and
- (4) contribute to the advancement of psychological knowledge through research or other creative scholarly activity.

Through a combination of general and specialized experiences in the classroom, laboratory, and clinic students develop knowledge, skills and attitudes as Scientist-Practitioners. Attitudes are

developed toward the practice of psychology and toward activities that enable effective personal interaction and participation in today's interprofessional approach to problems of research and practice. As students progress in the program, they develop professional identity through acceptance of increased responsibility for professional decisions, through the execution of significant research projects, and through their contributions to the understanding of psychological problems and processes.

## Our Setting

The University of Florida Academic Health Center is a complex of six colleges on the University of Florida campus. The colleges include Medicine, Nursing, Health Professions, Pharmacy, Dentistry, and Veterinary Medicine. The building complex consists of the 996-bed [UFHealth Shands Hospital](#), a wide variety of outpatient clinics, a teaching/academic core, and the extensive support services for patient care, research, and communications that are part of a modern university health science center. The Department of Clinical and Health Psychology operates its own Psychology Clinic, which handles diverse requests for inpatient and outpatient psychological services from Academic Health Center departments and area health care professionals. The Psychology Clinic is the major setting for the formal clinical practica required of all doctoral students.

The Department is located within the [College of Public Health and Health Professions](#), which offers doctoral level professional programs in Audiology (Aud.D) and Physical Therapy (DPT) as well as doctoral-level degree programs in Public Health disciplines (Biostatistics, Psychology/Clinical Psychology, Communication Sciences and Disorders, Epidemiology, Health Services Research, Public Health, and Rehabilitation Science). Students interested in obtaining education and training in Public Health can obtain a Certificate in Public Health or can obtain both a Ph.D. and a Master's of Public Health (MPH) degree while enrolled in the program. Separate admission to the Public Health Program is required. Interested students should visit the Public Health website at <http://www.mph.ufl.edu/> for more information.

Across the street from the Health Science Center, and connected to it via an underground tunnel, is the 289 bed Gainesville Veterans' Administration Medical Center (VAMC), a nationally recognized center for health care treatment of veterans and their families. A full continuum of community based training, emphasizing rural health care, is also available through departmental collaborations. Additional practica are available throughout the Academic Health Center and in outside facilities such as the North Florida Evaluation and Treatment Center, a forensic mental health facility.

The Department of Clinical and Health Psychology is recognized within the Health Science Center as a primary resource for academic and clinical expertise regarding biopsychosocial aspects of health and illness. Interests of the faculty are broad, with a majority actively engaged in the specialized areas of clinical health psychology, clinical neuropsychology, clinical child/pediatric psychology, and emotion neuroscience/psychopathology. There are ongoing collaborative arrangements with numerous departments and programs including Cardiology, Oncology, Neurology, Pediatrics, Psychology, Communication Sciences and Disorders, Psychiatry, Obstetrics and Gynecology, Dentistry, Neurosurgery, Endocrinology, Surgery, Exercise and Sport Science, Physical Therapy, and Anesthesiology. Department faculty hold joint or courtesy appointments in many of these academic departments, and are represented on the faculties of such university centers as the Center for Neuropsychological Studies, the [University of Florida McKnight Brain Institute](#), the Center for Movement Disorders and Neurorestoration, the Clinical and Translational Science Institute, the Institute on Aging, the Brooks Center for Rehabilitation Research, and the University of Florida Interdisciplinary ADHD Program. Several Centers are located within the Department or College, including the [Center for the Study of Emotion and Attention](#), [Center for Research in Psychophysiology](#), [Center for Pediatric Psychology and Family Studies](#), [Center for Telehealth and Assistive Technology](#), the Florida

Institute on Disability and Rehabilitation, and the [Center for Pain Research and Behavioral Health](#).

The student has the opportunity to work with a broad range of accomplished faculty. In the 2013-2014 academic year, the faculty reported 122 peer-reviewed journal publications, 1 book, and 8 book chapters, and 47 peer-reviewed articles in press. In addition, faculty members authored or co-authored 103 papers presented at national or international meetings and gave 32 additional presentations to state or local organizations.

From FY2009-2015, grant awards to the department totaled \$31.5 million, including new federal grants totaling \$6.3M in Direct Costs (\$2.2M IDC) and new nonfederal grants totaling \$951K in Direct Costs (\$38K IDC). Ongoing (continuing) federal grants during that same period totaled \$16.4M in Direct Costs (\$5.3M IDC), while nonfederal sources added \$371K in Direct Costs (\$35K IDC). During the same period, the faculty, together with student, intern, and postdoctoral clinicians have performed clinical services resulting in \$7.1M in collections (\$1.4M/year). All trainee services were delivered under the direct supervision of program faculty, with careful concern devoted to issues related to physical availability for immediate consultation (as appropriate and necessary), alternate coverage in instances of faculty travel, and appropriate coding and billing practices.

On the national level departmental faculty are active in the American Psychological Association and other professional societies such as the Association for the Advancement of Behavior Therapy, the American Board of Professional Psychology, Society for Behavioral Medicine, Society for Pediatric Psychology, International Neuropsychological Society, Society for Psychophysiological Research, and International Association for the Study of Pain. Faculty members also regularly serve on the editorial boards of scientific journals, including the Journal of Consulting and Clinical Psychology, Journal of Clinical Child Psychology, Health Psychology, Educational and Psychological Measurement, The Clinical Neuropsychologist, Journal of the International Neuropsychological Society, The Clinical Neuropsychologist, Psychophysiology, and the Journal of Clinical Psychology in Medical Settings.

Faculty are equally active at the regional, state and local levels through participation and leadership roles in the Southeastern Psychological Association, Florida Psychological Association and other organizations. Graduate students have also played significant roles in professional organizations (e.g., President and Board Members of the American Psychological Association of Graduate Students [APAGS], Student President, Florida Psychological Association) and have been recipients of a number of research awards from the American Psychological Association, the American Psychological Foundation, the Florida Psychological Association, the International Neuropsychological Society, the Society of Pediatric Psychology, and the American Pain Society. The Department itself was a co-sponsor of two major national conferences regarding education and training in psychology: The National Conference on Internship Training in Psychology (1987) and The National Conference on the Education and Training of Scientist-Practitioners for the Professional Practice of Psychology (1990). The Department originated the National Conference on Child Health Psychology, now sponsored by APA Division 54.

## Our Resources

The Department's location within the Academic Health Center affords it immediate access to the kinds of resources found only in a setting of this type. The primary resource is a large and active teaching faculty which supports the programs of the center's six colleges that attract talented students of health care from throughout the United States and beyond. Opportunities are virtually limitless for exposure to faculty and graduate students in other disciplines, including public

health, numerous specialties in medicine, nursing, pharmacy, physical therapy, neuroscience, and dentistry.

Since 2003, the Department has been located in the [Health Professions, Nursing, and Pharmacy \(HPNP\) Building](#), located immediately north of the Health Science Center's Communicore Building, which houses the Health Science Center Library and many classrooms supporting education within the AHC's colleges. The HPNP building has integrated classroom facilities, state-of-the-art wireless technology, and access to the HP network, supporting computing needs for the department's research and clinical missions.

The Department has access to diverse patient populations. Students obtain direct experience with a wide variety of psychological and medical problems in children and adults. The [UF Health Shands Hospital](#) is equipped with state-of-the-art diagnostic and treatment tools, and the student frequently has the opportunity to work with a team of health care professionals in pursuing a diagnosis or implementing a treatment program.

Just as important as patient care services are the resources that support the academic and research aspects of the Academic Health Center's programs. The AHC is equipped with an excellent library that contains a broad collection of books and journals relevant to basic and applied psychological research. Many journals and other materials are available electronically to registered students through the UF Library websites. Just a block to the east, the McKnight Brain Institute's dedicated 3T research scanner is available. Also within a short walk of the department is the new Clinical and Translational Science Building, which houses the Institute on Aging and the University's Clinical and Translational Science Institute. The campus contains nine additional specialized libraries and one general resource library. The BioMedical Media Services located within the Health Science Center, contains facilities for photography, graphics, slides, videotape, and other media useful in the preparation of research reports. The Department occupies 23 thousand square feet of teaching, clinical and research space. The Department is particularly strong in instrumentation and methodology for neurocognitive and psychophysiological studies.

The Department of Psychology building is located nearby. The Psychology Department is responsible for the undergraduate teaching curriculum in psychology along with the graduate programs in cognition and perception, experimental analysis of behavior, developmental, social/personality, psychobiology and counseling psychology. Many faculty have ongoing collaborations with faculty in psychology. Many undergraduate Psychology majors work with Departmental faculty on senior theses and directed research projects, and many enroll as research assistants in Departmental projects. A number of faculty hold joint appointments in both departments.

## Placement After Graduation

During the past seven years, the Department has graduated over 11 students per year (range 8-16). These professionals are now employed in diverse academic, human service, governmental, mental health, and administrative positions. Alumni surveys indicate that most graduates are currently situated in medical centers (64%), or in non-hospital based academic programs (19%), while 18% are in exclusively clinical service positions. Over two-thirds of recent graduates are actively involved in research, 36% in teaching, and 47% in consultation activities. Nearly half of our graduates report involvement in administration or leadership positions, and 80% engage in at least some patient care activities. In the past 5 years over 90% of students secured their first or second internship choice and all have received at least one offer of employment after degree requirements have been completed.

## The Program

The Ph.D. program in clinical psychology is designed to enable students to master broad areas of knowledge and skills in psychology and clinical psychology, and to educate and train individuals who will contribute to such knowledge through research. The program consists of a general psychology core curriculum, a clinical psychology core, required research projects, a sequence of required clinical practica, a series of advanced elective courses, coursework and practica comprising a major area of study, and an APA-accredited internship in clinical psychology. The program is designed as a five-year intensive program of study, practice, and research. The program offers a flexible Scientist-Practitioner curriculum, that permits the advanced student to craft within limits a curriculum plan that suits their desired trajectory as a professional psychologist.

## General Timetable

### First Year

During the first year students devote most of their time to core courses in foundations of psychology; research design; statistics; clinical science (e.g., psychopathology, assessment, intervention), and professional issues/ethics. Along with didactic classroom work, students are exposed to the research interests and activities of faculty, and attend research groups as well as department conferences. During this first year the student chooses a research mentor and completes the First Year Project research requirement, which eventually becomes the basis for the student's M.S. Thesis.

### Second Year

In addition to research to complete the master's degree, the focus of the second year is the required clinical practica sequence. During these formal practica, students spend one day a week obtaining training in a variety of assessment, consultation, and intervention activities with both adults and children under the direct supervision of department faculty. Four 3-month rotations have emphasis in clinical health psychology, clinical neuropsychology, clinical child/pediatric psychology and mental health/primary care. The First Year Project is presented at the Fall Research Symposium, and the resulting Master's thesis is usually defended during the spring semester in front of a faculty committee. The student is also encouraged to develop interest areas which serve to satisfy the major area of study requirement and electives for the doctoral degree. It is a particularly important year since the student is expected to take a more active role in structuring his/her own learning experiences, and to form a doctoral supervisory committee.

### Third Year

During the third year students continue with coursework, research, intensified development of the major area of study, and with the completion of the required practica. All students continue to conduct ongoing therapy under faculty supervision. Elective practica are taken as well. Opportunities exist for working with patients of various age groups in both inpatient and outpatient settings. In the third year, the student typically satisfies requirements for doctoral candidacy, including a faculty review, doctoral qualifying examination and successful defense of a dissertation proposal.

### Fourth Year

During the early part of the fourth year students make application for internship. Application deadlines are from early November to December with a national selection date (APPIC Match Day) in February or March. The student consults with faculty, with the doctoral committee and the Program Director so that the most appropriate applications are made, and students receive significant support in the application process. The dissertation should be completed before leaving for internship. In this year the student rounds out his/her doctoral program through

further specialized practica, seminars and research involvement, while making certain that all requirements are met prior to leaving for internship.

## Fifth Year

This year is the 12-month full-time clinical internship in an APA accredited program. This internship is required of all clinical psychologists and is the capstone of professional training in the doctoral program. The doctoral degree is awarded after successful completion of all program requirements.

## Program Requirements

- [Program Requirement Summary \(2015-2016\) \(PDF\)](#) 

## Coursework

Core required courses include study in the broad discipline of psychology, research and design, statistics, and courses in core clinical psychology including psychopathology, assessment and intervention. Selection of a certain number of elective courses is also required to satisfy breadth requirements (e.g., child and family therapy, pediatric psychology, health psychology/behavioral medicine, neuropsychological assessment, advanced psychotherapy, among others).

## First Year Research Project

Research training is initially provided via a project that must be completed and presented by the middle of the fourth semester of matriculation. During the first semester, the student aligns with research mentor from among the core program faculty and develops a project that can be substantially completed within the year. This is then developed into a master's thesis which is defended before a department committee in the Spring semester of the 2nd year. The student is required to continue to engage in research throughout the program. The doctoral supervisory committee is constituted no later than the end of the second year.

## Practica

Core clinical practica are conducted under the supervision of program faculty. During core practica, students receive supervised assessment, consultation and intervention training with both children and adults having a wide variety of concerns ranging from problems of significant psychopathology to marital and family problems, and problems in coping with medical illnesses. After completion of the core practica, students are required to continue to obtain supervised intervention training throughout their tenure in the program, and may elect a number of available advanced practicum placements.

## Doctoral Candidacy

Admission to doctoral candidacy requires the approval of the student's supervisory committee, the department chair, and the Dean of the Graduate School. Approval must be based on the (1) academic record of the student, (2) the supervisory committee opinion of the student's overall potential for doctoral work, (3) an approved dissertation topic, and, (4) completion of the written and oral portions of the qualifying exam. The qualifying examination is conducted by the student's doctoral supervisory committee.

## Doctoral Committee and Dissertation

The dissertation is an independent and original research project which is conducted by the student with the approval and ongoing consultation of the doctoral committee. The dissertation must make an original contribution to existing psychological knowledge. The student formulates a

## Upcoming CHP Events

*No events currently scheduled.*

*No events currently scheduled.*

» [VIEW FULL CALENDAR](#)



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# Department of Clinical and Health Psychology

College of Public Health and Health Professions

## Apply to the Program

**Application Deadline for Fall 2015: December 1, 2014**

**Interview Weekend: February 13 and 14, 2015**

The following faculty have indicated an intention to mentor a new student in the Fall 2015 cohort. Additional mentorship opportunities may become available pending grant funding and other opportunities.

Russell M. Bauer, Ph.D.  
William Perlestein, Ph.D.  
David Fedele, Ph.D.  
David Janicke, Ph.D.  
Deidre Pereira, Ph.D.  
Steven Anton, Ph.D.  
Vonetta Dotson, Ph.D.  
Michael Marsiske, Ph.D.

### Admissions Requirements

A bachelor's degree is required. Undergraduate courses in experimental psychology, statistics, and at least three of the core areas of psychology (developmental, learning, perception, physiological, or social) are generally adequate didactic preparation for graduate study. Most students also have additional basic science backgrounds as part of their undergraduate majors. Although a psychology major on the undergraduate level is preferred, the department has, on occasion, accepted students with undergraduate preparation in other disciplines.

Recent statistics suggest that the average first year student has a combined verbal and quantitative GRE of 315 and an undergraduate GPA of 3.74. For more information see [Student Admissions, Outcomes and Other Data](#). All students had, in addition to didactic preparation, some practical experience of a clinical or research nature prior to enrollment. The admission committee places particular emphasis on prior research experience, the breadth and quality of the undergraduate preparation in basic science and psychology, letters of recommendation and personal statements. Undergraduate GPA and GRE scores (verbal, quantitative, and writing) also affect the committee's decision.

The admissions committee has throughout the years not required interviews as part of the acceptance procedure. However, interviews are recommended because they benefit both the applicant and the program in determining whether there is a good fit between the applicant's training needs and training opportunities. You are welcome to contact the individual faculty and discuss specifics of the area that you are interested. The admissions committee makes every effort to make telephone contact with all applicants in the final selection pool who are also invited to a recruitment weekend to be held in February. The number of students admitted is typically 12-15 from an applicant pool of about 350-400. The actual size of the class is determined by a number of different factors including available faculty, University, and departmental support, program needs, and the goal of attracting and maintaining an excellent and diverse student body. The Department of Clinical and Health Psychology adheres to the Guidelines for Graduate School Offers and Acceptances adopted by the Council of University Directors of Clinical Psychology and to Admissions policies established by the Council of Graduate Schools. The CUDCP guidelines can be found [here \(PDF\)](#) .

The admissions process involves the following steps: (1) After the deadline for completion of application materials has passed, the electronic application package is distributed to members of the admissions committee for review. This typically takes place during December and early January. (2) The admissions committee then meets to review rankings and to select a group of applicants to invite for our yearly Interview Weekend, which typically takes place in February or early March. Students who are invited for interviews but who cannot attend Interview Weekend are offered telephone interviews or, in extenuating circumstances, later on-campus interviews. (3) After the interview process is complete, the admission committee consults program faculty and students for feedback. This data, together with information available in the application packet, is considered during a final admissions committee meeting in which rank order lists are created. (4) The applicants are then either offered admission, placed on an alternate list, or declined admission. Status in the first two categories may change as admissions offers are accepted or denied until all admissions slots are filled.

The University of Florida encourages applications from qualified applicants of both sexes from all cultural, racial, religious and ethnic groups. The University of Florida is an Equal Opportunity/Affirmative Action Institution. The University is committed to non-discrimination with respect to race, creed, color, religion, age, disability, sex, sexual orientation, gender identity and expression, marital status, national origin, political opinions or affiliations, genetic information and veteran status as protected under the Vietnam Era Veterans' Readjustment Assistance Act.

For additional information regarding PhD Program Admissions, please contact the Program Coordinator Milan Savic at 352-273-6142x352-273-6142  or via email: [msavic@phhp.ufl.edu](mailto:msavic@phhp.ufl.edu).

## Application Procedures

***If you are a previous applicant, please follow the new application process by submitting all application materials to the UF Office of Admissions.***

Students should use the [CHP Graduate Application \(PDF\)](#)  Please complete the form, save it

in PDF format and upload it to the **Graduate Admissions electronic application as an “Upload Other” Attachment. Applications and all other official documentation for the Fall 2015 semester must be received by December 1, 2014.** There are no exceptions to this deadline. Note that the program only accepts students to begin in the fall semester. Only complete applications will be considered. A complete application consists of ALL the steps mentioned below being done and submitted by the deadline mentioned.

Since the college of Public Health and Health Professions department of Clinical and Health Psychology is separate from the College of Liberal Arts and Sciences’ Department of Psychology, make sure you are applying to the correct program. Be sure to mark each application item “Clinical Psychology.” If you want to apply to the College of Liberal Arts and Sciences’ Psychology department’s Counseling Psychology PhD program, please visit their website directly at: <http://www.psych.ufl.edu>

It is strongly suggested that you read through the instructions and requirements listed below at least one time prior to completing the steps needed for a complete application to our Clinical and Health Psychology Program.

**You MUST complete the CHP Department application, as well as the Graduate School application to be considered for admission into the program.**

A complete application includes the following:

## UF Electronic Application Process

- Complete the UF Graduate online application
- Resume or CV – Attached in a PDF format
- Personal Statement – Limited to space available in application
- Official Transcripts – From all institutions of higher learning attended
- Official GRE Scores
- Three Letters of Recommendation – Limited to space available in application
- Attached PDF copy of the [Application for Clinical Psychology Doctoral Program Form \(PDF\)](#) 
- Enter your Major Area of Study in the Specialization field on the online application

### 1. Graduate School Application

[Complete the University of Florida’s \(UF\) online application.](#) You have the option of paying the UF application fee online or you can print the Fee Payment Cover Memo and mail it in with your payment to the address indicated on the memo. **NOTE: This is not a department application fee. Do not send this fee to our department.**

Once you have completed the UF online application, you will be given a UFID number. You should also visit this site for additional forms and information

<http://www.admissions.ufl.edu/applygraduate.html>. Remember to return to this page of Departmental Application Procedures to complete the application process.

### 2. Official GRE scores

These scores must be postmarked by ETS by December 1, 2014. The University of Florida’s institution code is **5812**. (Subject tests are not required.)

### 3. Official Transcripts

Official transcripts from **ALL** institutions the applicant has attended are required, regardless if the

courses were taken degree or non-degree seeking. Unofficial transcripts from a Study Abroad term will be used only if the student's home institution has the courses listed on their official transcripts.

UF applicants are **NOT** exempt from sending their official transcripts to the UF Office of Admissions, regardless if the other institutions attended are listed on the UF transcript.

For more information about applying to the University of Florida's Graduate School visit the following link:

[UF Graduate School](#)

All materials required for the Graduate School application must be sent to:

**University of Florida Office of Admissions**

**ATTN: Graduate Admissions**

**P.O. Box 114000**

**201 Criser Hall**

**Gainesville, FL 32611-4000**

#### 4. Resume/CV

Describe pertinent work history, applied and research experience, papers published, honors obtained and special computer and language proficiencies. Please attach this document in a PDF format to the electronic application.

#### 5. Statement of Purpose

**At the top of the statement, please state your Major Area of Study, and, if known, the name of a faculty member with whom you would prefer to work.** Recognizing that your space is limited to approximately two pages and must fit within the allowed space in the electronic application, describe your interest areas in clinical psychology and your career plans. Describe your strengths and weaknesses for graduate study, and your need for financial support. Indicate whether you may be interested in obtaining extended education and training in Public Health if you gain admission to the doctoral program.

*Please select one major area of study from the list below:*

##### **Major Area of Study**

- Clinical Child/Pediatric Psychology
- Clinical Health Psychology
- Neuropsychology, Neurorehabilitation, and Clinical Neuroscience
- Emotion Neuroscience and Psychopathology

#### 6. Three Letters of Recommendation

You are required to obtain three (3) letters of recommendation that must be submitted through the graduate school online application system. Please advise your recommenders that the online recommendation submission form has a limited word count and if copying and pasting the letter from another program, they should be certain that the entire letter has pasted. It is preferable for the recommenders to type directly into the form. Letters cannot exceed two single-spaced pages. E-mail requests to the recommenders identified in your application will not

be emailed until after you have submitted your completed application to the university.

**NOTE:**

The department does not always contact you regarding missing materials. Please remember that having materials sent does not always mean that they are received. Letters often get lost in the mail, transcripts do get mixed, and GRE scores sometimes take up to 8 weeks for delivery. Please use the UF Office of Admissions online application status system to confirm that all application materials have been received. If you are missing application materials, be advised that processing at Graduate Applications can take several weeks at peak traffic times (November-December). The department will begin the review process for all applications **after the December 1st deadline** and will be unable to respond to inquiries about the status of applications until after all applications have been reviewed.

**Please be aware that you must follow all posted instructions for submitting your application. Test scores, recommendation letters, resumes/CVs, etc. that are submitted to the department rather than to the UF Office of Admissions will not be processed, and your application will remain incomplete.**

**Application Deadline for Fall 2015: December 1, 2014**

**Interview weekend: February 13 and 14, 2015**

## Contact Us

[Send Email »](#)

## Important Links

- [› APA](#)
- [› CHP Intranet](#)
- [› CSEA](#)
- [› CUDCP](#)
- [› MBI](#)
- [› MyUFL](#)
- [› Outlook Mail](#)
- [› PCIT](#)
- [› PPHP Research](#)
- [› Precertification Program in Psychometry](#)
- [› The Athlete Brain](#)

## Upcoming CHP Events

*No events currently scheduled.*

*No events currently scheduled.*

[» VIEW FULL CALENDAR](#)



# Department of Clinical and Health Psychology

College of Public Health and Health Professions

## Financial Aid

Faculty in the department continually compete on the university, state, and national level for support of research projects and clinical service programs. Almost all funded grants administered by the department support graduate students as research assistants. In the absence of such funding the Department often can offer first-year students a 1/3-time departmental assistantship. The duties of this assistantship are jointly negotiated by the department chair, program director, and the student, and may involve research, teaching, or other responsibilities. A limited number of Fellowships (Alumni Fellowship, Presidential Fellowship) may be available to qualified students.

As students focus an interest area and gain exposure to research conducted by faculty, other assistantship and fellowship opportunities become available. In addition to the financial support which is available through the faculty's participation in the competitive grant review process, students are encouraged to submit their own projects under faculty sponsorship for external funding consideration.

At the present time the department and its collaborating units support 100% of its active graduate students seeking funding through fellowships or assistantships. Most of these students are funded by federal grants or clinical training monies, though some have been assigned clinical or research duties in other departments or agencies, and others have succeeded in securing their own support through competitive review at the local and national level.

For more information on various university, college, and department fellowships go to <http://www.aa.ufl.edu/fellows/index.html>.

### Minority Fellowships

Fellowships for minority students may be awarded from different sources:

The McKnight Doctoral Fellowship may be awarded to African American and Hispanic students newly admitted into selected doctoral degree programs at universities in the State of Florida. The stipend is \$12,000 for 12 months. In addition, the fellowship pays for tuition and fees, and all allowance for health insurance, computer equipment, books, and supplies up to \$5000 annually. The fellowship may be funded for a maximum of 5 years. African Americans and Hispanics who are U.S. citizens are eligible. The application deadline is January 15th.

Since this deadline is well past our Program application deadline we **strongly recommend** that ALL McKnight Doctoral Fellowship Applicants forward copies of the materials we require to our office by our deadline with a note indicating that they are a McKnight applicant. This will ensure that your application is considered and reviewed by our Admission Committee.

To receive an application for the McKnight Doctoral Fellowship, write to: Florida Education Fund (F.E.F.), 201 East Kennedy Blvd., Suite 1525, Tampa, FL 33602, or telephone

813-272-2772813-272-2772 or visit their website at [www.fefonline.org/mdf.html](http://www.fefonline.org/mdf.html). You may also want to check out [The Gates Millennium Scholars Program](#) administered by the United Negro College Fund which will provide scholarships and fellowships for outstanding low-income African-American, Native American, Hispanic American, and Asian-Pacific American students to attend graduate institutions of their choice.

Further information concerning resources for minority students can be obtained from the Office of Graduate Minority Programs, 115 Grinter Hall, 352/392-6444352/392-6444, their e-mail is [OGMP@ufl.edu](mailto:OGMP@ufl.edu), or visit the homepage at <http://gradschool.ufl.edu/diversity/introduction.html>.top.

For further information about APA Accreditation of Graduate Programs in Psychology, write or call:

Office of Program Consultation and Accreditation  
American Psychological Association  
Education Directorate  
750 First Street N.E.  
Washington, DC 20002

(202) 336-5979(202) 336-5979

E-mail: [apaaccred@apa.org](mailto:apaaccred@apa.org)

Website: <http://www.apa.org/ed/accreditation/>

## Contact Us

[Send Email »](#)

## Important Links

- › [APA](#)
- › [CHP Intranet](#)
- › [CSEA](#)
- › [CUDCP](#)
- › [MBI](#)
- › [MyUFL](#)
- › [Outlook Mail](#)
- › [PCIT](#)
- › [PHHP Research](#)
- › [Precertification Program in Psychometry](#)
- › [The Athlete Brain](#)

## **Additional links in PhD Program Website**

Listed below are additional links provided on the main page of the Ph.D. Program website. These links provide student/public access to portions of the website that are reproduced elsewhere in the self study. They are reproduced here to demonstrate the extent of information about the program that is publicly available.

### **Computer Literacy Policy**

<http://chp.php.ufl.edu/academics/doctoral-in-clinical-psychology/computer-literacy-policy/>

### **Student Admissions, Outcomes, and Other Data (1-click position)**

<http://chp.php.ufl.edu/academics/doctoral-in-clinical-psychology/student-admissions-outcomes-and-other-data/>

### **UF Academic Honesty Guidelines/Student Conduct and Honor Code**

<https://www.dso.ufl.edu/sccr/process/student-conduct-honor-code/>

### **UF Graduate Catalog**

<http://gradcatalog.ufl.edu/>

### **Student Handbooks**

(The handbook is revised every year. We provide linked access to each handbook that was in effect for each matriculating class since the last self-study here).

<http://chp.php.ufl.edu/academics/doctoral-in-clinical-psychology/student-handbooks/>

### **Course Schedules for Current and Upcoming Semesters**

<http://chp.php.ufl.edu/academics/course-schedules/>

### **Course Syllabi (2013-current)**

<http://chp.php.ufl.edu/academics/course-syllabi/>

## Main Links on Departmental Website

Homepage: <http://chp.phhp.ufl.edu/>

Faculty, Staff, and Trainee Lists: <http://chp.phhp.ufl.edu/people/>

Research Centers and Links: <http://chp.phhp.ufl.edu/research/affiliated-centers/>

Academic Programs: <http://chp.phhp.ufl.edu/academics/>

Doctoral Program: <http://chp.phhp.ufl.edu/academics/doctoral-in-clinical-psychology/>

Internship: <http://chp.phhp.ufl.edu/academics/internship-in-clinical-and-health-psychology/>

Post-Doctoral Programs: <http://chp.phhp.ufl.edu/academics/post-doctoral/>

International Programs: <http://chp.phhp.ufl.edu/academics/international-programs/>

Psychology Clinic: <http://chp.phhp.ufl.edu/services/psychology-clinic/>

Forms (volunteer, FERPA release for letters of recommendation, travel authorization)  
<http://chp.phhp.ufl.edu/forms/>

**Appendix G**  
**Excerpts from Faculty Handbook**  
Entire Handbook: <http://handbook.a.a.ufl.edu/>

# Teaching Resources: Policies and Procedures for Teaching Classes

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## Course Syllabi

The syllabus for a course is a written record of the instructor's plan for the organization and management of the course, and his or her expectations of the students. The [UF Policy on Course Syllabi](#) outlines the information that must appear in all course syllabi, independent of course level or discipline. Instructional faculty are expected to post their course syllabi to a student accessible website and submit copies of course syllabi to the departmental office to document compliance with this policy.

## Textbook Adoption

[Textbook adoptions](#) may be submitted online. Faculty and staff are strongly encouraged to submit course adoption information in a timely manner. This helps to ensure that students know about required materials at the time of course registration and that books are available to students before classes begin. [General information about Textbook Adoption](#) may be found [here](#).

### **Academic Honesty (See [4.040 Student Honor Code and Student Conduct Code - pdf](#))**

Students are required to be honest in all of their university class work. Faculty members have a duty to promote ethical behavior and avoid practices and environments that foster cheating. Faculty should encourage students to bring incidents of dishonesty to their attention. A faculty member, in certain circumstances, can resolve an academic dishonesty matter without a student disciplinary hearing. The procedures and guidelines are available from [Student Conduct and Conflict Resolution](#). The basic rights accorded to students and student organizations in conduct proceedings is located [here](#).

The Honor Code: We, the members of the University of Florida community, pledge to hold ourselves and our peers to the highest standards of honesty and integrity by abiding by the Honor Code.

On all work submitted for credit by students at the University of Florida, the following pledge is either required or implied:

"On my honor, I have neither given nor received unauthorized aid in doing this assignment."

## Antiplagiarism Software

[Turnitin](#) is an internet-based anti-plagiarism technology that enables faculty members to determine if research papers have been plagiarized.

The Office of Academic Technology has licensed Turnitin.com for the use of University of Florida faculty and students. Turnitin's web-based program searches out matching and even partially altered phrases from web content and Turnitin databases. The software then provides to the instructor a color-coded "originality report" with links to similarities in submitted text. This allows the instructor to carefully evaluate suspect papers for proper and improper citation as well as for dishonest plagiarism.

## Attendance

Instructors set the specific attendance policies for their courses. Students enrolled in a course are responsible for satisfying all academic objectives as defined by the instructor.

Students may not attend a class unless they are officially registered or approved to audit with evidence of having paid audit fees. Students who do not attend at least one of the first two class meetings of a course or laboratory in which they are registered, and who have not contacted the department to indicate their intent, may be dropped from the course. However, students should not assume they have been dropped from a course if they fail to attend the first few days of class.

## Auditing Courses

Students may audit courses on a space-available basis. Students must obtain approvals of the course instructor and the dean of the college offering the course, and pay course fees.

## Procedures for Adding and Dropping Courses

Courses may be dropped or added during the Drop/Add period without penalty. The Drop/Add period is the first 4 days of classes during fall or spring semester, and the first 2 days of classes for summer terms. The specific dates are listed in the [Critical Dates by Term](#).

After Drop/Add, students may withdraw from a course up to the date established in the [university calendar](#). A grade of W will appear on the transcript, and students will be held liable for course fees. All drops after the Drop/Add period must be submitted to the Office of the Registrar by the deadline.

## Religious Holidays

The university calendar does not include observance of any religious holidays. The Florida Board of Governors and state law govern university policy regarding observance of religious holidays. Students shall be excused from class or other scheduled academic activity to observe a religious holy day of their faith with prior notification to the instructor. Students shall be permitted a reasonable amount of time to make up the material or activities covered in their absence. Students shall not be penalized due to absence from class or other scheduled academic activity because of religious observances.

## Student Illness

Students who are absent from classes or examinations because of illness should contact their instructors. The [Student Health Care Center \(SHCC\)](#) can provide a medical excuse note only if their providers are involved in the medical care of a student who must be absent from class for three or more days for medical reasons. A student who has a medical reason that results in fewer than three days of absence from class should talk with his/her professor rather than ask for an excuse note from the SHCC. If a professor subsequently requires a note for a medical absence of fewer than three days, then the professor must provide the SHCC with a written request on UF departmental letterhead.

## Twelve-day Rule

Students who participate in athletic or extracurricular activities are permitted to be absent 12 regular class days per semester without penalty. This rule applies to individual students participating on an athletic or scholastic team. It is the student's responsibility to maintain satisfactory academic performance and attendance.

For more information on policies regarding student athletes, consult [UF Rule 6C1-7.058](#) (pdf), and/or the [Office of Student Life](#), a part of the [University Athletic Association \(UAA\)](#).

### Reading Days (See [UF Rule 6C1-7.055](#) - pdf)

The two days before the start of examinations in the fall and spring semesters (generally a Thursday and Friday) are designated reading days. No classes or exams are held on these days.

## Examination Policies

During term examinations may be held during the regular class time or evening assembly exams may be arranged for Monday-Friday from 8:20-10:10 p.m. (periods E2-E3) for the fall and spring terms and Monday-Friday from 7:00-9:25 (periods E1-E2) for the summer terms. If other classes are scheduled during an exam time, instructors must provide make-up class work for students who miss class because of an assembly exam.

Final examinations are determined by course meeting times except for certain large courses. Final examination times are published in the [Schedule of Courses](#). No student is required to take more than three final exams in one day. If two exams are scheduled at the same time, assembly exams take priority over time-of-class exams. When two assembly exams or two time-of-class exams conflict, the course with the higher number will take priority.

## Grades and Grading Policies

Instructors are responsible for setting the grading scale in their courses. There is no standard grading scale at UF. For general purposes, passing grades are A, B+, B, B-, C+, C, C-, D+, D, D- and S. Failing grades are E and U. However, note that C- is not a passing grade for courses in the major, General

Education, or Gordon Rule credit. Information on the UF Writing and Math Requirements (formerly Gordon Rule) may be found [here](#). For information on the use of grades,

see: <https://catalog.ufl.edu/ugrad/current/regulations/info/grades.aspx>

Instructors submit grades to the Office of the University Registrar at the end of the semester using the Grade-A-Gator system. Grade-a-Gator is the system used by the University of Florida to input student grades. Grade-a-Gator can be found in [myUFL](#) under "My Self Service>Enter Grades". Make sure that you contact your faculty liaison for Grade-a-Gator in order to get further assistance in grade submissions. If you are unsure of who your faculty liaison for Grade-a-Gator is, ask your Department Office Manager or contact the Computing Help Desk.

An incomplete grade (I) may be assigned at the discretion of the instructor as an interim grade for a course in which a student has completed the major portion of the course with a passing grade, but is unable to complete course requirements before the end of the term because of extenuating circumstances. Instructors are not required to assign incomplete grades. The instructor and student determine an appropriate plan and deadline for completing the course. It is suggested that these arrangements be documented in writing with copies for both the student and instructor. If completion of the course requirements requires classroom or laboratory attendance in a subsequent term, the student should not register for the course again; instead the student must audit the course and pay course fees. When all course requirements have been completed, the instructor will submit a change of grade to the Office of the University Registrar. An I grade should not be assigned to a student who never attended class; instead instructors may assign a failing grade or no grade at all.

Grade changes will be accepted and processed by the Office of the University Registrar (OUR) for a period of one calendar year after the term in which the course was attempted. This policy does not apply to grades of I or I\*, which designate a grade of incomplete. Any grade changes submitted after the deadline must be accompanied by additional supporting information or documentation justifying the extension and submitted to the appropriate college dean. If the dean approves the exception, he or she will forward it to the OUR for processing. [Grading Policies for Faculty](#) are located [here](#).

### Satisfactory/Unsatisfactory (S-U) Grade Option

Subject to college degree program and department guidelines, students may take elective course work and earn grades of S (Satisfactory) or U (Unsatisfactory). S-U grades do not carry grade point values and are not computed in the UF GPA. Such grades are included in a student's permanent record and are reflected on the transcript.

Students must obtain approval for the S-U option and may elect the S-U option for only one course each term. Courses taken to fulfill the Writing and Math Requirement (Gordon Rule) may not be taken S-U. For fall, spring, and summer C terms, the deadline for filing an S-U option is Friday of the third week of

classes. For summer A and B terms, the deadline is Wednesday of the second week of classes. The specific dates are listed in the [Critical Dates by Term](#).

## Posting of Students' Grades

Public posting of student grades using complete social security numbers or university student identification numbers (e.g., the UF ID number), or any portion thereof, violates the Federal Educational Rights and Privacy Act. Consequently, faculty should not post student grades in this manner.

For the purpose of posting grades, faculty may assign, or allow students to choose, a unique and confidential identifier (e.g., a 4-digit number) and then post grades using that number provided that the posted list is not in alphabetical order. Alternatively, faculty may institute a web-based system that allows students to look-up grades. The system should be secured by Gatorlink username and password. This function is available in the [e-Learning](#) course management system.

## Student Assessment of Courses and Instructors

The State University System Student Assessment of Instruction (SUSSAI) was implemented in 1995. Its purpose is to provide for student assessment of instruction based on eight criteria common to all SUS institutions. Evaluations are administered through departmental and college offices for all scheduled undergraduate and graduate courses and are conducted online at <https://evaluations.ufl.edu>. Evaluations are typically open during the last two or three weeks of the semester. Summary results of these assessments are available <https://evaluations.ufl.edu/results>. Summary results for the faculty, departments, and colleges are distributed online at <https://evaluations.ufl.edu>. Results of course and instructor evaluations are used as part of individual faculty evaluations and in consideration for tenure and promotion.

## Accommodations for Students with Disabilities

Support services for students with disabilities are coordinated by the [Disability Resource Center](#) in the [Dean of Students Office](#). All support services provided for University of Florida students are individualized to meet the needs of students with disabilities. To obtain individual support services, each student must meet with one of the support coordinators in the Disability Resources Program and collaboratively develop appropriate support strategies. Appropriate documentation regarding the student's disability is necessary to obtain any reasonable accommodation or support service.

# Student Resources: General Information

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***Student Guide***

Information and resources for Students are provided by the Office of the Registrar: <http://www.registrar.ufl.edu/hubstudents.html> as well as the [Dean of Students Office](#). Students should consult the [Undergraduate Catalog](#) and the [Schedule of Courses](#) for complete information about academic concerns. Florida Statutes and [Chapter 6C1, Florida Administrative Code](#), are the sources for other rules and regulations related to students.

## **Student Affairs**

As an integral part of the academic mission of the University of Florida, the [Division of Student Affairs](#) prepares students to assume roles of leadership, involvement and service in a global community. The Office of the Vice President and other departments play a vital role in creating and maintaining a healthy campus environment through services, programs and innovative learning experiences beyond the classroom. The mission of the Division of Student Affairs is to provide opportunities for student engagement, learning and discovery in a diverse environment that will optimize their university experience and prepare them to serve a global community.

## **Career Resource Center**

The [Career Resource Center](#) provides career development, experiential learning, and employment services for all UF students and alumni.

## **Center for Leadership and Service**

The [Center for Leadership and Service \(CLS\)](#) provides the structure and resources to prepare students to become productive citizens and assume roles of leadership and service in a culturally diverse and increasingly complex society. The Center fosters lifelong service and civic participation by engaging the University with its greater community in action, change and learning

## **Department of Housing and Residence Education**

The [Department of Housing and Residence Education](#) is responsible for maintaining facilities and programming in support of the on-campus community.

## **Dean of Students Office**

The [Dean of Students Office](#) provides many services for students including student orientation, veteran benefits, alcohol and drug information programs, gender issues, and many more. The staff also provides exit interviews for students withdrawing from the University of Florida.

- *Disability Resources* — All support services provided to and for University of Florida students with disabilities are individualized to meet their needs. To obtain individual support services, each student must meet with one of the support coordinators in the [Disability Resource Center](#) and collaboratively develop appropriate support strategies. Appropriate documentation regarding the student's disability is necessary to obtain any reasonable accommodation or support service.

Students with disabilities who require accommodations should seek assistance through the Disability Resources Center.

- *Student Conduct and Conflict Resolution* — [Student Conduct and Conflict Resolution](#) is responsible for the judicial aspects of the Code of Student Conduct at the University of Florida, insuring that students receive fair treatment in all hearings. Students, faculty and staff who believe there has been a violation can contact Student Conduct and Conflict Resolution at the Dean of Students Office to discuss options available for reporting incidents to the appropriate authorities. Office personnel can assist victims of assault or harassment by a University student, and they are also available for educational programs on a variety of related topics.
- *New Student Programs* — The [Office of New Student and Family Programs](#) provides on-going programs that support new students and families in their transition to UF. These programs include Preview (summer orientation) and Weeks of Welcome (WOW!) in the fall, as well as managing the First Year Florida courses and the Common Reader Program.

## **J. Wayne Reitz Union**

The [J. Wayne Reitz Union](#) is the center of activities of the university community. The Union sponsors a continuing program of activities and houses the Student Government offices and the offices of many student organizations, as well as the [Student Activities and Involvement](#) and the [Sorority and Fraternity Affairs](#). It also offers a wide variety of facilities and services for the campus community.

## **Multicultural and Diversity Affairs**

The [Multicultural and Diversity Affairs](#) staff at the Dean of Students Office assists students of color including African-American, Asian Pacific-Islander American, Native American, and Hispanic/Latino, gay, lesbian, transsexual students, and services for women students and student organizations, in their personal development by providing programs and initiatives that educate, motivate and challenge them as members of the University of Florida.

## **Off-Campus Life**

[Off Campus Life](#) advocates for and educates towards the development of students as great Gator neighbors within the Gainesville community. Students living off campus have rights and responsibilities associated with their pursuit of an enjoyable and safe off campus living experience. The office of Off Campus Life provides services and educational opportunities to promote the understanding of these rights and responsibilities throughout the off campus student population.

## **Recreational Sports**

The [Department of Recreational Sports](#) at the University of Florida provides an opportunity for every student to participate in an athletic or recreational activity on a voluntary basis.

## Student Financial Affairs

[Student Financial Affairs](#) administers and coordinates the financial aid program for students at the University of Florida. Major federal, state, institutional, and private agency assistance programs are available through this office as well as financial aid services and counseling.

## Support Services for Students Outside of Student Affairs

### Student Health Care Center

The [Student Health Care Center \(SHCC\)](#) is an outpatient clinic that provides primary medical and psychological care, health promotion, and a variety of other specialty services. SHCC is committed to providing students with quality health care at an affordable price. SHCC is further committed to positively impact the future health of all students by promoting health and wellness and disease prevention.

### International Student Services

The [International Student Services \(ISS\)](#) office at the [University of Florida International Center](#) (UFIC) is committed to ensuring the integration of international students and families into the life of the University of Florida and the city of Gainesville. The [International Student Handbook](#) provides links to vital information for international students.

### Policies Governing Student Behavior

[UF Regulations, Student Affairs, Chapter 6C1-4](#)

# Research at UF: Research Programs

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### [Office of Research](#)

The Office of Research provides a full range of financial, administrative, and information services for identifying, obtaining, and administering external research funds, and administering graduate education.

- [The Researcher's Handbook](#)

### Sponsored Research

[Division of Sponsored Research \(DSR\)](#) staff members are available to assist UF faculty and staff with all stages of a grant application, award acceptance, and administration. DSR provides assistance in

identifying appropriate funding sources, completing budgets and other agency forms, contract negotiation, and assistance with all forms of post-award administrative requirements.

## Technology Licensing

[The Office of Technology Licensing \(OTL\)](#) handles the patenting, marketing and licensing of all UF-developed intellectual property. OTL works closely with UF inventors in the identification and protection of new inventions. All patents, copyrights, trademarks, and materials transfer agreements are processed and managed by OTL. Faculty can find detailed information on technology licensing at the [OTL Web site](#).

## Graduate School

[The Graduate School](#) is responsible for enforcing minimum general standards of graduate work at the University and for the coordination of the graduate programs of various colleges and schools.

- [The Graduate Catalog](#)
- [The Graduate Council Policy Manual](#)

## Research Foundation

[The University of Florida Research Foundation \(UFRF\)](#) administers certain contracts and grants (non-state and non-federal sponsors) as an alternative to administration through the University of Florida. Principal Investigators should contact the Division of Sponsored Research to determine which route to use in accepting and administering their award.

# Research at UF: The Research Process

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The [Researcher's Handbook](#) contains the policies and procedures for conducting research at the University of Florida. [Guidelines for establishment and assessment of centers and institutes](#) can be found at the [Institutional Planning and Research](#) Web site.

## Funding opportunities

The [Research Program Development Office](#) assists University of Florida faculty and staff in the pursuit of internal and external research funding. The office identifies and publishes a list of [Funding Opportunities](#) for the UF community, coordinates the selection of UF's nominees to [limited application programs](#), and coordinates the annual [Research Opportunity Seed Fund](#) program. In addition, the office assists in planning and coordinating large interdisciplinary research initiatives, including facilitating the preparation of grants involving multiple schools, colleges, divisions, or institutions to support new research programs at UF.

## Proposal Writing

Careful development and rigorous writing of a detailed research proposal are necessary for success in the highly competitive research funding environment at most sponsoring agencies. Members of national review panels state repeatedly that it is no longer good enough to write a solid proposal. It has to be a "great" proposal. Applicants must be prepared to sell their ideas with professional finesse. The [Proposal Development](#) section of the RGP [Researcher's Handbook](#) is a useful guide.

## Research Compliance

The University of Florida is committed to conducting research in compliance with established federal, state and local rules, regulations, policies and procedures. [The Division of Research Compliance](#) assists campus in its commitment through development and implementation of research compliance programs, and coordination of activities with various compliance offices and committees. The goal of the [Division of Research Compliance](#) is to promote compliance while facilitating research.

**The Division of Research Compliance is responsible for the following areas of compliance:**

- Conflict of Interest
- Export Controls
- Misconduct in Research

**Additional areas of compliance in which the Division of Research Compliance assists other campus offices and committees include:**

- Animal Subjects
- Environmental Health and Safety (biologic, radiologic, chemical, etc.)
- Financial
- Good Clinical Practices
- Good Laboratory Practices
- Human Subjects
- Intellectual Property
- Outside Activities
- Responsible Conduct of Research

## Use of Hazardous Materials

The use and storage of biohazards (infectious agents, transformed cell lines, primary human tumors, and regulated biological materials) and recombinant DNA is monitored by the [Biological Safety Office](#) within the [Environmental Health & Safety Division](#). Regulated biological agents fall into two major categories: Hazardous Biological Materials and Recombinant DNA (including transgenics).

When radioactive materials or radiation-producing devices are involved in research, the procurement, storage, utilization and safety have to be cleared by the [Radiation Control & Radiological Services \(RC&RS\) Department](#) within the [Environmental Health & Safety Division](#). It is the responsibility of the PI to obtain these approvals. There are separate application procedures for human and non-human research projects.

## Working with Graduate and Undergraduate Student Research Assistants or Volunteers

General information about [Graduate Education](#) can be obtained from the Graduate School. Each college and/or academic department has specific information about research requirements for graduate degrees. Each college, school, division, and operational unit is authorized and encouraged to utilize volunteers to assist in carrying out its programs. Faculty may choose to involve undergraduate students in their research and scholarship activities in either paid (OPS) or volunteer positions. [Rule 6C1-3.0031](#) covers the responsibilities of the unit regarding volunteers.

The UF Honors Program maintains an [Undergraduate Research Database](#). The purpose of this database is to match undergraduates with researchers in all fields at the university.

The [University Scholars Program](#) permits selected undergraduate students to work one-on-one with a chosen faculty member on a research/creative project of mutual interest. University Scholars are awarded a \$2,500 stipend for research during the summer. An additional \$500 will be available for research support such as travel to a relevant scholarly conference. Faculty mentors receive \$500 in research support in recognition of their direction and guidance of the student. Applications for University Scholars Program are available early in the spring semester. All University Scholars Program participants are expected to publish a research paper in the [Journal of Undergraduate Research](#).

# Campus Services & Culture: Campus Services

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These are some of the many services available on campus. There are numerous other services and resources available in the community.

## Computers, Technology and Communications Services

[UF Information Technology \(UFIT\)](#) is organized to align with common IT services required by the UF community as well as unique service needs resulting from the natural diversity in a large academic institution. As a result, the IT organization at UF includes:

1. A vertically integrated core organization that focuses on service needs of large sectors of the university community, and
2. Unit IT organizations that address specific needs of Senior VP areas (Provost, IFAS, HSC and Administrative).

### **UFIT Core Units are:**

- [Academic Technology](#)  
The Office of Academic Technology (AT) provides resources, technical assistance, and equipment to assist the University of Florida faculty, staff and students. The three general divisions of AT include support for media services, instructional technology and teaching/learning.

- **Computing and Networking Services**  
CNS provides large-scale computing and networking services for the University of Florida, University of North Florida, and for other state educational institutions and agencies in northern Florida. The CNS facilities are used for instructional, administrative, and research computing. Divisions of CNS include Network Services and Telecommunications.
- **Enterprise Systems**  
Enterprise Systems supports UF-wide enterprise systems. Currently these services are provided by a variety of units including Bridges. Under the current UF IT Action plan these units are being reorganized into Enterprise Systems.
- **Information Security and Compliance**  
A new unit to be formed from the Health Science Center SPICE program and the Information Security Team, Information Security and Compliance has a mission to preserve the confidentiality, integrity, and availability of restricted and critical data of the University.
- **Customer Technology Services**  
Customer Technology Services provides user support, workstation support, server-based services and Web site maintenance to administrative units across the university.
- **Research Computing**  
Research Computing and the High-Performance Computing Center provides high-performance computing resources and support to UF faculty whose research depends on large-scale computing.

#### **Senior VP IT units are:**

IT Units under the Senior VPs report to the corresponding Senior VP and to the CIO for policy, compliance and IT program development.

- **Health Science Center IT**  
The Academic Health Center (AHC) IT department is comprised of several departments who specialize in technical competencies and customer processes.
- **Institute of Food and Agricultural Sciences IT**  
IFAS IT provides coordination between the CIO and the Senior IFAS-VP faculty and staff with general support services such as account maintenance, email, webhosting, security, videoconferencing, training and IFAS special applications such as EDIS, FAWN and DDIS.
- **E & G IT**  
E & G IT is a unit providing coordination between the CIO and the Provost. As with the other dual report groups, the E & G IT unit provides customized services to the nine E & G colleges reporting to the Provost and serves as an IT liaison between those colleges, the Provost and the CIO.

**UF Policies and Guidelines related to computing:** <http://www.it.ufl.edu/policies/>

#### **Additional Information about Computing Resources and Services:**

- UFIT News – <http://www.it.ufl.edu/news>
- UFIT Services - <http://www.it.ufl.edu/services/>

#### **Additional Computing Information**

[Information Technology Security Awareness](#) (ITSA) provides faculty, staff, and students the necessary information to protect the integrity of research data, class papers, and the privacy of certain information.

Steps needed to make sure these areas remain uncompromised may include physical protections, wise operating practices, or sophisticated configurable hardware / software combinations.

The Health Science Center and IFAS administer substantial independent IT operations and are coordinated with OIT functions for mutual benefit. The [IT Center](#) in the Health Science Center provides computing and networking services to faculty and staff of the Health Science Center. The office of [Information Technologies](#) in IFAS provides computing and networking services to UF/IFAS faculty and staff.

Most departments, colleges, centers, institutes, and other units utilize centrally administered computing and networking services while maintaining a staff of IT employees to assist in technical and end-user support. Check with your unit for more information about local IT contacts.

## Document and Mailing Services

### Document Design and Duplication

Graphic artists with [UF Mail and Document Services](#) can work with you on [design and layout](#) of practically any project.

[IFAS Communication Services](#) provides UF/IFAS faculty, staff, and students with a full range of communication services and products, including graphic design, news and media relations, educational video, photography, distance education, media duplication, and educational media distribution.

### Mailing

[UF Mail Services](#) processes and delivers U.S. Mail and internal campus mail. They assist with mailing needs for nonprofit mailing, standard (A) class bulk rate mail and presorting. They also have mail address management services to help you streamline large mailing lists. UF Mail Services sells postage stamps and mailing supplies, and mails packages at U.S. Postal Service rates at their Radio Road location. Mail is accepted until 3:30 p.m. for same-day processing at Building 715 Radio Road. A U.S. Postal Service contract station is also located at the Health Science Center MG009.

The [UF Mail Services User's Guide](#) provides specific instructions for addressing campus and U.S. mail. The UF [PO Box Lookup](#) can assist you with finding a UF department's PO Box number.

## Facilities Maintenance, Planning, and Construction

The [Physical Plant Division](#) maintains the physical environment that enables The University of Florida to achieve its objectives in instruction, research, and public service. Physical Plant Division provides direct services, including repair and maintenance services, for academic buildings, classrooms, laboratories, administrative offices, rest rooms, common areas, streets, sidewalks, curbs and lawns, campus landscaping, and utility systems. Should you require services, consult the Physical Plant Division's [Administration-Division Directory](#) for the appropriate contact.

## Food Service

[Gator Dining Services](#) is the official food service provider of the University of Florida, and operates a variety of facilities on campus. Dining locations include the Fresh Food Company and Burger King on Inner Road near Broward Residence Hall, the Gator Corner Dining Center on the corner of North South Drive and Stadium Road, food courts at the Hub and the Reitz Union, the Racquet Club next to the Student Health Care Center, and the Sun Terrace at the Health Science Center. Java City coffee stations are located in the Hub, Reitz Union, Engineering building, Little Hall, Dental School, and Shands Hospital. Gator Dining Services also provides full service catering for all occasions including banquets, parties, receptions, luncheons, and coffee breaks. The [Classic Fare Catering](#) office is located in the Reitz Union.

## ID Cards

The [Gator 1 Card](#) is the official University of Florida picture ID card. It is required of all students, faculty, and staff. Many activities on campus are only available upon presentation of the Gator 1 Card. Gator 1 Cards can be obtained at the HUB. Replacement of a card requires a \$10 fee.

## Information for Institutional Planning

The [Office of Institutional Planning and Research](#) is responsible for providing the university management with information that supports institutional planning, policy formation and decision making; for coordinating responses to inquiries for university-related information and serving as a comprehensive source for information about the institution; and for administering the Florida Board of Education data collection/reporting system on campus.

## News and Public Relations

The [Office of University Relations](#) promotes positive relations between the University of Florida and its many constituents; enhances internal and external communications; helps the university achieve its goal of being one of the nation's best public universities; and integrates and coordinates the university's various public relations, communications, publications and news operations to provide the most efficient and effective public relations efforts.

## UF News Bureau

The [UF News Bureau](#) is the primary news and media relations office for the University of Florida. The office is responsible for disseminating news and stories about the university and responds to media requests for information, story ideas, and faculty experts. With a wide variety of services, the UF News Bureau assists faculty, staff and students in communicating with local, state, national and international media and the public. The UF News Bureau consists of a print section, a full-service broadcast department, a graphics and publications section and complete still photography services.

The UF News Bureau serves the central administration and the education and general colleges, in particular. They are available for media training, advice on working with reporters and editing and other professional consulting. Staff members confer daily with public/media relations professionals at the Health Science Center, [Institute of Food and Agricultural Sciences](#), [Shands HealthCare](#), and other communications offices on campus.

## University of Florida Communications Network

The [UF Communications Network](#) (UFCN) is a network of UF communicators, faculty and professionals working to provide news and information about the university and enhance communications with UF's publics. The network is charged by the president with providing more efficient and effective communications, greater use of existing resources and enhanced public relations in support of efforts to strengthen the university. UFCN maintains the [Writing Stylebook](#), a resource designed to achieve as much consistency as possible in written material emanating from UF.

## Calendar of Events

The [News & Events](#) web site provides campus news along with current and ongoing events, administrative announcements, and links to other news and information sources. You can subscribe to receive News & Events via e-mail. A searchable [Calendar of Events](#) is also available online.

## Videoconferencing

[Videoconferencing](#) uses audio and video to bring people at different sites together for a meeting. This can be as simple as a conversation between two people in private offices (point-to-point) or involve several sites (multi-point) with many people in large rooms. Besides the audio and visual transmission of meeting activities, videoconferencing can also be used to share documents, computer-displayed information, and whiteboards. Videoconference services are offered through the [Office of Academic Technology's Video and Collaboration Services](#).

## Transportation and Parking

### Parking

Faculty needing to park a motor vehicle on campus during restricted hours (weekdays, 7:30 am to 4:30 pm unless signage indicates otherwise) must display a valid decal or permit. A valid UF parking decal allows the holder the opportunity to utilize the parking facilities that decal is specifically designated for (eg. Commuter, Orange, Red, etc.), parking facilities marked "All Decal" and other restricted areas depending on the decal. It is important to note that a parking decal **does not guarantee** the holder a parking space. The decal you may purchase is determined by several eligibility requirements. Parking decal information is available on the [Transportation and Parking Services Web site](#).

## **Bus Service**

Gainesville's [Regional Transit System](#) (RTS) provides bus service covering the UF campus and the City of Gainesville. UF students and employees may ride any Regional Transit System bus fare-free with a valid UF ID. Most RTS buses are equipped with bicycle racks so you can take your bike with you (each rack holds up to two bicycles). [Later Gator](#) service lets you ride safely at night. Later Gator service is provided Thursday through Saturday.

## **Bicycles**

Bicyclists must obey the [State of Florida bicycle laws](#) when riding a bicycle on campus. If you need more information you can contact the [University Police Department \(UPD\) Community Services Division](#) (392-1409). Bicycle registration is not required, but UPD encourages everyone to register his or her bicycle to aid in recovery in the case of theft. To register your bicycle, simply stop by [UPD's](#) offices or stop any UPD patrol person and ask them to register your bicycle.

## **Carpooling**

University of Florida faculty and staff interested in [carpooling](#) to campus may receive free parking by participating in this program. To participate in this program contact the Transportation and Parking Services Customer Service Office (392-6655) or visit the Customer Service Office at 112 North South Drive (corner of North South Drive and Mowry Road).

## **Other Transportation Services**

[Gator Lift](#) provides fast, dependable and comfortable on campus transportation to members of the UF community with permanent and temporary disabilities.

[SNAP](#) (Student Nighttime Auxiliary Patrol) provides nightly campus escorts upon request. The service is staffed by students equipped by and in coordination with the [University Police Department](#).

## **Vending Services**

The University of Florida operates a variety of [vending](#) (small value transaction) machines at locations throughout campus. Machine types include beverages, snacks, laundry washers and dryers, copiers, laser printers, change machines, and card value centers. Depending upon the machine type and location, vending operations can be initiated by coins, paper currency or Gator 1 cards with established vending account balances.

## **Information for Veterans**

The Office of the Registrar offers a collection of [information and resources for UF Veterans](#).

# Campus Services & Culture: Campus Resources

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## Audio-Visual Media

The audio-visual material in the [Media Resource Library](#) collection has been purchased in cooperation with various departments and is a shared resource intended for classroom instruction by faculty.

[Video & Collaboration Services](#) provides video related systems, technical services, planning, and consulting in support of educational and research goals at the University of Florida. Services include: videoconferencing, video production, streaming, and storage, and satellite uplinks and downlinks.

The [OMR Forms Processing](#) of the Office of Academic Technology provides services in the following areas:

- [Scanning & Scoring](#)
- [Resources](#)
- [Price List](#)

[IFAS Communication Services](#) provides UF/IFAS faculty, staff, and students with a full range of communication services and products, including graphic design, news and media relations, educational video, photography, distance education, media duplication, and educational media distribution.

## Bookstores

[Bookstores](#) on the UF campus are managed by the Follett Higher Education Group and are part of the efollet.com bookstore network. Bookstore locations include the main bookstore in the [Reitz Union](#), the Law School bookstore, Health Science Center bookstore, and Veterinary Medicine bookstore.

## Campus Map and Campus Tours

The online [campus map](#) allows you to locate any UF building. You can also take an online [virtual tour](#) of the campus. The Office of Admissions provides [official campus tours](#). Visit the website for more information about tour availability: <http://www.admissions.ufl.edu/visit.html>

## Child Care and Schools

[Baby Gator](#) is the University of Florida's Educational Research Center for Child Development. It offers a high quality preschool and infant/toddler center for children of students, staff, and faculty of the university. In addition, Baby Gator provides research and training opportunities for students and faculty members in education, nursing, psychology, sociology, and other fields of study.

[P.K. Yonge Developmental Research School](#), a unit in the College of Education of the University of Florida, was established in 1934 to be a center of educational innovation for students, K-12. The mission of a Developmental Research School is to serve as a vehicle for research, demonstration, and evaluation

regarding teaching and learning while utilizing the resources available on a state university campus. For information and applications, call 392-1554.

## Continuing Education

The [University of Florida Distance & Continuing Education](#) (DCE) unit provides proactive support for the Distance Learning mission of the University of Florida by coordinating resources for developing and administering distance learning courses and programs. The primary goal of DCE is to assist academic units in extending the academic access and excellence beyond the traditional boundaries of the main UF campus.

DCE is a sub unit of the [Office of the Associate Provost for Teaching and Technology, E-learning,](#) and [Distance Education](#).

## Flexible Learning

[Flexible Learning](#), once known as University of Florida Correspondence Study, offers for credit, general education courses that meet the math and writing requirements in a flexible online format. The “start now” feature of our innovative online courses for credit provides students with a self-paced online instructional environment while incorporating innovative learning experiences that match the lifestyle and learning preferences of today’s adult learner.

## TREEO

[The Center for Training, Research, and Education for Environmental Occupations \(TREEO\)](#), is a world leader in educational programming for people working in areas of environmental impact. Courses cover hands-on issues of pollution prevention and control, cutting edge information in management education, and in-depth policy development and response.

## Conferences and Seminars

[The UF Conference Department](#), through the Distance & Continuing Education Division, offers a number of complimentary services to support university entities as they prepare for their conferences, seminars, or workshops. Each program is different in size, scope and complexity; however, these baseline services provide our clients with the necessary tools to help reduce the administrative and logistical burdens, thereby allowing them to focus on event content, securing speakers, and soliciting sponsorships and vendors.

Some of the services include:

- 1. Initial Consultation** - We will work with you to obtain conference history, develop meeting specifications, create task responsibilities, draft a Letter of Agreement (LOA), develop a preliminary budget estimate, and construct a conference timeline

**2. Site Selection** - We will review hotel contracts for accuracy and compliance to University of Florida standards and then submit to purchasing for execution.

**3. Registration Services** - We will provide excellent customer service as we provide telephone support for participant inquiries; receive and process credit cards; create and enter registrations into our database; distribute client prepared confirmation letters; prepare deposits; process cancellation refunds; and create a basic registration webpage.

**4. Closing** - In order to be in compliance with university policy, we must close programs within 90 days of completion. Our staff will support you in balancing revenue, tracking expenses, and preparing a final budget.

## Executive Education

[University of Florida Executive Education](#) helps experienced professionals advance their career through continuing education. Choose a program from wide variety of subject areas. We offer programs on line or you can attend a program in person. Whether you own the company or are preparing for the next position, University of Florida Executive Education has a program that can help you.

## Disability Resources

UF is required to make reasonable accommodations to the known physical and mental limitations of otherwise qualified individuals with disabilities. The [UF Americans with Disabilities Act Compliance Office](#) coordinates the accessibility of all areas of campus to persons with disabilities, and coordinates faculty and staff-related accommodations in the workplace.

The [Disability Resource Center](#) in the [Dean of Students Office](#) coordinates accommodations for students in academic and student activity settings. Students must be registered with the Disability Resources program to be eligible to receive accommodations from the University of Florida.

[Gator Lift](#) provides fast, dependable and comfortable on campus transportation to members of the UF community with permanent and temporary disabilities.

## International Resources

The mission of the [UF International Center](#) (UFIC) is to enhance the educational experience and environment of UF's students, faculty and staff by promoting a global perspective. UFIC does that by encouraging the discussion of international issues on campus, assisting UF students to study abroad, helping international students and faculty adjust to life in Gainesville and in many other ways.

UFIC can help faculty join in the internationalization of the campus and the curriculum, which is one of the highest priorities in UF's strategic plan, by assisting them to incorporate study abroad and international content in their courses, to find grant funds and to bring in speakers on international topics.

As home to the Title VI-funded Transnational and Global Issues Center, UFIC also supports international research, curriculum development and outreach activities.

## Libraries

The [Libraries of the University of Florida](#) form the largest information resource system in the state of Florida.

Collections cover virtually all disciplines and include a wide array of formats – from books and journals to manuscripts, maps, and recorded music. Increasingly collections are digital and are accessible on the Internet via the library web page or the library catalog. The George A. Smathers Libraries provide primary support to all academic programs except those served by the Lawton Chiles Legal Information Center.

- [George A. Smathers Libraries](#)
- [Health Science Center Libraries](#)
- [Lawton Chiles Legal Information Center](#)

## Purchasing

[UF Purchasing](#) supports the purpose and goals of the University of Florida — its educational, research, patient care, and public service missions — by purchasing and providing quality goods and services at competitive prices and providing responsive and responsible service to all University departments.

## Safety and Emergency Resources

### Police Services

The [University of Florida Police Department](#) (UPD), located at the intersection of Museum Road and Newell Drive, provides service 24 hours a day, and is an integral part of the university's dedication to developing and maintaining a safe and secure campus through the cooperative efforts of many university departments and community organizations. The UPD publication, UF Together for a Safe Campus is available on their Web site.

All emergency situations involving crime in progress, medical emergency, or fire should be reported immediately to 9-1-1. All campus phones, including pay phones may be used to dial 9-1-1 at no charge. In addition, more than 200 Emergency Blue Phones are located throughout campus and in all parking garages.

### Environmental Health and Safety

The [Environmental Health and Safety Division](#) (EH&S) is responsible for the implementation of programs to minimize injury to faculty, staff, students, and visitors, and to minimize damage to university property. EH&S includes numerous departments and services including [Biological Safety](#), [Fire Safety](#), [Laboratory Safety](#), and [Radiation Control](#). EH&S is also responsible for [Emergency Preparedness](#).

The [Natural Disaster/Hurricane Emergency Plan](#) establishes procedures for implementation in preparation for, during, and following a hurricane or other natural disaster. Each major campus building has a designated Building Emergency Coordinator who is responsible for maintaining a written

emergency plan that includes procedures for building evacuation and protection of building facilities and equipment.

## University Press of Florida

[University Press of Florida](#), a non-profit publishing house, is both a Type 1 Research Center in the State University System and a publishing business. The Press publishes scholarly books in the arts, humanities, and natural and social sciences and participates in the mission of the State University System through a publishing program that seeks to maintain the professional excellence of American university presses in general and to present the finest national and international scholarship in those academic areas in which we publish. In recognition of the State University System's educational mission and public role, the Press also publishes books of interest and significance for our region and state.

## Community Resources: City and County Offices

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*Disclaimer: The UF Faculty Handbook is provided as a general reference rather than the official source of university policies and guidelines. For your convenience, links to official UF documents are provided.*

The [City of Gainesville](#) is the largest city in and county seat of Alachua County. It serves as the cultural, educational, and commercial center for the North Central Florida Region. In September of 1995, Money Magazine ranked Gainesville as one of the best places to live in America. For five consecutive years, it has been tapped as Florida's most livable city.

[Alachua County](#) encompasses 965 square miles and includes the municipalities of Archer, Alachua, Cross Creek, Gainesville, Hawthorne, High Springs, LaCrosse, Melrose, Micanopy, Newberry, Waldo, and Windsor. The County has an estimated year round population of 191,000, including more than 40,000 University of Florida students. There are several locations in the County that are on the National Register of Historic Districts.

The [Alachua County Visitors and Convention Bureau](#) provides information about the county's attractions, cultural events, local history and heritage, historic sites, hotels, and sports.

## Community Resources: Other Useful Local Links

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### Business

- [Gainesville Chamber of Commerce](#)

### Public Transportation

- [Gainesville Regional Airport](#)
- [Amtrak Station, Waldo, FL.](#)
- [Regional Transit System](#)

## Education

- [Santa Fe College](#)
- [School Board of Alachua County](#)
- [Alachua County Library District](#)

## Newspapers

- [Gainesville Sun](#)
- [Independent Florida Alligator](#)

## Television

- [WUFT-TV](#) Channel 5 (public broadcasting)
- [WCJB TV-20](#) (ABC)
- [WGFL-TV](#) (CBS/UPN)
- [WOGX-TV](#) (FOX)

## Weather

- [UF Department of Physics Weather Station](#)
- [The Weather Channel](#)

## Online Business Directories

- [Yalwa](#)

## SYLLABUS FACESHEET

**Course Title:** Human Higher Cortical Function (CLP 6307)

**Instructor:** Dawn Bowers , Ph.D., ABPP-CN

**This course is (Required or Elective):** Required

- 1) **Describe how integration of theory, research, and practice is accomplished in this course.** This course provides a review of the current scientific and research literature of major syndromes that affect emotion and cognition in humans. Information is provided about major clinical syndromes and their underlying neuroanatomic mechanisms, along with implications for treatment and recovery.
- 2) This course provides overview of basic conceptual frameworks and methods in neuropsychological assessment of adults. It relies heavily on theoretical and basic science constructs, and how this knowledge can be instantiated in practice via delivery of clinical service. Students acquire new knowledge and learn how this knowledge relates to clinical practice via a vis case conceptualization. A clinical fact finding format, as typically used in many ABPP exams, is an integral part of the latter 1/3 of the course.
- 3) **Describe how issues of diversity are addressed in this course.** Cultural and diversity issues are discussed and integrated in a number of ways. This includes different representation of neurologic diseases/disorders in males vs females and across different racial/ethnic groups. Thus, Parkinson disease is more commonly seen in men vs women (1.5:1.0 ratio), with strokes due to certain etiologies being more common in African Americans than Caucasian Americans.
- 4) **Describe how ethical issues are addressed in this course.** After formal lecture presentations, students spend 30-45 minutes discussing assigned readings, including relevant ethical implications (e.g., capacity, power of attorney and medical guardianship in individuals with various forms of brain injury/disease).

# CLP 6307 HUMAN HIGHER CORTICAL FUNCTION Syllabus

Spring Semester 2014  
Tuesdays, 3:00 – 6:00 PM  
HPNP Building  
Room G-312

## Instructor/Organizer

Dr. Dawn Bowers, Ph.D., ABPP/cn  
Professor, CHP

**Office:** MBI L3-118; Phone: 392-3450  
**Phone:** Lab 392-3450

**Email:** [dawnbowers@phhp.ufl.edu](mailto:dawnbowers@phhp.ufl.edu)

**Appointments:** Schedule via email

## Co-Instructors:

Dr. Tiffany Cummings, Psy.D.  
Neuropsychology Post-doc  
[tiffany2013@phhp.ufl.edu](mailto:tiffany2013@phhp.ufl.edu)

Dr. Jared Tanner, Ph.D.  
Neuropsychology Post-doc  
[jtanner@phhp.ufl.edu](mailto:jtanner@phhp.ufl.edu)

Dr. Danielle Wald, Psy.D.  
Neuropsychology Post-doc  
[danielle.wald@phhp.ufl.edu](mailto:danielle.wald@phhp.ufl.edu)

**Class Location:** All classes will be held in the HPNP building, Room G-312. This is on ground floor, Room 312 (toward west side of building).

## General Overview and Purpose

This course will introduce the student to human brain-behavior relationships and other topics relevant to the biological basis of complex behavior. The course consists of topical lectures given by faculty of the University of Florida Center for Neuropsychological Studies, the Center for Movement Disorders and Neurorestoration, the Brain Research and Rehabilitation Center, and the McKnight Brain Institute. This course is designed to provide a survey of normal and abnormal brain functioning from a systems perspective. Classical syndromes in neuropsychology and behavioral neurology will be presented. Cognitive, sensory, motor, and emotional signs, symptoms, and syndromes that arise from various forms of central nervous system disease will be examined and the functional anatomy underlying complex behavior will be described.

## Course Objectives

Successful completion of the course should allow students to (a) learn about basic structural and functional systems of the brain; (b) recognize and identify the functional brain systems involved in complex behaviors such as language, memory, spatial ability, and attention; (c) develop the ability to recognize the major signs and symptoms of CNS impairment; and (d) develop an appreciation of the complexity of higher brain functions.

## Course Materials

The syllabus and assigned readings are available on the class share drive: **S:\CP-Student\2014 Human Higher Cortical CLP 6307**. Readings will consist of articles and chapters selected by the course instructor and lecturers. Many readings will come from the assigned book, Clinical Neuropsychology (5<sup>th</sup> edition, 2012), edited by Heilman and Valenstein. Other articles/chapters will typically be available electronically in pdf form and located on the class share drive. Make sure that you have a working email address. If your email address changes or you miss the first day of class, it will be your responsibility to contact Dr. Bowers with your desired email address in order to receive notification about changes in course readings.

The content of the course includes assigned readings and lectures by UF Faculty. *If available*, powerpoints will be provided in advance or after the lecture given by a faculty presenter. However, depending on nature of presentation, some faculty may prefer not to share their personal work products and others do not use

powerpoint for teaching purposes. You are responsible for learning the course materials, regardless of whether a handout is available from an individual lecturer.

### **Course Requirements, Evaluation, and Grading**

Enrolled students are expected to attend weekly classes, complete weekly assigned readings **prior to class** and participate in integrative discussions that conclude each class. Students will be pre-assigned to lead or co-lead one integrative discussion which will be facilitated by Dr. Bowers and the course co-instructors. There will be a take home midterm exam (due March 11, 2014) and a final exam (TBD). The midterm will assess knowledge of material discussed through the February 25<sup>th</sup> class meeting and the final exam will assess knowledge of material discussed between the midterm and the end of the course. At the beginning of each class will be a weekly quiz that is based on assigned readings for that class.

Weekly Quizzes based on readings. A brief 5-10 question quiz will occur at the beginning of each class. Questions are short-answer or multiple choice/true-false) and based solely on assigned readings. There will be total of 11 quizzes starting with Class 2 (i.e., Classes 2-12), with students having option of dropping one quiz of their choice for any reason (i.e., inability to attend class, illness, low grade). This will account for 20% of your grade. (i.e., each quiz = 2%).

Mid-Term and Final Exams: The midterm and final exams will be a combination of multiple choice, odd-man out, short essays and other types of short-answer formats. The content of these exams is based on lectures, readings, and class discussion.

Guidelines for Integrative Discussions - Students will be assigned in groups of 3-4 to lead one of the integrative discussion sessions during the final ½ hour of each class. The group will be responsible for identifying 3 or more key points from the readings and presentations to discuss.

Extra Credit Opportunities (up to 3% of Final Grade) There are a variety of excellent multidisciplinary opportunities that students may avail themselves in order to enrich their exposure and provide contemporary context to the topics covered in this course. You are welcome to attend these meeting. You may also receive up to 3% extra credit if you attend at least 3 different meetings from any of the list below and write up a brief reaction paper for each meeting you attend (i.e., 3 reaction papers). The reaction paper must be typed and include in the header the date, meeting, presenter, and topic. The body of the paper will be your intellectual reaction to the content of the presentation. It should range in length from 1-2 pages, max, single spaced. **All reaction papers are due on the Tuesday that most immediately follows the particular meeting you attend (i.e., if you attend a CNS meeting on a Friday, then reaction paper is due the following Tuesday by 3:00 PM).** To receive

- Center for Neuropsychological Studies (Fridays, 1:15-2:30), This weekly meeting is held on the Third Floor Educational Conference Room at the Malcolm Randall Veterans' Administration Medical Center. Because this meeting occurs in a hospital setting, attendees should observe appropriate dress code.
- Neurology Grand Rounds (Tuesdays, 11:30 AM – 1:00 pm) This is a weekly meeting held in the Deweese Auditorium of the MBI. Occasionally, these meetings involve a direct interview and presentation of a live patient, and thus attendees dress as if they were seeing patients themselves
- Movement Disorders Center (Tuesdays 8:00 AM – 9:00 AM): This weekly meeting typically alternates between clinical and research presentations. During clinical presentations, videos of interesting and unique cases are presented. Research meetings vary. It is held in the Deweese Auditorium of the MBI or the 4<sup>th</sup> floor conference room of the CMDNR (located at the Orthopedics Institute).
- NP Distinguished Professor Symposium: On Friday March 7, we will have at least 3 distinguished neuropsychology senior scientists who will be giving a symposium regarding current research status (from their unique contributions to the field) along with their visions for the future of the field. You are encouraged to attend and can receive extra credit for this as well. Exact % is to be determined. Yes, it is the week of spring break. More to come on this later.

### Summary of Grading

In summary, the final grade will be determined according to the students' scores on the weekly quizzes (20%), Midterm exam (worth 35% of the total grade), the Final exam (worth 40% of the final grade) and Participation (worth 10% of the final grade) and expressing that average as the percentage of the total possible points. Extra credit, up to 3%, may also be obtained.

Weekly Quizzes (based on readings)	20%
Midterm Exam	30%
Final Exam	40%
Integrative Discussion	10%
Extra Credit	3% max

Scores will be rounded to the nearest percent (rounded up or down, whichever is closest) for grade determination in accordance with the grading table below:

% of points earned	93%- 100%	90%- 92%	87%- 89%	83%- 86%	80%- 82%	77%- 79%	73%- 76%	70%- 72%	67%- 69%	63%- 66%	60%- 62%	Below 60%
Letter Grade	A	A-	B+	B	B-	C+	C	C-	D+	D	D-	F

Include the table linking letter grades to grade points, along with the link that accompanies it, as below.

Letter Grade	A	A-	B+	B	B-	C+	C	C-	D+	D	D-	E	WF	I	NG	S-U
Grade Points	4.0	3.67	3.33	3.0	2.67	2.33	2.0	1.67	1.33	1.0	0.67	0.0	0.0	0.0	0.0	0.0

For greater detail on the meaning of letter grades and university policies related to them, see the Registrar's Grade Policy regulations at <http://www.registrar.ufl.edu/catalog/policies/regulationgrades.html>

### Policy Related to Class Attendance

Attendance and class participation is **required**. Students are expected to complete assigned readings prior to coming to class. Students needing to miss class for personal or professional reasons should consult with the instructor prior to the date on which they will be unable to attend. It is the student's responsibility to acquire any handouts or notes from a colleague in the class for any sessions missed.

### Policy Related to Cell Phones and Other Media (i.e., roaming internet, checking emails, etc.)

All cell phones and other distracting media are to remain off during the duration of class. Please focus your attention on the class, lectures and class discussion as this makes for more optimal learning. Indeed, there is evidence that multi-tasking during class (i.e., checking emails, roaming the internet, etc.) results in reduced learning and conceptualization and lower grades. Per Dr. Price, there is at least one study showing direct brain-related structural changes (in bad way).

### Statement of University's Honesty Policy (cheating and use of copyrighted materials)

Students are expected to act in accordance with the University of Florida policy on academic integrity (see Student Conduct Code, the Graduate Student Handbook or this web site for more details: [www.dso.ufl.edu/judicial/procedures/academicguide.php](http://www.dso.ufl.edu/judicial/procedures/academicguide.php)). Cheating, lying, misrepresentation, or plagiarism in any form is unacceptable and inexcusable behavior.

*We, the members of the University of Florida community,  
pledge to hold ourselves and our peers to the  
highest standards of honesty and integrity.*

### Policy Related to Make-up Exams or Other Work

Students are expected to complete assigned readings prior to coming to class. Personal issues with respect to class attendance or fulfillment of course requirements will be handled on an individual basis. Students must make *prior* arrangements with Dr. Bowers if they must miss any in-class examination, and an alternative test time must be arranged.

### **Accommodations for Students with Disabilities**

If you require classroom accommodation because of a disability, you must first register with the Dean of Students Office (<http://oss.ufl.edu/>). The Dean of Students Office will provide documentation to you, which you then give to the instructor when requesting accommodation. The College is committed to providing reasonable accommodations to assist students in their coursework.

### **Counseling and Student Health**

Students may occasionally have personal issues that arise in the course of pursuing higher education or that may interfere with their academic performance. If you find yourself facing problems affecting your coursework, you are encouraged to talk with an instructor and to seek confidential assistance at the University of Florida Counseling Center, 352-392-1575, or Student Mental Health Services, 352-392-1171. Visit their web sites for more information: <http://www.counsel.ufl.edu/> or <http://www.health.ufl.edu/shcc/smhs/index.htm#urgent>

The Student Health Care Center at Shands is a satellite clinic of the main Student Health Care Center located on Fletcher Drive on campus. Student Health at Shands offers a variety of clinical services, including primary care, women's health care, immunizations, mental health care, and pharmacy services. The clinic is located on the second floor of the Dental Tower in the Health Science Center. For more information, contact the clinic at 392-0627 or check out the web site at: [www.health.ufl.edu/shcc](http://www.health.ufl.edu/shcc)

Crisis intervention is always available 24/7 from: Alachua County Crisis Center: (352) 264-6789.

*BUT – Do not wait until you reach a crisis to come in and talk with us. We have helped many students through stressful situations impacting their academic performance. You are not alone so do not be afraid to ask for assistance.*

## Class Schedule

<i>Date</i>	<i>Topic</i>	<i>Faculty</i>	<i>Assigned Readings</i>
<b>January 14: Class 1</b>			
3-3:15	Course Introduction	Bowers	
3:15-6:00	Functional Neuroanatomy	Bauer	Tranel (1992) vintage Lezak (2004), Chp 3
<b>January 21: Class 2</b>			
<b>3:00-3:15</b>	The Amnesias	Bauer	Bauer et al (2012); Squire, 2009; Smith et al, 2010
4:15-5:15	Animal Models of Memory Loss	Foster	Foster;2006; Kumar, 2011; Zeir,
5:30-6:00	Discussion: <i>Kirton, Westen, Letzen</i>		
<b>January 28 Class 3</b>			
3:00-4:00	The Classic Aphasias	Bowers	Caplan (2012); Bowers handout utube video
4:15-5:15	Novel Treatment Approaches	Edmonds	Edmonds et al (2009,2011), Meinzer (2011)
5:30-6:00	Discussion: <i>Sege, Alfakir, Karabetian</i>		
<b>February 4: Class 4</b>			
3:00-4:00	Apraxia	Heilman	Heilman & Gonzalez Rothi (2012)
4:15-5:15	Semantics	Nadeau	Nadeau et al (2012); Mirman & Britt (2013);
5:30 – 6:00	Discussion: <i>Garcia, Gowey &amp; Mundt</i>		
<b>February 11:</b>	<b>No Class</b>		
	INS meeting in Seattle		
<b>February 18: Class 5</b>			
3:00-4:00	Frontal Lobe Syndromes & Models	Gravano T	Miller & Cummings (2007) Ch 1& 2; Fuster (2012); Stuss (2011 Clinical Cases [2 articles];
4:15-5:15	Creativity & Brain	Heilman	Heilman (2003); Drago et al (2012)
5:30-6:00	Discussion: <i>Balki, Armstrong &amp; Laitner</i>		
<b>February 25: Class 6</b>			
3:00-4:00	PD & Frontal-Subcortical Disorders	McFarland	Troster (2006); Halliday (2011); Lang (2011) Okun et al, 2007;
4:15-5:15	Underlying Mechanisms	Vaillancourt	Vaillancourt, 2012, 2013
5:30-6:00	Discussion: <i>Fritz, Hill-Jarrett &amp; Lespinasse</i>		
<b>March 4:</b>	<b>No Class – Springer Break;</b>		
	Attend NP Distinguished Guest Lecture On March 7 <sup>th</sup> for extra credit; More info later		

**March 11: Midterm Exam Due 5:00 PM; No Class**

<u>Date</u>	<u>Topic</u>	<u>Faculty</u>	<u>Assigned Readings</u>
<b>March 18: Class 7</b>			
3:00-4:00	The Neglect Syndrome	Heilman	Heilman et al (2012)
4:15-5:15	Anosognosia	Heilman	Adair & Barrett (2012), Chatterjee (1996)
5:30-6:00	Discussion: <i>Mangal, Maurer, Wong</i>		

**March 25: Class 8**

3:00-4:00	Visual Agnosia	Bauer	Bauer (2012), Farah (2011)
4:15-5:15	Emotion Communication Disorders	Heilman	Heilman (2012), Bowers (1993, 2014)
5:30-6:00	Discussion: <i>Lafo, Sevel, Herman,</i>		

**April 1: Class 9**

3:00-4:00	Epilepsy Syndromes	Eisenschenk	Arcardi: Chapter 1-2; Adams (1996)
4:15-5:15	Wada, fmri, and beyond	Thomas/Nguyen	Jones-Gotman (2010); Hermann (2009); Hamberger (2011). Brookheimer (2007)
5:30-6:00	Discussion: <i>Schwab, Spigner, Postupack,</i>		

**April 8: Class 10**

3:00-4:00	Cortical Dementia: AD and aMCI	Falchook	2011 Dx criteria [1 overview & 3 reports- preclinical AD, MCI, AD]; MCI- Peterson (2010); Jak et al (2009); Craft (2011); Nation (2011); Brickman
4:15-5:15	Research Update: animal models	Golde	Golde et al. (2013); Khaan et al., 2013
5:30-6:00	Discussion: <i>Szymkowicz, Roth, Helphrey, Mayer-Brown</i>		

**April 15: Class 11**

3:00-4:30	Vascular Dementia	Price	Libon (2004); Seidle et al (2011)); Vedelho et al (2010); Wu & Brickman (2010) Nyquist (2012)
4:15-5:15	Fronto-Temporal Dementia	Price	Layton Overview: Reilly (2010); Bonner (2010); Grossman (2009); Eslinger (2011);
5:30-6:00	Discussion: <i>Carmody, Vatthauer, Hearn</i>		

**April 22: Class 12**

3:00-4:00	Neuroplasticity	Gonzalez-Rothi	Kleim & Jones (2008); Rodriguez & Gonzalez Rothi (2008); Nocera et al.,
4:15-5:15	Laterality & Split Brain	Tanner & Bowers	Zaidel et al (2012)
5:30-6:00	Discussion: <i>Minski, Gering, Burrell, Archer</i>		

**FINAL EXAM Due: April 26-May 2<sup>nd</sup>**

## SYLLABUS FACESHEET

Course Title: CLP 6407 Psychological Treatment I; Research in Psychotherapy CLP-6905

Instructors: Duane Dede, Ph.D., Robert Guenther, Ph.D., and Lori Waxenberg, Ph.D.

### REQUIRED COURSE

1) Describe how integration of theory, research and practice is accomplished in this course.

We maintain a steadfast focus on presenting only those treatments that have strong empirical support for efficacy. The textbook we use is thorough in reviewing the literature regarding the etiology of the disorders of focus, the theoretical underpinnings of the treatment approaches presented, the literature that provides empirical support, and alternative theories and the literature supporting those alternative treatments. We are highly eclectic and present a broad variety of treatment approaches. We believe that our diversity of opinion greatly enriches the course.

2) Describe how issues of diversity are addressed in the course.

We are fortunate to possess among the three of us teaching this course, ethnic as well as experiential and theoretical diversity. We strive to embrace issues of diversity in all that we do. Our students do not hesitate to challenge us in this arena. We consider ethnic diversity continuously vis-à-vis the various treatment modalities and how they may have differential efficacy across ethnically diverse populations. We also include a module that directly addresses this issue in a thorough manner. We also provide our students with material/lecture dedicated to minimizing bias in the assessment process whereby preconceptions and stereotypes may constrict assessment hypotheses.

3) Describe how ethical issues are addressed in this course.

Ethical issues relative to treatment of psychological disorders are continuously considered and discussed throughout the course. Various traditional and nontraditional treatment approaches are considered from ethical perspectives. One of the instructors is also an ethics consultant to the inpatient hospital services, and this also provides rich material for discussion of difficult ethical challenges.

**DRAFT SYLLABUS:**  
**UF PPHP Graduate Program in Clinical and Health Psychology** (rev. 05/12/2014)  
**Psychological Treatment I, CLP-6407, Section 8458,**  
**Research in Psychotherapy CLP-6905, Section 7106**  
**Summer Session C, 2014; Tues. & Thurs 5:00 – 7:00PM, HPNP Building, G-307.**  
**Rooms for role-playing exercises are G-108 and G-109, on Tuesdays only.**

**Instructor Information**

Duane Dede, Ph.D., Clinical Professor

Website: <http://chp.pphp.ufl.edu/people/core-faculty/duane-e-dede-phd/>

Department of Clinical and Health Psychology

Office: G-038 inside Suite G-036, Clinical Faculty Suite, in Shands ground floor

Office Hours: By appointment.

Email: [ddede@php.ufl.edu](mailto:ddede@php.ufl.edu)

Phone: (352) 273-5267

Robert Guenther, Ph.D., Clinical Professor

Website: <http://chp.pphp.ufl.edu/people/core-faculty/robert-t-guenther-phd/>

Department of Clinical and Health Psychology

Office: G-039 inside Suite G-036, Clinical Faculty Suite, in Shands ground floor

Office Hours: By appointment or just stop by.

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Please contact me via e-mail first.

Lori Waxenberg, Ph.D., Clinical Professor

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Department of Clinical and Health Psychology

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Phone: (352) 273-5273

**Prerequisites of course:** Satisfactory completion of the first year of graduate coursework.

**Course Overview and Purpose**

This class is designed to be an introduction to psychotherapy and behavior change. Through readings, role-playing, observation and class discussion, the student will acquire an understanding of how to become an effective therapist. The course will have a dual focus of a) introducing the student to the evidence base for various approaches to psychotherapy and behavior change and methodological issues relative to conducting psychotherapy research, and b) acquiring the skills and understanding the content (what is overtly said and done) and the process (what is happening on a conceptual and covert level) of psychotherapy in general. We will focus less on various theoretical orientations to psychotherapy. We will review what are considered to be state-of-the-art empirically supported treatments of common psychological conditions. We will discuss issues related to the therapy intake and first therapy sessions, recognizing transference, resistance and handling the “difficult patient.” Students will be encouraged to recognize the role as therapist and the power of the therapeutic relationship above and beyond the intervention techniques. Reading assignments are selected to highlight empirical, methodological and practical aspects of conducting research in psychotherapy and practicing (engaging clients, effecting change, and negotiating roadblocks as well as maintaining professional boundaries and managing ethical responsibilities).

## **Objectives**

Upon successful completion of the course, students should be able to:

1. Describe the research literature in general terms with respect to findings regarding empirical support for treatments of those common psychological conditions covered by our texts.
2. Describe the distinction between process and outcome in psychotherapy.
3. Detail the conceptual underpinnings of the empirically supported treatments being reviewed.
4. Demonstrate knowledge of the material via weekly quizzes, active classroom participation during reviews of material.
5. Demonstrate basic process skills of active listening and empathic responding in interactions with role-played clients.
6. Develop interventions for a broad range of conditions not specifically covered, using the principles learned in this course.
7. Provide a general conceptual framework for the psychotherapeutic enterprise across the entire spectrum of psychopathology.
8. Demonstrate basic practical skills with regard to record generation (note-writing) and management (development of problem list and treatment plan).
9. Review methodological issues relevant to conducting research in this area.

## **Methods of Instruction:**

Completion of quizzes, lecture with group discussion, and focused skill-building role-play exercises will comprise the majority of class sessions. The role of the instructors will be to: present an overview of selected topics from the readings, provide additional reading material and learning resources with up-to-date research findings, encourage active participation in discussions of the material, guide the role-play exercises and provide timely performance feedback. Expectations for students are to attend class fully prepared, read assigned materials prior to class in preparation for lecture, participate actively in discussions, and embrace the role-play exercises so as to allow assessment of one's basic clinical skills.

## **Course Materials:**

REQUIRED TEXTBOOK: (AVAILABLE AT UF BOOKSTORE)

Clinical Handbook of Psychological Disorders: A Step-by-Step Treatment Manual, Fourth Edition. Edited by David H. Barlow. Guilford Press, 2008. ISBN: 978-1-59385-572-7.

Building Basic Therapeutic Skills: A Practical Guide for Current Mental Health Practice by Jeanne Albronda Heaton. Jossey-Bass; San Francisco, 1998. ISBN: 0787939846.

Bergin and Garfield's Handbook of Psychotherapy and Behavior Change, 6th Edition. Edited by Michael J. Lambert. New York: John Wiley & Sons, Inc., 2013. ISBN: 978-1-1180-3820-8.

## **Course Policies**

### **Classroom Etiquette:**

Please refrain from using I-pods or cell phones or any other electronic devices during class as it is distracting and inconsiderate of other students and the instructor.

Please do not arrive late to class or disrupt the class as it is distracting and inconsiderate of other students and the instructor.

To the extent permitted by facility rules and restrictions, you may bring food and/or beverages to class as long as it does not interfere with your ability to work and/or participate in class and as long as it does not interfere with your ability to work and participate in class, and it does not annoy others. You will be expected to clean-up after yourself and dispose of all trash before leaving the classroom.

**Policy related to make-up work:**

We expect you to attend and to be prepared to participate in all class sessions. Personal issues with respect to class attendance or fulfillment of course requirements will be handled on an individual basis. If you must miss a class because of a foreseeable conflict (i.e., professional conference, athletic competition, religious observance, etc.) you are expected to notify us immediately to set-up alternative arrangements *prior* to the date.

**Reporting illnesses and family emergencies:**

In the event you experience an unexpected illness, family, or otherwise personal emergency please notify us immediately to set up alternative arrangements.

**Course Evaluation/Grading:**

Attendance of class is mandatory. Three or more unexcused absences will result in failure of the course. Missed classes due to illness will require demonstration of making up missed work and experiences. If students must be absent, it is expected they will contact the instructor as soon as possible and be responsible for any missed material. Students who miss lectures are expected to acquire lecture notes from other students who attended.

Examinations will be administered at the beginning of class on reading assignments. The examinations will assess student learning of therapeutic procedures, understanding of the evidence base for treatment approaches, and methodological issues (challenges and strategies) through which evidence of treatment efficacy is established. Depending upon the number of quizzes administered, scores will count for approximately 30% of grade.

The student is required to observe some number of sessions of ongoing therapy cases with advanced students or faculty. You will also attend *at least* two supervision sessions on those cases (more is better). The student will write a problem list, treatment plan, and three session notes for the case being observed. The quality of written materials will determine 20% of the course grade.

The student is expected to participate in classroom discussions and role-playing activities. Participation as subjectively assessed by instructors will count for 50% of the course grade.

**Extra Credit:**

No extra credit is offered for this course.

**Grading Scale:**

% earned	90.00 - 100	87.00 - 89.99	84.00 - 86.99	80.00 - 83.99	77.00 - 79.99	74.00 - 76.99	70.00 - 73.99	67.00 - 69.99	64.00 - 66.99	60.00 - 63.99	57.00 - 59.99	Below 57.00
Grade equiv	A	A-	B+	B	B-	C+	C	C-	D+	D	D-	F

## **Final Grades:**

Grade	A	A-	B+	B	B-	C+	C	C-	D+	D	D-	E	WF	I	NG	S-U
Points	4.00	3.67	3.33	3.00	2.67	2.33	2.00	1.67	1.33	1.00	0.67	0.00	0.00	0.00	0.00	0.00

## **Academic Support:**

If you feel that you need additional academic support in this class please contact us immediately. Please do not wait until it is too late to ask for assistance (i.e., last day of class or when your grade is very low and may be unrecoverable). Come and discuss issues with us during office hours or by appointment.

## **Standards of Academic honesty:**

It is expected that you will abide by the University of Florida's honesty policy.

## **Academic Integrity:**

Students are expected to act in accordance with the University of Florida policy on academic integrity, please carefully review the Student Conduct Code, the Student Handbook, or this website for more details: [www.dso.ufl.edu/judicial/procedures/academicguide.php](http://www.dso.ufl.edu/judicial/procedures/academicguide.php).

Cheating, lying, misrepresentation, or plagiarism in any form is unacceptable and inexcusable behavior. *We, the members of the University of Florida community, pledge to hold ourselves and our peers to the highest standards of honesty and integrity.*

## **Statement Related to Accommodations for Students with Disabilities:**

If you require classroom accommodation because of a disability, you must first register with the Dean of Students Office (<http://www.dso.ufl.edu/drc/>). The Dean of Students Office will provide documentation to you, which you then give to the instructor when requesting accommodation. The College is committed to providing reasonable accommodations to assist students in their coursework.

## **Counseling and Student Health:**

Students may occasionally have personal issues that arise in the course of pursuing higher education or that may interfere with their academic performance. If you find yourself facing problems affecting your coursework, you are encouraged to talk with an instructor and to seek confidential assistance at the University of Florida Counseling Center, 352-392-1575, or Student Mental Health Services, 352-392-1171. Visit their web sites for more information: <http://www.counsel.ufl.edu/> or <http://www.health.ufl.edu/shcc/smhs/index.htm#urgent>

The Student Health Care Center at Shands is a satellite clinic of the main Student Health Care Center located on Fletcher Drive on campus. Student Health at Shands offers a variety of clinical services, including primary care, women's health care, immunizations, mental health care, and pharmacy services. The clinic is located on the second floor of the Dental Tower in the Health Science Center. For more information, contact the clinic at 392-0627 or check out the web site at: [www.health.ufl.edu/shcc](http://www.health.ufl.edu/shcc)

Crisis intervention is always available 24/7 from the Alachua County Crisis Center: (352) 264-6789.

*BUT – Do not wait until you reach a crisis to talk with a crisis counselor. They have helped many students through stressful situations impacting their academic performance. You are not alone so do not be afraid to ask for assistance.*

## Calendar of Topics and Readings

Day Date	#	Instr	Topic	Barlow text	Lambert text	Heaton text	Supplemental Readings
Tu 5/13	1	LW RG DD	Intro to course. Preparations for conducting psychotherapy. Active listening skills. Necessary & sufficient conditions for change – Person-Centered $\Psi$ Tx.		1 Intro & historical overview	Intro, 1 Observation 2 Eval/Assessmt 4 Rapport	Rogers 1992
Th 5/15	2	RG	Panic disorder. Post-traumatic stress disorder.	1 Panic d/o 2 PTSD			
Tu 5/20	3	LW DD RG	Clinical interviewing.			3 First session, Dx/Tx 5 Tx interviewing	Aklin & Turner 2006
Th 5/22	4	RG	Social anxiety disorder. Obsessive-compulsive disorder.	3 Soc anx d/o 4 OCD			
Tu 5/27	5	RG DD <del>LW</del>	Tx/o alcohol abuse. Structural issues: boundaries, goal-setting, developing client expectations for change, etc.	12 Alcohol use d/o		7 Predicaments and ethical dilemmas	
Th 5/29	6	DD	Diversity Issues				Watters 2010
Tu 6/3	7	LW RG DD	Behavioral Interventions. Interpersonal Therapy.	7 Interpers $\Psi$ tx	10 Behavior therapy with adults		
Th 6/5	8	LW	Charting – treatment planning, problem listing, note writing in the problem-oriented medical record (POMR) format; Supervision		19 Training & superv in $\Psi$ tx	9 Making the most of supervision	
Tu 6/10	9	RG DD LW	Methodology, design and evaluation.		2 Meth, design, eval		
Th 6/12	10	DD	Dynamic therapy.			8 Using yourself	Kohut, Cha 4 & 5; Blagys & Hilsenroth 2000
Tu 6/17	11	LW RG DD	CBT	6 Cog $\Psi$ tx dep	11 Cognitive & cognitive behav txs		
Th 6/19	12	DD	Motivational Interviewing: Theory and Technique.				Miller & Rose, 2009
Tu 6/24	13		WEEK OF SUMMER BREAK				
Th 6/26	14		WEEK OF SUMMER BREAK				
Tu 7/1	13	<del>LW</del> <del>DD</del> RG	<i>Relaxation training</i>				<i>Goldfried &amp; Davison, 1994</i>
Th 7/3	14	RG	Practice-oriented research.		4 Practice-orient res		
Tu 7/8	15	RG LW DD	Efficacy and effectiveness.		6 Effic & effectivns		
Th 7/10	16	DD	Axis II disorders.	9 DBT for BPD		6 Managing emergencies & crisis	Masterson Cha 6 & 10
Tu 7/15	17	RG LW <del>DD</del>	Client's role in psychotherapy.		7 Client Variables		
Th 7/17	18	RG	(Treatment of) Couple Distress. Small Group Treatments.	16 Couple Distress	16 Mechanisms and Effectiveness of Small Group Treatments		

Tu 7/22	19	LW DD RG	Acceptance and commitment therapy.				Luoma, Cha's 1 & 2
Th 7/24	20	DD	Anticipate that this time block will be filled with a lecture.				
Tu 7/29	21	LW DD	Relaxation training				Goldfried & Davison, 1994
Th 7/31	22	DD	Pharmacological treatments to psychological interventions.		16 Ψtx + pharmacotx		
Tu 8/5	23	tbd	Child and Family Psychotherapy.		14 Ψtx for children and adolescents		Kendall, Robin, et al 2005
Th 8/7	24	DD	Crisis management, suicidality, parasuicidality. Cocaine dependence.	13 Drug abuse & dependence			Morrison & Downey 2000; Kloff, 2012

**All of the above readings are required.**

DD: Dr. Duane Dede; LW: Dr. Lori Waxenberg; RG: Dr. Robert Guenther; LM: Dr. Lisa Merlo; tbd: to be determined

The scheduled dates are intended to serve as an indication of the sequence of classroom topics. Some units may take more or less time to cover – **the schedule is subject to change. It is your responsibility to stay informed of any changes to the schedule.**

Materials for this course can be found on the Share Drive here:

S:\CP-Student\CLP 6407 Psychology Treatment I Materials

Readings for the first 2 weeks or so of classes can be found here:

S:\CP-Student\CLP 6407 Psychology Treatment I Materials\READINGS from texts first 2 weeks only

**IMPORTANT:** University of Florida policies and procedures for the completion of course requirements, calculation of course grades, reporting of grades to the Registrar, and effect of different grade assignments on the GPA and eligibility to have awarded a degree are complex and periodically revised. You should ALWAYS be aware of those policies and procedures as you attend classes at UF. You can find those policies and procedures at <http://gradcatalog.ufl.edu/index.php> and in the CHP Student Handbook at <http://chp.phhp.ufl.edu/academics/doctoral-in-clinical-psychology/student-handbooks/>

**University of Florida**  
**College of Public Health & Health Professions Syllabus**  
**CLP 6430 – Clinical Assessment Across the Life Span (4 credits)**  
**Spring 2015; Tuesdays & Thursdays, 11:45-1:40, HPNP Room G-301A**  
**Delivery Format: On-Campus**  
**Course Website or E-Learning: <http://lss.at.ufl.edu/>**

<b>Module 1</b>	<b>Instructor:</b> Patricia E. Durning, Ph.D.	<b>Office:</b> Shands HSC G-042.1 ( <i>Clinical Faculty suite</i> ) <b>Phone:</b> 273-6037 <b>Email:</b> <a href="mailto:pdurning@phhp.ufl.edu">pdurning@phhp.ufl.edu</a>
<b>Module 2</b>	<b>Instructor:</b> Shelley C. Heaton, Ph.D.	<b>Office:</b> Shands HSC G-037 ( <i>Clinical Faculty suite</i> ) <b>Phone:</b> 273-5269 <b>Email:</b> <a href="mailto:sheaton@phhp.ufl.edu">sheaton@phhp.ufl.edu</a>
<b>TAs</b>	<b>Module 1:</b> TBA	<b>Module 2:</b> Erika Mellott, Psy.D., Joyce Suh, & Sarah Grief
<b>Office Hours</b>	<i>Available Upon Arrangement</i>	<b>Location:</b> Shands HSC G-036 ( <i>Clinical Faculty Suite</i> )

**Prerequisites:** To enroll in this course, you must be a student of the UF Clinical Psychology doctoral program.

## PURPOSE AND OUTCOME

### Course Overview

This course provides an introduction to concepts, theory, and practices in clinical psychological assessment across the lifespan.

### Relation to Program Outcomes

This is an introductory core clinical course that focuses on methods and objective measures used in the assessment of child, adolescent and adult patients across a wide range referral questions. It is designed to cover major domains of *assessment* across the life span – an important aspect of practicing clinical psychology. It is also designed to give you a variety of observational experiences in the Psychology Clinic throughout the semester. Our objective is to provide you with both didactic information and clinical experiences that will give you the foundational skills for conducting psychological assessment in general and to help prepare you for your core clinical practica experiences next year.

### Course Objectives and/or Goals

Upon successful completion of the course, students will be able to:

1. Describe different sources of information and methods that can be employed for psychological assessment.
2. Appreciate the threats to valid assessment and be able to appropriately minimize or avoid such threats when they arise (e.g., clinician biases, tests with poor psychometric properties, behavioral obstacles during assessment).
3. Evaluate the psychometric properties of psychological assessment measures.
4. Perform a clinical interview to acquire information necessary for psychological diagnosis and case formulation.
5. Administer, score, and interpret results the WAIS-IV and WISC-IV tests of intelligence according to guidelines discussed in class and those provided in the test manuals.
6. Interpret and integrate results of assessment procedures into a clearly written clinical report that is appropriate for the intended audience and contains appropriate diagnoses, case conceptualization, and treatment recommendations.

### Instructional Methods

**Course Structure:** This course has a unique structure that capitalizes upon the topical expertise of the two separate instructors. The course content and schedule is divided into two distinct modules: 1) a psychological/adult assessment module led by Dr. Durning, and 2) a cognitive/child assessment module led by Dr. Heaton. Given the nature of these two assessment domains, there will be some overlap in information addressed across the modules. For example, both instructors will discuss the nature and role of diagnostic interview in their respective topical areas. Furthermore, Dr. Heaton will cover issues pertaining specifically to psychological assessment of children and adolescents while Dr. Durning will cover a variety of topics pertaining to psychological/personality assessment of adults. Thus, the modules have distinct areas of emphasis matched to the expertise of the two instructors, with some isolated topic areas appearing in both modules. Each week, there will be a lecture/didactic day and a lab day. Dr. Durning will instruct Module 1 during the first portion of the semester, with hands-on lab activities on Tuesdays and lectures on Thursdays. Module 2 with Dr. Heaton occurs in the second portion of the semester, with Tuesday lecture/didactics and Thursday labs.

**DESCRIPTION OF COURSE CONTENT****Topical Outline/Course Schedule**

Please note that this schedule is subject to change as necessary throughout the semester. The instructors will announce any such changes in class as well as post them to the class e-learning website

<b>MODULE 1 (DR. DURNING)</b>				
<b>Readings* / Assignments</b>		<b>Tuesday (Lab)</b>		<b>Thursday (Lecture)</b>
Groth-Marnat Chapters 1 & 2 (Thu) <b>Assignment:</b> [begin shadowing]	1/6	Course Introduction & Clinic Tour	1/8	Intro to Assessment, Diversity, Ethics
Groth-Marnat Chapters 3 (Tue) and 15 (Thu) <b>Assignment 2:</b> Self-assessment reflection (due Fri 1/16)	1/13	Interview and Behavioral Observations	1/15	Report Writing
Groth-Marnat Chapters 4 & 13 (Thu) <b>Assignments 1b:</b> Practice write-up (due Mon 1/19)	1/20*	Introduction to Core Rotations	1/22	Behavioral and Emotional Assessment
TBA <b>Assignment 3:</b> Report part 1 due (due Fri 1/30)	1/27	Behavioral and Emotional Assessment Measures	1/29	Personality Assessment and the MMPI-2
TBA <b>Assignment 1a:</b> Shadowing summary (due Tue 2/3); <b>Assignment 4:</b> Report part 2 (due Fri 2/6)	2/3	Personality Assessment Measures	2/5	Health Psychology Assessment
TBA	2/10	Health Psychology Assessment Measures	2/12	Report Writing: Summary, Integration, Recs.
TBA <b>Assignment 5:</b> Report part 3 due (due Fri 2/20)	2/17*	<b>No Class:</b> Individual Feedback Meetings	2/19	Projective Assessment
None	2/24	Introduction to Cognitive Assessment (Heaton)	2/26	Interview Process and Practice (Durning)

March 3 & 5 – No Class (Spring Break)

<b>MODULE 2 (DR. HEATON)</b>				
<b>Readings* / Assignments</b>		<b>Tuesday (Lecture)</b>		<b>Thursday (Lab)</b>
Sattler Chapter	3/10	Standardized Testing & Test Psychometrics	3/12	<u>Using Tests</u> Testing/Scoring Overview Examining Psychometrics
Groth-Marnat Chapter <b>Assignment 6:</b> Psychometric Properties (due 3/17)	3/17*	<u>Intelligence:</u> What is it & how do we measure it?	3/19	<u>IQ Tests</u> Administration & Scoring
Sattler Chapters & Groth-Marnat Chapter <b>Assignment 7:</b> Admin & Score IQ (due 3/27)	3/24	<u>Academic Achievement:</u> Assessing for SLD	3/26	<u>Academic Tests</u> Administration & Scoring
Baron Chapters <b>Assignment 8:</b> Plot & Interpret IQ Scores (due 4/2)	3/31	Youth & Adult Informant Reports of Functioning	4/2	<u>Questionnaires &amp; NP Tests</u> <b>[Group 1 observe case]</b>
Lezak & Baron Chapters <b>Assignment 9 (Group 1):</b> Full Report (Due 4/9)	4/7	Integrating Cognitive & Psychological Information	4/9	<u>Questionnaires &amp; NP Tests</u> <b>[Group 2 observe case]</b>
Baron & Sattler Chapters <b>Assignment 9 (Group 2):</b> Full Report (due 4/16) <b>Practical Exams (Group 1):</b> arrange 4/11-4/18	4/14	Neurological Populations & Cognitive Functions	4/16	<u>Giving Useful Feedback</u>
<b>Practical Exams (Group 2):</b> arrange 4/18-4/25	4/21	<u>Assessing Youth:</u> Unique Considerations & Challenges	4/23	<b>No Class:</b> UF Reading Day
	4/28	<b>Feedback on Your Report</b>		

\* Readings should be completed prior to relevant class - more details will be available throughout the semester

\*\* Class begins at 12:40 due to conflict with IFH course (class end time to be determined)

## Course Materials and Technology

- *Course Readings*

This course utilizes one *recommended* textbook: **Handbook of Psychological Assessment**, 5<sup>th</sup> Ed. (Groth-Marnat, 2009). Assigned readings will consist of chapters from this textbook as well as any additional readings added by the instructors. Readings will be available for download in PDF format at the class e-learning website noted above. Any materials not provided in class or on the website will be distributed electronically (in .pdf form) via email to the email address provided the first day of class. If your email address changes or you miss the first day of class, it will be your responsibility to contact Dr. Durning and Dr. Heaton with your desired email address in order to receive course readings. Instructors will also endeavor to make handouts/slides available to students in advance of the lecture date.

- *Course Equipment*

Each student is required to purchase a **SILENT testing stopwatch** and an opaque **clipboard**. Both of these items will be used during the second half of the course as well as in your clinical practica. For the clinical observation activities (i.e., shadowing interviews or testing sessions), you may be asked to observe via monitors in the Clinic observation room or you may be asked to observe in the room with the clinicians. Therefore, appropriate dress will be expected of you while you are in the Clinic area. You will be given access to class-owned test kits and associated record forms for certain cognitive assessments so that you may practice with them. You will also be instructed on how to use the computerized scoring programs owned by the Clinic. When you are using the class test kits, you will be responsible for the security of the materials. You are ethically responsible for the security of copyrighted tests and financially responsible for their loss (IQ test kit costs \$450 & forms are \$3 each). Thus, materials must be placed in a secure location when not in use and must be kept "on site" (i.e., not in your car or home).

- *Course Website*

This course uses a Canvas site through UF e-learning. You will be responsible for ensuring that you have access to the site in order to access course readings and assignment instructions, submit assignments, and participate in electronic discussions. Instructors will also post any updates to the course schedule within the Canvas site. In addition, you will be granted access to a limited-access PPHP p-drive that is accessible only to this class. The p-drive will contain some case materials (e.g., videos, test records) for the sample cases used for course assignments.

For technical support for this class, please contact the UF Help Desk at: [Learning-support@ufl.edu](mailto:Learning-support@ufl.edu), (352) 392-HELP [select option 2], or <https://lss.at.ufl.edu/help.shtml>.

## ACADEMIC REQUIREMENTS AND GRADING

### Assignments and Grading

In addition to **participation in class** discussions and exercises, your performance in this course will be evaluated based upon **9 practical assignments** that require you to integrate information and skills gained from readings, lectures, lab, and through shadowing/observation of clinical assessments. There is also a TA-administered **practical exam** (scheduled outside of class times) assessing your IQ test administration & scoring skills. Your overall course grade is based upon class participation across both modules, performance on the 9 written assignments, and the practical exam. See the table below for further details. Detailed assignment instructions will be provided before work begins on each assignment.

Requirement	Description	Points	% of Grade
<b>Module 1</b>	<b>Psychological/Adult Assessment</b>	<b>150</b>	<b>30%</b>
<i>Assignment 1</i>	<i>Clinic shadowing &amp; practice write-up</i>	12.5	2.5%
<i>Assignment 2</i>	<i>Questionnaire self-assessment &amp; reflection</i>	12.5	2.5%
<i>Assignment 3</i>	<i>Report part 1: Interview and behavioral observations write-up*</i>	50	10%
<i>Assignment 4</i>	<i>Report part 2: Mood, behavioral, personality measure write-up*</i>	25	5%
<i>Assignment 5</i>	<i>Report part 3: Integration/interpretation/recommendations write-up*</i>	50	10%
<b>Module 2</b>	<b>Cognitive/Child Assessment</b>	<b>150</b>	<b>30%</b>
<i>Assignment 6</i>	<i>Psychometrics Exercise (Completed in Lab)</i>	5	1%
<i>Assignment 7</i>	<i>Administer IQ Test &amp; Score Items (WISC-IV or WAIS-IV w/classmate)</i>	40	8%
<i>Assignment 8</i>	<i>Write-up WAIS-IV Levels of Interpretation (report WAIS-IV results)</i>	25	5%
<i>Assignment 9</i>	<i>Assessment Report (IQ, Academic, &amp; Questionnaires from Clinic case)**</i>	80	16%
<b>Class participation</b>	Participation in class discussion and lab activities throughout semester	<b>100</b>	<b>20%</b>
<b>Practical Exams</b>	Part 1: WAIS-IV administration, Part 2: WISC-IV administration	<b>100</b>	<b>20%</b>
<b>TOTAL</b>		<b>500</b>	<b>100%</b>

\*Assignments 3 - 5 & 8 are based on sample patients seen through our clinic (video & materials will be provided).

\*\*Assignment 9 is based upon a sample patient seen through our clinic (live observation required; all test scores will be provided).

Course grade is based on percentage of total points earned in the course. Scores will be rounded to the nearest percent (up or down, whichever is closest) for grade determination in accordance with the grading table below:

Percent of points earned	93%- 100%	90%- 92%	87%- 89%	83%- 86%	80%- 82%	77%- 79%	73%- 76%	70%- 72%	67%- 69%	63%- 66%	60%- 62%	Below 60%
Letter Grade	A	A-	B+	B	B-	C+	C	C-	D+	D	D-	F

The resulting letter grade corresponds to the following grade points toward your cumulative GPA:

Letter Grade	A	A-	B+	B	B-	C+	C	C-	D+	D	D-	E	WF	I	NG	S-U
Grade Points	4.0	3.67	3.33	3.0	2.67	2.33	2.0	1.67	1.33	1.0	0.67	0.0	0.0	0.0	0.0	0.0

For greater detail on the meaning of letter grades and university policies related to them, see the Registrar's Grade Policy regulations at: <http://catalog.ufl.edu/ugrad/current/regulations/info/grades.aspx>

### Exam Policy

The two-part practical exam involves individual administration of the WAIS-IV and WISC-IV to a course TA who will be acting as a mock patient and will be grading your performance; grading will be based on how well you adhere to test administration and scoring rules and handle situations that arise during test administration.

### Policy Related to Make up Exams or Other Work

Assignments submitted after the stated deadline will be docked points according to the following *unless arranged with instructors prior to assignment deadline*:

- ½ to 6 hours late = grade docked by 10% (i.e., grade won't be higher than B+)
- 24 to 48 hours late = grade docked by 18% (i.e., grade won't be higher than B-)
- > 48 hours (2 days) late = assignment will not be accepted

Any assignment that receives a failing grade of < 80% (below B-) must be revised and resubmitted for grading within 1 week of receiving feedback. The highest grade that can be obtained after re-submission is 85% (B). Any requests for make-ups due to technical issues MUST be accompanied by the ticket number received from LSS when the problem was reported to them (or a PPHP IT service request ticket if pphp email is the technical issue). The ticket number will document the time and date of the problem. You MUST e-mail the instructor within 24 hours of the technical difficulty if you wish to request a make-up.

### Policy Related to Required Class Attendance

On time attendance is expected and affects the participation grade. Students needing to miss class for personal or professional reasons should consult with the instructor prior to the date on which they will be unable to attend. It is the student's responsibility to acquire any handouts or notes from a colleague in the class for any sessions missed. Being late to class, regardless of reason, is considered sub-optimal participation and is disruptive to student learning. If a substantial portion of class is missed, students must contact us no later than 2 days after missing a class (ideally beforehand) to arrange a make-up assignment/experience for any class days missed in order to avoid impact to their participation grade. Students are expected to complete assigned readings prior to coming to class. Personal issues with respect to class attendance or fulfillment of course requirements will be handled on an individual basis.

Please note all faculty are bound by the UF policy for excused absences. For information regarding the UF Attendance Policy see the Registrar website for additional details: <https://catalog.ufl.edu/ugrad/current/regulations/info/attendance.aspx>

## STUDENT EXPECTATIONS, ROLES, AND OPPORTUNITIES FOR INPUT

### Expectations Regarding Course Behavior

We expect active participation from all students during each class meeting. During lectures, we expect students to raise questions or add comments to help foster understanding of the lecture topics. During in-class activities, we expect full engagement in the activities as well as questions and comments. When possible, we will provide lecture notes and/or handouts summarizing the information covered in class. We want students to focus on discussions and activities rather than note-taking during class. Therefore, we have instituted a policy of no laptop, tablet, or other electronic device use during class unless otherwise instructed.

Cell phones are distracting. Please turn off your cell phone when class begins; if you forget and it rings, turn it off without answering.\* Use of other technologies (MP3s, etc.) that interfere with attention and participation during class is also prohibited. [\*If you have a special circumstance when contact by cell phone is vital, see the instructor in advance, make sure that you turn the phone to "vibrate," and take the call outside of the classroom so as to not disturb your classmates.]

### Communication Guidelines

During Module 1, Dr. Durning would prefer that you send any individual, course-related emails through e-learning. During Module 2, Dr. Heaton would prefer that you submit assignments via email. During both modules, however, it will be useful for you to post many of the questions or comments that you might send through individual emails to the discussion board in Canvas. For example, if you want clarification of part of an assignment's instructions, it is likely that your classmates could benefit from seeing the response to your question. In addition, portions of some assignments include posting to the class discussion board in Canvas. Please make sure to follow the UF Netiquette Guidelines: <http://teach.ufl.edu/wp-content/uploads/2012/08/NetiquetteGuideforOnlineCourses.pdf>.

### Academic Integrity

Students are expected to act in accordance with the University of Florida policy on academic integrity. As a student at the University of Florida, you have committed yourself to uphold the Honor Code, which includes the following pledge:

***“We, the members of the University of Florida community,  
pledge to hold ourselves and our peers to the highest standards of honesty and integrity.”***

You are expected to exhibit behavior consistent with this commitment to the UF academic community, and on all work submitted for credit at the University of Florida, the following pledge is either required or implied:

***“On my honor, I have neither given nor received unauthorized aid in doing this assignment.”***

It is your individual responsibility to know and comply with all university policies and procedures regarding academic integrity and the Student Honor Code. Violations of the Honor Code at the University of Florida will not be tolerated. Violations will be reported to the Dean of Students Office for consideration of disciplinary action. For additional information regarding Academic Integrity, please see Student Conduct and Honor Code or the Graduate Student Website for additional details:

<https://www.dso.ufl.edu/sccr/process/student-conduct-honor-code/>  
<http://gradschool.ufl.edu/students/introduction.html>

Please remember cheating, lying, misrepresentation, or plagiarism in any form is unacceptable and inexcusable behavior.

### Online Faculty Course Evaluation Process

Students are expected to provide feedback on the quality of instruction in this course by completing online evaluations at <https://evaluations.ufl.edu>. Since this course is constructed around two discrete modules lead by two separate instructors, you will be asked to complete two separate evaluations for this course (one for each module/instructor). Evaluations are typically open during the last two or three weeks of the semester, but students will be given specific times when they are open. Summary results of these assessments are available to students at <https://evaluations.ufl.edu/results/>.

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## SUPPORT SERVICES

### Accommodations for Students with Disabilities

If you require classroom accommodation because of a disability, you must register with the Dean of Students Office <http://www.dso.ufl.edu> within the first week of class. The Dean of Students Office will provide documentation of accommodations to you, which you must then give to me as the instructor of the course to receive accommodations. Please make sure you provide this letter to me by the end of the second week of the course. The College is committed to providing reasonable accommodations to assist students in their coursework.

### Counseling and Student Health

Students sometimes experience stress from academic expectations and/or personal and interpersonal issues that may interfere with their academic performance. If you find yourself facing issues that have the potential to or are already negatively affecting your coursework, you are encouraged to talk with an instructor and/or seek help through University resources available to you.

- The Counseling and Wellness Center 352-392-1575 offers a variety of support services such as psychological assessment and intervention and assistance for math and test anxiety. Visit their web site for more information: <http://www.counseling.ufl.edu>. On line and in person assistance is available.
- You Matter We Care website: <http://www.umatter.ufl.edu/>. If you are feeling overwhelmed or stressed, you can reach out for help through the You Matter We Care website, which is staffed by Dean of Students and Counseling Center personnel.

- The Student Health Care Center at Shands is a satellite clinic of the main Student Health Care Center located on Fletcher Drive on campus. Student Health at Shands offers a variety of clinical services. The clinic is located on the second floor of the Dental Tower in the Health Science Center. For more information, contact the clinic at 392-0627 or check out the web site at: <https://shcc.ufl.edu/>
- Crisis intervention is always available 24/7 from the Alachua County Crisis Center: (352) 264-6789 <http://www.alachuacounty.us/DEPTS/CSS/CRISISCENTER/Pages/CrisisCenter.aspx>

Do not wait until you reach a crisis to come in and talk with us. We have helped many students through stressful situations impacting their academic performance. You are not alone so do not be afraid to ask for assistance.

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## SYLLABUS FACESHEET

**Course Title:** Lifespan Psychopathology (CLP 6476)  
**Instructors:** Duane Dede, Ph.D., Brenda Wiens, Ph.D.

**This course is Required**

**1) Describe how integration of theory, research, and practice is accomplished in this course.**

This is accomplished through review of the empirical literature on epidemiology, etiology, symptom presentation, course/prognosis, and treatment approaches for each disorder discussed in the course.

**2) Describe how issues of diversity are addressed in this course.**

Issues of diversity are considered throughout the entire course. Specifically, for psychological disorders discussed in the course we cover how epidemiology and symptom presentation may vary for diverse populations. For the child portion of the course, a specific lecture covers cultural competence and mental health disparities for youth.

**3) Describe how ethical issues are addressed in this course.**

Ethical issues pertaining to child abuse and patient safety (e.g., suicidal ideation, self-injury) are addressed.

College of Public Health & Health Professions  
Department of Clinical and Health Psychology  
Course Syllabus  
Tu/W (4 Credit Hours)  
CLP 6476 Lifespan Psychopathology  
Fall Semester 2014  
Tuesday/Child HPNP G108 (1:55-3:50pm)  
Wednesday/Adult HPNP G111 (9:35-11:30am)

**Instructor Information**

Instructor Names: Brenda Wiens, Ph.D. (Child)  
Duane E. Dede, Ph.D. (Adult)  
Address: PO Box 100165 HSC  
Phone Number: (352) 273-5120; 273-5267  
Email Address: [wiens@phhp.ufl.edu](mailto:wiens@phhp.ufl.edu); [ddede@phhp.ufl.edu](mailto:ddede@phhp.ufl.edu)  
Office Hours: by Appointment

**Course Overview or Purpose**

This course is designed to familiarize the student with the range of child, adolescent, and adult psychological disorders seen in clinical practice across the lifespan. Emphasis will be placed on developmental factors, diagnostic issues, theoretical formulations, etiology, evidence-based treatments, and research findings related to each of these conditions. Issues such as comorbidity (simultaneous presentation of two or more disorders), cultural influences on the expression of mental disorders, and psychological factors related to physical conditions will also be considered. The clinical manifestations of each of these conditions will be illustrated through the use of case examples and or video presentation.

PowerPoint presentations will be used for lectures and will be made available prior to class time on the course share folder.

**Course Objectives and/or Goals**

Upon successful completion of the course, students will be able to:

- demonstrate knowledge of diagnostic criteria for various forms of psychopathology as these are reflected in children, adolescents, and adults
- demonstrate knowledge of etiological factors and theoretical perspectives relevant to these forms of psychopathology
- demonstrate knowledge of the relevance of developmental factors as they are related to the manifestations of these disorders across the life span
- demonstrate knowledge of current research findings relevant to these disorders
- discuss and examine the relevance of cultural factors to the development, diagnosis, outcome and treatment of these conditions, and

- demonstrate knowledge of evidence-based assessments and treatments for the range of disorders considered.

### **Class Format**

Over the course of the semester, each week the class will consist of one two-hour class dealing with various common forms of psychopathology as these are reflected in children and adolescents and a second two-hour class meeting focusing on various forms of psychopathology as they are reflected in adults of varying ages. Faculty members teaching the two sections of the class will be individuals with specific expertise in the areas of child/adolescent and adult psychopathology, respectively. Class format will consist of combinations of lectures, group discussions, presentation of clinical case material and demonstrations. In addition, adult psychopathology lectures will be supplemented by a “movie night” (attendance is optional but encouraged) which will include viewing and discussions of cinematic depiction of psychopathology and its social context. A list of movies has been identified and additional ideas will be solicited from participants. Both the child and adult psychopathology portion of the class will also require students to prepare a **30 minute presentation** on topics that will be assigned during the first week of class. Attendance and active participation in class sessions is required.

### **Course Materials**

#### **Adult Related Readings**

The following texts are required and may be purchased in the HSC Bookstore:

Sadock, B.J., Sadock, V. A., & Ruiz, P. (Eds.). (2014). *Kaplan and Sadock’s Synopsis of Psychiatry (11th Ed.)*. New York: Williams & Wilkins.

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*. Washington, D.C.: American Psychiatric Association.

A listing of additional readings for the adult-focused portion of this course is provided in the Addendum to this syllabus. These readings can be found on the student share drive in a folder devoted to this course, labeled “Lifespan Psychopathology” (S:\CP-Student\LIFESPAN PSYCHOPATHOLOGY Fall 2014), under the heading of “Dede Readings.” These readings will include selected de-identified cases that will be discussed during listed weeks. Please also download the “iTunesU” app. Various podcasts will be discussed during the semester.

Copies of the Powerpoint slides are also available within the LIFESPAN PSYCHOPATHOLOGY FALL 2014 folder.

#### **Child/Adolescent Related Readings**

The following texts are required and may be purchased in the HSC Bookstore:

Beauchaine, T. P., & Hinshaw, S. P. (2013). *Child and Adolescent Psychopathology, 2<sup>nd</sup> Edition*. Hoboken, New Jersey: Wiley. (Kindle version available)

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*. Washington, D.C.: American Psychiatric Association.

A listing of additional readings for the child/adolescent portion of this course is provided in the Addendum to this syllabus. These readings can be found on the student share drive in a folder devoted to this course, labeled “Lifespan Psychopathology” (S:\CP-Student\LIFESPAN PSYCHOPATHOLOGY Fall 2014), under the heading of “Wiens Readings.”

Copies of the Powerpoint slides are also available within the LIFESPAN PSYCHOPATHOLOGY FALL 2014 folder.

### **Course Requirements/Evaluation/Grading**

Grades will be based on the results of mid-term and final examinations, as well as class presentations, in both the adult and child sections of the course. Each of the four exams will be worth a total of 100 points (Total for the course = 400) and may consist of a mixture of short answer, listing/multiple-choice, and essay questions related to research relevant to various disorders, assessment, diagnostic, treatment, or other issues relevant to a lifespan conceptualization of psychopathology. Exams will be based on information from readings, case examples, classroom video presentations, lectures, and class discussion. Each of the two presentations will be worth a total of 100 points (Total for the course = 200); requirements for presentations will be discussed at the beginning of the course. Grades will be determined based on the average of scores obtained on the four exams and two class presentations in the adult and child sections of the class, using the following scale for determining grades:

#### Grading Scale (in percentages)

93-100 = 4.0 (A)
90-92 = 3.67 (A-)
87-89 = 3.33 (B+)
83-86 = 3.00 (B)
80-82 = 2.67 (B-)
77-79 = 2.33 (C+)
73-76 = 2.00 (C)
70-72 = 1.67 (C-)
67-69 = 1.33 (D+)
63-66 = 1.00 (D)
60-62 = 0.67 (D-)

## Tentative Outline of Topics

**Week 1** (August 26 and 27)

Introduction – Development and Risk Factors in Psychopathology

Introduction - Lifespan Issues in Psychopathology, Diagnosis and Classification of Psychological Disorders

**Week 2** (September 2 and 3)

Overview of new DSM-5 Neurodevelopmental Disorders; Autism Spectrum Disorder

Other Psychotic Disorders, Dissociative Disorders and Impulse-Control Disorders

**Week 3** (September 9 and 10)

Autism Spectrum Disorder (Continued); Intellectual Disabilities

Neurocognitive Disorders (Delirium, Dementia and other Cognitive Disorders)

**Week 4** (September 16 and 17)

Attention-Deficit Hyperactivity Disorder in Childhood and Adolescence

Anxiety Disorders in early, middle, and later adulthood\*

**Week 5** (September 23 and 24)

Attention-Deficit/Hyperactivity Disorder (continued); Tic Disorders; Specific Learning Disorders

Substance-Related and Addictive Disorders

**Week 6** (September 30 and October 1)

Oppositional Defiant Disorder, Conduct Disorder, and Juvenile Delinquency

Schizophrenia Spectrum

**Week 7** (October 7 and 8)

Elimination Disorders: Enuresis and Encopresis; (1 student presentation)

(3 presentations)

**Week 8** (October 14 and 15)

Mid-Term Exam (Wiens)

Somatic Symptom and Related Disorders & Sleep-Wake Disorders

**Week 9** (October 21 and 22)  
Childhood and Adolescent Mood Disorders

Mid-Term Exam (Dede)

**Week 10** (October 28 and 29)  
Childhood and Adolescent Mood Disorders (Continued); Anxiety Disorders in  
Childhood and Adolescence

Depressive, Bipolar and Related Disorders I

**Week 11** (November 4 and 5)  
Anxiety Disorders in Childhood and Adolescence (Continued); Obsessive-  
Compulsive Disorder in Childhood and Adolescence

Depressive, Bipolar and Related Disorders (Continued)

**Week 12** (No Class 11/11 Veteran's Day; November 12)  
Personality Disorders\*

**Week 13** (November 18 and 19)  
Trauma and Stressor-Related Disorders in Childhood and Adolescence; (2 student  
presentations)

Eating Disorders & Obsessive-Compulsive and Related DOs\* (2 presentations)

**Week 14** (November 25; No Class 11/26 Thanksgiving)  
Adolescent Substance Use; Pediatric Psychology

**Week 15** (December 2 and 3)  
Student presentations (3)

Student presentations (3-4) and review for final

**Week 16** (December 9 and 10)  
Cultural Competence and Mental Health Disparities in Clinical Child Psychology;  
review for final

Final Exam - Adult

**Week 17** (December 16)  
Final Exam – Child –**THE ROOM FOR THE FINAL WILL BE G-110**

## **Statement of University's Honesty Policy (cheating and use of copyrighted materials)**

**Academic Integrity** – Students are expected to act in accordance with the University of Florida policy on academic integrity (see Student Conduct Code, the Graduate Student Handbook or this web site for more details: [www.dso.ufl.edu/judicial/procedures/academicguide.php](http://www.dso.ufl.edu/judicial/procedures/academicguide.php)).

Cheating, lying, misrepresentation, or plagiarism in any form is unacceptable and inexcusable behavior.

UF students are bound by The Honor Pledge which states, “We, the members of the University of Florida community, pledge to hold ourselves and our peers to the highest standards of honor and integrity by abiding by the Honor Code. On all work submitted for credit by students at the University of Florida, the following pledge is either required or implied: ‘On my honor, I have neither given nor received unauthorized aid in doing this assignment.’” The Honor Code (<http://www.dso.ufl.edu/sccr/process/student-conduct-honor-code/>) specifies a number of behaviors that are in violation of this code and the possible sanctions. Furthermore, you are obligated to report any condition that facilitates academic misconduct to appropriate personnel. If you have any questions or concerns, please consult with the instructors in this class.

## **Policy Related to Class Attendance**

**Attendance is expected** as a part of the student’s professional training. Students are expected to arrive for class on time and to remain for the full class period. Students needing to miss class should make prior arrangements with the instructor.

## **Classroom Etiquette**

Please refrain from using I-pods, cell phones or any other electronic devices during class as it is distracting and inconsiderate of other students and the instructor. Laptop use is acceptable for note taking or following slides.

Please do not arrive late to class or disrupt the class as it is distracting and inconsiderate of other students and the instructor.

To the extent permitted by facility rules and restrictions, you may bring food and/or beverages to class as long as it does not interfere with your ability to work and/or participate in class and as long as it does not interfere with or your classmates’ ability to work and participate in class. You will be expected to clean-up after yourself and dispose of all trash before leaving the classroom.

## **Policy Related to Make-up Exams or Other Work**

Students who must miss an exam or paper deadline because of conflicting professional or personal commitment must make prior arrangements with the instructor. If an examination must be missed because of illness, a doctor’s note is required. “Requirements for class attendance and make-up exams, assignments, and other work in this course are consistent with university policies that can be found in the online catalog at:

<https://catalog.ufl.edu/ugrad/current/regulations/info/attendance.aspx>.”

## **Statement Related to Accommodations for Students with Disabilities**

### **Accommodations for Students with Disabilities**

If you require classroom accommodation because of a disability, you must first register with the Dean of Students Office (<http://oss.ufl.edu/>). The Dean of Students Office will provide documentation to you, which you then give to the instructor when requesting accommodation. The College is committed to providing reasonable accommodations to assist students in their coursework.

### **Counseling and Student Health**

Students may occasionally have personal issues that arise in the course of pursuing higher education or that may interfere with their academic performance. If you find yourself facing problems affecting your coursework, you are encouraged to talk with an instructor and to seek confidential assistance at the University of Florida Counseling Center, 352-392-1575, or Student Mental Health Services, 352-392-1171. Visit their web sites for more information: <http://www.counseling.ufl.edu/cwc/Default.aspx>.

The Student Health Care Center at Shands is a satellite clinic of the main Student Health Care Center located on Fletcher Drive on campus. Student Health at Shands offers a variety of clinical services, including primary care, women's health care, immunizations, mental health care, and pharmacy services. The clinic is located on the second floor of the Dental Tower in the Health Science Center. For more information, contact the clinic at 392-0627 or check out the web site at: [www.health.ufl.edu/shcc](http://www.health.ufl.edu/shcc)

Crisis intervention is always available 24/7 from: Alachua County Crisis Center: (352) 264-6789. For emergencies, you can call 911 or access the University of Florida Police by calling 392-1111.

### **Posting of Syllabus**

The course syllabus will be posted in the course share folder and will be submitted to the departmental office to document compliance.

### **Online Course Evaluation**

Students are expected to provide feedback on the quality of instruction in this course based on 10 criteria. These evaluations are conducted online at <https://evaluations.ufl.edu>. Evaluations are typically open during the last two or three weeks of the semester, but students will be given specific times when they are open. Summary results of these assessments are available to students at <https://evaluations.ufl.edu/results/>.

## Addendum

### Required Adult Psychopathology Readings

#### **Introduction: Life Span issues in Psychopathology, Diagnosis and Classification – Week 1**

Gottesman, I. (2001). Psychopathology through a life span-genetic prism. *American Psychologist*, 56 (11), 867 - 878.

Achenbach, T.M. & Rescorla, L.A. (2006). Developmental issues in assessment, taxonomy, and diagnosis of psychopathology. In D. Chicchetti and D. Cohen (Eds.) *Developmental Psychopathology, Volume 1: Theory and Method* (2<sup>nd</sup> Edition), Hoboken, NJ, Wiley, 139 – 180.

Youngstrom, E. (2008). Evidence-based strategies for the assessment of developmental psychopathology: measuring prediction, prescription, and process. In E.W. Craighead, D.J. Miklowitz, & L.W. Craighead (Eds.), *Psychopathology: History, diagnosis, and empirical foundations*. Hoboken, NJ: Wiley.

#### **Neurocognitive Disorders – Week 3**

Collins, M., Grindell, S., Lovell, M.R., Dede, D.E, Moser, D.J., Phalin, B.R., Nogle, S., Wasik, M., Cordry, D., Daugherty, M.K., Sears, S.F., Nicolette, G., Indelicato, P. & McKeag, D.B. (1999) Relationship between concussion and neuropsychological performance in college football players. *JAMA*, 282: 964-970.

Roman, G.C., Sachdev, P., Royal, D.R., Bullock, R.A., Orgogozo, J., Lopea-Pousa, S., Arizaga, R., and Wallin, A. (2004). Vascular cognitive disorder: a new diagnostic category updating vascular cognitive impairment and vascular dementia. *Journal of Neurological Sciences*, 226: 81-87.

Satz, P. (1993). Brain reserve capacity on symptom onset after brain injury: A formulation and review of evidence for threshold theory. *Neuropsychology*, 7: 273-295.

#### **Substance-Related and Addictive Disorders - Week 5**

Mintzer, M.Z., Copersino, M.L. and Stitzer, M.L. (2005). Opioid abuse and cognitive performance. *Drug and Alcohol Dependence*, 78: 225-230.

#### **Depressive and Bipolar Disorders – Weeks 10 and 11**

Baune, B. T., Suslow, T., Arolt, V. and Berger, K. (2007). The relationship between psychological dimensions of depressive symptoms and cognitive functioning in the elderly: The MEMO-Study. *Journal of Psychiatric Research*, 41: 247-254.

Miklowitz, D.J. and Cicchetti, D. (2006). Toward a life span developmental psychopathology perspective on bipolar disorder. *Development and psychopathology*, 18, 935 – 938.

See “Tyson” PDF and de-identified report (July 2014)

## Required Child/Adolescent Psychopathology Readings

### **Development and Risk Factors in Psychopathology – August 26**

Child and Adolescent Psychopathology – Chapters 3 (Genetic and Environmental Influences on Behavior, 4 (Risk and Resilience in Child and Adolescent Psychopathology), and 5 (Child Maltreatment and Risk for Psychopathology)

### **Autism Spectrum Disorder and Intellectual Disabilities – September 2 & 9**

DSM-5 section on Autism Spectrum Disorder (pages 50-59)

Child and Adolescent Psychopathology – Chapter 20 (Autism Spectrum Disorders)

Huerta, M., Bishop, S. L., Duncan, A., Hus, V., & Lord, C. (2012). Application of DSM-5 criteria for Autism Spectrum Disorder to three samples of children with DSM-IV diagnoses of Pervasive Developmental Disorders. *American Journal of Psychiatry*, 169, 1056-1064.

McPartland, J. C., Reichow, B., & Volkmar, F. R. (2012). Sensitivity and specificity of proposed DSM-5 diagnostic criteria for Autism Spectrum Disorder. *Journal of the American Academy of Child and Adolescent Psychiatry*, 51, 368-383.

### **Attention Deficit Hyperactivity Disorder – September 16 & 23**

DSM-5 sections on ADHD (pages 59-66)

Child and Adolescent Psychopathology – Chapter 12 (Attention-Deficit/Hyperactivity Disorder)

*Optional:* Evans, S. W., Owens, J. S., & Bunford, N. (2014). Evidence-based psychosocial treatments for children and adolescents with Attention-Deficit/Hyperactivity Disorder. *Journal of Clinical Child and Adolescent Psychology*, 43, 527-551.

### **Learning Disorders, Tic Disorders – September 23**

DSM-5 sections Learning Disorders (pages 66 to 74), and Tic Disorders (pages 81-85)

Fletcher, J. M., Francis, D. J., Morris, R. D., & Lyon, G. R. (2005). Evidence-based assessment of learning disabilities in children and adolescents. *Journal of Clinical Child and Adolescent Psychology*, 34, 506-522.

Fletcher, J. M., & Vaughn, S. (2009). Response to intervention: Preventing and remediating academic difficulties. *Child Development Perspectives*, 3, 30-37.

### **Oppositional Defiant/Conduct Disorder/Juvenile Delinquency – September 30**

DSM-5 sections on ODD (pages 462-466) and CD (pages 469-476)

Child and Adolescent Psychopathology – Chapter 13 (Oppositional Defiant Disorder, Conduct Disorder, and Juvenile Delinquency)

*Optional:* Loeber, R., Burke, J. D., & Pardini, D. A. (2009). Development and etiology of disruptive and delinquent behavior. *Annual Review of Clinical Psychology*, 5, 291-310.

### **Eliminative Disorders: Enuresis and Encopresis – October 7**

DSM-5 section on Elimination Disorders (355-360)

Fritz, G., Rockney, R., et al. (2004). Summary of the practice parameters for the assessment and treatment of children and adolescents with enuresis. *Journal of the American Academy of Child and Adolescent Psychiatry*, 43, 123-125.

Campbell, L. K., Cox, D. J., & Borowitz, S. M. (2009). Elimination Disorders: Enuresis and Encopresis. In M. C. Roberts & R. G. Steel (Eds). *Handbook of Pediatric Psychology (4<sup>th</sup> Ed)* (pp. 481-490). New York: Guilford Press.

### **Child/Adolescent Mood Disorders – October 21 and 28**

DSM-5 section on Disruptive Mood Dysregulation Disorder (pages 156-160); sections on Bipolar I and II disorders (pages 123-139), Major Depressive Disorder (pages 160-168), and Persistent Depressive Disorder (pages 168-171)

Child and Adolescent Psychopathology – Chapters 17 (Depressive Disorders) and 19 (Bipolar Disorder)

Copeland, W. E., Angold, A., Costello, E. J., & Egger, H. (2013). Prevalence, comorbidity, and correlates of DSM-5 proposed Disruptive Mood Dysregulation Disorder. *American Journal of Psychiatry*, 170, 173-179.

Axelson, D. (2013). Editorial: Taking Disruptive Mood Dysregulation Disorder out for a test drive. *American Journal of Psychiatry*, 170, 136-139

*Optional:* Fristad, M. A., & MacPherson, H. A. (2014). Evidence-based psychosocial treatments for child and adolescent bipolar spectrum disorders. *Journal of Clinical Child and Adolescent Psychology*, 43, 339-355.

### **Child/Adolescent Anxiety Disorders – October 28 & November 4**

DSM-5 section on Anxiety Disorders (starts page 189, review Separation Anxiety Disorder, Selective Mutism, Specific Phobia, Social Anxiety Disorder, Generalized Anxiety Disorder)

Child and Adolescent Psychopathology – Chapter 16 (Anxiety Disorders)

### **Child/Adolescent OCD – November 4**

DSM-5 section on OCD (pages 237-242)

Geller et al. (2012). Practice parameter for the assessment and treatment of children and adolescents with Obsessive-Compulsive Disorder. *Journal of the American Academy of Child and Adolescent Psychiatry*, 51, 98-113.

*Optional:* Freeman, J., Garcia, A., Frank, H., Benito, K., Conelea, C., Walther, M., & Edmunds, J. (2014). Evidence base update for psychosocial treatments for pediatric obsessive-compulsive disorder, *Journal of Clinical Child and Adolescent Psychology*, 43, 7-26.

### **Child/Adolescent Trauma and Stressor Disorders – November 18**

DSM-5 section on PTSD (pages 271-280)

Dyregrov, A., & Yule, W. (2006). A review of PTSD in children. *Child and Adolescent Mental Health*, 11, 176-184.

### **Adolescent Substance Use; Overview of Pediatric Psychology – November 25**

Child and Adolescent Psychopathology – Chapter 15 (Substance Use Disorders in Adolescence)

Law, E. F., Fisher, E., Fales, J., Noel, M., & Eccleston, C. (2014). Systematic review and meta-analysis: Parent and family-based interventions for children and adolescents with chronic medical conditions. *Journal of Pediatric Psychology*. doi:10.1093/jpepsy/jsu032

Pai, A. L. H., & McGrady, M. (2014). Systematic review and meta-analysis of psychological interventions to promote treatment adherence in children, adolescents, and young adults with chronic illness. *Journal of Pediatric Psychology*. doi:10.1093/jpepsy/jsu038

*Optional:* Beale, I. L. (2006). Scholarly literature review: Efficacy of psychological interventions for Pediatric Chronic Illnesses. *Journal of Pediatric Psychology*, 31, 437-451

*Optional:* Hogue, A., Henderson, C. E., Ozechowski, T. J., & Robbins, M. S. (2014). Evidence base on outpatient behavioral treatments for adolescent substance use: Updates and recommendations 2007-2013. *Journal of Clinical Child and Adolescent Psychology*. doi:10.1080/15374416.2014.915550

### **Cultural Competence & Mental Health Disparities in Clinical Child Psychology – Dec 9**

Ecklund, K., & Johnson, W. B. (2007). Toward cultural competence in child intake assessments. *Professional Psychology: Research and Practice*, 38, 356-362.

Costello, E. J., He, J., Sampson, N. A., Kessler, R. C., & Merikangas, K. R. (2014). Services for adolescents with psychiatric disorders: 12-month data from the National Comorbidity Survey-Adolescent. *Psychiatric Services*, 65, 359-366.

Kazak, A. E. (2010). A meta-systems approach to evidence-based practice for children and adolescents. *American Psychologist*, 65, 85-97.

## SYLLABUS FACESHEET

**Course Title:** CLP 6527, Measurement, Design and Statistics I

**Instructor:** Marsiske

**This course is (Required or Elective):** Required

- 1) **Describe how integration of theory, research, and practice is accomplished in this course.** This is an introductory course in data analysis, so the chief focus is research training. That said, much of the course involves considering what “models and theories” are, and how these manifest themselves as data analytic models. Data examples are generally real or simulated data on clinical (psychological) problems, e.g., the distribution of a set of depression scores, or the comparison of participants who do-and-do-not receive a particular clinical treatment.
  
- 2) **Describe how issues of diversity are addressed in this course.** As a data analysis course, the approach to diversity is how to measure and assess the sources of individual differences in outcomes. Across the classes, data examples frequently look at how variables like age, race, ethnicity, gender, sexual identity influence outcomes of interest, how their influences might be mediated by other proximal processes, or how such variables might be important moderators of other relationships.
  
- 3) **Describe how ethical issues are addressed in this course.** Prior to 2013, this course included a two week module on APA ethics code and Federal Code of Regulations. This content has now been shifted to Dr. Whitehead’s “Thesis” course. Readings in the early weeks of the course explicitly consider ethical issues, and ethics of data reporting and analysis are considered throughout the course.

**University of Florida  
College of Public Health & Health Professions Syllabus**

**CLP 6527, Measurement, Research Design and Statistics I (3 credit hours)  
Section Number: 0225, Fall: 2014**

Meeting time/place: Tuesdays Periods 2-3 (8:35-10:25 am, HPNP 1101)  
Optional review session with TAs: Mondays 4:05-4:55 pm, HPNP 1101

Delivery Format: Blended learning/flipped classroom  
Course Website or E-Learning: <http://lss.at.ufl.edu>

**Instructor Name:** Michael Marsiske  
**Office:** HPNP 3179  
**Phone Number:** (352) 273-5097  
**Email Address:** marsiske@phhp.ufl.edu  
**Office Hours:** By appointment  
**Teaching Assistants:**  
    **TA1:** Guastello, Andrea D (aguastello@ufl.edu)  
    **TA2:** Lafo, Jacob A (jlafo@phhp.ufl.edu)  
**Preferred Course Communications:** Email

**Prerequisites** Must be a graduate student in good standing in Clinical and Health Psychology, Psychology, Rehabilitation Sciences, Communication Sciences and Disorders, Speech, Language and Hearing Sciences, Health Services Research, Management and Policy. All others must petition.

## PURPOSE AND OUTCOME

**Course Overview.** In the Graduate Bulletin, these two courses are described as "Integration and interaction among research design, tests and measurements, and statistics."

**Relation to Program Outcomes.** This course is required in Clinical and Health Psychology and Counseling psychology in fulfillment of one their "quantitative/data analysis/methodology" requirements.

### Course Objectives and/or Goals

Content domains: Scientific method, internal & external validity, distributions, parametric assumptions, standardizing and normalizing transformations, correlation, simple regression, multiple regression, collinearity and outlier detection, moderated and mediated regression, robust regression

Dimension	Objective	Learning activity/ies	Evaluation
Knowledge	<p><b>Read</b> textbook and primary source meetings; class powerpoints and transcripts.</p> <p><b>Identify</b> the major topics covered each week and the relationship to the course roadmap</p> <p><b>Reproduce</b> simple analysis and data strategies demonstrated in lecture</p>	<p>Online lectures, online demonstrations, weekly TA review sessions, readings</p>	<p>Self-testing and mastery learning; multiple-choice examination</p>
Comprehension	<p><b>Define</b> the major concepts/terms each week</p> <p><b>Describe</b> the appropriate situations in which to use techniques demonstrated</p> <p><b>Differentiate</b> among different approaches (e.g., different kinds of transformations or analysis strategies) and their strengths and weaknesses</p>	<p>Online demonstrations , In-class discussion weekly TA review sessions, readings</p>	<p>Self-testing and mastery learning, in-class practice exercises, multiple-choice examination</p>
Application	<p><b>Calculate</b> major coefficients and summary statistics</p> <p><b>Chart</b> key findings and interpret</p> <p><b>Choose</b> the best analysis/transformation for a given situation</p> <p><b>Extend</b> basic analysis situations demonstrated in class to more complex data problems</p>	<p>Online demonstrations , Hands-on class sessions, Team-based problem solving, weekly TA review sessions</p>	<p>Self-testing and mastery learning; in-class practice exercises, data analysis homework (output generation)</p>
Analysis	<p><b>Break down</b> the multiple results of a data analysis into constituent pieces</p> <p><b>Examine</b> variable distributions and determine if conformal for analysis</p> <p><b>Interpret</b> the results of analyses with regards to the substantive questions being asked</p> <p><b>Recommend</b> next steps or areas in need of clarification to improve the analysis</p>	<p>Team-based problem solving, In-class discussion, coaching/mentoring</p>	<p>Peer-review and group self-evaluation, data analysis homework (analysis selection and output interpretation)</p>
Synthesis	<p><b>Collaborate</b> with group members to determine the best solution to a complex problem</p> <p><b>Combine</b> multiple sources of information (e.g., information regarding distributions and analytical question)</p>	<p>Coaching/mentoring, Team-based problem solving</p>	<p>Multiple choice examination (questions combining multiple aspects of</p>

Dimension	Objective	Learning activity/ies	Evaluation
	<p><b>Construct</b> an appropriate analysis strategy for a multi-part data problem</p> <p><b>Model</b> independent/dependent variable relationships using the appropriate techniques given distributions and questions</p>		the course); homework (multi-component data-analysis problems)
Evaluation	<p><b>Appraise</b> the quality of the data and the admissibility of solutions generated</p> <p><b>Assess</b> the fit/quality of the solution and recommend next steps</p> <p><b>Compare/contrast</b> solutions generated under multiple approaches to transformation or data analysis</p> <p><b>Prioritize</b> and select the best choice for data analysis, given available data and distribution and research question.</p>	Coaching/mentoring, Team-based problem solving	Homework (data-analysis problems requiring you to judge effectiveness of the solution); group self-evaluation discussions

### Instructional Methods

This is a blended learning course. Specifically, it uses a flipped classroom (lectures online, in person meetings for collaborative problem solving)

What is blended learning and why is it important? A Blended Learning class uses a mixture of technology and face-to-face instruction to help you maximize your learning. Knowledge content that I would have traditionally presented during a live class lecture is instead provided online before the live class takes place. This lets me focus my face-to-face teaching on course activities designed to help you strengthen higher order thinking skills such as critical thinking, problem solving, and collaboration. Competency in these skills is critical for today's health professional.

What is expected of me? You are expected to actively engage in the course throughout the semester. You must come to class prepared by completing all out-of-class assignments. This preparation gives you the knowledge or practice needed to engage in higher levels of learning during the live class sessions. If you are not prepared for the face-to-face sessions, you will struggle to keep pace with the activities occurring in the live sessions, and it is unlikely that you will reach the higher learning goals of the course. Similarly, you are expected to actively participate in the live class. Your participation fosters a rich course experience for you and your peers that facilitates overall mastery of the course objectives.

Things to keep in mind. Because I post material on line, you can go back and review it as many times as needed to feel comfortable with the material prior to the live class. Please

keep in mind that you have to allocate your time wisely to take full advantage of the blended learning approach.

## DESCRIPTION OF COURSE CONTENT

### Topical Outline/Course Schedule

(note: Readings are sometimes on topics ahead of the current week, to help prepare you for later weeks)

Week	Class meeting	Date to complete online lecture by	Topic(s)	Readings	Assignment due date
1	8/26	9/2	Course roadmap, theories/models/critical thinking about science	Field 1	n/a
2	9/2	9/9	Replication, inference, threats to internal and external validity	Field 2, Kazdin 2 & 4	n/a
3	9/9	9/16	Characterizing distributions, skewness & kurtosis, descriptives, standard deviation, z-scores	Field 3, Howell 2 & 3	9/18
4	9/16	9/23	z-test for skewness/kurtosis, normality evaluation, null hypothesis tests and sampling distributions, one and two-sided tests	Field 4, Salkind 8	9/25
5	9/23	9/30	Bimodality, outliers and transformations (power, Blom)	Howell 4-5	10/2
6	9/30	10/7	Confidence interval of a proportion, review of plots, error bars	Field 5	10/9
7	10/7	10/14	Z-score alternatives, longitudinal standardization		10/16
8	10/14	10/21	Correlation (Simple, multiple, partial, semi-partial)	Martella 7, Kazdin 17	10/23
9	10/21	10/28	Regression: standardized and unstandardized estimates, residuals and regression outliers, suppression effects, adjusted r-squared	Field 7	10/30

Week	Class meeting	Date to complete online lecture by	Topic(s)	Readings	Assignment due date
10	10/28	11/4	Best fitting lines; evaluating residual normality, homoscedasticity and linearity; Aiken & West vs. residual centering for power terms, Dummy coding	Field 8, Salkind 13	11/6
11	11/4	11/18	Hierarchical regression, stepwise regression, diagnostics for multicollinearity and outliers	Field 10, Licht 2	11/20
12	11/18	11/25	Robust regression (winsorizing + bootstrapping), moderated regression and centering of product terms, regression plotting	Hair 4	n/a
13	11/25	12/2	Mediation models and indirect effects, multiple mediation	Baron & Kenny (1986), web links	12/4
14	12/2	12/9	Mediated moderation, conditional indirect effects		12/11
15	12/9		Review		
			Final exam is Wed 12/17 from 10 am – 11 am, online in Sakai		

### **Caveat:**

The above schedule and procedures in this course are subject to change in the event of extenuating circumstances. Any changes will be announced in class, and the student is personally responsible for obtaining updated information regarding those changes.

### **Course Materials and Technology**

#### Reading materials:

There are two kinds of readings for this course. One book is **required** for the course (both the first and second semester) and is listed below. Additional supplemental required and recommended materials (journal articles, sample syntax, websites) will be made available via e-mail as the course progresses, typically as Adobe pdf files. Books have been ordered through the University of Florida's "Text Adoption" service and should be available at any participating bookstore.

#### *Required*

Field, A. (2013). Discovering Statistics Using IBM SPSS Statistics (Fourth Edition). London: Sage. ISBN: 9781446249185. (*Field, in reading chart below*)

Additional readings as indicated, made available via class website

**NOTE: THE TRACKING OF READINGS TO LECTURE IS APPROXIMATE! USUALLY, WE TRY TO HAVE YOU READ **AHEAD** OF LECTURE, TO “PRIME THE PUMP”. ALSO, WE USUALLY TRY TO HAVE THE READINGS PROVIDE ADDITIONAL/SUPPLEMENTAL MATERIAL THAT YOU WILL NOT HEAR IN CLASS.**

#### Additional Recommended Resources:

For persons starting with a weaker background, you are recommended to look at a video series. Videos are taken from the Annenberg/CPB project series, “Against All Odds,” a series of 26 basic-education statistics videos. Each video is one half-hour in duration. Course content generally complements what we are discussing in class, although the videos often provide useful practical and graphical illustrations of concepts. The videos are available free of charge in streaming Windows Media format. **You should have access to a high-speed internet connection** (e.g., most on-campus computers) when viewing these videos. (Note, for students in PPHP: Watching videos via terminal server is discouraged, due to slow screen refresh times). The website is <http://www.learner.org/resources/series65.html>. You will have to complete a one-time free-registration, and have cookies enabled. Then, click the “Individual Program Descriptions” to get to individual programs. Click the “VOD” icon (video on demand) to access your program.

Two websites related to Andy Field’s book also include helpful additional slides, self-test questions, and even demonstration videos. Please visit Andy’s personal website <http://www.statisticshell.com/apf.html> , and the Sage website for his book: <http://www.sagepub.com/field3e/student.htm> .

#### Software/computing resources:

The "official" software language of this course will be SPSS (whatever the latest version supported by PPHP is). **All students must have access to the full-featured version of SPSS, regardless of specific version number.** See note above. Students are **required** to bring tablets/computers to weekly class meetings, and they will be **required** to conduct SPSS analyses in class.

- Students in PPHP will access SPSS via our terminal server ([ts.phhp.ufl.edu](http://ts.phhp.ufl.edu)). You will need a terminal services compatible remote desktop client. This is free in Windows. For iOS clients, the rdp app (not the free one) is the best. For Macs, a free remote desktop client (CoRD) and instructions are available at <http://it.phhp.ufl.edu/2012/03/12/terminal-server/>
- Students not in PPHP will access SPSS via the <http://info.apps.ufl.edu/> website. (Please see that site for technical instructions, as I do not have access to it, and cannot provide more guidance).

These are both virtual machines, which means you can run SPSS on any Windows, MAC, or even tablet (iOS, anyway) machine. In the event that you want your PERSONAL copy on your PERSONAL machine, you will want to buy the SPSS Graduate Pack PREMIUM Edition (no lower version will suffice) AND AMOS (sold separately). SPSS should be at the bookstore, or you can purchase online at <http://onthehub.com>; as far as I know, <http://onthehub.com> is your only source if you choose to purchase AMOS.

All students must also be able to access course materials, which will be distributed electronically as Microsoft PowerPoint, Microsoft Word (Office 2003 and Office 2007; if you have an earlier version of Office, you may need to install the free “Compatibility Pack”), or Adobe Acrobat files. In the first class, all students will complete an e-mail register; students are responsible for updating the instructor on e-mail changes throughout the term. **All** class materials will be distributed by e-mail or Sakai site, so regular and frequent checking is a necessity.

For issues with technical difficulties for E-learning please contact the UF Help Desk at:

- [Learning-support@ufl.edu](mailto:Learning-support@ufl.edu)
- (352) 392-HELP - select option 2
- <https://lss.at.ufl.edu/help.shtml>

## ACADEMIC REQUIREMENTS AND GRADING

### Assignments

Each week, there is an *in-class collaborative assignment* to submit (all members of a team must submit the same assignment). This is graded for presence/absence. These must always be posted to Sakai by **10:35 am of the day** in which they are due

Most weeks, there is also an *independent homework* to submit (each student must submit their own assignment, and collaboration is not permitted; see the Appendix of this syllabus for collaboration rules on homework). These must always be posted to Sakai by **8:35 am of the day** in which they are due.

*Note: There is a 2% credit for missed in class submissions. In other words, students can miss up to two in-class submissions without losing points. It is not possible to make up for missed submissions.*

### Grading

Requirement	Due date	% of final grade (must sum to 100%)
In-class submission	8/26	1%
In-class submission	9/2	1%

<b>Requirement</b>	<b>Due date</b>	<b>% of final grade (must sum to 100%)</b>
In-class submission	9/9	1%
In-class submission	9/16	1%
Homework	9/18	6%
In-class submission	9/23	1%
Homework	9/25	6%
In-class submission	9/30	1%
Homework	10/2	6%
In-class submission	10/7	1%
Homework	10/9	6%
In-class submission	10/14	1%
Homework	10/16	6%
In-class submission	10/21	1%
Homework	10/23	6%
In-class submission	10/28	1%
Homework	10/30	6%
In-class submission	11/4	1%
Homework	11/6	6%
In-class submission	11/18	1%
Homework	11/20	6%
In-class submission	11/25	1%
In-class submission	12/2	1%
Homework	12/4	6%
In-class submission	12/9	1%
Homework	12/11	6%
Final Exam	12/17	19%

Note: The number of assignments and exercises *is not set in stone*; we might have to add or remove an assignment, depending on class progress. If this occurs, the remaining assignments will be prorated so that they still, collectively, contribute 66% to your final grade. In addition, even if the assignments differ in the number of points that they are worth, each assignment will be weighted to contribute equally to your final grade. So, if we have 6 assignments, each one is worth 11% of the grade. If we end up having only 5 assignments, each one is worth 13.2% of grade. All assignments count for the exact same percentage of your grade, even if they are individually worth a different number of points.

**When you submit your assignments to Sakai, it is essential that (a) you put your name in the “name” field of the homework, and (b) the first word of your assignment document title be your LAST NAME. After 2 reminders about this, a 2-point deduction will be made on each homework for which these naming conventions are forgotten. See below for additional policy on late submissions.**

Assignments will consist of multiple items. Each and every item will have equal weight and will be graded according to the rubric below. (Note: partial points, e.g., 7.5, are permissible; TAs may also score out of range for specific reasons.)

0	not attempted
7	“mercy point” (e.g., you really don’t deserve a point, but because you made some attempt, this is acknowledged; example: doing a stepwise regression when the question asks for hierarchical); note: there must be SOME evidence of relevant effort; random text would earn a “0”
8	doing the correct analysis, but coming up with the wrong numbers (e.g., choosing the wrong DV or IV combination)
9	substantially correct, but either (a) missing one or more essential item (e.g., you conduct a regression and include the regression table, but fail to discuss or interpret it), or (b) you include too much information (e.g., you include tables/figures that are not needed for the answer, and you also fail to defend/explain why it is relevant). Teaching assistants will provide you with a list of missing elements upon grading
10	adequate/all required elements are present

In addition to reinforcing content learned in class, homework questions are designed to provide students with experience analyzing, presenting and discussing research methods and results for a scientific audience. Students are therefore encouraged to think carefully about the information needed to adequately address each question. The following guidelines are intended to facilitate this process:

- Each question will have defined length-of-response guidelines.
  - Do not exceed these guidelines—they are usually more generous than is needed to answer the question (there will be a grade penalty for alterations).
  - If you paste figures or tables, use the “Paste Special” feature to paste as a “**picture**” or “**bitmap**”, so that the output can fit within the space provided.
- Be judicious in your selection of output. Including output that is not relevant to the problem, or that is not discussed in your answer, will lead to a grading penalty being applied. Homeworks will not be scrutinized for compliance with APA format unless this is explicitly requested.
- Students who are confused about the meaning/phrasing of a question are welcome to ask for clarification on the class discussion in Sakai.

**Point system used (i.e., how do course points translate into letter grades).**

Points earned	93-100	90-92	87-89	83-86	80-82	77-79	73-76	70-72	67-69	63-66	60-62	Below 60
Letter Grade	A	A-	B+	B	B-	C+	C	C-	D+	D	D-	E

Please be aware that a C- is not an acceptable grade for graduate students. A grade of C counts toward a graduate degree only if an equal number of credits in courses numbered 5000 or higher have been earned with an A.

Letter Grade	A	A-	B+	B	B-	C+	C	C-	D+	D	D-	E	WF	I	NG	S-U
Grade Points	4.0	3.67	3.33	3.0	2.67	2.33	2.0	1.67	1.33	1.0	0.67	0.0	0.0	0.0	0.0	0.0

For greater detail on the meaning of letter grades and university policies related to them, see the Registrar's Grade Policy regulations at:  
<http://catalog.ufl.edu/ugrad/current/regulations/info/grades.aspx>

**Exam Policy.** Exam will be online (Sakai), 12/17 from 10-11 am EST, and will consist of 25 multiple choice items covering content from the semester.

### Policy Related to Make up Exams or Other Work

Missed in-class assignments cannot be made up, but students can miss up to two in-class assignments without losing points.

For homework, late submissions are not encouraged. Late submissions will be accepted for up to 7 days, but with the following penalty schedule:

With regard to missing or incomplete assignments, the following policies apply:

- Graders will **not** contact you about missing or incomplete assignments. **It is your responsibility** to check that the *correct* assignment has been submitted to e-learning on time.
- The late policy below applies **ONLY** to homework. In-class exercises (which are graded on a submitted/non-submitted basis) may **NOT** be turned in late, and will be assigned a grade of zero if missed.
- **It may be possible to avoid a late penalty IF YOU CONTACT THE INSTRUCTOR AT LEAST 24 HOURS IN ADVANCE.** You should email both Dr. Marsiske and your teaching assistant, and explain what issue (e.g., bereavement, illness) necessitates lateness. In some cases, documentation may be requested. If a lateness allowance is agreed to, this applies to a single assignment only. It does not allow you to delay future assignments. Note, conference attendance or doctoral qualifying examinations or thesis/dissertation defenses do not constitute valid lateness excuses.
- If your assignment is late, you will lose 10% each day. Thus, if an assignment is worth 30 points, you will lose 3 points for each late day. "Late" begins one minute after the due time (e.g., an assignment due at 8:34 am is considered late at 8:35 am). Penalties are as follows:

1 minute to 24 hours late	10% of maximum deducted from achieved grade
1 day + 1 minute late to 48 hours late	20% of maximum deducted from achieved grade
2 days + 1 minute late to 72 hours late	30% of maximum deducted from achieved

	grade
3 days + 1 minute late to 96 hours late	40% of maximum deducted from achieved grade
4 days + 1 minute late to 120 hours late	50% of maximum deducted from achieved grade
5 days + 1 minute late to 144 hours late	60% of maximum deducted from achieved grade
6 days + 1 minute late to 168 hours late	70% of maximum deducted from achieved grade
7 days + 1 minute late or longer	100% of maximum deducted from achieved grade

**NOTE: UPLOADING THE WRONG DOCUMENT IS SAME-AS-LATE**, even if you have documentation that you completed the document on time. **It is your responsibility to verify that you have uploaded the correct document.** (You should open or download your uploaded homeworks and double- or triple-check that you have uploaded the right one).

- There will be **no** exceptions to this policy.
- If you have uploaded the wrong document, and e-learning does not allow you to correct this, you should IMMEDIATELY send the correct document to Dr. Marsiske and your teaching assistant via email.
- If you cannot upload a document due to technical problems (e.g., if e-learning is down), you may e-mail your assignment to Dr. Marsiske and your teaching assistant. The timestamp on your e-mail will serve as the time submitting. In such cases, please upload your assignment to e-learning as well, once the technical issue is resolved.

Any requests for make-ups due to technical issues MUST be accompanied by the ticket number received from LSS when the problem was reported to them. The ticket number will document the time and date of the problem. You MUST e-mail your instructor within 24 hours of the technical difficulty if you wish to request a make-up.

### **Incomplete grades:**

An incomplete grade may be assigned at the discretion of the instructor as an interim grade for a course in which the student has 1) completed a major portion of the course with a passing grade, 2) been unable to complete course requirements prior to the end of the term because of extenuating circumstances, and 3) obtained agreement from the instructor and arranged for resolution (contract) of the incomplete grade. Instructors assign incomplete grades following consultation with Department Chairs.

### **Policy Related to Required Class Attendance**

It is the expectation of the faculty in Clinical and Health Psychology, and Psychology, that all students attend all classes. Students are expected to be present for all classes, since much material will be covered only once in class. Weekly in-class meetings will generally require in-class submissions of material...this can only be done in class, and during class time. Thus, physical attendance is required.

Please note all faculty are bound by the UF policy for excused absences. For information regarding the UF Attendance Policy see the Registrar website for additional details:

[http://www.registrar.ufl.edu/catalogarchive/01-02-catalog/academic regulations/academic regulations 013 .htm](http://www.registrar.ufl.edu/catalogarchive/01-02-catalog/academic%20regulations/academic%20regulations%20013.htm)

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## STUDENT EXPECTATIONS, ROLES, AND OPPORTUNITIES FOR INPUT

### Expectations Regarding Course Behavior

As a matter of mutual courtesy, please let the instructor know when you're going to be late, when you're going to miss class, or if you need to leave early. Please try to do any of these as little as possible. Students who have extraordinary circumstances preventing attendance, or who must leave early, should explain these circumstances to the course instructor prior to the scheduled class, or as soon as possible thereafter. The instructor will then make an effort to accommodate reasonable requests. If you must miss a class, please request notes from your classmates about the exercises/discussion you missed.

### Communication Guidelines

For extra help:

The instructional team will make every effort to support students in understanding course content and reading materials. The following resources are available for this purpose: Class Discussion. The class question-and-answer discussion board will occur in Sakai ("Discussion" link), and will be monitored by the entire instructional team. Unfortunately, due to the limitations of Sakai, questions can no longer be posted anonymously.

**Note #1:** You can receive notifications whenever the discussion board is updated. Simply go to "Discussions" and select "Watch" in the upper Discussion menu. In the "Watch" link, select "Notify me by email whenever a new message is posted".

**Note #2:** We ask that you minimize sending questions **directly** to the TAs/instructor to ensure that

- (a) your classmates can share in the insights by reading the blog
- (b) the instructional staff does not end up answering the same question multiple times.
- (c) you benefit from the possibility of receiving responses from any of the three instructional members, rather than just the person you e-mailed.

For these reasons, emailed questions will be strongly discouraged, unless they relate to highly personal and idiosyncratic issues. Emailed questions may receive the response of "please post this on the blog so it can be answered". If you are afraid that your question will give away the answer, please think about how to rephrase it so that it does not give away the answer. If this is not possible, then you may e-mail the instructional staff directly.

Weekly Review/Help Session. The teaching assistants have arranged a regular "workshop" Mondays at 4:05 pm, HPNP 1101, to discuss homework and materials from the previous class. These review sessions will be held each week when there is homework due; on weeks without homework, a review session will be held only if requested by the students (requests should be submitted on the blog).

Office Hours and Appointments. Dr. Marsiske has office hours by appointment. "Extra help" appointments can be made with the instructor or TAs, if needed. Note, though, that these are not intended as a venue for, in essence, re-teaching the course. Instructional staff is

more than willing to help, but students *must* first complete these steps before requesting additional assistance:

- Review the blog in case it provides clarification
- Re-examine the notes from class
- Listen to the accompanying audio.
- Read (or re-read) the readings from that week.
- Consider watching the associated video, and/or Andy Fields' supplemental notes (<http://www.statisticshell.com/apf.html>, and then click the "Statistics Hell-P" link) at his website or at the Sage website (<http://www.sagepub.com/field3e/>, you may need to complete a free registration)

In reviewing the above resources, students are asked to write down specific questions about the material that is causing confusion. If you have, in good faith, put in the work to improve your understanding, then the instructional staff can build on all your preparatory work and really help you over the "humps".

### **Academic Integrity**

Students are expected to act in accordance with the University of Florida policy on academic integrity. As a student at the University of Florida, you have committed yourself to uphold the Honor Code, which includes the following pledge:

***"We, the members of the University of Florida community, pledge to hold ourselves and our peers to the highest standards of honesty and integrity."***

You are expected to exhibit behavior consistent with this commitment to the UF academic community, and on all work submitted for credit at the University of Florida, the following pledge is either required or implied:

***"On my honor, I have neither given nor received unauthorized aid in doing this assignment."***

It is your individual responsibility to know and comply with all university policies and procedures regarding academic integrity and the Student Honor Code. Violations of the Honor Code at the University of Florida will not be tolerated. Violations will be reported to the Dean of Students Office for consideration of disciplinary action. For additional information regarding Academic Integrity, please see Student Conduct and Honor Code or the Graduate Student Website for additional details:

<https://www.dso.ufl.edu/sccr/process/student-conduct-honor-code/>  
<http://gradschool.ufl.edu/students/introduction.html>

Please remember cheating, lying, misrepresentation, or plagiarism in any form is unacceptable and inexcusable behavior.

### **Online Faculty Course Evaluation Process**

Students are expected to provide feedback on the quality of instruction in this course by completing online evaluations at <https://evaluations.ufl.edu> so make sure you include a

statement regarding the value and expectation for student participation in course evaluations. We suggest you include a comment regarding how you will use the evaluations (e.g. to make specific improvements to the course and teaching style, assignments, etc.). It is also important to make some statement regarding the direct influence they have on faculty tenure and promotion, so your input is valuable. Evaluations are typically open during the last two or three weeks of the semester, but students will be given specific times when they are open. Summary results of these assessments are available to students at <https://evaluations.ufl.edu/results/>

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## SUPPORT SERVICES

### **Accommodations for Students with Disabilities**

If you require classroom accommodation because of a disability, you must register with the Dean of Students Office <http://www.dso.ufl.edu> within the first week of class. The Dean of Students Office will provide documentation to you, which you then give to the instructor when requesting accommodation. The College is committed to providing reasonable accommodations to assist students in their coursework.

### **Counseling and Student Health**

Students sometimes experience stress from academic expectations and/or personal and interpersonal issues that may interfere with their academic performance. If you find yourself facing issues that have the potential to or are already negatively affecting your coursework, you are encouraged to talk with an instructor and/or seek help through University resources available to you.

- The Counseling and Wellness Center 352-392-1575 offers a variety of support services such as psychological assessment and intervention and assistance for math and test anxiety. Visit their web site for more information: <http://www.counseling.ufl.edu>. On line and in person assistance is available.
- You Matter We Care website: <http://www.umatter.ufl.edu/>. If you are feeling overwhelmed or stressed, you can reach out for help through the You Matter We Care website, which is staffed by Dean of Students and Counseling Center personnel.
- The Student Health Care Center at Shands is a satellite clinic of the main Student Health Care Center located on Fletcher Drive on campus. Student Health at Shands offers a variety of clinical services. The clinic is located on the second floor of the Dental Tower in the Health Science Center. For more information, contact the clinic at 392-0627 or check out the web site at: <https://shcc.ufl.edu/>
- Crisis intervention is always available 24/7 from:
- Alachua County Crisis Center:  
(352) 264-6789
- <http://www.alachuacounty.us/DEPTS/CSS/CRISISCENTER/Pages/CrisisCenter.asp>

**BUT** – Do not wait until you reach a crisis to come in and talk with us. We have helped many students through stressful situations impacting their academic performance. You are not alone so do not be afraid to ask for assistance.



## SYLLABUS FACESHEET

**Course Title:** CLP 6528, Measurement, Design and Statistics II

**Instructor:** Marsiske

This course is **(Required)** or Elective):

- 1) **Describe how integration of theory, research, and practice is accomplished in this course.** This is a second course in data analysis, so (as in CLP 6527) the chief focus is research training. The course concerns itself primarily with the modeling (regression, ANOVA, in various variants) of behavior can evaluate theoretical and empirical notions. In addition, data examples remain mostly drawn from the applied clinical psychology domain.
- 2) **Describe how issues of diversity are addressed in this course.** As a data analysis course, the approach to diversity is how to measure and assess the sources of individual differences in outcomes. Across the classes, data examples frequently look at how variables like age, race, ethnicity, gender, sexual identity influence outcomes of interest, how their influences might be mediated by other proximal processes, or how such variables might be important moderators of other relationships.
- 3) **Describe how ethical issues are addressed in this course.** Ethics of data reporting and analysis are considered throughout the course, not generally didactically, but in terms of evaluation of students' weekly in-class and at-home assignments. Tests and measurement/psychometrics are addressed in this class, so instruction incorporates test design concepts consistent with the APA Code of Ethics.

**University of Florida  
College of Public Health & Health Professions Syllabus**

**CLP 6528, Measurement, Research Design and Statistics II (3 credit hours)  
Section Number: 6523, Spring: 2015**

Meeting time/place: Tuesdays Periods 2-3 (8:35-10:25 am, HPNP G-312)  
Optional online review sessions Mondays 11 am – 12 pm, and 4 pm – 5 pm, Canvas

Delivery Format: Blended learning/flipped classroom  
Course Website or E-Learning: <http://lss.at.ufl.edu>

**Instructor Name:** Michael Marsiske  
**Office:** HPNP 3179  
**Phone Number:** (352) 273-5097  
**Email Address:** marsiske@phhp.ufl.edu  
**Office Hours:** By appointment  
**Teaching Assistants:**  
    **TA1:** Guastello, Andrea D (aguastello@ufl.edu)  
    **TA2:** Lafo, Jacob A (jlafo@phhp.ufl.edu)  
**Preferred Course Communications:** Email

**Prerequisites:** Must have successfully completed CLP 6527. Must be a graduate student in good standing in Clinical and Health Psychology, Psychology, Rehabilitation Sciences, Communication Sciences and Disorders, Speech, Language and Hearing Sciences, Health Services Research, Management and Policy. All others must petition.

## PURPOSE AND OUTCOME

**Course Overview.** In the Graduate Bulletin, these two courses are described as "Integration and interaction among research design, tests and measurements, and statistics."

**Relation to Program Outcomes.** This course is required in Clinical and Health Psychology and Counseling psychology in fulfillment of one their "quantitative/data analysis/methodology" requirements.

### Course Objectives and/or Goals

Content domains: t-test, ANOVA (one-way, two-way, multiway, between, within, mixed), ANCOVA, non-parametric tests, equivalency tests, robust approaches, effect size and power analysis, sensitivity/specificity/receiver operating characteristics, chi-square tests, categorical measures of association, odds ratios and epidemiological designs, logistic

regression (binary, multinomial, ordinal), cluster analysis, validity and MTMM designs, reliability.

Dimension	Objective	Learning activity/ies	Evaluation
Knowledge	<p><b>Read</b> textbook and primary source meetings; class powerpoints and transcripts.</p> <p><b>Identify</b> the major topics covered each week and the relationship to the course roadmap</p> <p><b>Reproduce</b> simple analysis demonstrated in lecture</p>	<p>Online lectures, online demonstrations, weekly online review sessions, readings</p>	<p>Self-testing and mastery learning; multiple-choice examination</p>
Comprehension	<p><b>Define</b> the major concepts/terms each week</p> <p><b>Describe</b> the appropriate situations in which to use techniques demonstrated</p> <p><b>Differentiate</b> among different approaches (e.g., different kinds of analysis strategies) and their strengths and weaknesses</p>	<p>Online demonstrations , In-class discussion weekly online review sessions, readings</p>	<p>Self-testing and mastery learning, in-class practice exercises, multiple-choice examination</p>
Application	<p><b>Calculate</b> major coefficients and summary statistics</p> <p><b>Chart</b> key findings and interpret</p> <p><b>Choose</b> the best analysis for a given situation</p> <p><b>Extend</b> basic analysis situations demonstrated in class to more complex data problems</p>	<p>Online demonstrations , Hands-on class sessions, Team-based problem solving, weekly online review sessions</p>	<p>Self-testing and mastery learning; in-class practice exercises, data analysis homework (output generation)</p>
Analysis	<p><b>Break down</b> the multiple results of a data analysis into constituent pieces</p> <p><b>Interpret</b> the results of analyses with regards to the substantive questions being asked</p> <p><b>Recommend</b> next steps or areas in need of clarification to improve the analysis</p>	<p>Team-based problem solving, In-class discussion, coaching/mentoring</p>	<p>Peer-review and group self-evaluation, data analysis homework (analysis selection and output interpretation)</p>
Synthesis	<p><b>Collaborate</b> with group members to determine the best solution to a complex problem</p> <p><b>Combine</b> multiple sources of information (e.g., information regarding distributions and analytical question)</p> <p><b>Construct</b> an appropriate</p>	<p>Coaching/mentoring, Team-based problem solving</p>	<p>Multiple choice examination (questions combining multiple aspects of the course);</p>

Dimension	Objective	Learning activity/ies	Evaluation
	analysis strategy for a multi-part data problem <b>Model</b> independent/dependent variable relationships using the appropriate techniques given distributions and questions		homework (multi-component data-analysis problems); self-test/in-class analysis picking assignments; analysis-picking final examination
Evaluation	<b>Appraise</b> the quality of the data and the admissibility of solutions generated <b>Assess</b> the fit/quality of the solution and recommend next steps <b>Compare/contrast</b> solutions generated under multiple approaches to transformation or data analysis <b>Prioritize</b> and select the best choice for data analysis, given available data and distribution and research question.	Coaching/mentoring, Team-based problem solving	Homework (data-analysis problems requiring you to judge effectiveness of the solution); group self-evaluation discussions; self-test/in-class analysis picking assignments; analysis-picking final examination (especially "caveats")

### Instructional Methods

This is a blended learning course. Specifically, it uses a flipped classroom (lectures online, in person meetings for collaborative problem solving)

What is blended learning and why is it important? A Blended Learning class uses a mixture of technology and face-to-face instruction to help you maximize your learning. Knowledge content that I would have traditionally presented during a live class lecture is instead provided online before the live class takes place. This lets me focus my face-to-face teaching on course activities designed to help you strengthen higher order thinking skills such as critical thinking, problem solving, and collaboration. Competency in these skills is critical for today's health professional.

What is expected of me? You are expected to actively engage in the course throughout the semester. You must come to class prepared by completing all out-of-class assignments. This preparation gives you the knowledge or practice needed to engage in higher levels of learning during the live class sessions. If you are not prepared for the face-to-face sessions, you will struggle to keep pace with the activities occurring in the live sessions, and it is unlikely that you will reach the higher learning goals of the course. Similarly, you are expected to actively participate in the live class. Your participation fosters a rich course experience for you and your peers that facilitates overall mastery of the course objectives.

Things to keep in mind. Because I post material on line, you can go back and review it as many times as needed to feel comfortable with the material prior to the live class. Please keep in mind that you have to allocate your time wisely to take full advantage of the blended learning approach.

## DESCRIPTION OF COURSE CONTENT

### Topical Outline/Course Schedule

(note: Readings are sometimes on topics ahead of the current week, to help prepare you for later weeks)

Week	Video released on	Date to complete lecture/in – class practice	Topic(s)	Readings	Homework due date
1	1/6	1/13	Syllabus review, analysis roadmap, introduction to t-test	Field, 9 Salkind 10-11 Heiman 15-16 Cumming, G., & Fidler, F. (2009)	1/20
2	1/13	1/20	T-test, confidence interval, one-factor ANOVA	Field, 11 Schweigert 5	1/27
3	1/20	1/27	Control groups, orthogonal polynomials, orthogonal planned contrasts	Field 13, Kazdin 7-8	2/3
4	1/27	2/3	Non-orthogonal contrasts, post-hocs, 2-way ANOVA, simple effects decomposition, plotting confidence intervals	Field 14	2/10
5	2/3	2/10	Repeated measures ANOVA: one-way, two-way, mixed between-within	Field, 15 Schweigert 6-7	2/17
6	2/10	2/17	ANCOVA, non-parametrics	Field, 12 Tabachnick 8 Meyer 9-11	2/24

<b>Week</b>	<b>Video released on</b>	<b>Date to complete lecture/in – class practice</b>	<b>Topic(s)</b>	<b>Readings</b>	<b>Homework due date</b>
7	2/17	2/24	Bootstrapped ANOVA, effect sizes	Field 8.8 Heiman 21 Patten 54-59 Rosnow & Rosenthal (2009)	3/10
8	2/24	3/10	Cohen's effect sizes	Hazdi-Pavlovic (2007, 2009) Howell 8 Gpower Guide Dennis et al (1997) Murphy (2002)	3/17
9	3/10	3/17	Equivalency analysis; chi-square analysis	Field 18 Howell 6 Rogers et al (1993) Barker et al., 2002	3/24
10	3/17	3/24	Odds ratios, sensitivity/specificity/ROC analysis, review of case-control & cohort designs	Field 19 Heiman 21 Wickens 1-2	3/31
11	3/24	3/31	Binary logistic regression	Field 8 (if needed) Hazdi-Pavlovic (2008a, b, c) Meirik	4/7
12	3/31	4/7	Multinomial logistic analysis and ordinal logistic analysis	Afifi & Clark 12	4/14
13	4/7	4/14	Cluster analysis	Norusis Mackert Clatworthy Shaw	4/21
14	4/14	4/21	Tests and measurement, classical test theory, MMT designs, reliability, internal consistency, inter-rater reliability	Links from Trochim & Social Research Methods Patten 25-31	n/a

Week	Video released on	Date to complete lecture/in – class practice	Topic(s)	Readings	Homework due date
			Final exam is Wed 4/29 from 5:30 pm – 6:30 pm, online in Canvas	Shrout & Fleiss 1979 Garson's StatNotes	

### Caveat:

The above schedule and procedures in this course are subject to change in the event of extenuating circumstances. Any changes will be announced in class, and the student is personally responsible for obtaining updated information regarding those changes.

### Course Materials and Technology

#### Reading materials:

There are two kinds of readings for this course. One book is **required** for the course (both the first and second semester) and is listed below. Additional supplemental required and recommended materials (journal articles, sample syntax, websites) will be made available via e-mail as the course progresses, typically as Adobe pdf files. Books have been ordered through the University of Florida's "Text Adoption" service and should be available at any participating bookstore.

#### *Required*

Field, A. (2013). Discovering Statistics Using IBM SPSS Statistics (Fourth Edition). London: Sage. ISBN: 9781446249185. (**Field, in reading chart below**)

Additional readings as indicated, made available via class website

**NOTE: THE TRACKING OF READINGS TO LECTURE IS APPROXIMATE! USUALLY, WE TRY TO HAVE YOU READ **AHEAD** OF LECTURE, TO "PRIME THE PUMP". ALSO, WE USUALLY TRY TO HAVE THE READINGS PROVIDE ADDITIONAL/SUPPLEMENTAL MATERIAL THAT YOU WILL NOT HEAR IN CLASS.**

#### Additional Recommended Resources:

For persons starting with a weaker background, you are recommended to look at a video series. Videos are taken from the Annenberg/CPB project series, "Against All Odds," a series of 26 basic-education statistics videos. Each video is one half-hour in duration. Course content generally complements what we are discussing in class, although the videos often provide useful practical and graphical illustrations of concepts. The videos are available free of charge in streaming Windows Media format. **You should have access to a high-speed internet connection** (e.g., most on-campus computers) when viewing these videos. (Note, for students in PPHP: Watching videos via terminal server is

discouraged, due to slow screen refresh times). The website is <http://www.learner.org/resources/series65.html>. You will have to complete a one-time free-registration, and have cookies enabled. Then, click the “Individual Program Descriptions” to get to individual programs. Click the “VOD” icon (video on demand) to access your program.

Two websites related to Andy Field’s book also include helpful additional slides, self-test questions, and even demonstration videos. Please visit Andy’s personal website <http://www.statisticshell.com/apf.html> , and the Sage website for his book: <http://www.sagepub.com/field4e/main.htm> .

### Software/computing resources:

The "official" software language of this course will be SPSS (whatever the latest version supported by PPHP is). **All students must have access to the full-featured version of SPSS, regardless of specific version number.** See note above. Students are **required** to bring tablets/computers to weekly class meetings, and they will be **required** to conduct SPSS analyses in class.

- Students in PPHP will access SPSS via our terminal server ([ts.phphp.ufl.edu](http://ts.phphp.ufl.edu)). You will need a terminal services compatible remote desktop client. This is free in Windows. For iOS clients, the rdp app (not the free one) is the best. For Macs, a free remote desktop client (CoRD) and instructions are available at <http://it.phphp.ufl.edu/2012/03/12/terminal-server/>
- Students not in PPHP will access SPSS via the <http://info.apps.ufl.edu/> website. (Please see that site for technical instructions, as I do not have access to it, and cannot provide more guidance).

These are both virtual machines, which means you can run SPSS on any Windows, MAC, or even tablet (iOS, anyway) machine. In the event that you want your PERSONAL copy on your PERSONAL machine, you will want to buy the SPSS Graduate Pack PREMIUM Edition (no lower version will suffice) AND AMOS (sold separately). SPSS should be at the bookstore, or you can purchase online at <http://onthehub.com>; as far as I know, <http://onthehub.com> is your only source if you choose to purchase AMOS.

All students must also be able to access course materials, which will be distributed electronically as Microsoft PowerPoint, Microsoft Word (Office 2003 and Office 2007; if you have an earlier version of Office, you may need to install the free “Compatibility Pack”), or Adobe Acrobat files. In the first class, all students will complete an e-mail register; students are responsible for updating the instructor on e-mail changes throughout the term. **All** class materials will be distributed by e-mail or Canvas site, so regular and frequent checking is a necessity.

For issues with technical difficulties for E-learning please contact the UF Help Desk at:

- [Learning-support@ufl.edu](mailto:Learning-support@ufl.edu)
- (352) 392-HELP - select option 2
- <https://lss.at.ufl.edu/help.shtml>

## ACADEMIC REQUIREMENTS AND GRADING

### Quizzes

Each week, there is a mastery quiz to submit . This consists of a few simple true/false, multiple choice, or short answer questions probing the content of that week’s lecture and/or readings. These are online in Canvas, and must be submitted prior to each week’s class (Tuesdays at 8:35 am).

### Assignments

Each week, there is an *in-class collaborative assignment* to submit (all members of a team must submit the same assignment). This is graded for presence/absence. These must always be posted to Canvas by **10:35 am of the day** in which they are due

Most weeks, there is also an *independent homework* to submit (each student must submit their own assignment, and collaboration is not permitted; see the Appendix of this syllabus for collaboration rules on homework). These must always be posted to Canvas by **8:35 am of the day** in which they are due.

*Note: There is a 2% credit for missed in class submissions. In other words, students can miss up to two in-class submissions without losing points. It is not possible to make up for missed submissions. **In order to qualify for these points, students must submit an “absence reporting form” which is linked on the Persistent Resources page, accessible from the Canvas home page for our course.***

### Examinations

*Multiple choice examination (17%)* – This one-hour exam will be scheduled during the UF Exam period (details below). The exam will consist of 25 multiple choice questions; The exam will be administered via Canvas on April 29 from 5:30-6:30 in the “quizzes” tab. The exam will cover all content in lecture/readings from Spring semester. Students are strongly urged to keep up with the optional multiple-choice self-assessments, as these are close in content and format to the actual exam questions. The exam requires a good internet connection; on-campus possibilities will be discussed in class closer to the final exam date.

*Open-ended examination (16% of grade)* – This will be an out-of-class examination, to be completed independently by the student. It will involve selecting the best analysis for a given data set/specific aims set; practice problems will be provided in Canvas throughout the semester. This will be distributed via Canvas **immediately after the last class, and will be due 7 days later.**

### Grading

Requirement	Due date	% of final grade (must sum to 100%)
In-class assignment	1/13	1

<b>Requirement</b>	<b>Due date</b>	<b>% of final grade (must sum to 100%)</b>
Lecture quiz	1/13	1
Homework	1/20	3
In-class assignment	1/20	1
Lecture quiz	1/20	1
Homework	1/27	3
In-class assignment	1/27	1
Lecture quiz	1/27	1
Homework	2/3	3
In-class assignment	2/3	1
Lecture quiz	2/3	1
Homework	2/10	3
In-class assignment	2/10	1
Lecture quiz	2/10	1
Homework	2/17	3
In-class assignment	2/17	1
Lecture quiz	2/17	1
Homework	2/24	3
In-class assignment	2/24	1
Lecture quiz	2/24	1
Homework	3/10	3
In-class assignment	3/10	1
Lecture quiz	3/10	1
Homework	3/17	3
In-class assignment	3/17	1
Lecture quiz	3/17	1
Homework	3/24	3
In-class assignment	3/24	1
Lecture quiz	3/24	1
Homework	3/31	3
In-class assignment	3/31	1
Lecture quiz	3/31	1

Requirement	Due date	% of final grade (must sum to 100%)
Homework	4/7	3
In-class assignment	4/7	1
Lecture quiz	4/7	1
Homework	4/14	3
In-class assignment	4/14	1
Lecture quiz	4/14	1
Homework	4/21	3
In-class assignment	4/21	1
Lecture quiz	4/21	1
Analysis picking exam (one week, at home)	4/28, due 8:35 am	16
Final multiple choice exam	4/29, 5:30 pm - 6:30 pm	17

Note: The number of assignments and exercises *is not set in stone*; we might have to add or remove an assignment, depending on class progress. If this occurs, the remaining assignments will be prorated so that they still, collectively, contribute 39% to your final grade. In addition, even if the assignments differ in the number of points that they are worth, each assignment will be weighted to contribute equally to your final grade. So, if we have 3 assignments, each one is worth 13% of the grade. If we end up having 6 assignments, each one is worth 6.5% of grade. All assignments count for the exact same percentage of your grade, even if they are individually worth a different number of points.

**When you submit your assignments to Canvas, it is essential that (a) you put your name in the “name” field of the homework, and (b) the first word of your assignment document title be your LAST NAME. After 2 reminders about this, a 2-point deduction will be made on each homework for which these naming conventions are forgotten. See below for additional policy on late submissions.**

Assignments will consist of multiple items. Each and every item will have equal weight and will be graded according to the rubric below. (Note: partial points, e.g., 7.5, are permissible; TAs may also score out of range for specific reasons.)

0	not attempted
7	“mercy point” (e.g., you really don’t deserve a point, but because you made some attempt, this is acknowledged; example: doing a stepwise regression when the question asks for hierarchical); note: there must be SOME evidence of relevant effort; random text would earn a “0”
8	doing the correct analysis, but coming up with the wrong numbers (e.g.,

	choosing the wrong DV or IV combination)
9	substantially correct, but either (a) missing one or more essential item (e.g., you conduct a regression and include the regression table, but fail to discuss or interpret it), or (b) you include too much information (e.g., you include tables/figures that are not needed for the answer, and you also fail to defend/explain why it is relevant). Teaching assistants will provide you with a list of missing elements upon grading
10	adequate/all required elements are present

In addition to reinforcing content learned in class, homework questions are designed to provide students with experience analyzing, presenting and discussing research methods and results for a scientific audience. Students are therefore encouraged to think carefully about the information needed to adequately address each question. The following guidelines are intended to facilitate this process:

- Each question will have defined length-of-response guidelines.
  - Do not exceed these guidelines—they are usually more generous than is needed to answer the question (there will be a grade penalty for alterations).
  - If you paste figures or tables, use the “Paste Special” feature to paste as a “**picture**” or “**bitmap**”, so that the output can fit within the space provided.
- Be judicious in your selection of output. Including output that is not relevant to the problem, or that is not discussed in your answer, will lead to a grading penalty being applied. Homeworks will not be scrutinized for compliance with APA format unless this is explicitly requested.
- Students who are confused about the meaning/phrasing of a question are welcome to ask for clarification on the class discussion in Canvas.

**Point system used (i.e., how do course points translate into letter grades).**

Points earned	93-100	90-92	87-89	83-86	80-82	77-79	73-76	70-72	67-69	63-66	60-62	Below 60
Letter Grade	A	A-	B+	B	B-	C+	C	C-	D+	D	D-	E

Please be aware that a C- is not an acceptable grade for graduate students. A grade of C counts toward a graduate degree only if an equal number of credits in courses numbered 5000 or higher have been earned with an A.

Letter Grade	A	A-	B+	B	B-	C+	C	C-	D+	D	D-	E	WF	I	NG	S-U
Grade Points	4.0	3.67	3.33	3.0	2.67	2.33	2.0	1.67	1.33	1.0	0.67	0.0	0.0	0.0	0.0	0.0

For greater detail on the meaning of letter grades and university policies related to them, see the Registrar’s Grade Policy regulations at:

<http://catalog.ufl.edu/ugrad/current/regulations/info/grades.aspx>

**Exam Policy.** Multiple choice exam will be online (Canvas), Wed April 29, 5:30-6:30 pm, and will consist of 25 multiple choice items covering content from the semester. Open-ended (“analysis picking”) exam will be administered after class on April 21, and will be due on April 28 at 8:35 am.

## Policy Related to Extra Credit

Occasionally, homework may include the opportunity for bonus points. These extra credit problems will be optional.

For student evaluations of teaching (<https://evaluations.ufl.edu>), all members of the class will be awarded one (1) bonus point if 80% of the enrolled class completes evaluations, and two (2) bonus points if 100% of the enrolled class completes evaluations.

## Policy Related to Make up Exams or Other Work

**Missed in-class assignments cannot be made up, but students can miss up to two in-class assignments without losing points. *It is not possible to make up for missed in-class submissions. In order to qualify for these points, students must submit an “absence reporting form” which is linked on the Persistent Resources page, accessible from the Canvas home page for our course.***

For homework, late submissions are not encouraged. Late submissions will be accepted for up to 7 days, but with the following penalty schedule:

With regard to missing or incomplete assignments, the following policies apply:

- Graders will **not** contact you about missing or incomplete assignments. **It is your responsibility** to check that the *correct* assignment has been submitted to e-learning on time.
- The late policy below applies **ONLY** to homework. In-class exercises (which are graded on a submitted/non-submitted basis) may **NOT** be turned in late, and will be assigned a grade of zero if missed.
- **It may be possible to avoid a late penalty IF YOU CONTACT THE INSTRUCTOR AT LEAST 24 HOURS IN ADVANCE.** You should email both Dr. Marsiske and your teaching assistant, and explain what issue (e.g., bereavement, illness) necessitates lateness. In some cases, documentation may be requested. If a lateness allowance is agreed to, this applies to a single assignment only. It does not allow you to delay future assignments. Note, conference attendance or doctoral qualifying examinations or thesis/dissertation defenses do not constitute valid lateness excuses.
- If your assignment is late, you will lose 10% each day. Thus, if an assignment is worth 30 points, you will lose 3 points for each late day. “Late” begins one minute after the due time (e.g., an assignment due at 8:34 am is considered late at 8:35 am). Penalties are as follows:

1 minute to 24 hours late	10% of maximum deducted from achieved grade
1 day + 1 minute late to 48 hours late	20% of maximum deducted from achieved grade
2 days + 1 minute late to 72 hours late	30% of maximum deducted from achieved grade
3 days + 1 minute late to 96 hours late	40% of maximum deducted from achieved

	grade
4 days + 1 minute late to 120 hours late	50% of maximum deducted from achieved grade
5 days + 1 minute late to 144 hours late	60% of maximum deducted from achieved grade
6 days + 1 minute late to 168 hours late	70% of maximum deducted from achieved grade
7 days + 1 minute late or longer	100% of maximum deducted from achieved grade

**NOTE: UPLOADING THE WRONG DOCUMENT IS SAME-AS-LATE**, even if you have documentation that you completed the document on time. **It is your responsibility to verify that you have uploaded the correct document.** (You should open or download your uploaded homeworks and double- or triple-check that you have uploaded the right one).

- There will be **no** exceptions to this policy.
- If you have uploaded the wrong document, and e-learning does not allow you to correct this, you should IMMEDIATELY send the correct document to Dr. Marsiske and your teaching assistant via email.
- If you cannot upload a document due to technical problems (e.g., if e-learning is down), you may e-mail your assignment to Dr. Marsiske and your teaching assistant. The timestamp on your e-mail will serve as the time submitting. In such cases, please upload your assignment to e-learning as well, once the technical issue is resolved.

Any requests for make-ups due to technical issues MUST be accompanied by the ticket number received from LSS when the problem was reported to them. The ticket number will document the time and date of the problem. You MUST e-mail your instructor within 24 hours of the technical difficulty if you wish to request a make-up.

### **Incomplete grades:**

An incomplete grade may be assigned at the discretion of the instructor as an interim grade for a course in which the student has 1) completed a major portion of the course with a passing grade, 2) been unable to complete course requirements prior to the end of the term because of extenuating circumstances, and 3) obtained agreement from the instructor and arranged for resolution (contract) of the incomplete grade. Instructors assign incomplete grades following consultation with Department Chairs.

### **Policy Related to Required Class Attendance**

It is the expectation of the faculty in Clinical and Health Psychology, and Psychology, that all students attend all classes. Students are expected to be present for all classes, since much material will be covered only once in class. Weekly in-class meetings will generally require in-class submissions of material...this can only be done in class, and during class time. Thus, physical attendance is required.

Please note all faculty are bound by the UF policy for excused absences. For information regarding the UF Attendance Policy see the Registrar website for additional details:

[http://www.registrar.ufl.edu/catalogarchive/01-02-catalog/academic regulations/academic regulations 013 .htm](http://www.registrar.ufl.edu/catalogarchive/01-02-catalog/academic%20regulations/academic%20regulations%20013.htm)

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## STUDENT EXPECTATIONS, ROLES, AND OPPORTUNITIES FOR INPUT

### Expectations Regarding Course Behavior

As a matter of mutual courtesy, please let the instructor know when you're going to be late, when you're going to miss class, or if you need to leave early. Please try to do any of these as little as possible. Students who have extraordinary circumstances preventing attendance, or who must leave early, should explain these circumstances to the course instructor prior to the scheduled class, or as soon as possible thereafter. The instructor will then make an effort to accommodate reasonable requests. If you must miss a class, please request notes from your classmates about the exercises/discussion you missed.

### Communication Guidelines

For extra help:

The instructional team will make every effort to support students in understanding course content and reading materials. The following resources are available for this purpose: Class Discussion. The class question-and-answer discussion board will occur in Canvas ("Discussion" link), and will be monitored by the entire instructional team. Unfortunately, due to the limitations of Canvas, questions can no longer be posted anonymously.

**Note #1:** You can receive notifications whenever the discussion board is updated. Simply go to "Discussions" and select "Watch" in the upper Discussion menu. In the "Watch" link, select "Notify me by email whenever a new message is posted".

**Note #2:** We ask that you minimize sending questions **directly** to the TAs/instructor to ensure that

- (a) your classmates can share in the insights by reading the blog
- (b) the instructional staff does not end up answering the same question multiple times.
- (c) you benefit from the possibility of receiving responses from any of the three instructional members, rather than just the person you e-mailed.

For these reasons, emailed questions will be strongly discouraged, unless they relate to highly personal and idiosyncratic issues. Emailed questions may receive the response of "please post this on the blog so it can be answered". If you are afraid that your question will give away the answer, please think about how to rephrase it so that it does not give away the answer. If this is not possible, then you may e-mail the instructional staff directly.

Weekly Review/Help Session. We have weekly chats in e-learning, Mondays at 11 am and again at 4 pm, to discuss homework and materials from the previous class.

Office Hours and Appointments. Dr. Marsiske has office hours by appointment. "Extra help" appointments can be made with the instructor or TAs, if needed. Note, though, that these are not intended as a venue for, in essence, re-teaching the course. Instructional staff is more than willing to help, but students *must* first complete these steps before requesting additional assistance:

- Review the blog in case it provides clarification
- Re-examine the notes from class

- Listen to the accompanying audio.
- Read (or re-read) the readings from that week.
- Consider watching the associated video, and/or Andy Fields' supplemental notes (<http://www.statisticshell.com/apf.html>, and then click the "Statistics Hell-P" link) at his website or at the Sage website (<http://www.sagepub.com/field3e/>, you may need to complete a free registration)

In reviewing the above resources, students are asked to write down specific questions about the material that is causing confusion. If you have, in good faith, put in the work to improve your understanding, then the instructional staff can build on all your preparatory work and really help you over the "humps".

### **Academic Integrity**

Students are expected to act in accordance with the University of Florida policy on academic integrity. As a student at the University of Florida, you have committed yourself to uphold the Honor Code, which includes the following pledge:

***"We, the members of the University of Florida community, pledge to hold ourselves and our peers to the highest standards of honesty and integrity."***

You are expected to exhibit behavior consistent with this commitment to the UF academic community, and on all work submitted for credit at the University of Florida, the following pledge is either required or implied:

***"On my honor, I have neither given nor received unauthorized aid in doing this assignment."***

It is your individual responsibility to know and comply with all university policies and procedures regarding academic integrity and the Student Honor Code. Violations of the Honor Code at the University of Florida will not be tolerated. Violations will be reported to the Dean of Students Office for consideration of disciplinary action. For additional information regarding Academic Integrity, please see Student Conduct and Honor Code or the Graduate Student Website for additional details:

<https://www.dso.ufl.edu/sccr/process/student-conduct-honor-code/>  
<http://gradschool.ufl.edu/students/introduction.html>

Please remember cheating, lying, misrepresentation, or plagiarism in any form is unacceptable and inexcusable behavior.

### **Online Faculty Course Evaluation Process**

Students are expected to provide feedback on the quality of instruction in this course by completing online evaluations at <https://evaluations.ufl.edu> so make sure you include a statement regarding the value and expectation for student participation in course evaluations. We suggest you include a comment regarding how you will use the evaluations (e.g. to make specific improvements to the course and teaching style, assignments, etc.). It is also important to make some statement regarding the direct

influence they have on faculty tenure and promotion, so your input is valuable. Evaluations are typically open during the last two or three weeks of the semester, but students will be given specific times when they are open. Summary results of these assessments are available to students at <https://evaluations.ufl.edu/results/>

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## SUPPORT SERVICES

### Accommodations for Students with Disabilities

If you require classroom accommodation because of a disability, you must register with the Dean of Students Office <http://www.dso.ufl.edu> within the first week of class. The Dean of Students Office will provide documentation to you, which you then give to the instructor when requesting accommodation. The College is committed to providing reasonable accommodations to assist students in their coursework.

### Counseling and Student Health

Students sometimes experience stress from academic expectations and/or personal and interpersonal issues that may interfere with their academic performance. If you find yourself facing issues that have the potential to or are already negatively affecting your coursework, you are encouraged to talk with an instructor and/or seek help through University resources available to you.

- The Counseling and Wellness Center 352-392-1575 offers a variety of support services such as psychological assessment and intervention and assistance for math and test anxiety. Visit their web site for more information: <http://www.counseling.ufl.edu>. On line and in person assistance is available.
- You Matter We Care website: <http://www.umatter.ufl.edu/>. If you are feeling overwhelmed or stressed, you can reach out for help through the You Matter We Care website, which is staffed by Dean of Students and Counseling Center personnel.
- The Student Health Care Center at Shands is a satellite clinic of the main Student Health Care Center located on Fletcher Drive on campus. Student Health at Shands offers a variety of clinical services. The clinic is located on the second floor of the Dental Tower in the Health Science Center. For more information, contact the clinic at 392-0627 or check out the web site at: <https://shcc.ufl.edu/>
- Crisis intervention is always available 24/7 from:
- Alachua County Crisis Center:  
(352) 264-6789
- <http://www.alachuacounty.us/DEPTS/CSS/CRISISCENTER/Pages/CrisisCenter.asp>

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BUT – Do not wait until you reach a crisis to come in and talk with us. We have helped many students through stressful situations impacting their academic performance. You are not alone so do not be afraid to ask for assistance.

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## Appendix: Acceptable Collaboration

What constitutes acceptable levels of collaboration in this class? Please just treat this as "continuing education". It is here for your reference, but if (after reading this) you feel like you may have gone beyond acceptable and want to discuss it, please get in touch with me or one of the teaching assistants at your convenience.

The short answer about how much collaboration is acceptable is "As specified in the syllabus, and in the UF Honor Code". Let's review those items quickly, and then go a little deeper.

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#### 1. UF Honor Code:

A key phrase in this honor code relates to "ambiguity": "It is the responsibility of the student to seek clarification on whether or not use of materials or collaboration or consultation with another person is authorized prior to engaging in any act of such use, collaboration or consultation. If a faculty member has authorized a student to use materials or to collaborate or consult with another person in limited circumstances, the student shall not exceed that authority. If the student wishes to use any materials or collaborate or consult with another person in circumstances to which the authority does not plainly extend, the student shall first ascertain with the faculty member whether the use of materials, collaboration or consultation is authorized. "

<http://regulations.ufl.edu/chapter4/4041-2008.pdf>

Key phrasing with regard to collaboration:

(a) Plagiarism. A student shall not represent as the student's own work all or any portion of the work of another. Plagiarism includes but is not limited to:

1. Quoting oral or written materials including but not limited to those found on the internet, whether published or unpublished, without proper attribution.

2. Submitting a document or assignment which in whole or in part is identical or substantially identical to a document or assignment not authored by the student.

(b) Unauthorized Use of Materials or Resources ("Cheating"). A student shall not use unauthorized materials or resources in an academic activity. Unauthorized materials or resources shall include:

1. Any paper or project authored by the student and presented by the student for the satisfaction of any academic requirement if the student previously submitted substantially the same paper or project to satisfy an academic requirement and did not receive express authorization to resubmit the paper or project.

2. Any materials or resources prepared by another student and used without the other student's express consent or without proper attribution to the other student.

3. Any materials or resources which the faculty member has notified the student or the class are prohibited.

4. Use of a cheat sheet when not authorized to do so or use of any other resources or materials during an examination, quiz, or other academic activity without the express permission of the faculty member, whether access to such resource or materials is through a cell phone, PDA, other electronic device, or any other means.

(c) Prohibited Collaboration or Consultation. A student shall not collaborate or consult with another person on any academic activity unless the student has the express authorization from the faculty member.

1. Prohibited collaboration or consultation shall include but is not limited to:

a. Collaborating when not authorized to do so on an examination, take-home test, writing project, assignment, or course work.

b. Collaborating or consulting in any other academic or co-curricular activity after receiving notice that such conduct is prohibited.

c. Looking at another student's examination or quiz during the time an examination or quiz is given. Communication by any means during that time, including but not limited to communication through text messaging, telephone, e-mail, other writing or verbally, is prohibited unless expressly authorized.

2. It is the responsibility of the student to seek clarification on whether or not use of materials or collaboration or consultation with another person is authorized prior to engaging in any act of such use, collaboration or consultation. If a faculty member has authorized a student to use materials or to collaborate or consult with another person in limited circumstances, the student shall not exceed that authority. If the student wishes to use any materials or collaborate or consult with another person in circumstances to which the authority does not plainly extend, the student shall first ascertain with the faculty member whether the use of materials, collaboration or consultation is authorized.

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2. Syllabus:

The syllabus says:

"On all work submitted for credit by students at the University of Florida, the following pledge is either required or implied:

"On my honor, I have neither given nor received unauthorized aid in doing this assignment".

It is desirable and expected that take home assignments will stimulate conversation among classmates, and that classmates may actually mentor one another in the work. Students are also likely to discuss elements of the assignment with the instructor. It is expected that submitted work will solely reflect the student's own efforts. Students are expected not to

collaborate in running analyses, writing answers, or interpreting results. The TAs and instructor will regularly check for "unusual congruence" in answers, and will discuss concerning instances with students involved. Where collaboration has been found, a zero grade will be assigned."

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3. So what does this mean:

Because acceptable levels of collaboration can get "gray" in data analysis courses, the examples that follow below try to set some limits on "acceptable" vs. "unacceptable" situations:

ACCEPTABLE: Student 1 says to Student 2: "I'm so confused...do I put the predictor in the "fixed", "random" or "covariates" box?" The collaborating student expresses his or her opinion

UNACCEPTABLE: Sitting down and doing the analysis together.

ACCEPTABLE: Student cannot make a syntax run, no matter what. Second student reviews the syntax, and maybe even goes so far as to say, "why don't we sit in front of a computer, and show me what you're doing?" Based on what the second student see, he/she may make suggestions regarding how to get the syntax to run...BUT NOT suggestions on what variables are selected, etc.

UNACCEPTABLE: Three students sit around a computer together, then save a common output, which each then uses to do the homework. Each person SHOULD have run the analysis independently. If the students need to sit around the computer with someone, it probably should have been with an instructor.

ACCEPTABLE: Running the analysis independently and writing it up independently.

UNACCEPTABLE: "Was the main effect of smoking significant for you? It WAS? It wasn't for me. I better rerun the analysis and figure out where I went wrong." Don't change your results based on what someone else got.

Now, these are just random examples. What the Honor Code says is that "when in doubt, ask first". This is consistent with HIPAA, FERPA, and many clinical activities.

If you find yourself drawn to excessive collaboration because what you REALLY need is more instructional support, please let the instructor/TA know.

Excessive collaboration triggers an official process (<http://www.dso.ufl.edu/sccr/faculty/>); to avoid it, please draw a clear firewall between YOUR work, and the work of other students in the class.

## SYLLABUS FACESHEET

**Course Title:** CLP 6529, Applied Multivariate Methods in Clinical Psychology

**Instructor:** Marsiske

**This course is (Required or Elective):**

- 1) **Describe how integration of theory, research, and practice is accomplished in this course.** As a multivariate course, this class allows modeling of extremely rich applied clinical research questions. Among the data problems considered include: (a) how to report the breadth of influence of clinical treatment across a wide collection of disparate clinical outcomes, (b) how to predict membership in various clinical groups using diagnostic test information, (c) how to identify underlying dimensions/latent constructs in collections of clinical instruments, and (d) how to evaluate the unique contribution of contextual (e.g., clinic, practitioner) and individual factors on behavior in nested designs.
- 2) **Describe how issues of diversity are addressed in this course.** As a data analysis course, the approach to diversity is how to measure and assess the sources of individual differences in outcomes. Across the classes, data examples frequently look at how variables like age, race, ethnicity, gender, sexual identity influence outcomes of interest, how their influences might be mediated by other proximal processes, or how such variables might be important moderators of other relationships.
- 3) **Describe how ethical issues are addressed in this course.** Ethics of data reporting and analysis are considered throughout the course, not generally didactically, but in terms of evaluation of students' weekly in-class and at-home assignments.

**University of Florida  
College of Public Health & Health Professions Syllabus**

**CLP 6529, Applied Multivariate Methods In Clinical Psychology (3 credit hours)  
Section Number: 023C, Fall: 2014**

Meeting time/place: Wednesdays Periods 9-10 (4:05-6:05 pm, HPNP G103)  
Optional review session with TA: Mondays 5:10-6:00 pm, HPNP 1101

Delivery Format: Blended learning/flipped classroom  
Course Website or E-Learning: <http://lss.at.ufl.edu>

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**Instructor Name:** Michael Marsiske  
**Office:** HPNP 3179  
**Phone Number:** (352) 273-5097  
**Email Address:** marsiske@phhp.ufl.edu  
**Office Hours:** By appointment  
**Teaching Assistants:**  
    **TA1:** Tian Lin (lintian0527@ufl.edu)  
**Preferred Course Communications:** Email

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**Prerequisites** Student must have successfully completed CLP 6528. All others must petition.

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### **PURPOSE AND OUTCOME**

**Course Overview.** This course examines the application of multivariate methods to the analyses of psychological data. The course will begin with a brief review of the matrix algebra concepts, the general linear model, and multiple regression. Major emphasis will be given to (1) the multivariate analysis of variance (MANOVA) and its extensions (ANCOVA, Repeated Measures Analysis of Variance), (2) hierarchical mixed effects models, and (3) factor analysis in its various forms (principal components, exploratory factor analysis, confirmatory factor analysis, structural equation modeling). Special topics may be covered throughout the course, if time and interest allow. As an applied course, emphasis will be less on formulae and their derivation, and more on the review of (1) major assumptions, (2) the conditions under which the analysis might be appropriate, (3) implementation of the analysis in major statistical packages (SPSS, AMOS), and (4) interpretation of analyses.

**Relation to Program Outcomes.** This course is required in Counseling Psychology, and can fulfill an “advanced statistics” requirement in Clinical and Health Psychology.

## Course Objectives and/or Goals

Content domains: MANOVA and multivariate repeated measures of variance, discriminant function analysis, mixed effects/random effects modeling (hierarchical/between and longitudinal applications), principal components analysis and exploratory factor analysis, confirmatory factor analysis, structural equation modeling and mediated regression, multi-group CFAs

Dimension	Objective	Learning activity/ies	Evaluation
Knowledge	<b>Read</b> textbook and primary source meetings; class powerpoints and transcripts. <b>Identify</b> the major topics covered each week and the relationship to the course roadmap <b>Reproduce</b> simple analysis demonstrated in lecture	Online lectures, online demonstrations, weekly TA review sessions, readings	Self-testing and mastery learning; multiple-choice examination
Comprehension	<b>Define</b> the major concepts/terms each week <b>Describe</b> the appropriate situations in which to use techniques demonstrated <b>Differentiate</b> among different approaches (e.g., different kinds of analysis strategies) and their strengths and weaknesses	Online demonstrations , In-class discussion weekly TA review sessions, readings	Self-testing and mastery learning, in-class practice exercises, multiple-choice examination
Application	<b>Calculate</b> major coefficients and summary statistics <b>Chart</b> key findings and interpret <b>Choose</b> the best analysis for a given situation <b>Extend</b> basic analysis situations demonstrated in class to more complex data problems	Online demonstrations , Hands-on class sessions, Team-based problem solving, weekly TA review sessions	Self-testing and mastery learning; in-class practice exercises, data analysis homework (output generation)
Analysis	<b>Break down</b> the multiple results of a data analysis into constituent pieces <b>Interpret</b> the results of analyses with regards to the substantive questions being asked <b>Recommend</b> next steps or areas in need of clarification to improve the analysis	Team-based problem solving, In-class discussion, coaching/mentoring	Peer-review and group self-evaluation, data analysis homework (analysis selection and output interpretation)
Synthesis	<b>Collaborate</b> with group members to determine the best	Coaching/mentoring, Team-based	Multiple choice examination

Dimension	Objective	Learning activity/ies	Evaluation
	solution to a complex problem <b>Combine</b> multiple sources of information (e.g., information regarding distributions and analytical question) <b>Construct</b> an appropriate analysis strategy for a multi-part data problem <b>Model</b> independent/dependent variable relationships using the appropriate techniques given distributions and questions	problem solving	(questions combining multiple aspects of the course); homework (multi-component data-analysis problems); personal data application exercises
Evaluation	<b>Appraise</b> the quality of the data and the admissibility of solutions generated <b>Assess</b> the fit/quality of the solution and recommend next steps <b>Compare/contrast</b> solutions generated under multiple approaches to transformation or data analysis <b>Prioritize</b> and select the best choice for data analysis, given available data and distribution and research question.	Coaching/mentoring, Team-based problem solving	Homework (data-analysis problems requiring you to judge effectiveness of the solution); group self-evaluation discussions; personal data application exercises

### Instructional Methods

This is a blended learning course. Specifically, it uses a flipped classroom (lectures online, in person meetings for collaborative problem solving)

What is blended learning and why is it important? A Blended Learning class uses a mixture of technology and face-to-face instruction to help you maximize your learning. Knowledge content that I would have traditionally presented during a live class lecture is instead provided online before the live class takes place. This lets me focus my face-to-face teaching on course activities designed to help you strengthen higher order thinking skills such as critical thinking, problem solving, and collaboration. Competency in these skills is critical for today's health professional.

What is expected of me? You are expected to actively engage in the course throughout the semester. You must come to class prepared by completing all out-of-class assignments. This preparation gives you the knowledge or practice needed to engage in higher levels of learning during the live class sessions. If you are not prepared for the face-to-face sessions, you will struggle to keep pace with the activities occurring in the live sessions, and it is unlikely that you will reach the higher learning goals of the course. Similarly, you

are expected to actively participate in the live class. Your participation fosters a rich course experience for you and your peers that facilitates overall mastery of the course objectives.

Things to keep in mind. Because I post material on line, you can go back and review it as many times as needed to feel comfortable with the material prior to the live class. Please keep in mind that you have to allocate your time wisely to take full advantage of the blended learning approach.

## DESCRIPTION OF COURSE CONTENT

### Topical Outline/Course Schedule

(note: Readings are sometimes on topics ahead of the current week, to help prepare you for later weeks)

Week	Class meeting	Date to complete online lecture by	Topic(s)	Readings: Required / Recommended	Assignment due date
1	8/27	9/3	Overview and multivariate methods	TF01 and TF02, MEY02; TF03, TF04 and TF05 (for those uncertain about prerequisites), MEY03, AC01, GY01	
2	9/3	9/10	MANOVA	TF07; AF14, GY08, MEY09	9/17
3	9/10	9/17	MANOVA contrasts, post hocs, MANCOVA	None required; MEY10, MEY11, HAI06	9/24
4	9/17	9/24	MANOVA profile analysis, discriminant functions	TF08; MEY10, MEY11, HAI06	10/1
5	9/24	10/1	Discriminant functions, mixed effects models	TF09; MEY07, AC11	10/8
6	10/1	10/8	Mixed effects models: between school and longitudinal	TF15; HOX01, HOX02, HOX03, HOX04	10/15
7	10/8	10/15	Longitudinal mixed effects models	SINGER; LUKE01_02, KREF01, KREF02, KREF03, KREF04, KREF05,	10/22
8	10/15	10/22	Mixed effects models and dimension reduction	TF13; GY04, GOR01	10/29

Week	Class meeting	Date to complete online lecture by	Topic(s)	Readings: Required / Recommended	Assignment due date
9	10/22	10/29	Exploratory factor analysis	MEY12; GOR02, GOR08	11/5
10	10/29	11/5	Exploratory and confirmatory factor analysis	HAI03; GOR09	11/12
11	11/5	11/12	CFA using AMOS, introduction to SEM	MEY13; GY07, <i>AMOS Users Manual &amp; Tutorial</i>	11/19
12	11/12	11/19	Missing data	TF14; GY08_2, HAI11	12/3
13	11/19	12/3	Structural equation modeling	MEY14; GY03	12/10
14	12/3	12/10	Advanced SEM, invariance, multi-group models	MEY15; <i>None recommended</i>	
15	12/10		Review		
			Final exam is Tues 12/16 from 12:30 pm to 2:30 pm, online in Sakai		

**Caveat:**

The above schedule and procedures in this course are subject to change in the event of extenuating circumstances. Any changes will be announced in class, and the student is personally responsible for obtaining updated information regarding those changes.

**Course Materials and Technology**

Reading materials:

Readings for this include traditional textbook/didactic readings, explaining the assumptions, computation, and practical interpretation of particular procedures. Some readings will be presented via the course textbook, and some will come from supplemental readings (to be provided at the course website).

Required text

**(TF)** Tabachnick, B. G., & Fidell, L. S. (2013). *Using multivariate statistics* (6th. Ed.). Boston, MA: Pearson. ISBN-10: 0205849571 ISBN-13: 9780205849574. An e-book version can be obtained:

[http://www.coursesmart.com/IR/2448463/9780205249152?\\_\\_hdv=6.8](http://www.coursesmart.com/IR/2448463/9780205249152?__hdv=6.8).

Recommended backgrounders/procedurals/extra reading

- (AC)** Afifi, A. A., & Clark, V. (1996). *Computer-aided multivariate analysis* (3<sup>rd</sup> Ed.). New York: Chapman and Hall.
- (AF)** Field, A. (2005). *Discovering statistics using SPSS* (2nd Ed.). Thousand Oaks, CA: Sage Publications.
- (GOR)** Gorsuch, R. L. (1983). *Factor analysis* (2<sup>nd</sup> Ed.). Hillsdale, NJ: Lawrence Erlbaum Associates.
- (GY)** Grimm, L. G., & Yarnold, P. R. (Eds.). (1995). *Reading and understanding multivariate statistics*. Washington, DC: American Psychological Association.
- (GY\_2)** Grimm, L. G., & Yarnold, P. R. (Eds.). (2000). *Reading and understanding more multivariate statistics*. Washington, DC: American Psychological Association.
- (HAI)** Hair, J. E., Anderson, R. E., Tatham, R. L., & Black, W. C. (1998). *Multivariate Data Analysis* (5th. Ed.). Upper Saddle River, NJ: Prentice Hall.
- (MEY)** Meyers, L. W., Gamst, G., & Guarino, A. J. (2006). *Applied Multivariate Research: Design and Interpretation*. Thousand Oaks, CA: Sage Publications.
- (HOX)** Hox, J. (2002). *Multilevel Analysis* Mahwah, NJ: Lawrence Erlbaum Associates.
- (KREF)** Kreft, I., & De Leeuw, J. (1998). *Introducing multilevel modeling*. Thousand Oaks, CA: Sage Publications.
- (LUKE)** Luke, D. A. (2004). *Multilevel Modeling*. Thousand Oaks, CA: Sage Publications.
- (SING)** Singer, J. D., & Willett, J.B. (2003). *Applied Longitudinal Data Analysis: Modeling Change and Event Occurrence*. London: Oxford University Press.

#### Software/computing resources:

The "official" software language of this course will be SPSS (whatever the latest version supported by PPHP is). **All students must have access to the full-featured version of SPSS, regardless of specific version number.** See note above. Students are **required** to bring tablets/computers to weekly class meetings, and they will be **required** to conduct SPSS analyses in class.

- Students in PPHP will access SPSS via our terminal server ([ts.pphp.ufl.edu](http://ts.pphp.ufl.edu)). You will need a terminal services compatible remote desktop client. This is free in Windows. For iOS clients, the rdp app (not the free one) is the best. For Macs, a free remote desktop client (CoRD) and instructions are available at <http://it.pphp.ufl.edu/2012/03/12/terminal-server/>
- Students not in PPHP will access SPSS via the <http://info.apps.ufl.edu/> website. (Please see that site for technical instructions, as I do not have access to it, and cannot provide more guidance). ALL students (including PPHP students) must use the "apps" server for AMOS, which is not available on the terminal server.

These are both virtual machines, which means you can run SPSS on any Windows, MAC, or even tablet (iOS, anyway) machine. In the event that you want your PERSONAL copy on your PERSONAL machine, you will want to buy the SPSS Graduate Pack PREMIUM Edition (no lower version will suffice) AND AMOS (sold separately). SPSS should be at the bookstore, or you can purchase online at <http://onthehub.com>; as far as I know, <http://onthehub.com> is your only source if you choose to purchase AMOS.

All students must also be able to access course materials, which will be distributed electronically as Microsoft PowerPoint, Microsoft Word (Office 2003 and Office 2007; if you have an earlier version of Office, you may need to install the free “Compatibility Pack”), or Adobe Acrobat files. In the first class, all students will complete an e-mail register; students are responsible for updating the instructor on e-mail changes throughout the term. **All** class materials will be distributed by e-mail or Sakai site, so regular and frequent checking is a necessity.

For issues with technical difficulties for E-learning please contact the UF Help Desk at:

- [Learning-support@ufl.edu](mailto:Learning-support@ufl.edu)
- (352) 392-HELP - select option 2
- <https://lss.at.ufl.edu/help.shtml>

## ACADEMIC REQUIREMENTS AND GRADING

### Assignments

Each week, there is an *in-class collaborative assignment* to submit (all members of a team must submit the same assignment). This is graded for presence/absence. These must always be posted to Sakai by **6:10 pm of the day** in which they are due

Most weeks, there is also an *independent homework* to submit (each student must submit their own assignment, and collaboration is not permitted; see the Appendix of this syllabus for collaboration rules on homework). These must always be posted to Sakai by **4:05 pm of the day** in which they are due.

*Note: There is a 2% credit for missed in class submissions. In other words, students can miss up to two in-class submissions without losing points. It is not possible to make up for missed submissions.*

### Grading

Requirement	Due date	% of final grade (must sum to 100%)
In-class submission	8/27	1%
In-class submission	9/3	1%
In-class submission	9/10	1%
In-class submission	9/17	1%
In-class submission	9/24	1%
In-class submission	10/1	1%
In-class submission	10/8	1%

Requirement	Due date	% of final grade (must sum to 100%)
In-class submission	10/15	1%
In-class submission	10/22	1%
In-class submission	10/29	1%
In-class submission	11/5	1%
In-class submission	11/12	1%
In-class submission	11/19	1%
In-class submission	12/3	1%
In-class submission	12/10	1%
Homework	9/17	5.5%
Homework	9/24	5.5%
Homework	10/1	5.5%
Homework	10/8	5.5%
Homework	10/15	5.5%
Homework	10/22	5.5%
Homework	10/29	5.5%
Homework	11/5	5.5%
Homework	11/12	5.5%
Homework	11/19	5.5%
Homework	12/3	5.5%
Homework	12/10	5.5%
Final Exam	12/16	19%

Note: The number of assignments and exercises *is not set in stone*; we might have to add or remove an assignment, depending on class progress. If this occurs, the remaining assignments will be prorated so that they still, collectively, contribute 66% to your final grade. In addition, even if the assignments differ in the number of points that they are worth, each assignment will be weighted to contribute equally to your final grade. So, if we have 6 assignments, each one is worth 11% of the grade. If we end up having only 5 assignments, each one is worth 13.2% of grade. All assignments count for the exact same percentage of your grade, even if they are individually worth a different number of points.

**When you submit your assignments to Sakai, it is essential that (a) you put your name in the “name” field of the homework, and (b) the first word of your assignment document title be your LAST NAME. After 2 reminders about this, a 2-point deduction will be made on each homework for which these naming conventions are forgotten. See below for additional policy on late submissions.**

Assignments will consist of multiple items. Each and every item will have equal weight and will be graded according to the rubric below. (Note: partial points, e.g., 7.5, are permissible; TAs may also score out of range for specific reasons.)

0	not attempted
7	“mercy point” (e.g., you really don’t deserve a point, but because you made some attempt, this is acknowledged; example: doing a stepwise regression when the question asks for hierarchical); note: there must be SOME evidence of relevant effort; random text would earn a “0”
8	doing the correct analysis, but coming up with the wrong numbers (e.g., choosing the wrong DV or IV combination)
9	substantially correct, but either (a) missing one or more essential item (e.g., you conduct a regression and include the regression table, but fail to discuss or interpret it), or (b) you include too much information (e.g., you include tables/figures that are not needed for the answer, and you also fail to defend/explain why it is relevant). Teaching assistants will provide you with a list of missing elements upon grading
10	adequate/all required elements are present

In addition to reinforcing content learned in class, homework questions are designed to provide students with experience analyzing, presenting and discussing research methods and results for a scientific audience. Students are therefore encouraged to think carefully about the information needed to adequately address each question. The following guidelines are intended to facilitate this process:

- Each question will have defined length-of-response guidelines.
  - Do not exceed these guidelines—they are usually more generous than is needed to answer the question (there will be a grade penalty for alterations).
  - If you paste figures or tables, use the “Paste Special” feature to paste as a “**picture**” or “**bitmap**”, so that the output can fit within the space provided.
- Be judicious in your selection of output. Including output that is not relevant to the problem, or that is not discussed in your answer, will lead to a grading penalty being applied. Homeworks will not be scrutinized for compliance with APA format unless this is explicitly requested.
- Students who are confused about the meaning/phrasing of a question are welcome to ask for clarification on the class discussion in Sakai.

### Point system used (i.e., how do course points translate into letter grades).

Points earned	93-100	90-92	87-89	83-86	80-82	77-79	73-76	70-72	67-69	63-66	60-62	Below 60
Letter Grade	A	A-	B+	B	B-	C+	C	C-	D+	D	D-	E

Please be aware that a C- is not an acceptable grade for graduate students. A grade of C counts toward a graduate degree only if an equal number of credits in courses numbered 5000 or higher have been earned with an A.

Letter Grade	A	A-	B+	B	B-	C+	C	C-	D+	D	D-	E	WF	I	NG	S-U
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<b>Grade Points</b>	4.0	3.67	3.33	3.0	2.67	2.33	2.0	1.67	1.33	1.0	0.67	0.0	0.0	0.0	0.0	0.0
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For greater detail on the meaning of letter grades and university policies related to them, see the Registrar's Grade Policy regulations at:

<http://catalog.ufl.edu/ugrad/current/regulations/info/grades.aspx>

**Exam Policy.** Exam will be online (Sakai), 12/16 from 12:30-2:30 pm EST, and will consist of 50 multiple choice items covering content from the semester.

### Policy Related to Make up Exams or Other Work

Missed in-class assignments cannot be made up, but students can miss up to two in-class assignments without losing points.

For homework, late submissions are not encouraged. Late submissions will be accepted for up to 7 days, but with the following penalty schedule:

With regard to missing or incomplete assignments, the following policies apply:

- Graders will **not** contact you about missing or incomplete assignments. **It is your responsibility** to check that the *correct* assignment has been submitted to e-learning on time.
- The late policy below applies ONLY to homework. In-class exercises (which are graded on a submitted/non-submitted basis) may NOT be turned in late, and will be assigned a grade of zero if missed.
- **It may be possible to avoid a late penalty IF YOU CONTACT THE INSTRUCTOR AT LEAST 24 HOURS IN ADVANCE.** You should email both Dr. Marsiske and your teaching assistant, and explain what issue (e.g., bereavement, illness) necessitates lateness. In some cases, documentation may be requested. If a lateness allowance is agreed to, this applies to a single assignment only. It does not allow you to delay future assignments. Note, conference attendance or doctoral qualifying examinations or thesis/dissertation defenses do not constitute valid lateness excuses.
- If your assignment is late, you will lose 10% each day. Thus, if an assignment is worth 30 points, you will lose 3 points for each late day. "Late" begins one minute after the due time (e.g., an assignment due at 8:34 am is considered late at 8:35 am). Penalties are as follows:

1 minute to 24 hours late	10% of maximum deducted from achieved grade
1 day + 1 minute late to 48 hours late	20% of maximum deducted from achieved grade
2 days + 1 minute late to 72 hours late	30% of maximum deducted from achieved grade
3 days + 1 minute late to 96 hours late	40% of maximum deducted from achieved grade
4 days + 1 minute late to 120 hours late	50% of maximum deducted from achieved grade
5 days + 1 minute late to 144 hours late	60% of maximum deducted from achieved grade

	grade
6 days + 1 minute late to 168 hours late	70% of maximum deducted from achieved grade
7 days + 1 minute late or longer	100% of maximum deducted from achieved grade

**NOTE: UPLOADING THE WRONG DOCUMENT IS SAME-AS-LATE**, even if you have documentation that you completed the document on time. **It is your responsibility to verify that you have uploaded the correct document.** (You should open or download your uploaded homeworks and double- or triple-check that you have uploaded the right one).

- There will be **no** exceptions to this policy.
- If you have uploaded the wrong document, and e-learning does not allow you to correct this, you should IMMEDIATELY send the correct document to Dr. Marsiske and your teaching assistant via email.
- If you cannot upload a document due to technical problems (e.g., if e-learning is down), you may e-mail your assignment to Dr. Marsiske and your teaching assistant. The timestamp on your e-mail will serve as the time submitting. In such cases, please upload your assignment to e-learning as well, once the technical issue is resolved.

Any requests for make-ups due to technical issues MUST be accompanied by the ticket number received from LSS when the problem was reported to them. The ticket number will document the time and date of the problem. You MUST e-mail your instructor within 24 hours of the technical difficulty if you wish to request a make-up.

### **Incomplete grades:**

An incomplete grade may be assigned at the discretion of the instructor as an interim grade for a course in which the student has 1) completed a major portion of the course with a passing grade, 2) been unable to complete course requirements prior to the end of the term because of extenuating circumstances, and 3) obtained agreement from the instructor and arranged for resolution (contract) of the incomplete grade. Instructors assign incomplete grades following consultation with Department Chairs.

### **Policy Related to Required Class Attendance**

It is the expectation of the faculty in Clinical and Health Psychology, and Psychology, that all students attend all classes. Students are expected to be present for all classes, since much material will be covered only once in class. Weekly in-class meetings will generally require in-class submissions of material...this can only be done in class, and during class time. Thus, physical attendance is required.

Please note all faculty are bound by the UF policy for excused absences. For information regarding the UF Attendance Policy see the Registrar website for additional details:

[http://www.registrar.ufl.edu/catalogarchive/01-02-catalog/academic\\_regulations/academic\\_regulations\\_013\\_.htm](http://www.registrar.ufl.edu/catalogarchive/01-02-catalog/academic_regulations/academic_regulations_013_.htm)

## Expectations Regarding Course Behavior

As a matter of mutual courtesy, please let the instructor know when you're going to be late, when you're going to miss class, or if you need to leave early. Please try to do any of these as little as possible. Students who have extraordinary circumstances preventing attendance, or who must leave early, should explain these circumstances to the course instructor prior to the scheduled class, or as soon as possible thereafter. The instructor will then make an effort to accommodate reasonable requests. If you must miss a class, please request notes from your classmates about the exercises/discussion you missed.

## Communication Guidelines

For extra help:

The instructional team will make every effort to support students in understanding course content and reading materials. The following resources are available for this purpose: Class Discussion. The class question-and-answer discussion board will occur in Sakai ("Discussion" link), and will be monitored by the entire instructional team. Unfortunately, due to the limitations of Sakai, questions can no longer be posted anonymously.

**Note #1:** You can receive notifications whenever the discussion board is updated. Simply go to "Discussions" and select "Watch" in the upper Discussion menu. In the "Watch" link, select "Notify me by email whenever a new message is posted".

**Note #2:** We ask that you minimize sending questions **directly** to the TAs/instructor to ensure that

- (a) your classmates can share in the insights by reading the blog
- (b) the instructional staff does not end up answering the same question multiple times.
- (c) you benefit from the possibility of receiving responses from any of the three instructional members, rather than just the person you e-mailed.

For these reasons, emailed questions will be strongly discouraged, unless they relate to highly personal and idiosyncratic issues. Emailed questions may receive the response of "please post this on the blog so it can be answered". If you are afraid that your question will give away the answer, please think about how to rephrase it so that it does not give away the answer. If this is not possible, then you may e-mail the instructional staff directly.

Weekly Review/Help Session. The teaching assistants have arranged a regular "workshop" Mondays at 5:10 pm, HPNP 1101, to discuss homework and materials from the previous class. These review sessions will be held each week when there is homework due; on weeks without homework, a review session will be held only if requested by the students (requests should be submitted on the blog).

Office Hours and Appointments. Dr. Marsiske has office hours by appointment. "Extra help" appointments can be made with the instructor or TAs, if needed. Note, though, that these are not intended as a venue for, in essence, re-teaching the course. Instructional staff is more than willing to help, but students *must* first complete these steps before requesting additional assistance:

- Review the blog in case it provides clarification
- Re-examine the notes from class

- Listen to the accompanying audio.
- Read (or re-read) the readings from that week.
- Consider watching the associated video, and/or Andy Fields' supplemental notes (<http://www.statisticshell.com/apf.html>, and then click the "Statistics Hell-P" link) at his website or at the Sage website (<http://www.sagepub.com/field3e/>, you may need to complete a free registration). In general, Google searches (especially Wikipedia) and Youtube searches can be surprisingly helpful.

In reviewing the above resources, students are asked to write down specific questions about the material that is causing confusion. If you have, in good faith, put in the work to improve your understanding, then the instructional staff can build on all your preparatory work and really help you over the "humps".

### Academic Integrity

Students are expected to act in accordance with the University of Florida policy on academic integrity. As a student at the University of Florida, you have committed yourself to uphold the Honor Code, which includes the following pledge:

***"We, the members of the University of Florida community, pledge to hold ourselves and our peers to the highest standards of honesty and integrity."***

You are expected to exhibit behavior consistent with this commitment to the UF academic community, and on all work submitted for credit at the University of Florida, the following pledge is either required or implied:

***"On my honor, I have neither given nor received unauthorized aid in doing this assignment."***

It is your individual responsibility to know and comply with all university policies and procedures regarding academic integrity and the Student Honor Code. Violations of the Honor Code at the University of Florida will not be tolerated. Violations will be reported to the Dean of Students Office for consideration of disciplinary action. For additional information regarding Academic Integrity, please see Student Conduct and Honor Code or the Graduate Student Website for additional details:

<https://www.dso.ufl.edu/sccr/process/student-conduct-honor-code/>  
<http://gradschool.ufl.edu/students/introduction.html>

Please remember cheating, lying, misrepresentation, or plagiarism in any form is unacceptable and inexcusable behavior.

### Online Faculty Course Evaluation Process

Students are expected to provide feedback on the quality of instruction in this course by completing online evaluations at <https://evaluations.ufl.edu> so make sure you include a statement regarding the value and expectation for student participation in course evaluations. We suggest you include a comment regarding how you will use the evaluations (e.g. to make specific improvements to the course and teaching style,

assignments, etc.). It is also important to make some statement regarding the direct influence they have on faculty tenure and promotion, so your input is valuable. Evaluations are typically open during the last two or three weeks of the semester, but students will be given specific times when they are open. Summary results of these assessments are available to students at <https://evaluations.ufl.edu/results/>

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## SUPPORT SERVICES

### **Accommodations for Students with Disabilities**

If you require classroom accommodation because of a disability, you must register with the Dean of Students Office <http://www.dso.ufl.edu> within the first week of class. The Dean of Students Office will provide documentation to you, which you then give to the instructor when requesting accommodation. The College is committed to providing reasonable accommodations to assist students in their coursework.

### **Counseling and Student Health**

Students sometimes experience stress from academic expectations and/or personal and interpersonal issues that may interfere with their academic performance. If you find yourself facing issues that have the potential to or are already negatively affecting your coursework, you are encouraged to talk with an instructor and/or seek help through University resources available to you.

- The Counseling and Wellness Center 352-392-1575 offers a variety of support services such as psychological assessment and intervention and assistance for math and test anxiety. Visit their web site for more information: <http://www.counseling.ufl.edu>. On line and in person assistance is available.
- You Matter We Care website: <http://www.umatter.ufl.edu/>. If you are feeling overwhelmed or stressed, you can reach out for help through the You Matter We Care website, which is staffed by Dean of Students and Counseling Center personnel.
- The Student Health Care Center at Shands is a satellite clinic of the main Student Health Care Center located on Fletcher Drive on campus. Student Health at Shands offers a variety of clinical services. The clinic is located on the second floor of the Dental Tower in the Health Science Center. For more information, contact the clinic at 392-0627 or check out the web site at: <https://shcc.ufl.edu/>
- Crisis intervention is always available 24/7 from:
- Alachua County Crisis Center:  
(352) 264-6789
- <http://www.alachuacounty.us/DEPTS/CSS/CRISISCENTER/Pages/CrisisCenter.asp>

✕

BUT – Do not wait until you reach a crisis to come in and talk with us. We have helped many students through stressful situations impacting their academic performance. You are not alone so do not be afraid to ask for assistance.

## SYLLABUS FACESHEET

**Course Title:** CLP 7317 (Advanced Health Psychology and Behavioral Medicine)

**Instructor:** Deidre B. Pereira, PhD

**This course is (Required or Elective):** Required for Clinical Health Psychology Area

### **1) Describe how integration of theory, research, and practice is accomplished in this course.**

Theories explaining health behavior outcomes in women are reviewed via assigned readings and instructor lecture. We then critically review, discuss, and integrate the results of empirical journal articles that test the application of these theories, particularly as they pertain to the psychological assessment and treatment of women. The instructor and students present case studies throughout the semester in order to demonstrate and practice the integration of theory, research, and practice in optimizing the health and quality of life of women. All exams and assignments require students to demonstrate competency in the discussion of women's health theory, research, and practice through the lens of a Clinical Health Psychologist.

### **2) Describe how issues of diversity are addressed in this course.**

We review and discuss theoretical and empirical literature describing the synergistic roles of sex, gender, race, ethnicity, SES, sexual orientation, and stigma on the risk, etiology, progression, and treatment of major mental and physical health concerns among women. Instructor- and student-presented case studies are used throughout the course to reify these tenets.

### **3) Describe how ethical issues are addressed in this course.**

Ethical issues pertaining to the women's health theory, research, and practice are covered extensively throughout the course via (a) discussion of the history of women's health research in the United States, (b) weekly review and discussion of polemic women's health policies and empirical journal articles, (c) review and discussion of the characteristics of an optimal and professionally ethical women's behavioral health assessment, and (d) review and discussion of the ethical psychological treatment of women undergoing care with the instructor and students.

COURSE SYLLABUS  
CLP 7317: BIOPSYCHOSOCIAL PERSPECTIVES ON WOMEN'S HEALTH  
SPRING 2014  
Mondays, 1:55 – 4:55, Room HPNP 3170  
3 CREDIT HOURS

**INSTRUCTOR INFORMATION**

Deidre Pereira, Ph.D.  
Office: HPNP 3137  
Office Number: 352-273-6039  
E-mail: [dpereira@phhp.ufl.edu](mailto:dpereira@phhp.ufl.edu)  
Office Hours: By Appointment

**COURSE OVERVIEW**

This course will examine the (a) pathophysiology of health processes and conditions unique to and primarily affecting women, (b) biopsychosocial predictors of health and well-being of women, and (c) biopsychosocial interventions to improve the health and well-being of women. Primary teaching methods include classroom based instruction and process-oriented discussion and dialogue.

**COURSE OBJECTIVES**

By the end of the course, the student should be able to:

- (a) Discuss the pathophysiology of mental and physical health conditions with high prevalence and incidence among women.
- (b) Identify the biopsychosocial factors involved in the initiation, maintenance, and exacerbation of mental and physical illness among women.
- (c) Discuss the role of clinical health psychology interventions in the promotion of wellness and in the assessment and treatment of illness among women.

**COURSE MATERIALS**

There is no required text for this course. Required and recommended journal article, book chapter, etc. readings are listed under RESOURCES on the course's Sakai website at <https://lss.at.ufl.edu/>.

**COURSE REQUIREMENTS/EVALUATION/GRADING**

Grading/evaluation of student performance will be based on the following:

***A. Midterm Examination (30%, 30/100 points)***

The midterm will be a take home short-answer and essay examination based on lecture-content and assigned reading materials. Students will have one week to complete the assignment.

***B. Female-Centered Biopsychosocial Case Conceptualization (40%, 40 out of 100 points)***

***i. Written Report (20%, 20 out of 100 points)***

**ii. Oral Presentation (20%, 20 out of 100 points)**

Students will develop a comprehensive, biopsychosocial case conceptualization for a female patient in the Psychology Clinic who is being seen for psychosocial/behavioral issues related to a *significant* physical health concern that is life-limiting or involves significant quality of life impairments (e.g., diabetes, sickle cell disease, cancer, cardiovascular disease, epilepsy, transplant). Students are strongly encouraged to select a patient that they are currently treating in the Psychology Clinic (with their supervisor's written permission). Students who are not currently treating any female patients should speak with Dr. Pereira as soon as possible to arrange shadowing the treatment of a female patient on Dr. Pereira's service for the purposes of this assignment. Students will be required to provide a brief written description of a patient (with their supervisor's written permission to use this case for this assignment) for approval early in the semester. The case conceptualization should be written in the following format:

*Presenting Problem*  
*History of the Presenting Problem*  
*Psychosocial History*  
*Medical History*  
*Psychiatric History*  
*Family Medical History*  
*Family Psychiatric History*  
*Case Conceptualization*  
*Diagnostic Impressions*  
*Treatment Plan/Recommendations*  
*Prognosis*

The *Case Conceptualization* section must consider all of the relevant female-specific biological, psychological, social, and cultural factors in the etiology, presentation, maintenance, and treatment of the psychological and physical health issues. The various content of this section must be referenced using empirically-based research articles. Students will submit a draft of their case conceptualization, receive feedback from Dr. Pereira, and then submit a final version, which will be graded. Students will then present their patient and case conceptualization to the class. Presentations will last 30 minutes (20 minutes for the presentation itself, 10 minutes for questions). Criteria that will be used for grading case conceptualization are posted as a separate document on the course website.

**C. Student-led journal article discussion (10%, 10 out of 100 points) and written review (10%, 10 out of 100 points) (Total 20%, 20 out of 100 points)**

Each student will select a recently published empirical journal article on a topic related to women's health. He/she will provide a pdf of the article to Dr. Pereira and the class at least one week prior to his/her assigned discussion date. On his/her assigned discussion date, he/she will facilitate a class-based discussion and critical analysis of the research described in the article, including its background/significance, methodology, results, and implications. The expected length of this discussion is approximately 20 minutes but may be slightly shorter or longer. The student will be graded on his/her understanding of the article under review as well as his/her ability to stimulate and facilitate a critical dialogue on the article. Then, the student will submit a written review of the manuscript within one week of their presentation. The review should be no more than 2 pages, single-spaced, using 11 pt. Arial font, 0.5" margins. The review should be written as if it were a review of an initial manuscript submission to a journal (see course website for review criteria). The review will be graded on the breadth and depth of coverage of relevant review criteria and the process by which strengths/weaknesses are communicated. Students should approach this review with the following questions in mind: What does this article communicate about women? To what extent does this research advance the health and well-being of women? How clinically significant is this research to women? Students should make sure that their review is approached from a female-centered perspective – i.e., the review should not focus solely on weaknesses in statistical procedures, unless

this has major implications on how the article may/may not influence the field of women's health research.

**D. Class participation (10%, 10 out of 100 points)**

Students are expected to participate in class discussions in a meaningful way during every class.

Please see below for the percentage to letter grade conversion:

<b>Percentage or points earned in class</b>	<b>93%-100%</b>	<b>90%-92%</b>	<b>87%-89%</b>	<b>83%-86%</b>	<b>80%-82%</b>	<b>77%-79%</b>	<b>73%-76%</b>	<b>70%-72%</b>	<b>67%-69%</b>	<b>63%-66%</b>	<b>60%-62%</b>	<b>Below 60%</b>
<b>Letter Grade equivalent</b>	A	A-	B+	B	B-	C+	C	C-	D+	D	D-	E

Please see below for the letter grade to grade point conversion:

<b>Letter Grade</b>	<b>A</b>	<b>A-</b>	<b>B+</b>	<b>B</b>	<b>B-</b>	<b>C+</b>	<b>C</b>	<b>C-</b>	<b>D+</b>	<b>D</b>	<b>D-</b>	<b>E</b>	<b>WF</b>	<b>I</b>	<b>NG</b>	<b>S-U</b>
<b>Grade Points</b>	4.0	3.67	3.33	3.0	2.67	2.33	2.0	1.67	1.33	1.0	0.67	0.0	0.0	0.0	0.0	0.0

For greater detail on the meaning of letter grades and university policies related to them, see the Registrar's Grade Policy regulations at:

<http://catalog.ufl.edu/ugrad/current/regulations/info/grades.aspx>

**TOPICAL OUTLINE**

Week 1	1/6/2013	Course Overview	Definition of women's health Overview of women's health Sex, gender, and health
Weeks 2 – 4	1/13/2013 1/27/2013 2/3/2013	Women's Mental Health	Anxiety disorders and trauma Personality disorders Substance dependence Mood disorders Premenstrual syndrome and premenstrual dysphoric disorder Sleep Disorders
Weeks 5 - 6	2/10/2013 2/17/2013	Sexual and Reproductive Health	Sexual Dysfunction Infertility
Weeks 7 - 8	2/24/2013 3/10/2013	Chronic Disease	Cardiovascular Disease Autoimmune Disease
Weeks 9 - 10	3/17/2013 3/24/2013	Life Limiting Disease	Human Immunodeficiency Virus (HIV) Cancer Women at the End-of-Life
Week 11	3/31/2013	Pain and Poorly Understood Disorders	Fibromyalgia
Week 12	4/7/2013	Social and Environmental Well-Being and Health	Caregiving and Physical Health

Week 13	4/14/2013	Interventions that Work for Women	Cognitive-Behavioral Therapy Interpersonal Therapy Relational/Cultural Therapy Feminist Therapy
Week 14	4/21/2013	STUDENT PRESENTATIONS	

**STATEMENT OF UNIVERSITY'S HONESTY POLICY (CHEATING AND USE OF COPYRIGHTED MATERIALS)**

UF students are bound by The Honor Pledge which states,

***We, the members of the University of Florida community, pledge to hold ourselves and our peers to the highest standards of honesty and integrity by abiding by the Honor Code.***

On all work submitted for credit by students at the University of Florida, the following pledge is either required or implied:

***On my honor, I have neither given nor received unauthorized aid in doing this assignment.***

The Honor Code (<http://www.dso.ufl.edu/sccr/process/student-conduct-honor-code/>) specifies a number of behaviors that are in violation of this code and the possible sanctions. Furthermore, you are obligated to report any condition that facilitates academic misconduct to appropriate personnel. If you have any questions or concerns, please consult with the instructor or TAs in this class."

**POLICY RELATED TO CLASS ATTENDANCE**

Class attendance is strongly encouraged, as participation is 10% of your total grade. However, it is recognized that some students will be absent from classes in January due to internship interviews. Students will not be penalized for these absences. If you are unable to attend class for any additional reason, it is advised that you notify Dr. Pereira by email or phone prior to class.

**POLICY RELATED TO MAKE-UP EXAMS, EXTENSIONS, OR OTHER WORK**

Make-ups and/or deadline extensions will be considered on a case-by-case basis for students experiencing extreme emergencies, such as a personal or family health emergency. There will be no opportunities for extra credit in this course.

**ACCOMODATIONS FOR STUDENTS WITH DISABILITIES**

Students requiring classroom accommodation because of a disability must first register with the Dean of Students Office (<http://www.dso.ufl.edu/>). The Dean of Students Office will provide documentation to you, which you then give to the instructor when requesting accommodation. The College is committed to providing reasonable accommodations to assist students in their coursework.

**COUNSELING AND STUDENT HEALTH**

Students may occasionally have personal issues that arise in the course of pursuing higher education or that may interfere with their academic performance. If you find yourself facing problems affecting your coursework,

you are encouraged to talk with an instructor and to seek confidential assistance at the UF Counseling & Wellness Center, 352-392-1575. Visit their web site for more information: <http://www.counseling.ufl.edu/>.

The Student Health Care Center at Shands is a satellite clinic of the main Student Health Care Center located on Fletcher Drive on campus. Student Health at Shands offers a variety of clinical services, including primary care, women's health care, immunizations, mental health care, and pharmacy services. The clinic is located on the second floor of the Dental Tower in the Health Science Center. For more information, contact the clinic at 392-0627 or check out the web site at: [www.health.ufl.edu/shcc](http://www.health.ufl.edu/shcc).

Crisis intervention is always available 24/7 from:

Alachua County Crisis Center:

(352) 264-6789

<http://www.alachuacounty.us/DEPTS/CSS/CRISISCENTER/Pages/CrisisCenter.aspx>

### **CLASS DEMEANOR EXPECTED BY THE PROFESSOR**

- If you will be late to class, please let Dr. Pereira know in advance, as feasible.
- You may keep your pagers on during class. If you have a clinical urgency or emergency that you need to attend to during class time, please let Dr. Pereira know before you step out of class.
- Cell phones should be set to silent. If you are waiting for a phone call related to an urgent matter, please let Dr. Pereira know in advance.
- Use of smart phones or laptops during class to check email, browse the web, etc, will result in a 1% reduction in participation percentage per episode.

### **ONLINE COURSE EVALUATION PROCESS**

Students are expected to provide feedback on the quality of instruction in this course by completing online evaluations at <https://evaluations.ufl.edu>. Evaluations are typically open during the last two or three weeks of the semester, but students will be given specific times when they are open. Summary results of these assessments are available to students at: <https://evaluations.ufl.edu/results/>

### **MATERIALS AND SUPPLIES FEES**

None

## **IMPORTANT CLASS DATES**

1/6/2013	First day of class Schedule student-led journal article discussions Schedule oral case presentations
1/20/2013	No class – MLK Holiday
1/27/2013	Brief in-class presentation of patient selected for case conceptualization assignment Supervisor permission form due
2/24/2013	Midterm examinations distributed
3/3/2013	No class – Spring Break
3/10/2013	Midterm examinations due
3/17/2013	First draft of written case conceptualizations due
4/14/2013	Final draft of written case conceptualizations due
4/21/2013	Case presentations

## **COURSE READINGS**

### Week 1

1. U.S. Department of Health and Human Services. *Healthy People 2010 Women's and Men's Health: A Comparison of Select Indicators*. Washington, D.C.: U.S. Government Printing Office, July 2009.

### **REQUIRED.**

2. Literature Review on Effective Sex- and Gender-Based Systems/Models of Care

Produced for the Office on Women's Health  
Uncommon Insights, LLC.

with in the

Purchase Order # HHSP233200600978P

Authors:

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Senior Sociologist, RAND Corporation  
January 30, 2007

### **RECOMMENDED: ALL; REQUIRED: UNDERLINED SECTIONS.**

3. U.S. Department of Health and Human Services, *Healthy People 2010 Women's and Men's Health: A Comparison of Select Indicators*. Rockville, Maryland: U.S. Department of Health and Human Services, 2006.

### **RECOMMENDED: ALL; REQUIRED: INTRODUCTION, HEALTH INDICATORS**

4. Exploring the Biological Contributions to Human Health: Does Sex Matter?

Theresa M. Witzmann and Mary-Lou Pardue, Editors, Committee on Understanding the Biology of Sex and Gender Differences, Board on Health Sciences Policy

ISBN: 0-309-51190-9, 288 pages, 6 x 9, (2001)

This PDF is available from the National Academies Press at: <http://www.nap.edu/catalog/10028.html>

**RECOMMENDED: ALL; REQUIRED: EXECUTIVE SUMMARY, INTRODUCTION**

5. Florida Department of Health. (2008). 2008/2009 Women's Health Data Report. Florida Department of Health, Office of Women's Health.

**RECOMMENDED: PART III.**

6. National Center for Health Statistics. Health, United States, 2010: With Special Feature on Death and Dying. Hyattsville, Maryland. 2011.

**RECOMMENDED.**

Week 2

***MORE TO COME!***

## SYLLABUS FACESHEET

**Course Title:** Neuropsychological Assessment of Adults (CLP 7427)

**Instructor:** Dawn Bowers , Ph.D., ABPP-CN

**This course is (Required or Elective):**

Not departmental requirement. However, required for Neuropsychology & Clinical Neuroscience area

- 1) **Describe how integration of theory, research, and practice is accomplished in this course.** This course provides overview of basic conceptual frameworks and methods in neuropsychological assessment of adults. It relies heavily on theoretical and basic science constructs, and how this knowledge can be instantiated in practice via delivery of clinical service. Students acquire new knowledge and learn how this knowledge relates to clinical practice via a vis case conceptualization. A clinical fact finding format, as typically used in many ABPP exams, is an integral part of the latter 1/3 of the course.
- 2) **Describe how issues of diversity are addressed in this course.** Cultural and diversity issues are discussed and integrated throughout all course topics. The segue for diversity discussion begins during our “Hot Topic” discussion-debate during the 3<sup>rd</sup> class: ‘Should we norm for age, education, and ethnic differences?’. One of the readings for this debate comes from the highly controversial INS Presidential address in 2006 by Jason Brandt, and the subsequent rebuttal by Bob Heaton. This discussion sets the stage for all subsequent classes. Diversity issues also become front and center during clinical presentations of cases.
- 3) **Describe how ethical issues are addressed in this course.** Ethical issues are discussed in several ways ranging from “Hot Topic” debates to discussion pertaining to ethical issues as they arise during clinical case presentations by the students. Thus one Hot Topic debate focuses on use of appropriate test versions (i.e., Class 2: “Should there an FDA for NP tests?”), another involves use of computer batteries (i.e., “Computerized Testing batteries: Are we being outsourced?”) and another hot topic focuses on use of DBS for treatment of Alzheimer’s disease.

**University of Florida**  
**College of Public Health & Health Professions Syllabus**

**CLP 7427: NEUROPSYCHOLOGICAL ASSESSMENT OF ADULTS (3 hrs)**  
**Fall Semester 2014**

Meeting Time/Place: Thursdays, 9:30 AM – 12:30 PM, Room G108 HPNP

Delivery Format: On campus, Regular  
Course Projects Drive: p:\NP assessment

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**Instructor Name:** Dawn Bowers, Ph.D., ABBP-CN  
Professor, Clinical & Health Psychology and Neurology  
**Office:** HPNP 3172  
**Email Address:** [dawnbowers@pnhp.ufl.edu](mailto:dawnbowers@pnhp.ufl.edu)  
**Office Hours:** By Appointment  
**Preferred Course Communication:** email

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**Prerequisites** Must be a graduate student in good standing in Clinical and Health Psychology. All others must petition. Note that this is one of the core course requirements for a concentration in Neuropsychology, Clinical Neuroscience, and Neurorehabilitation.

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**Course Overview and Objectives**

This course will provide an overview of basic concepts and methods in the neuropsychological assessment of adults. You will learn the most important conceptual models of neuropsychological assessment and will learn to recognize quantitative and qualitative aspects of test performance and behaviors that are most relevant to differential diagnosis. Basic principles of neuroanatomy and brain organization will be briefly reviewed as they pertain to specific neurologic disorders and neurocognitive domains. Major diagnostic problems will be illustrated through the introduction of case materials. You will also learn different report styles for communicating neuropsychological findings to other professionals, attorneys, and lay individuals. Due to diversity of the experience of students enrolled in this class, this course will not focus on test administration per se. Rather the emphasis is on broader conceptual and pragmatic issues, with a major focus on case conceptualization based on neurocognitive profiles, along with ways of creatively tailoring the methods of assessment to the special needs and problems presented by individual cases.

**The Peptalk**

For some of you, this may be your first formal clinical neuropsychology course in graduate school. Some of you may not have seen a neuropsych case yet or had neuroanatomy. That's ok. Regardless of your past experience, this is going to be a lot of work/fun. You are going to read a good bit and there are all sorts of different assignments peppered throughout. This is not a typical lecture type class. I guarantee that by the end of this course, you will be pleased, with your accomplishments. One of my dear professors and mentors, Molly Harrower, impressed upon me that "when work is fun, it's fun rather than work. And why would one ever want to have career that wasn't fun?" I agree 😊

**Course Materials**

Readings are from the two required texts (see below) along with other articles/chapters that will be distributed electronically and placed in a designated class folder on our class p-drive (np assessment). Make sure you have access to this p- drive. If not, it is your responsibility to let me know so that you can be given access by the folks in IT. I will try to make handouts/slides available in this class folder after class.

**Required (2 books)**

Parson, M., & Hammecke, M. (eds). (2014). Clinical Neuropsychology: A Pocket Handbook for Assessment, American Psychological Association, Washington DC.

Blumenfeld, H. (2010) Neuroanatomy through Clinical Cases. Sinauer. 2<sup>nd</sup> edition. *This is superb and is used by many as a study guide for the ABPP exam. Excellent integration of neuroanatomy with clinical cases.*

Highly Recommended.

Lezak, M., Howieson, D., Bigler, E., Tranel, D. (2012) Neuropsychological Assessment (5<sup>rd</sup> Edition). New York: Oxford University Press. *The standard compendium of neuropsychological measures according to “domains”.*

Morgan, J., & Ricker, J. (2008). Textbook of Clinical Neuropsychology. New York: Taylor & Francis. *Excellent book that covers disorders from neuropsychological perspective.*

Recommended

Stringer A., Cooley, E., Christensen, A. (2002). Pathways to Prominence in Neuropsychology: Reflections of 20<sup>th</sup> century pioneers. New York: Psychology Press. Particularly good for those interested in knowing about their roots. If this doesn't interest you, then perhaps bypass. I've selected a few chapters from here that are included in your readings.

Available to review in the clinic

Heaton, R., Miller, W., Taylor, M., Grant, I. (2004). Revised Comprehensive Norms for an Expanded Halstead-Reitan Battery. Lutz, FL: Psychological Assessment Corporation.

### **Course Format**

This course will be conducted in the form of a graduate seminar. Class will meet Thursdays from 9:30 am - 12:30 in Room G108 on the first floor of the HPNP building This is a participatory course. Classes will typically consist of a lecture (45 minutes or so), discussion of clinical cases, “hot topics”, and other testing related activities. Please be on time.

### **Course Requirements, Evaluation, and Grading**

Grades will be weighted according to the number of points available for each component, as described below. Final grades will be calculated as a percentage of the highest score. Evaluation in the course will be based on the following components

Midterm Exam	30%	
Final Exam	50%	(cumulative)
Clinical Case Presentation	15%	
Test Summary/Weird Disorders	2%	
Hot Topic Discussion	3%	

1. **MidTerm and Final Exams** will comprise 80% of your grade. These exams will be drawn from class lectures and assigned readings and will consist of multiple choice, short answer, odd man out and other formats. The final exam may also involve some ethical scenarios and writing sections of a report. This will be done in class. FYI, you will be provided a set of study questions that will be helpful in guiding your thinking and preparation for the exam.
2. **Clinical Case Presentation**  
Each student will take the lead in presenting a clinical case to the class and engaging discussion about the case. You will work closely with me in doing so. If you have already been on clinic, you can present one of the cases you previously saw. If not, then I'll help you locate a case from my files. You can decide whether you want to present your case within the context of “fact finding” or a more traditional format. Part of this assignment will involve learning something more about the “disorder” at hand in addition to examining/discussing the clinical neuropsychological profile, the various factors that might contribute to a pattern, cultural and demographic issues, etc.
3. **Hot Topics & Discussion Points**  
Students will be assigned in pairs or triplets to lead relevant, hot topic discussions during certain classes. The format of the discussion will be left up to the group leading it that day. Example: A recent hot topic relates to the new billing code for computerized testing (96120). What do you think of all the companies that are now

marketing computerized test batteries to primary care and other physicians, who then upload the information to some centralized unit and then get a canned report back? What are the implications for patient care? What are the implications for our profession?

**4. You will be randomly assigned to a test review or a weird disorder. See below**

**4a. Test Reviews**

In past years, students have compiled data on test administration and scoring, including reliability and validity information about major tests that are frequently used during neuropsychological assessments. We will continue this tradition. Information about tests will be put together in a notebook, so that brief 1-2 page summaries of various neuropsychological measures will be available to all class participants by the end of the course. You will be assigned the particular test to review.

For each test, you are to prepare a brief 1-2 page typed summary about its historical background, administration, available norms, reliability, validity, strengths and weaknesses. An important focus is the availability of norms for the elderly, for individuals with low SES and education, and for individuals from diverse cultural/ethnic backgrounds. You will provide a copy of your summary for each member of the class, place a digital copy in the class folder, and prepare a 5 minute presentation of the test for your colleagues. Below are the headings that should be covered in your writeup. If you have any questions about this assignment, let us know.

<b>Name of Test</b>	<b>Instructions (if relevant)</b>
<b>Author</b>	<b>Normative Information (sample size, age, sex, ethnic)</b>
<b>Publisher &amp; Address*</b>	<b>Psychometric Properties: Reliability &amp; Validity</b>
<b>Year Published</b>	<b>Strengths &amp; Weaknesses</b>
<b>Purpose of Test</b>	<b>Relevant Research Findings</b>
<b>Cost to purchase</b>	<b>Test Format and Procedures</b>

*\*Amazon.com is not a publisher, nor is it where the test should be published*

**4b. Weird Disorders**

This assignment involves discussion/exposure to a potpourri of disorders that you are bound to run across in your career as a neuropsychologist (i.e., Capgras, Moya Moya, etc.). You will be assigned a specific disorder and will give a brief presentation (i.e., 5-10 minutes) about the nature of this disorder and how it presents neuropsychologically. Include chief complaints and symptoms, the course of the disorder, and the role of the neuropsychologist. Describe prototypical neurocognitive profiles and any special assessment/treatment issues. You will provide a brief 1 page handout to your classmates, along with several key references (**NO Wikipedia**), and also place a digital copy on the class projects folder.

**Additional Tools:**

All of you should have access to the share drive demonstrating use of video (s:\NP Training Material) demonstrating administration of commonly used neuropsychological measures. The faculty created these videos in order to help with 'test drift' in administration. You are encouraged to review these, particularly those of you who have not started your neuropsychology core. There are a lot of tests, and best way to tackle is by domain. You will not be graded on this.

**Grading**

Scores will be rounded to the nearest percent (rounded up or down, whichever is closest) for grade determination in accordance with the grading table below:

% of points earned	93%- 100%	90%- 92%	87%- 89%	83%- 86%	80%- 82%	77%- 79%	73%- 76%	70%- 72%	67%- 69%	63%- 66%	60%- 62%	Below 60%
Letter Grade	A	A-	B+	B	B-	C+	C	C-	D+	D	D-	F

Below is table linking letter grades to grade points.

Letter Grade	A	A-	B+	B	B-	C+	C	C-	D+	D	D-	E	WF	I	NG	S-U
Grade Points	4.0	3.67	3.33	3.0	2.67	2.33	2.0	1.67	1.33	1.0	0.67	0.0	0.0	0.0	0.0	0.0

For greater detail on the meaning of letter grades and university policies related to them, see the Registrar's Grade Policy regulations at <http://www.registrar.ufl.edu/catalog/policies/regulationgrades.html>

#### **Policy Related to Class Attendance**

Attendance and class participation is required. Students are expected to complete assigned readings prior to coming to class. Students needing to miss class for personal or professional reasons should consult with the instructor prior to the date on which they will be unable to attend. It is the student's responsibility to acquire any handouts or notes from a colleague in the class for any sessions missed.

#### **Statement of University's Honesty Policy (cheating and use of copyrighted materials)**

Students are expected to act in accordance with the University of Florida policy on academic integrity (see Student Conduct Code, the Graduate Student Handbook or this web site for more details: [www.dso.ufl.edu/judicial/procedures/academicguide.php](http://www.dso.ufl.edu/judicial/procedures/academicguide.php)). Cheating, lying, misrepresentation, or plagiarism in any form is unacceptable and inexcusable behavior.

*We, the members of the University of Florida community, pledge to hold ourselves and our peers to the highest standards of honesty and integrity.*

#### **Policy Related to Make-up Exams or Other Work**

Students are expected to complete assigned readings prior to coming to class. Personal issues with respect to class attendance or fulfillment of course requirements will be handled on an individual basis. Students must make *prior* arrangements with Dr. Bowers if they must miss any in-class examination, and an alternative test time must be arranged.

#### **Accommodations for Students with Disabilities**

If you require classroom accommodation because of a disability, you must first register with the Dean of Students Office (<http://oss.ufl.edu/>). The Dean of Students Office will provide documentation to you, which you then give to the instructor when requesting accommodation. The College is committed to providing reasonable accommodations to assist students in their coursework.

#### **Counseling and Student Health**

Students may occasionally have personal issues that arise in the course of pursuing higher education or that may interfere with their academic performance. If you find yourself facing problems affecting your coursework, you are encouraged to talk with an instructor and to seek confidential assistance at the University of Florida Counseling Center, 352-392-1575, or Student Mental Health Services, 352-392-1171. Visit their web sites for more information: <http://www.counsel.ufl.edu/> or <http://www.health.ufl.edu/shcc/smhs/index.htm#urgent>

The Student Health Care Center at Shands is a satellite clinic of the main Student Health Care Center located on Fletcher Drive on campus. Student Health at Shands offers a variety of clinical services, including primary care, women's health care, immunizations, mental health care, and pharmacy services. The clinic is located on the second floor of the Dental Tower in the Health Science Center. For more information, contact the clinic at 392-0627 or check out the web site at: [www.health.ufl.edu/shcc](http://www.health.ufl.edu/shcc)

Crisis intervention is always available 24/7 from: Alachua County Crisis Center: (352) 264-6789.

*BUT – Do not wait until you reach a crisis to come in and talk with us. We have helped many students through stressful situations impacting their academic performance. You are not alone so do not be afraid to ask for assistance.*

## Class Syllabus

### Adult Neuropsychological Assessment

This course is divided into 3 major parts: the fundamentals of neuropsychological assessment, neurocognitive domains, and assessment issues in commonly seen neurologic disorders (including malingering). Assigned readings will come from your texts and other readings. Although there are many superb neuropsychology journals, perhaps 3 or 4 tend to focus moreso on assessment issues. These are: The Clinical Neuropsychologist, Archives of Clinical Neuropsychology, the Journal of Experimental & Clinical Neuropsychology, and the Journal of the International Neuropsychological Society (JINS). You are encouraged to review these journals and keep abreast of the field *vis a vis assessment*.

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**Part I: Getting Started-** During the initial month, we'll cover some of the basics in neuropsychological assessment .

**Aug 28** Introduction to Course and Requirements

Historical Background & UF Perspective

Homework Assignment for 9/4:

Answer the following questions on paper and turn in to class on 9/4/2012

- a) What percentage of people perform within the “normal range” on all of the measures described in the Heaton norms book? A copy of this book is in our clinic. Hint: You will find this in one of the tables ☺.

Heaton, R., Miller, W., Taylor, M., & Grant, I. (2004). Revised Comprehensive Norms for an Expanded Halstead-Reitan Battery: Demographically adjusted Neuropsychological Norms for African Americans and Caucasian Adults, Psychological Assessment Resources, Odessa.

- b) What cognitive functions would you plan to evaluate if your patient had bilateral upper visual field loss?  
c) What cognitive functions would you plan to evaluation if you knew your patient had a stroke involving the inferior division of the left middle cerebral artery?
- 

**Sept 4**

Neurologic vs Neuropsychologic Exam

Inferential Logic & Methods in NP - Psychometric Issues & David Schretlein

*Case Presentations: Bowers (tales of 2 physicians)*

**Readings:** P&H: Chapters 1-4  
Blumenfeld: Chapters 1 & 3  
Loring & Bauer (2010)  
Bush (2009)



**Hot Topic:** *Should there be an FDA for NP tests?*

- Leaders: Asken, Lafo, Letzen
- Loring, D., & Bauer, R.M. (2010) Testing the limits: causes and concerns for the new Weschler IQ and memory scales. Neurology.
  - Bush, S. (2009) Determining whether or when to adopt new versions of psychological and neuropsychological tests: Ethical and professional consideration. The Clinical Neuropsychologist

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Sept 11      **No class.**

**Readings:** Blumenfeld: Chapters 2, 10, 11,19

**Today's Assignment (in addition to reading)**

Spend time learning information pertaining to questions 1-6 on the Study guide.  
Hemispheric specialization and cognitive functions associated with different brain regions, right and left; cerebral blood supply-vasculature; visual fields

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Sept 18      **Stages of the Neuropsychological Exam**  
**Behavioral Observations, Interview, and Clinical Pearls**  
*Edith Kaplan on behavioral observations*

Video cases for behavioral observations

*Case Presentation: Symzkowicz*

**Readings:**      P&H: Chapter 7  
                         Bowers handout  
                         Brandt (2006) see below



**Hot Topic:**      *Should we norm for age, education, and ethnic differences?*

**Leaders:** Mangal, Henderson, Sullan

- Brandt, J. (2006): Neuropsychological Crimes and MisDemeanors

**Homework Assignment:** Write behavioral observations on in class video cases

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Sept 25      **The Battle of the Batteries: Fixed vs Flexible**

*Case Presentation: Letzen*

A personal perspective & cases

**Readings:**      Reitan, R. The best laid plans and vargaries of circumstantial events. In  
                         Stringer et al (eds), Pathways to Prominence in Neuropsychology  
                         Bauer, R. The Flexible battery Approach

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Oct 2      **Boston Process Approach**

Estimating Your IQ: Barona, NART, WTAR, and More

Case Presentation: *Mangal*

Case Presentation: *TBD*

**Readings:**      Milberg, W., Hebben, N. & Kaplan, E. The Boston Process Approach to  
                         Neuropsychological Assessment  
                         Kaplan E. Serendity in science: A personal account. In Stringer et al  
                         (eds.), Pathways to Prominence in Neuropsychology:  
                         Luria, A. Pursuing neuropsychology in a swiftly changing society. (In  
                         Stringer et al)

**Part II: Neurocognitive Domains: Over the next 4 weeks, each class will adhere to the following format**

- a) Overview of the domain and its neuroanatomic and cognitive substrates
- b) Typical tests and how they can be used
- c) Typical disorders associated with deficits in this domain.
- d) Case Presentations/Videos and Student Presentations

Oct 9 **Exam 1 (1.5 hr)**

**Assessment of Language and Language Related Skills**

Test Reviews/updates: *COWA vs DKEF's VERBAL Fluency* *TBD*  
*FrSbe* *TBD*

**Readings:** P&K: Chapter 18  
Bowers overview

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Oct. 16 **Assessment of Memory**

Amnesia Videos  
Memory Measures: NP travesties

Case Presentation Garcia

Test Reviews/Updates: *MOCA vs MMSE* *TBD*

**Readings:** P&K: Chapter 17

Squire, L.D. (1980). Specifying the defect in human amnesia: storage, retrieval and semantics. *Neuropsychologia*, 18 (3) 369-372.

Nelson Butters: One step ahead. In Stringer et al. (2002), *Pathways to Prominence in Neuropsychology*. (I knew him when I was in Boston ; he was enmeshed in his "memory" research at that time. As you'll read he was on the job market, and ended up at UCSD and set in place a highly successful UCSD neuropsych program. This autobiography is very poignant as he produced this verbally, during the final throes of ALS. His daughter's comments (Meryl Butters) are on target about him liking to be known as the "godfather" of NP.

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Oct. 23 **Assessment of Executive & Frontal Lobe Skills**

Frontal Videos

Case Presentation: Lafo  
Case Presentation: Henderson

Test Reviews/Updates: *Wisconsin Card Sort (short vs long form)* *TBD*  
*Iowa Gambling Test* *TBD*

**Readings:** P&K: Chapter 20 & 21  
Teuber (1960): The riddle of the frontal lobes  
Brandt et al. (2009)  
Stuss' frontal lobe battery

Thought question: Is executive function the same as fluid intelligence? Is Salthouse right?

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Oct.30      **Assessment of Visuo-perceptual, Spatial, & Constructional Skills**

Case Presentation:      Seider

Test Review/Updates:    *Hooper VOT*      *TBD*  
   *Brief Visuospatial Memory Test-Revised*      *TBD*

**Readings:**      P&K: Chapters 19  
                                 Bauer et al (2012) Computerized Neuropsychological Assessment Devices  
                                 Others: TBD by discussion leaders



**Hot Topic:**      *Computerized Testing batteries: are we being outsourced?*  
                                 **Discussion Leaders:** Garcia, Hizel, McClaren

**Part III: Neuropsychological Disorders.** Over the next 5 classes, we'll focus on assessment issues germane to commonly encountered neuropsychological disorders

Nov. 6      **Processing Speed & the Efficiency Disorders**

MS, Binswangers, radiation necrosis, NPH,  
Parkinsonism disorders, Huntingtons disease

Case Presentation:      Scott  
Case Presentation:      Maye

My Disorder Update:    *Lubag*      *TBD*  
   *Cortico-basal degeneration (CBD)*      *TBD*

**Readings:**      P &H: Chapters 12 & 13  
                                 Bauer et al (2012) Computerized Neuropsychological Assessment Devices  
                                 Others: TBD by discussion leaders

Thought Question: Why is executive functioning so correlated with processing speed?

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Nov.13      **Assessment Issues in the Elderly**

MCI, the "cortical dementias", and vascular dementia  
Special measures and special considerations: hearing, vision  
*Has the WMS-IV gone TOO far?*  
*Composites and defining MCI*

Case Presentation:      Sullan

My Disorder Update:    Capgras      *TBD*  
   *Antons*      *TBD*

**Readings:**      P&H: Chapter 11  
                                 **DSM-V:** Criteria for major and Minor Cognitive Disorders  
                                 Jak et al., 2009; Delano Wood et al., 2009, Schinka et al., 2010  
                                 Also Hot topic readings



**Hot Topic:**      Should we be doing DBS on individuals with amnesic MCI?  
                                 **Discussion leaders:** Symzkowicz, Scott, Seider

Laxton et al. (2010). A Phase I Trial of Deep Brain stimulation of memory

**Nov. 20 Issues in the Assessment of Epilepsy & Emotion**

The Wada Exam & More  
Role of neuropsychologist

Case Presentation: Schwab  
Case Presentation: Asken

My Disorder Update: *Anton's Syndrome*  
*Antiphospholid Syndrome*  
*Jacob-Creutzfeld*

TBD  
TBD  
TBD

**Readings:** P&K: Chapters 9, 26&27  
Chelune (1995)  
Lassonde et al., (2006)

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**Nov. 28 THANKSGIVING HOLIDAY**

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**Dec. 5 Assessment of Effort and Malingering**  
**The Business of Psychology: nuts and bolts from CPT codes onward**  
**Future directions of the field - Implications of Affordable Care Act**

Case Presentation: Hizel  
McLaren

Readings: P&H: Chapter 5  
Others TBD



**HOT TOPIC:** Should effort tests be given as part of every neuropsychological exam?  
Discussion Leaders: Schwab & Maye

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**Dec 12 Clinical Case Potpourri**

Previous Students, Post-Docs, & Faculty

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**December 19: In Class FINAL EXAM**



## SYLLABUS FACESHEET

**Course Title:** CLP 7525, Best Methods for the Analysis of Psychological Change

**Instructor:** Marsiske

**This course is (Required or Elective):**

- 1) Describe how integration of theory, research, and practice is accomplished in this course.** This course is principally concerned with the measurement and prediction of behavior change, which is arguably the core concept of interest in psychological science. Early weeks consider the meaning of “change” (short term variability versus relatively permanent behavioral evolution), and problems with traditional methods of measuring change. The main part of the course is concerned with various ways of assessing trajectory (growth modeling) and transition (survival analysis), and predicting both. Examples used are essentially all drawn from real studies of behavioral change drawn from the psychological literature, and time is spent on reconciling how theoretical conceptions about the structure of change (continuous? Non-monotonic? Non-linear) inform modeling approach.
- 2) Describe how issues of diversity are addressed in this course.** As a data analysis course, the approach to diversity is how to measure and assess the sources of individual differences in outcomes. Across the classes, data examples frequently look at how variables like age, race, ethnicity, gender, sexual identity influence outcomes of interest, how their influences might be mediated by other proximal processes, or how such variables might be important moderators of other relationships.
- 3) Describe how ethical issues are addressed in this course.** Ethics of data reporting and analysis are considered throughout the course, not generally didactically, but in terms of evaluation of students’ weekly in-class and at-home assignments.

**University of Florida  
College of Public Health & Health Professions Syllabus**

**CLP 7525, Best Methods for the Analysis of Psychological Change (3 credit hours)  
Section Number: 18DB, Spring: 2015**

Meeting time/place: Wednesdays Periods 9-10 (4:05-6:00 pm, HPNP G-312)

Delivery Format: Blended learning/flipped classroom  
Course Website or E-Learning: <http://lss.at.ufl.edu>

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**Instructor Name:** Michael Marsiske  
**Office:** HPNP 3179  
**Phone Number:** (352) 273-5097  
**Email Address:** marsiske@phhp.ufl.edu  
**Office Hours:** By appointment  
**Teaching Assistants:** none  
**Preferred Course Communications:** Email

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**Prerequisites:** Must have successfully completed CLP 6529. Must be a graduate student in good standing in Clinical and Health Psychology, Psychology, Rehabilitation Sciences, Communication Sciences and Disorders, Speech, Language and Hearing Sciences, Health Services Research, Management and Policy. All others must petition.

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### **PURPOSE AND OUTCOME**

**Course Overview.** The study of behavior change is a core unifying focus in the behavioral sciences. In Psychology, intervention focused areas (such as Clinical, Counseling, Organization, Educational, Sport) all have a common interest in detecting behavioral change due to treatments. In addition, Developmental and Social Psychology often have strong interests in understanding the natural course of change, and in understanding the antecedents and consequences of such change. Recently, following trends in econometrics and social science, micro-longitudinal/intensive longitudinal designs have become more important. This course provides an introduction to some of the specialized techniques that have evolved for the study of change (taxonomies of change, mixed effect growth models, latent growth models, growth pattern mixture models, and survival analysis).

This is an *advanced* class, with the presumption that all students have had at least three preparatory classes at the graduate level. Thus, this class will focus much more on the student's ability to extract critical information from course readings and lectures, and to apply their learning to data sets and problems of personal relevance.

**Relation to Program Outcomes.** This course is an elective course for all graduate programs.

### Course Objectives and/or Goals

Content domains: Two occasion change models (reliable change, standard error of measurement), mixed effects model for change and growth models; structural equation model approach to latent growth model, growth pattern mixture models, missing data in longitudinal models, survival models (life tables, discrete time models, Cox proportional hazards)

Dimension	Objective	Learning activity/ies	Evaluation
Knowledge	<b>Read</b> textbook and primary source meetings; class powerpoints and transcripts. <b>Identify</b> the major topics covered each week and the relationship to the course roadmap <b>Reproduce</b> simple analysis demonstrated in lecture	Online lectures, online demonstrations, weekly TA review sessions, readings	Self-testing and mastery learning; multiple-choice examination
Comprehension	<b>Define</b> the major concepts/terms each week <b>Describe</b> the appropriate situations in which to use techniques demonstrated <b>Differentiate</b> among different approaches (e.g., different kinds of analysis strategies) and their strengths and weaknesses	Online demonstrations , In-class discussion weekly TA review sessions, readings	Self-testing and mastery learning, in-class practice exercises, multiple-choice examination
Application	<b>Calculate</b> major coefficients and summary statistics <b>Chart</b> key findings and interpret <b>Choose</b> the best analysis for a given situation <b>Extend</b> basic analysis situations demonstrated in class to more complex data problems	Online demonstrations , Hands-on class sessions, Team-based problem solving, weekly TA review sessions	Self-testing and mastery learning; in-class practice exercises
Analysis	<b>Break down</b> the multiple results of a data analysis into constituent pieces <b>Interpret</b> the results of analyses with regards to the substantive questions being asked <b>Recommend</b> next steps or areas in need of clarification to improve the analysis	Team-based problem solving, In-class discussion, coaching/mentoring	Peer-review and group self-evaluation, in-class practice exercises)
Synthesis	<b>Collaborate</b> with group members to determine the best solution to a	Coaching/mentoring, Team-based	Multiple choice

Dimension	Objective	Learning activity/ies	Evaluation
	complex problem <b>Combine</b> multiple sources of information (e.g., information regarding distributions and analytical question) <b>Construct</b> an appropriate analysis strategy for a multi-part data problem <b>Model</b> independent/dependent variable relationships using the appropriate techniques given distributions and questions	problem solving	examination (questions combining multiple aspects of the course); in-class practice exercises, personal data application exercises
Evaluation	<b>Appraise</b> the quality of the data and the admissibility of solutions generated <b>Assess</b> the fit/quality of the solution and recommend next steps <b>Compare/contrast</b> solutions generated under multiple approaches to transformation or data analysis <b>Prioritize</b> and select the best choice for data analysis, given available data and distribution and research question.	Coaching/mentoring, Team-based problem solving	in-class practice exercises; group self-evaluation discussions; personal data application exercises

### Instructional Methods

This is a blended learning course. Specifically, it uses a flipped classroom (lectures online, in person meetings for collaborative problem solving)

What is blended learning and why is it important? A Blended Learning class uses a mixture of technology and face-to-face instruction to help you maximize your learning. Knowledge content that I would have traditionally presented during a live class lecture is instead provided online before the live class takes place. This lets me focus my face-to-face teaching on course activities designed to help you strengthen higher order thinking skills such as critical thinking, problem solving, and collaboration. Competency in these skills is critical for today's health professional.

What is expected of me? You are expected to actively engage in the course throughout the semester. You must come to class prepared by completing all out-of-class assignments. This preparation gives you the knowledge or practice needed to engage in higher levels of learning during the live class sessions. If you are not prepared for the face-to-face sessions, you will struggle to keep pace with the activities occurring in the live sessions, and it is unlikely that you will reach the higher learning goals of the course. Similarly, you

are expected to actively participate in the live class. Your participation fosters a rich course experience for you and your peers that facilitates overall mastery of the course objectives.

Things to keep in mind. Because I post material on line, you can go back and review it as many times as needed to feel comfortable with the material prior to the live class. Please keep in mind that you have to allocate your time wisely to take full advantage of the blended learning approach.

## DESCRIPTION OF COURSE CONTENT

### Topical Outline/Course Schedule

(note: Readings are sometimes on topics ahead of the current week, to help prepare you for later weeks, and are shown below the weekly schedule)

Week	Video released on	Date to complete lecture/in – class practice	Topic(s)	Additional due dates
1	1/7	1/14	Introduction to the difference score, reliable change, standard error of measurement	
2	1/14	1/21	Mixed effects model for change	
3	1/21	1/28	Conditional growth models; time-varying covariates, Level 1 and Level 2	
4	1/28	2/4	Conditional intercepts, slopes, moderators	
5	2/4	2/11	Conclusion of MLM, introduction to SEM	
6	2/11	2/18	Introduction to the SEM model for change	
7	2/18	2/25	SEM: Time varying covariates, correlated trajectories, cross-lagged models	Portfolio 1 due 2/25
8	2/25	3/11	Higher order growth modules, multiple populations, growth mixture models	
9	3/11	3/18	Growth mixture models, intensive longitudinal design	
10	3/18	3/25	Missing data approaches	

Week	Video released on	Date to complete lecture/in – class practice	Topic(s)	Additional due dates
11	3/25	4/1	Introduction to survival analysis and discrete time models	
12	4/1	4/8	Discrete time survival models	
13	4/8	4/15	Non-linear discrete time; introduction to continuous time survival models	
14	4/15	4/22	Kaplan-Meier survival curves	Portfolio 2 due 4/22
			Final exam is Fri May 1 10 am - 12 pm in Canvas	

**Caveat:**

The above schedule and procedures in this course are subject to change in the event of extenuating circumstances. Any changes will be announced in class, and the student is personally responsible for obtaining updated information regarding those changes.

**Course Materials and Technology**Reading materials:

Textbook/background readings for the course will be taken from the sources listed below. Each reading is followed by an acronym in parentheses; these acronyms appear further below in the syllabus. Additional primary source readings (which demonstrate use of methods or provide further detail) will be indicated under the topical outline. **for a detailed list, see the end of this syllabus.**

Bollen, K. A. & Curran, P. J. (2006). Latent Curve Models: A Structural Equation Perspective. Hoboken, NJ: Wiley. (BOLL)

Collins, L. M., & Horn, J.L. (Eds). (1991). Best Methods for the Analysis of Change: Recent Advances, Unanswered Questions, Future Directions. Washington, DC: American Psychological Association. (COLHOR)

Collins, L. M., & Sayer, A.G. (Eds). (2001). New Methods for the Analysis of Change. Washington, DC: American Psychological Association. (COLSAY)

Duncan, T. E., Duncan, S. C., & Strycker, L. A. (2006). An Introduction to Latent Variable Growth Curve Modeling: Concepts, Issues, and Applications (Second Edition). Mahwah, NJ: Lawrence Erlbaum Associates. (DUN)

Fitzmaurice, G. M., Laird, N. M., & Ware, J. H. (2004). Applied Longitudinal Analysis. Hoboken, NJ: Wiley. (FITZ)

Singer, J. D., & Willett, J.B. (2003). Applied Longitudinal Data Analysis: Modeling Change and Event Occurrence. London: Oxford University Press. (SING)

Walls, T.A., & Schafer, J. L. (2006). Models for Intensive Longitudinal Data. London: Oxford University Press. (WALLS)

Software/computing resources:

The "official" software language of this course will be SPSS and AMOS (whatever the latest version supported by PHHP is). **All students must have access to the full-featured version of SPSS and AMOS, regardless of specific version number.** See note above. Students are **required** to bring tablets/computers to weekly class meetings, and they will be **required** to conduct SPSS analyses in class.

- Students in PHHP will access SPSS via our terminal server ([ts.phhp.ufl.edu](http://ts.phhp.ufl.edu)). You will need a terminal services compatible remote desktop client. This is free in Windows. For iOS clients, the rdp app (not the free one) is the best. For Macs, a free remote desktop client (CoRD) and instructions are available at <http://it.phhp.ufl.edu/2012/03/12/terminal-server/>
- Students not in PHHP will access SPSS, and all students will access AMOS, via the <http://info.apps.ufl.edu/> website. (Please see that site for technical instructions, as I do not have access to it, and cannot provide more guidance).

These are both virtual machines, which means you can run SPSS/AMOS on any Windows, MAC, or even tablet (iOS, anyway) machine. In the event that you want your PERSONAL copy on your PERSONAL machine, you will want to buy the SPSS Graduate Pack PREMIUM Edition (no lower version will suffice) AND AMOS (sold separately). SPSS should be at the bookstore, or you can purchase online at <http://onthehub.com>; as far as I know, <http://onthehub.com> is your only source if you choose to purchase AMOS.

All students must also be able to access course materials, which will be distributed electronically as Microsoft PowerPoint, Microsoft Word (latest version supported by UF PHHP), or Adobe Acrobat files. In the first class, all students will complete an e-mail register; students are responsible for updating the instructor on e-mail changes throughout the term. **All** class materials will be distributed by e-mail or Canvas site, so regular and frequent checking is a necessity.

For issues with technical difficulties for E-learning please contact the UF Help Desk at:

- [Learning-support@ufl.edu](mailto:Learning-support@ufl.edu)
- (352) 392-HELP - select option 2
- <https://lss.at.ufl.edu/help.shtml>

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## ACADEMIC REQUIREMENTS AND GRADING

### Quizzes

Each week, there is a **required mastery quiz** to submit. This consists of a few simple true/false, multiple choice, or short answer questions probing the content of that week's lecture and/or readings. These are online in Canvas, and must be submitted prior to each week's class (Wednesdays at 4:05 pm). *Note that you cannot access additional course resources for the week until you have taken the mastery quiz and passed with at least 80% correct. If this assignment is not submitted on time, zero points will be assigned.*

## Assignments

Each week, there is an *in-class collaborative assignment* to submit. (Each student submits their own assignment, but students are urged to work collaboratively to help each other). This is graded for presence/absence. These must always be posted to Canvas by **6:05 pm of the day** in which they are due. If these assignments are late, they are subject to the late fee schedule (see below). These will be graded on a pass-fail basis, unless extensive content is missing (in which partial credit may be awarded).

**Note:** If students are absent for an in-class exercise, they should make arrangements to submit the exercise independently by the due date, or contact the instructor to make alternative arrangements. **In order to submit out-of-class, students must submit an “absence reporting form” which is linked on the Persistent Resources page, accessible from the Canvas home page for our course, and then should follow up with the instructor to finalize alternative arrangements.**

## Portfolio contributions

2 Portfolios. Two times in the semester, students are expected to contribute a five-to-ten page portfolio component (APA Style Results sections format, including tables and figures). The portfolio should apply the methods reviewed in the preceding seven weeks to either (a) data set(s) controlled by the student, or (b) alternative data sets made available by the instructor. Each portfolio contribution should take the following format:

- i. One paragraph background, with references
- ii. Bulleted list of specific aims (with hypotheses, if appropriate)
- iii. One paragraph summary of methods, including participants, measures, and design. This is a very brief summary, similar to a structured abstract
- iv. Results section, with tables and figures. This should address the specific aims
- v. One paragraph discussion, summarizing the meaning of the findings, major limitations, and appropriate next steps.

This assignment is completely open: The selection of research questions, data set, breadth and complexity are all completely at the discretion of the student. Grading of the portfolio contribution will be in the form of a scientific review, with scores assigned on the basis of the following review criteria: ambition, clarity, comprehensiveness, accuracy, appropriateness of methods to the research question addressed. If these assignments are late, they are subject to the late fee schedule (see below).

## Multiple choice examination

This two-hour exam will be scheduled during the UF Exam period (details below). The exam will consist of 50 multiple choice questions; the exam will be administered via e-learning on Fri May 1 10 am - 12 pm in Canvas

## Grading

Requirement	Due date	% of final grade (must sum to 100%)

In-class exercise	1/14	2
Lecture quiz	1/14	1
In-class exercise	1/21	2
Lecture quiz	1/21	1
In-class exercise	1/28	2
Lecture quiz	1/28	1
In-class exercise	2/4	2
Lecture quiz	2/4	1
In-class exercise	2/11	2
Lecture quiz	2/11	1
In-class exercise	2/18	2
Lecture quiz	2/18	1
In-class exercise	2/25	2
Lecture quiz	2/25	1
Portfolio #1	2/25	19
In-class exercise	3/11	2
Lecture quiz	3/11	1
In-class exercise	3/18	2
Lecture quiz	3/18	1
In-class exercise	3/25	2
Lecture quiz	3/25	1
In-class exercise	4/1	2
Lecture quiz	4/1	1
In-class exercise	4/8	2
Lecture quiz	4/8	1
In-class exercise	4/15	2
Lecture quiz	4/15	1
In-class exercise	4/22	2
Lecture quiz	4/22	1
Portfolio #2	4/22	19
Final Exam	5/1	20

**When you submit your assignments to Canvas, it is essential that (a) you put your name in the “name” field of the homework, and (b) the first word of your assignment document title be your LAST NAME. After 2 reminders about this, a 2-point**

**deduction will be made on each homework for which these naming conventions are forgotten. See below for additional policy on late submissions.**

**Point system used (i.e., how do course points translate into letter grades).**

Points earned	93-100	90-92	87-89	83-86	80-82	77-79	73-76	70-72	67-69	63-66	60-62	Below 60
Letter Grade	A	A-	B+	B	B-	C+	C	C-	D+	D	D-	E

Please be aware that a C- is not an acceptable grade for graduate students. A grade of C counts toward a graduate degree only if an equal number of credits in courses numbered 5000 or higher have been earned with an A.

Letter Grade	A	A-	B+	B	B-	C+	C	C-	D+	D	D-	E	WF	I	NG	S-U
Grade Points	4.0	3.67	3.33	3.0	2.67	2.33	2.0	1.67	1.33	1.0	0.67	0.0	0.0	0.0	0.0	0.0

For greater detail on the meaning of letter grades and university policies related to them, see the Registrar's Grade Policy regulations at:  
<http://catalog.ufl.edu/ugrad/current/regulations/info/grades.aspx>

**Exam Policy.** Multiple choice exam will be online, **Fri May 1 10 am - 12 pm in Canvas** and will consist of 50 multiple choice items covering content from the semester.

### **Policy Related to Extra Credit**

Occasionally, homework may include the opportunity for bonus points. These extra credit problems will be optional.

For student evaluations of teaching (<https://evaluations.ufl.edu>), all members of the class will be awarded one (1) bonus point if 80% of the enrolled class completes evaluations, and two (2) bonus points if 100% of the enrolled class completes evaluations.

### **Policy Related to Make up Exams or Other Work**

If students are absent for an in-class exercise, they should make arrangements to submit the exercise independently by the due date, or contact the instructor to make alternative arrangements. **In order to submit out-of-class, students must submit an "absence reporting form" which is linked on the Persistent Resources page, accessible from the Canvas home page for our course, and then should follow up with the instructor to finalize alternative arrangements.**

Late submissions will be accepted for Portfolios and in-class assignments for up to 7 days, but with the following penalty schedule:

- Graders will **not** contact you about missing or incomplete assignments. **It is your responsibility** to check that the *correct* assignment has been submitted to e-learning on time.
- The late policy below applies ONLY to in-class exercises and Portfolios.
- **It may be possible to avoid a late penalty IF YOU CONTACT THE INSTRUCTOR AT LEAST 24 HOURS IN ADVANCE.** You should email both Dr. Marsiske and your teaching assistant, and explain what issue (e.g., bereavement, illness) necessitates lateness. In some cases, documentation may be requested. If a lateness allowance is agreed to, this applies to a single assignment only. It does not allow you to delay future assignments. Note, conference attendance or doctoral qualifying examinations or thesis/dissertation defenses do not constitute valid lateness excuses.
- If your assignment is late, you will lose 10% each day. Thus, if an assignment is worth 30 points, you will lose 3 points for each late day. “Late” begins one minute after the due time (e.g., an assignment due at 4:05 pm is considered late at 4:06 pm). Penalties are as follows:

1 minute to 24 hours late	10% of maximum deducted from achieved grade
1 day + 1 minute late to 48 hours late	20% of maximum deducted from achieved grade
2 days + 1 minute late to 72 hours late	30% of maximum deducted from achieved grade
3 days + 1 minute late to 96 hours late	40% of maximum deducted from achieved grade
4 days + 1 minute late to 120 hours late	50% of maximum deducted from achieved grade
5 days + 1 minute late to 144 hours late	60% of maximum deducted from achieved grade
6 days + 1 minute late to 168 hours late	70% of maximum deducted from achieved grade
7 days + 1 minute late or longer	100% of maximum deducted from achieved grade

**NOTE: UPLOADING THE WRONG DOCUMENT IS SAME-AS-LATE**, even if you have documentation that you completed the document on time. **It is your responsibility to verify that you have uploaded the correct document.** (You should open or download your uploaded homeworks and double- or triple-check that you have uploaded the right one).

- There will be **no** exceptions to this policy.
- If you have uploaded the wrong document, and e-learning does not allow you to correct this, you should IMMEDIATELY send the correct document to Dr. Marsiske and your teaching assistant via email.
- If you cannot upload a document due to technical problems (e.g., if e-learning is down), you may e-mail your assignment to Dr. Marsiske and your teaching assistant. The timestamp on your e-mail will serve as the time submitting. In such cases, please upload your assignment to e-learning as well, once the technical issue is resolved.

Any requests for make-ups due to technical issues MUST be accompanied by the ticket number received from LSS when the problem was reported to them. The ticket number will document the time and date of the problem. You MUST e-mail your instructor within 24 hours of the technical difficulty if you wish to request a make-up.

### **Incomplete grades:**

An incomplete grade may be assigned at the discretion of the instructor as an interim grade for a course in which the student has 1) completed a major portion of the course with a passing grade, 2) been unable to complete course requirements prior to the end of the term because of extenuating circumstances, and 3) obtained agreement from the instructor and arranged for resolution (contract) of the incomplete grade. Instructors assign incomplete grades following consultation with Department Chairs.

### **Policy Related to Required Class Attendance**

It is the expectation of the faculty in Clinical and Health Psychology, and Psychology, that all students attend all classes. Students are expected to be present for all classes, since much material will be covered only once in class. Weekly in-class meetings will generally require in-class submissions of material...this can only be done in class, and during class time. Thus, physical attendance is required.

Please note all faculty are bound by the UF policy for excused absences. For information regarding the UF Attendance Policy see the Registrar website for additional details: [http://www.registrar.ufl.edu/catalogarchive/01-02-catalog/academic\\_regulations/academic\\_regulations\\_013\\_.htm](http://www.registrar.ufl.edu/catalogarchive/01-02-catalog/academic_regulations/academic_regulations_013_.htm)

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## **STUDENT EXPECTATIONS, ROLES, AND OPPORTUNITIES FOR INPUT**

### **Expectations Regarding Course Behavior**

As a matter of mutual courtesy, please let the instructor know when you're going to be late, when you're going to miss class, or if you need to leave early. Please try to do any of these as little as possible. Students who have extraordinary circumstances preventing attendance, or who must leave early, should explain these circumstances to the course instructor prior to the scheduled class, or as soon as possible thereafter. The instructor will then make an effort to accommodate reasonable requests. If you must miss a class, please request notes from your classmates about the exercises/discussion you missed.

### **Communication Guidelines**

For extra help:

The instructional team will make every effort to support students in understanding course content and reading materials. The following resources are available for this purpose: Class Discussion. The class question-and-answer discussion board will occur in Canvas ("Discussion" link), and will be monitored by the entire instructional team. Unfortunately, due to the limitations of Canvas, questions can no longer be posted anonymously.

**Note #1:** You can receive notifications whenever the discussion board is updated. Simply go to “Discussions” and select “Watch” in the upper Discussion menu. In the “Watch” link, select “Notify me by email whenever a new message is posted”.

**Note #2:** We ask that you minimize sending questions **directly** to the TAs/instructor to ensure that

- (a) your classmates can share in the insights by reading the blog
- (b) the instructional staff does not end up answering the same question multiple times.
- (c) you benefit from the possibility of receiving responses from any of the three instructional members, rather than just the person you e-mailed.

For these reasons, emailed questions will be strongly discouraged, unless they relate to highly personal and idiosyncratic issues. Emailed questions may receive the response of “please post this on the blog so it can be answered”. If you are afraid that your question will give away the answer, please think about how to rephrase it so that it does not give away the answer. If this is not possible, then you may e-mail the instructional staff directly.

Weekly Review/Help Session. We have weekly chats in e-learning, Mondays at 11 am and again at 4 pm, to discuss homework and materials from the previous class.

Office Hours and Appointments. Dr. Marsiske has office hours by appointment. “Extra help” appointments can be made with the instructor if needed. Note, though, that these are not intended as a venue for, in essence, re-teaching the course. Instructional staff is more than willing to help, but students *must* first complete these steps before requesting additional assistance:

- Review the blog in case it provides clarification
- Re-examine the notes from class
- Listen to the accompanying audio.
- Read (or re-read) the readings from that week.
- Consider watching the associated video, and/or Andy Fields’ supplemental notes (<http://www.statisticshell.com/apf.html>, and then click the “Statistics Hell-P” link) at his website or at the Sage website (<http://www.sagepub.com/field3e/>, you may need to complete a free registration)

In reviewing the above resources, students are asked to write down specific questions about the material that is causing confusion. If you have, in good faith, put in the work to improve your understanding, then the instructional staff can build on all your preparatory work and really help you over the “humps”.

## Academic Integrity

Students are expected to act in accordance with the University of Florida policy on academic integrity. As a student at the University of Florida, you have committed yourself to uphold the Honor Code, which includes the following pledge:

***“We, the members of the University of Florida community, pledge to hold ourselves and our peers to the highest standards of honesty and integrity.”***

You are expected to exhibit behavior consistent with this commitment to the UF academic community, and on all work submitted for credit at the University of Florida, the following pledge is either required or implied:

***“On my honor, I have neither given nor received unauthorized aid in doing this assignment.”***

It is your individual responsibility to know and comply with all university policies and procedures regarding academic integrity and the Student Honor Code. Violations of the Honor Code at the University of Florida will not be tolerated. Violations will be reported to the Dean of Students Office for consideration of disciplinary action. For additional information regarding Academic Integrity, please see Student Conduct and Honor Code or the Graduate Student Website for additional details:

<https://www.dso.ufl.edu/sccr/process/student-conduct-honor-code/>  
<http://gradschool.ufl.edu/students/introduction.html>

Please remember cheating, lying, misrepresentation, or plagiarism in any form is unacceptable and inexcusable behavior.

### **Online Faculty Course Evaluation Process**

Students are expected to provide feedback on the quality of instruction in this course by completing online evaluations at <https://evaluations.ufl.edu> so make sure you include a statement regarding the value and expectation for student participation in course evaluations. We suggest you include a comment regarding how you will use the evaluations (e.g. to make specific improvements to the course and teaching style, assignments, etc.). It is also important to make some statement regarding the direct influence they have on faculty tenure and promotion, so your input is valuable. Evaluations are typically open during the last two or three weeks of the semester, but students will be given specific times when they are open. Summary results of these assessments are available to students at <https://evaluations.ufl.edu/results/>. *As noted above in the “Extra Credit” section, if 80% of the class completes the evaluation, one (1) “bonus point” will be added to the final grade; if 100% of the class completes the evaluation, two (2) “bonus points” will be added to the final grade.*

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## **SUPPORT SERVICES**

### **Accommodations for Students with Disabilities**

If you require classroom accommodation because of a disability, you must register with the Dean of Students Office <http://www.dso.ufl.edu> within the first week of class. The Dean of Students Office will provide documentation to you, which you then give to the instructor when requesting accommodation. The College is committed to providing reasonable accommodations to assist students in their coursework.

### **Counseling and Student Health**

Students sometimes experience stress from academic expectations and/or personal and interpersonal issues that may interfere with their academic performance. If you find yourself facing issues that have the potential to or are already negatively affecting your coursework,

you are encouraged to talk with an instructor and/or seek help through University resources available to you.

- The Counseling and Wellness Center 352-392-1575 offers a variety of support services such as psychological assessment and intervention and assistance for math and test anxiety. Visit their web site for more information: <http://www.counseling.ufl.edu>. On line and in person assistance is available.
- You Matter We Care website: <http://www.umatter.ufl.edu/>. If you are feeling overwhelmed or stressed, you can reach out for help through the You Matter We Care website, which is staffed by Dean of Students and Counseling Center personnel.
- The Student Health Care Center at Shands is a satellite clinic of the main Student Health Care Center located on Fletcher Drive on campus. Student Health at Shands offers a variety of clinical services. The clinic is located on the second floor of the Dental Tower in the Health Science Center. For more information, contact the clinic at 392-0627 or check out the web site at: <https://shcc.ufl.edu/>
- Crisis intervention is always available 24/7 from:
- Alachua County Crisis Center:  
(352) 264-6789
- <http://www.alachuacounty.us/DEPTS/CSS/CRISISCENTER/Pages/CrisisCenter.aspx>

BUT – Do not wait until you reach a crisis to come in and talk with us. We have helped many students through stressful situations impacting their academic performance. You are not alone so do not be afraid to ask for assistance.

### WEEKLY READINGS

<b>Week</b>	1
<b>Date to complete</b>	1/14
<b>Primary Reading</b>	SING01 FITZ02
<b>Secondary Readings</b>	Cronbach, L. J, & Furby, L. (1970). How should we measure "change" -- or should we? <u>Psychological Bulletin</u> , 74, 68-80. Nesselroade, J. R., & Cable, D. G. (1974). "Sometimes it's okay to factor difference scores"--The separation of state and trait anxiety. <u>Multivariate Behavior Research</u> , 9, 272-283. Baltes, P. B., Nesselroade, J. R., Schaie, K. W., & Labouvie, E. W. (1972). On the dilemma of regression effects in examining ability-level-related differentials in ontogenetic patterns of intelligence. <u>Developmental Psychology</u> , 6, 78-84. Dudek, F. J. (1979). The continuing misinterpretation of the standard error of measurement. <u>Psychological Bulletin</u> , 86, 335-337.
<b>Applied Reading</b>	Saczynski, J. S., Willis, S. L., & Schaie, K. W. (2002). Strategy use in reasoning training with older adults. <u>Aging</u>

	<p><u>Neuropsychology and Cognition</u>, 9, 48-60.          Temkin, N. R., Heaton, R. K., Grant, I., &amp; Dikmen, S. S. (1999).          Detecting significant change in neuropsychological test          performance: A comparison of four models. <u>Journal of the          International Neuropsychological Society</u>, 5, 357–369.</p>
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<b>Week</b>	2
<b>Date to complete</b>	1/21
<b>Primary Reading</b>	BOLL01 SING03
<b>Secondary Readings</b>	COLSAY02 COHOR06
<b>Applied Reading</b>	Kristjansson, S.D., Kircher, J. C., & Webb, A. K. (2007). Multilevel models for repeated measures research designs in psychophysiology: An introduction to growth curve modeling <u>Psychophysiology</u> , 44, 728–736.

<b>Week</b>	3
<b>Date to complete</b>	1/28
<b>Topic</b>	Multilevel model for change II (Conditional/unconditional models, unstructured data, missingness)
<b>Primary Reading</b>	SING04 SING05
<b>Secondary Readings</b>	n/a
<b>Applied Reading</b>	Cillessen, A. H. N., & Borch, C. (2006). Developmental trajectories of adolescent popularity: A growth curve modelling analysis. <u>Journal of Adolescence</u> , 29, 935-959.

<b>Week</b>	4
<b>Date to complete</b>	2/4
<b>Primary Reading</b>	SING06
<b>Secondary Readings</b>	n/a
<b>Applied Reading</b>	n/a

<b>Week</b>	5
<b>Date</b>	2/11
<b>Primary Reading</b>	SING08 DUN01 DUN02
<b>Secondary Readings</b>	COLSAY03
<b>Applied Reading</b>	Cattaneo, L. B., Stuewig, J., Goodman, L. A., Kaltman, S., & Dutton, M. A. (2007). Longitudinal helpseeking patterns among victims of intimate partner violence: The

	relationship between legal and extralegal services. <u>American Journal of Orthopsychiatry, 77, 467-477.</u>
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<b>Week</b>	6
<b>Date to complete</b>	2/18
<b>Topic</b>	Latent curve models II (Unconditional models; unequal time trend; periodicity)
<b>Primary Reading</b>	DUN03 BOLL02 BOLL03 BOLL04
<b>Secondary Readings</b>	COLSAY04
<b>Applied Reading</b>	Ram, N. & Grimm, K. (2007). Using simple and complex growth models to articulate developmental change: Matching theory to method. <u>International Journal of Behavioral Development, 31, 303-316.</u>

<b>Week</b>	7
<b>Date to complete</b>	2/25
<b>fPrimary Reading</b>	BOLL05
<b>Secondary Readings</b>	n/a
<b>Applied Reading</b>	Lenzenweger, M. F. & Willett, J. B. (2007). Predicting individual change in personality disorder features by simultaneous individual change in personality dimensions linked to neurobehavioral systems: The longitudinal study of personality disorders, <u>Journal of Abnormal Psychology, 116, 684-700.</u>

<b>Week</b>	8
<b>Date</b>	3/11
<b>Topic</b>	Latent curve models VI (Higher order models)
<b>Primary Reading</b>	DUN04 BOLL07
<b>Secondary Readings</b>	COLSAY06
<b>Applied Reading</b>	Gottfried, A. E., Marcoulides, G. A., Gottfried, A. W., Oliver, P. H., & Guerin, D. W. (2007). Multivariate latent change modeling of developmental decline in academic intrinsic math motivation and achievement: Childhood through adolescence. <u>International Journal of Behavioral Development, 31, 317-327.</u>  Christensen, H., Mackinnon, A., Jorm, A. F., Korten, A., Jacomb, P., Hofer, S. M., & Henderson, S. (2004). The Canberra longitudinal study: Design, aims, methodology, outcomes and recent empirical investigations. <u>Aging, Neuropsychology, and Cognition, 11, 169-195.</u>

<b>Week</b>	9
<b>Date to complete</b>	3/18
<b>Topic</b>	Latent curve models VII (Added growth and mixture models)
<b>Primary Reading</b>	DUN05 DUN06 DUN08  Tabachnick, B. G., & Fidell, L. S. (2007). <u>Using Multivariate Statistics</u> (Fifth Edition, Chapter 18, Time Series, pp. 18.1-18.63).
<b>Secondary Readings</b>	WALLS11 WALLS01
<b>Applied Reading</b>	. McCrae, C. S., McNamara, J. P. H., Rowe, M. A., Dzierzewski, J. M., Dirk, J., Marsiske, M., & Craggs, J. G. (in press). Sleep and affect in older adults: Using multilevel modeling to examine daily associations. <u>Journal of Sleep Research</u> . Salthouse, T. A., Nesselroade, J. R., Berish, D. E. (2006). Short-term variability in cognitive performance and the calibration of longitudinal change. <u>Journal of Gerontology: Psychological Sciences</u> , 61B, P144-P151

<b>Week</b>	10
<b>Date to complete</b>	3/25
<b>Primary Reading</b>	DUN11
<b>Secondary Readings</b>	COLSAY11 COLSAY12
<b>Applied Reading</b>	Duncan, S. C., Duncan, T. E., Strycker, L. A., & Chaumeton, N. R. (2007). A Cohort-Sequential Latent Growth Model of Physical Activity From Ages 12 to 17 Years. <u>Annals of Behavioral Medicine</u> , 33, 80-89 Morgan-Lopez, A. A. & Fals-Stewart, W. (2007). Analytic methods for modeling longitudinal data from rolling therapy groups with membership turnover, <u>Journal of Consulting and Clinical Psychology</u> , 75, 580-593. Graham, J. W., Taylor, B. J., Olchowski, A. E., & Cumsille, P. E. (2006). Planned Missing Data Designs in Psychological Research. <u>Psychological Methods</u> , 11, 323-343.

<b>Week</b>	11
<b>Date to complete</b>	4/1
<b>Topic</b>	Event occurrence/Discrete-Time Hazard Models I
<b>Primary Reading</b>	SING09 SING10 SING11
<b>Secondary Readings</b>	n/a

<b>Applied Reading</b>	Edelen, M. O., Tucker, J. S., & Ellickson, P. L. (2007). A discrete time hazards model of smoking initiation among West Coast youth from age 5 to 23. <u>Preventive Medicine: An International Journal Devoted to Practice and Theory</u> , 44, 52-54.
<b>Assignments</b>	Portfolio #2 due

<b>Week</b>	12
<b>Date to complete</b>	4/8
<b>Topic</b>	Discrete-Time Hazard Models II/Continuous Time Event Models I
<b>Primary Reading</b>	SING12 SING13
<b>Secondary Readings</b>	n/a
<b>Applied Reading</b>	McHugh, M. D. (2007). Readiness for change and short-term outcomes of female adolescents in residential treatment for anorexia nervosa. <u>International Journal of Eating Disorders</u> . 40, 602-612.
<b>Assignments</b>	Output generation assignment #5 due

### Appendix: Acceptable Collaboration

#### On Collaboration

What constitutes acceptable levels of collaboration in this class? Please just treat this as "continuing education". It is here for your reference, but if (after reading this) you feel like you may have gone beyond acceptable and want to discuss it, please get in touch with me or one of the teaching assistants at your convenience.

The short answer about how much collaboration is acceptable is "As specified in the syllabus, and in the UF Honor Code". Let's review those items quickly, and then go a little deeper.

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#### 1. UF Honor Code:

A key phrase in this honor code relates to "ambiguity": "It is the responsibility of the student to seek clarification on whether or not use of materials or collaboration or consultation with another person is authorized prior to engaging in any act of such use, collaboration or consultation. If a faculty member has authorized a student to use materials or to collaborate or consult with another person in limited circumstances, the student shall not exceed that authority. If the student wishes to use any materials or collaborate or consult with another person in circumstances to which the authority does not plainly extend, the student shall first ascertain with the faculty member whether the use of materials, collaboration or consultation is authorized. "

<http://regulations.ufl.edu/chapter4/4041-2008.pdf>

Key phrasing with regard to collaboration:

(a) Plagiarism. A student shall not represent as the student's own work all or any portion of the work of another. Plagiarism includes but is not limited to:

1. Quoting oral or written materials including but not limited to those found on the internet, whether published or unpublished, without proper attribution.
2. Submitting a document or assignment which in whole or in part is identical or substantially identical to a document or assignment not authored by the student.

(b) Unauthorized Use of Materials or Resources ("Cheating"). A student shall not use unauthorized materials or resources in an academic activity. Unauthorized materials or resources shall include:

1. Any paper or project authored by the student and presented by the student for the satisfaction of any academic requirement if the student previously submitted substantially the same paper or project to satisfy an academic requirement and did not receive express authorization to resubmit the paper or project.
2. Any materials or resources prepared by another student and used without the other student's express consent or without proper attribution to the other student.
3. Any materials or resources which the faculty member has notified the student or the class are prohibited.
4. Use of a cheat sheet when not authorized to do so or use of any other resources or materials during an examination, quiz, or other academic activity without the express permission of the faculty member, whether access to such resource or materials is through a cell phone, PDA, other electronic device, or any other means.

(c) Prohibited Collaboration or Consultation. A student shall not collaborate or consult with another person on any academic activity unless the student has the express authorization from the faculty member.

1. Prohibited collaboration or consultation shall include but is not limited to:

- a. Collaborating when not authorized to do so on an examination, take-home test, writing project, assignment, or course work.
- b. Collaborating or consulting in any other academic or co-curricular activity after receiving notice that such conduct is prohibited.
- c. Looking at another student's examination or quiz during the time an examination or quiz is given. Communication by any means during that time, including but not limited to communication through text messaging, telephone, e-mail, other writing or verbally, is prohibited unless expressly authorized.

2. It is the responsibility of the student to seek clarification on whether or not use of materials or collaboration or consultation with another person is authorized prior to engaging in any act of such use, collaboration or consultation. If a faculty member has authorized a student to use materials or to collaborate or consult with another person in limited circumstances, the student shall not exceed that authority. If the student wishes to use any materials or collaborate or consult with another person in circumstances to which the authority does not plainly extend, the student shall first ascertain with the faculty member whether the use of materials, collaboration or consultation is authorized.

=====

## 2. Syllabus:

The syllabus says:

"On all work submitted for credit by students at the University of Florida, the following pledge is either required or implied:

"On my honor, I have neither given nor received unauthorized aid in doing this assignment".

It is desirable and expected that take home assignments will stimulate conversation among classmates, and that classmates may actually mentor one another in the work. Students are also likely to discuss elements of the assignment with the instructor. It is expected that submitted work will solely reflect the student's own efforts. Students are expected not to collaborate in running analyses, writing answers, or interpreting results. The TAs and instructor will regularly check for "unusual congruence" in answers, and will discuss concerning instances with students involved. Where collaboration has been found, a zero grade will be assigned."

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## 3. So what does this mean:

Because acceptable levels of collaboration can get "gray" in data analysis courses, the examples that follow below try to set some limits on "acceptable" vs. "unacceptable" situations:

ACCEPTABLE: Student 1 says to Student 2: "I'm so confused...do I put the predictor in the "fixed", "random" or "covariates" box?" The collaborating student expresses his or her opinion

UNACCEPTABLE: Sitting down and doing the analysis together.

ACCEPTABLE: Student cannot make a syntax run, no matter what. Second student reviews the syntax, and maybe even goes so far as to say, "why don't we sit in front of a computer, and show me what you're doing?" Based on what the second student see, he/she may make suggestions regarding how to get the syntax to run...BUT NOT suggestions on what variables are selected, etc.

UNACCEPTABLE: Three students sit around a computer together, then save a common output, which each then uses to do the homework. Each person SHOULD have run the analysis independently. If the students need to sit around the computer with someone, it probably should have been with an instructor.

ACCEPTABLE: Running the analysis independently and writing it up independently.

UNACCEPTABLE: "Was the main effect of smoking significant for you? It WAS? It wasn't for me. I better rerun the analysis and figure out where I went wrong." Don't change your results based on what someone else got.

Now, these are just random examples. What the Honor Code says is that "when in doubt, ask first". This is consistent with HIPAA, FERPA, and many clinical activities.

If you find yourself drawn to excessive collaboration because what you REALLY need is more instructional support, please let the instructor/TA know.

Excessive collaboration triggers an official process (<http://www.dso.ufl.edu/sccr/faculty/>); to avoid it, please draw a clear firewall between YOUR work, and the work of other students in the class.

## SYLLABUS FACESHEET

**Course Title: CLP 7934 Cognitive Bases of Behavior**

**Instructor: William M. Perlstein, Ph.D.**

**This course is (Required or Elective): Required**

**1) Describe how integration of theory, research, and practice is accomplished in this course.**

For each course topic, relevant methodology and literature findings are reviewed and extensions to practice-relevant phenomena (e.g., use of heuristics, the 'repressed memory' debate, reconstructive vs. recollective aspects of memory/personal history) are explicitly drawn. Students are required to develop a research proposal that integrates cognitive theory/concepts with their own special clinical research interests.

**2) Describe how issues of diversity are addressed in this course.**

For each course topic, relevant literature findings are reviewed. Individual differences and sources of inter- and intra-individual variability are reviewed. Specific findings related to cognitive differences according to gender, racial-ethnic background, and disability status are reviewed.

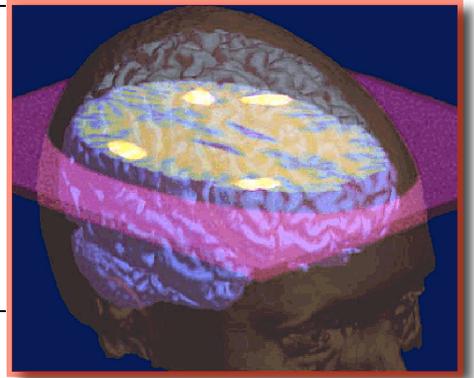
**3) Describe how ethical issues are addressed in this course.**

The course emphasizes a review of findings from cognitive and cognitive neuroscience literatures. Ethical issues in relevant research (e.g., can brain imaging reveal veridical thought?, issues in consent with cognitively impaired individuals) are addressed.

College of Public Health & Health Professions  
Department of Clinical & Health Psychology  
CLP 7934, Section 073D, Cognitive Bases of  
Behavior  
Fall 2014

Thursdays 12:50-3:50, HPNP G316  
Materials at UF Sakai: <http://ls.at.ufl.edu>

(Note: Access by Safari may be problematic; best if accessed  
using Internet Explorer, Firefox, and/or Chrome)



### **Instructor Information**

William M. Perlstein, Ph.D.  
Office: HPNP Building, Room 3133  
Phone: (352) 222-8870 (cell)  
Email: [wmp@phhp.ufl.edu](mailto:wmp@phhp.ufl.edu)  
Office Hours: By appointment

### **Course Overview or Purpose**

The purpose of this course is to familiarize the student with the current body of knowledge in the cognitive and neuroscientific bases of behavior. Historical developments and recent trends in cognitive psychology, cognitive neuropsychology, and cognitive neuroscience will be reviewed and applications of findings to research in clinical and health psychology will be explored. Coverage of the topical areas described below will emphasize the study of normal cognition, though some review of cognitive and psychological disorders will be undertaken, particularly when relevant findings inform or constrain theories of cognitive processes.

The course will be conducted in the form of a graduate seminar, meaning students are expected to be *active participants*. Class will meet Thursdays from 12:50pm - 3:50pm. The majority of each class will consist of lectures or demonstrations given by the course instructor and/or guest speakers. Three debates/discussions organized and presented by students will be undertaken throughout the term. Students will also present their research proposal ideas for input from the class. Student participation is expected, and will comprise a portion (10%) of the final course grade.

### **Course Objectives and/or Goals**

Upon successful completion of the course should enable the student to: (a) understand and critically evaluate theory and research in cognitive psychology/neuroscience, (b) develop technical and conceptual expertise in evaluating cognitive research methods, (c) apply recent developments in cognitive psychology and neuroscience to their own work, and (d) identify and understand sources of individual differences and diversity in cognitive abilities and processes. Students should also be able to understand the relevance of developments in cognitive psychology/neuroscience for basic and applied work in counseling and clinical psychology, health and human performance, and other health professions fields including rehabilitation science and speech, language and hearing sciences.

## **Course Materials**

The required text for the course is Ward, J. (2010). *The Student's Guide to Cognitive Neuroscience (2<sup>nd</sup> Edition)*. New York: Psychology Press. **Chapters from other books and journal papers will be provided as pdf documents and made available in the course "resources" in Sakai; download by clicking on the link listed under readings for the week of the class.** Lecture notes will be available by noon the day of class will also be available through Sakai (<http://lss.at.ufl.edu>). To access assigned *readings and lectures*, once in Sakai for the course, click "Resource" link and you will see separate folders for "Class Readings (pdf)" and "Class Lectures (pptx)."

## **Text-Related Student Online-Resources**

The publisher provides online resources that can be accessed at <http://psychology-textbooks.com/login/index.php>. Use "*florida1*" as your password when logging into the publisher's site. The student resources available on this site include: interactive exercises, reference links to journal articles, multiple choice and fill-in-the-blank questions for practice, key term definitions, case studies, research activities, and links to related websites. You may find this useful!

## **Course Requirements/Evaluation/Grading**

Course grading will be determined by two take-home exams (20% each), a topical debate (15%), a brief Research Topic Description (5%), a Research Topic Presentation (15%), a Research Proposal (15%) and class participation (10%). The schedule for these events and deadlines for paper submissions can be found in the course plan below.

EXAMINATIONS will consist of both objective and short answer portions covering topics discussed in class and in readings. Study questions *may* be provided periodically during the semester to assist in learning and in exam preparation. Plus, additional study guides can be found on the link to the text-related resources provided above. Examinations will be take-home and distributed via Sakai 1 week prior to due date. **Please return exams by 5PM on the due date listed via email, using the subject heading <Last name>"CBB Exam 1" or <Last name> CBB Final Exam" on the due dates listed by 5PM.**

RESEARCH TOPIC DESCRIPTION will consist of a 1-page single-spaced description of your preliminary ideas for the research presentation and proposal. Though brief, please make it comprehensible enough to express your ideas, including primary aims/questions, significance of the questions, and research approach. That is, please include *what* question(s) you will be addressing, *why* this question(s) is important, and *how* you will address the question(s)—i.e., *what, why, and how*. Knowing that we will not have covered all topical areas by the due date of the research topic description, it is understood that your chosen topic might change as you encounter new course material. Please let me know if you plan to change your topic substantively following this due date so I can provide necessary guidance. **Please send to me by 5PM on **October 16** via email, using the subject heading <Last name>"CBB Research Topic.**

RESEARCH TOPIC DESCRIPTION. Students will submit a 1-page research topic description describing the work to be done in their research proposals (see below). Essentially, what you want to get across in these description is the *What, Why, and How* of your research idea. I will be available after class for students to discuss challenges/questions associated with their research ideas/descriptions before and after its due date. The timing of the presentations in the

schedule is to enable students to incorporate instructor feedback into the final proposals, due December 11.

RESEARCH PROPOSAL assignment is an opportunity for the student to perform further research on a topic of their choice and should be in the form of an “NRSA-style” research proposal (see Parent F31: <http://grants.nih.gov/grants/guide/pa-files/PA-11-111.html>). Proposals should not exceed 6 pages in length (excluding references), using single-spacing and at least an 11-point font with 1” margins. This should include: 1) *Specific Aims*, 2) *Background and Significance*, 3) *Research Design and Methods*, and 4) *Reference sections*. Students will choose an area of interest, pose a specific research question with hypotheses, and describe in the proposal how they would address this question using one or more of the methods and/or cognitive concepts discussed in class. No budget will be required, but students should be mindful of budgetary limitations to keep their proposed project realistic. **Please send to me by 5PM on December 11 via email, using the subject heading <Last name>”CBB Research Proposal.**

DEBATES. Each student will also take part in one of three debates scheduled throughout the semester. In these debates, students are required to advocate a position and support their arguments with theory and/or data. More specific information on the format of the debates will be given at some point during the first three class meetings. Students are expected to participate actively in class sessions, especially the debates, by expressing ideas, asking questions, and discussing relevant issues, readings, and experiences.

Debate format: Students will form 2 groups of 2-4 students each (dependent on class size) and sign up or be assigned after providing their preferences after the 2<sup>nd</sup> week for the affirmative (“pro”) or negative (“con”) side of the debate (e.g., there is/is no emotion without cognition). You will be encouraged to sign up for the opposite of what you believe (where possible). 60 minutes will be allotted for the entire debate; the affirmative group will present for 10-15 minutes, the negative will then present for 10-15 minutes. Each side will then have 5 minutes for rebuttal, then the class will join in for a larger discussion for 15-20 minutes (longer if needed). You will be asked to base your arguments on findings in the literature and to *provide Dr. Perlstein pdfs of the 2-4 references you use outside of those listed under course readings so he can make them available to the class through Sakai by one week in advance of each debate. Please provide pdfs of these readings via email to Dr. Perlstein at least 1 week prior to the date of the debate.* Once received the debate-related pdfs will be placed in resource folders available through Sakai accessible to all students. These readings will be provided also in the updated reading reference list below as they are received. All students will be expected to read all debate-related articles and play an active role in discussion. Preparation for the debates will require group cooperation to compose supporting arguments for your position.

The three debates will be:

*Debate 1: “Functional neuroimaging can (Pro)/cannot (Con) completely replace lesion methods for informing theories of cognition.” Held on 9/25/14*

*Debate 2: “Repressed memories are more likely to represent memory distortions rather than true, unearthed recollections of past experience.” Held on 11/13/14*

*Debate 3: “There is no emotion without cognition (or emotion is not dependent upon cognition).” Pro = Emotion is dependent on cognition (there is no emotion without cognition); Con = Emotion is independent of cognition (Emotion and cognition are independent/there is no emotion without cognition). Held on 12/04/14*

Requirement	Distribution date	Due date	% of final grade
Exam 1 (mid-term)	October 16	October 23	25%
Exam 2 (final)	December 11	December 18	25%

<i>Debate</i>	---	<i>Variable</i>	<i>15%</i>
<i>Research Topic Description Due</i>	---	<i>October 16</i>	<i>5%</i>
<i>Research Proposals Due</i>	---	<i>December 11</i>	<i>20%</i>
<i>Participation</i>	---	---	<i>10%</i>

The grading scale will be as follows: Grades will be weighted according to the number of points available for each component. Decimals will be rounded to the nearest whole number (up or down). Final grades will be calculated as a percentage of the highest score as follows:

<b>% of points earned in class</b>	<b>93%</b> - <b>100%</b>	<b>90%</b> - <b>92%</b>	<b>87%</b> - <b>89%</b>	<b>83%</b> - <b>86%</b>	<b>80%</b> - <b>82%</b>	<b>77%</b> - <b>79%</b>	<b>73%</b> - <b>76%</b>	<b>70%</b> - <b>72%</b>	<b>67%</b> - <b>69%</b>	<b>63%</b> - <b>66%</b>	<b>60%</b> - <b>62%</b>	<b>Below 60%</b>
<b>Letter Grade equivalent</b>	A	A-	B+	B	B-	C+	C	C-	D+	D	D-	F
<b>GPA equivalent</b>	4.0	3.67	3.33	3.0	2.67	2.33	2.0	1.67	1.33	1.0	0.67	0.0

For greater detail on the meaning of letter grades and university policies related to them, see the Registrar's Grade Policy regulations at:

<http://catalog.ufl.edu/ugrad/current/regulations/info/grades.aspx>

Incomplete grades: An incomplete grade may be assigned at the discretion of the instructor as an interim grade for a course in which the student has 1) completed a major portion of the course with a passing grade, 2) been unable to complete course requirements prior to the end of the term because of extenuating circumstances, and 3) obtained agreement from the instructor and arranged for resolution (contract) of the incomplete grade. Instructors assign incomplete grades following consultation with Department Chairs.

**Topical Outline**

Listed below is a moderately flexible schedule of classes and accompanying reading assignments. Readings as listed are subject to change, no later than two weeks prior to the class date. Students are asked to complete readings prior to class so they can maximally benefit from presentations and to facilitate participation in discussions. I will pop quiz the class if it is detectably lethargic.

<b>Class #</b>	<b>Date</b>	<b>Topic</b>	<b>Reading</b>
1	Aug 28	<ul style="list-style-type: none"> <li>■ <i>Course Orientation</i></li> <li>■ <i>Introduction to Cognitive Psychology &amp; Cognitive Neuroscience</i></li> <li>■ <i>Methods in Cognitive Psychology/Neuroscience &amp; Experimental Neuropsychology (part 1)</i></li> </ul>	Ward—Ch 1, 3 Feinberg & Farah (2005) Perves (2008)—Ch 2 <b>Optional readings:</b> Drew et al. (2013) Perves (2008)—Ch 3 Rorden (2004) Tsay (2013)
2	Sept 4	<ul style="list-style-type: none"> <li>■ <i>Methods in Cognitive</i></li> </ul>	<i>Readings from last week</i>

		<i>Psychology/Neuroscience &amp; Experimental Neuropsychology (part 2)</i>	<i>plus:</i> Ward—Ch 4 Banich (2011)—Ch 3 (pp. 59-88) <b><i>Optional readings:</i></b> Banich (2011)—Ch 4 Luck (2005)—Ch 1 Walsh & Cowey (2000)
3	Sept 11	■ <i>Gross &amp; Functional Anatomy of Cognition</i>	Ward—Ch 2 Banich (2011)—Ch 1 <b><i>Optional readings:</i></b> Banich (2011)—Ch 2 Gazzaniga (2002)—Ch 3
4	Sept 18	■ <i>“The lesion method in cognitive neuropsychology”</i> ■ <i>Principles of Sensory Processing &amp; Encoding</i> ■ <i>Basic Processes in Visual Perception/Cognition</i>	Ward (2010)—Ch 5 Banich (2011)—Ch 3 (pp. 52-59) <b><i>Optional readings:</i></b> Banich (2011)—Chs 1, 2, 6 Gazzaniga (2002)—Chs 3, 5 Perves (2008)—Chs 4 & 5 Pessig & Targ (2007) Quiroga et al. (2005)
5	Sept 25	■ <i>Spatial Cognition &amp; Attention</i>  <b>Debate/Discussion I: “Functional neuroimaging can/cannot completely replace lesion methods for informing theories of cognition.” (See description of debate format above.)</b>	Ward—Ch 7 Banich (2011)—Ch 11 Rorden & Karmath (2004) <b><i>Debate Readings:</i></b> Burns et al. (2010) Cacioppo et al. (2002) Hellbrun et al. (2001) Mather et al. (2013) Naito et al. (2014) Sarter et al. (1996) Squire (2009) <b><i>Optional readings:</i></b> Knight & Stuss (2002) Knudsen (2007) Posner (2012) Posner & Rothbart (2007) Umiltà (2001)
6	Oct 2	■ <i>Spatial Cognition &amp; Attention (cont.)</i>	Readings from last week: Ward (2010)-Ch 7 Banich (2011)-Ch 11 <b><i>Optional readings:</i></b> Knight & Stuss (2002) Knudsen (2007) Posner (2012) Posner & Rothbart (2007)
7	Oct 9	■ <i>Attention, Effort, Performance &amp; Executive Functions (cont.)</i>	<i>Readings from previous 2 weeks plus:</i>

		<u>Guest Speaker: Dr. Mingzhou Ding (12:50-1:40)</u>	Baddeley (2000) pp. 83-88 (section on working memory) Banich (2011)-Ch 12 Stuss (2011) <b><u>Optional readings:</u></b> Cohen et al. (1997) Corbetta & Shulman (2002) Kimberg et al. (2000) Larson et al. (2006) Miller & Cohen (2001) Miyake et al. (2000) Perlstein et al. (2003)
8	Oct 16  <b>Research Topic Description due</b>  <b>Exam 1 Distributed by email through Sakai</b>	<p>■ <i>Language Comprehension &amp; Production</i></p> <p><u>Guest Speakers: Drs. Lori Altmann &amp; Wind Cowles</u></p> <p>Research Topic Description Due. Please email to me by 5PM (use subject heading "&lt;Last Name&gt;-CBB Research Topic")</p> <p>Take-home exam 1 to be distributed by email through Sakai (<b>Due 10/23</b>)</p>	Ward (2010)—Chs 11 & 12 <b><u>Optional readings:</u></b> Banich (2011)-Ch 9 Gazzaniga (2002)-Ch 9
9	Oct 23  <b>Exam 1 Due</b>	<p>■ <i>Reasoning, Problem Solving &amp; Decision Making</i></p> <p>Exam 1 Due. Please email to me by 5PM (use subject heading "&lt;Last Name&gt;-CBB Exam 1")</p>	Purves (2008)-Chs 24 & 25 <b><u>Optional reading:</u></b> Tsay (2013) Loken (2006) Weber & Johnson (2009)
	Oct 30	No Class— <i>Perlstein out of town</i>	
10	Nov 6	<p>■ <i>Memory</i></p> <p><u>Guest Speaker: Dr. Russell Bauer</u></p>	Ward—Ch 9 Banich (2011)-Ch 10 Baddeley (2000) pp. 77-83  <b><u>Optional readings:</u></b> Brown & Craik (2000) Cabeza & St. Jacques (2007) Dodson & Schacter (2001) Johnson (2006) Moscovitch et al. (2006) Parkin (2001) Ryan & Cohen (2003)
12	Nov 13	<u>Debate/Discussion II: "Repressed memories are more likely to represent memory distortions rather than true, unearthed recollections of past experience."</u>	<b><u>Debate Readings:</u></b> Axmacher et al. (2010) Clancy et al. (2000) Loftus (1993) Magnussen et al. (2012)

			<p>McNally (2003)  McNally (2013)  Porter et al. (2000)  Alpert et al. (1998)  <b>Also, see the link weblink listed under Debate 2, below.</b></p>
13	Nov 20	<p><i>Emotion and Social Cognition, Psychopathology</i></p>	<p>Ward—Ch 15  Dolcos et al. (2011)  Storbeck &amp; Clore (2007)  <b>Optional readings:</b>  Allen et al. (2011)—see entire special issue  Banich (2011)-Ch 13  Banich (2011)-Ch 14  Cacioppo &amp; Gardner (1999)  Duncan &amp; Feldman-Barrett (2007)  Izard (2009)  Levine (2009)  Oschner &amp; Gross (2005)  Perlstein et al. (2002)  Pham (2007)  Phelps &amp; LeDoux (2005)  Taylor et al. (2005)</p>
	Nov 27	<p><i>No Class—UF Holiday; Thanksgiving</i></p>	
14	Dec 4	<p><i>Catch up as needed</i>  <u>Debate/Discussion III</u>: “There is no emotion without cognition (or, emotion is not dependent upon cognition).”</p>	<p><b>Debate Readings:</b>  Damasio (1998)  Lai et al (2012)  Zajonc (1984)  Zajonc (1980)  Storbeck &amp; Clore (2007)</p>
	Dec 11	<p><i>No Class – UF “Reading Days”</i></p> <p><b>Exam 2 Distributed by email through Sakai</b></p> <p><b>Research Proposals Due</b></p>	<p><b>**Research Proposals Due** Please email to me by 5PM (use subject heading “&lt;Last Name&gt;-CBB Proposal”)</b></p> <p><i>I will email the final exam to you by 10AM – please email back to me by 5PM on Monday, DEC 18</i></p>
	Dec 18	<p><i>No Class – UF “Finals Week”</i></p> <p><b>Exam 2 Due</b></p>	<p><b>*Take-Home Final Examination Due*</b>; please email to me by 5PM on Dec 9 (use subject heading “&lt;Last Name&gt;-CBB Final exam”)</p>

### Assigned and Optional Readings

**(Under construction—references will be revised/added as the course progresses). All readings should be completed prior to the class date.**

- Allen, P.A., Lien, M-C, Ruthruff, E. (2011). Cognition and emotion: Neuroscience and behavioral perspectives. *Journal of Cognitive Psychology*, 23(6), 667-668. Recommend you read the entire volume of all relevant papers in this special issue on cognition and emotion.
- Baddeley, A. (2000). Short-term and working memory. In E. Tulving & F.I.M. Craik (Eds.), *The Oxford Handbook of Memory*, pp. 77-92. New York: Oxford University Press.
- Brown, S.C., & Craik, F.M. (2000). Encoding and retrieval of information. In E. Tulving & F.I.M. Craik (Eds.), *The Oxford Handbook of Memory*, pp. 93-107. New York: Oxford University Press.
- Cabeza, R., & St. Jacques, P. (2007). Functional neuroimaging of autobiographical memory. *Trends in Cognitive Neuroscience*, 11(5), 219-227.
- Cacioppo, J.T., & Gardner, W.L. (1999). Emotion. *Ann. Rev. Psychol.*, 50, 191-214.
- Corbetta, M., & Shulman, G.L. (2002). Control of goal-directed and stimulus-driven attention in the brain. *Nature Reviews Neuroscience*, 3, 201-215.
- Cohen, J.D., Perlstein, W.M., Braver, T.S., Nystrom, L.E., Noll, D.C., Jonides, J., & Smith, E.E. (1997). Temporal dynamics of brain activation during a working memory task. *Nature*, 386, 604-608.
- Dodson, C.L., & Schacter, D.L. (2001). Memory distortion. In B. Rapp (Ed.), *The Handbook of Cognitive Neuropsychology: What deficits reveal about the human mind* (pp. 445-461). Baltimore: Johns Hopkins University Press.
- Dolcos, F., Iordan, A.D., & Dolcos, S. (2011). Neural correlates of emotion-cognition interactions: A review of evidence from brain imaging investigations. *Journal of Cognitive Psychology*, 23(6), 669-694.
- Drew, T., Võ, M.L., & Wolfe, J.M. (2013). The invisible gorilla strikes again: Sustained inattentive blindness in expert observers. *Psychological Science* [epub ahead of print].
- Duncan, S., & Feldman-Barrett, L. (2007). Affect is a form of cognition: A neurobiological analysis. *Cognition and Emotion*, 21(6), 1184-1211.
- Eysenck, M.W. (2012). General knowledge. In M.W. Eysenck, *Fundamentals of Cognition* (2<sup>nd</sup> Ed.), Chapter 7, pp. 214-241. NY: Psychology Press.
- Eysenck, M.W., & Keane, M.T. (2005). Concepts and categories. In M.W. Eysenck & M.T. Keane, *Cognitive Psychology: A Student's Handbook* (5<sup>th</sup> Ed.), Chapter 9, pp. 293-313. NY: Psychology Press.
- Eysenck, M.W., & Keane, M.T. (2000). Cognition and emotion. In M.W. Eysenck & M.T. Keane (Eds.), *Cognitive Psychology: A Student's Handbook* (4<sup>th</sup> Ed.), Chapter 18, pp. 489-512. Philadelphia, PA: Psychology Press.

- Feinberg, T.E., & Farah, M.J. (2005). A historical perspective on cognitive neuroscience. In M.J. Farah & T.E. Feinberg (Eds.), *Patient-based approaches to cognitive neuroscience*, 2<sup>nd</sup> Ed., pp. 3-20. Cambridge MA: MIT Press.
- Gazzaniga, M.S., Ivry, R.B., & Mangun, G.R. (2002). *Cognitive Neuroscience: The Biology of the Mind* (2<sup>nd</sup> Edition). NY: W.W. Norton. (selected chapters)
- Goldstone, R.L. & Kersten, A. (2003). Concepts and categorization. In A.F. Healy & R.W. Proctor (Eds.), *Handbook of Psychology, Vol. 4: Experimental Psychology*, pp. 599-621. Hoboken, NJ: John Wiley & Sons.
- Izard, C.E. (2009). Emotion theory and research: Highlights, unanswered questions, and emerging issues. *Ann. Rev. Psychol.*, 60, 1-25.
- Johnson, M.K. (2006). Memory and reality. *American Psychologist*, 61, 760-771.
- Kimberg, D.Y., D'Esposito, M., & Farah, M.J. (2000). Frontal lobes II: Cognitive issues. In M.J. Farah and T.E. Feinberg (Eds.), *Patient-Based Approaches to Cognitive Neuroscience*. (pp. 317-326). MA: MIT Press. (unfortunately I do not have a copy of this pdf that you can print).
- Knight, R.T., & Stuss, D.T. (2002). Prefrontal cortex: The present and future. In *Principles of Frontal Lobe Function*, D.T. Stuss and R.T. Knight (Eds.), New York: Oxford University Press, pp. 573-597.
- Knudsen, E.I. (2007). Fundamental components of attention. *Annual Review of Neuroscience*, 30, 57-78.
- Larson, M.J., Perlstein, W.M., Demery, J.A., & Stigge-Kaufman, D.A. (2006). Cognitive control impairments in traumatic brain injury. *Journal of Clinical and Experimental Neuropsychology*, 28, 968-986.
- Larson, M.J., Perlstein, W.M., Stigge-Kaufman, D., Kelley, K.G., & Dotson, V.M. (2006). Affective context-induced modulation of the error-related negativity. *Neuroreport*, 17, 329-333.
- Lazarus, R.S. (1982). Thoughts on the relations between emotion and cognition. *American Psychologist*, 37, 1019-1024.
- Levine, D.S. (2009). Brain pathways for cognitive-emotional decision making in the human animal. *Neural Networks*, 22, 286-293.
- Loken, B. (2006). Consumer psychology: Categorization, affect, and persuasion. *Annual Review of Psychology*, 57, 453-485.
- Luck, S.J. (2005). *An Introduction to the Event-Related Potential Technique*. Cambridge: MA: MIT Press. (selected chapters)
- Mahon, B.Z., & Caramazza, A. (2009). Concepts and categories: A cognitive neuropsychological perspective. *Annual Review of Psychology*, 60, 27-51.

- Miller, E.K., & Cohen, J.D. (2001). An integrative theory of prefrontal cortex function. *Annual Review of Neuroscience*, 24, 167-202.
- Miyake, A., Friedman, N.P., Emerson, M.J., Witzki, A.H., & Howerter, A. (2000). The unity and diversity of executive functions and their contributions to complex "frontal lobe" tasks: A latent variable analysis. *Cognitive Psychology*, 41, 49-100.
- Moscovitch, M., Nadel, L., Winocur, G., Gilboa, A., & Rosenbaum, R.S. (2006). The cognitive neuroscience of remote episodic, semantic, and spatial memory. *Current Opinion in Neurobiology*, 16, 179-190.
- Ochsner, K., & Gross, J.J. (2005). The cognitive control of emotion. *Trends in Cognitive Sciences*, 9(5), 242-249.
- Parkin, A.J. (2001). The structure and mechanisms of memory. In B. Rapp (Ed.), *The Handbook of Cognitive Neuropsychology: What deficits reveal about the human mind* (pp. 445-461). Baltimore: Johns Hopkins University Press.
- Pham, M.T. (2007). Emotion and rationality: A critical review and interpretation of empirical evidence. *Review of General Psychology*, 11(2), 155-178.
- Perlstein, W.M., Cole, M.A., Larson, Kelly, K.G., Seignourel, P., & Keil, A. (2003). Steady-state visual evoked potentials reveal frontally-mediated working memory activity in humans. *Neuroscience Letters*, 342, 191-195.
- Perlstein, W.M., Elbert, T., & V.A. Stenger (2002). Dissociation in human prefrontal cortex of affective influences on working memory-related activity. *PNAS*, 99(3), 1736-1741.
- Phelps, E.A., & LeDoux, J.E. (2005). Contributions of the amygdala to emotion processing: From animal models to human behavior. *Neuron*, 48, 175-187.
- Pessig, J.J., & Tarr, M.J. (2007). Visual object recognition: Do we know more now than we did 20 years ago? *Annual Review of Psychology*, 58, 75-96.
- Posner, M.I. (2012). Imaging attentional networks. *Neuroimage*, 61, 450-456.
- Posner, M.I., & Rothbart, M.K. (2007). Research on attention networks as a model for the integration of psychological science. *Annual Review of Psychology*, 58, 1-23.
- Purves, D., Brannon, E.M., Cabeza, R., Huttel, S.A., LaBar, K.S., Platt, M.L. & Worldorff, M.G. (2008). *Principles of Cognitive Neuroscience*. Sunderland, MA: Sinauer Assoc. (selected chapters)
- Quiroga, R.Q., Reddy, L., Kreiman, G., Koch, C., & Fried, I. (2005). Invariant visual representation by single neurons in the human brain. *Nature*, 435, 1102-1107.
- Rorden, C., & Karnath, H-O. (2004). Using human brain lesions to infer function: A relic from a past era in the fMRI age? *Nature Reviews Neuroscience*, 5, 813-819.

- Ryan, J.D., & Cohen, N.J. (2003). Evaluating the neuropsychological dissociation evidence for multiple memory systems. *Cognitive, Affective, and Behavioral Neuroscience*, 3, 168-185.
- Storbeck, J. & Clore, G.L. (2007). On the interdependence between cognition and emotion. *Cognition and Emotion*, 21, 1212-1237.
- Stuss, D.T. (2011). Functions of the frontal lobes: Relation to executive functions. *Journal of the International Neuropsychological Society*. 17, 1-17.
- Taylor, J.G. & Fragopanagos, N.F. (2005). The interaction of attention and emotion. *Neural Networks*, 18, 353-369.
- Tsay, C-J. (2013). Sight over sound in the judgment of music performance. *PNAS* [epub ahead of print]. <http://www.pnas.org/content/early/2013/08/16/1221454110.full.pdf+html?withds=yes>
- Umiltà, C. (2001). Mechanisms of attention. In Rapp, B. (Ed.), *The Handbook of Cognitive Neuropsychology: What deficits reveal about the human mind*, pp. 135-158. Baltimore: Johns Hopkins University Press.
- Walsh, V., & Cowey, A. (2000). Transcranial magnetic stimulation and cognitive neuroscience. *Nature Reviews: Neuroscience*, 1, 73-79.
- Ward, J. (2010). *The Student's Guide to Cognitive Neuroscience*, 2<sup>nd</sup> Ed. New York: Psychology Press. (selected chapters)
- Weber, E., & Johnson, E.J. (2009). Mindful judgment and decision making. *Annual Review of Psychology*, 60, 53-85.

**Student-provided DEBATE-RELATED READINGS – to be ASSIGNED WITHIN 1 WEEK  
PRIOR TO THE RELEVANT DEBATE CLASS**

**Debate 1 / Sept. 25:** "Functional neuroimaging can/cannot completely replace lesion methods for informing theories of cognition"

**Readings: PRO**

- 1) Heilbrun, M.P., Lee, J.N., & Alvord, L. (2001). Practical application of fMRI for surgical planning. *Stereotactic and Functional Neurosurgery*, 76, 168-174.
- 2) Mather, M., Caccioppo, J.T., & Kanwisher, N. (2013). How fMRI can inform cognitive theories. *Perspectives on Psychological Science*, 8, 108-113.
- 3) Sarter, M., Berntson, G.G., & Cacioppo, J.T. (1996). Brain imaging and cognitive neuroscience: Toward strong inference in attributing function to structure. *American Psychologist*, 51(1), 13-21.

**Readings: CON**

- 1) Burns, M.S., & Fahy, J. (2010). Broca's area: Rethinking classical concepts from a neuroscience perspective. *Topics in Stroke Rehabilitation*, 17(6), 401-410.
- 2) Squire, L.R. (2009). The legacy of Patient H.M. for neuroscience. *Neuron*, 61(1), 6-9.
- 3) Cacioppo, J.T., Berntson, G.G., Lorig, T.S., Norris, C.J., Rickett, E., & Nusbaum, H. (2003). Just because you're imaging the brain doesn't mean you can stop using your

- head: A primer and set of first principles. *Journal of Personality and Social Psychology*, 85(4), 650-661.
- 4) Naito, E., & Hirose, S. (2014). Efficient foot motor control by Neymar's brain. *Frontiers in Human Neuroscience*, 8, 1-7.
  - 5) Naito, E., & Hirose, S. (2014). Functional neuroimaging's Neymar problem. *Discover Magazine blog*:  
<http://blogs.discovermagazine.com/neuroskeptic/2014/07/31/neymar-zombie-footballer/#more-5326>

**Debate 2 / Nov. 13:** "Repressed memories are more likely to represent memory distortions rather than true, unearthed recollections of past experience."

See weblink: [http://www.ted.com/talks/elizabeth\\_loftus\\_the\\_fiction\\_of\\_memory.html](http://www.ted.com/talks/elizabeth_loftus_the_fiction_of_memory.html).

**Readings: PRO**

- 1) Loftus, E.F. (1993). The reality of repressed memories. *American Psychologist*, 48(5), 518-537.
- 2) Axmacher, N., Do Lam, A.T.A., Kessler, H., & Fell, J. (2010). Natural memory beyond the storage model: Repression, trauma, and the construction of a personal past. *Frontiers in Human Neuroscience*, 4, 1-11.
- 3) Clancy, S.A., Schacter, D.L., McNally, R.J., & Pitman, R.K. (2000). False recognition in women reporting recovered memories of sexual abuse. *Psychological Science*, 11 (1), 26-31.
- 4) Magnussen, S., & Melinder, A. (2012). What psychologists know and believe about memory: A survey of practitioners. *Applied Cognitive Psychology*, 26, 54-60.
- 5) McNally, R.J. (2003). Recovering memories of trauma: A view from the laboratory. *Current Directions in Psychological Science*, 12, 32-35.
- 6) McNally, R.J. (2012). Searching for repressed memory. In R.F. Belli (ed.), *True and False Recovered Memories: Toward a Reconciliation of the Debate*. Nebraska Symposium on Motivation, 58, 121-147.
- 7) Porter, S., Birt, A.R., Yuille, J.C., & Lehman, D.R. (2000). Negotiating false memories: Interviewer and rememberer characteristics relate to memory distortion. *Psychological Science*, 11 (6), 507-510.

**Readings: CON**

- 1) Alpert, J.L., Brown, L.S., & Courtois, C.A. (1998). Symptomatic clients and memories of childhood abuse: What the trauma and child sexual abuse literature tells us. *Psychology, Public Policy, and Law*, 4(4), 941-995.

**Debate 3 / Dec. 4:** "There is no emotion without cognition (or, emotion is not dependent upon cognition.)"

**Readings: PRO**

- 1) Damasio, A.R. (1998). Emotion in the perspective of an integrated nervous system. *Brain Research Reviews*, 26, 83-86.
- 2) Storbek, J., & Clore, G.L. (2007). On the interdependence of cognition and emotion. *Cognition & Emotion*, 21(6), 1212-1237.

**Readings: CON**

- 1) Winkielman, P., & Berridge, K.C. (2014). Unconscious emotion. *Current Directions in Psychological Science*, 13(3), 120-123.
- 2) Zajonc, R.B. (1980). Feeling and thinking: Preferences need no inferences. *American Psychologist*, 35(2), 151-175.
- 3) Zajonc, R.B. (1984). The primacy of affect. *American Psychologist*, 39(2), 117-123.

**Statement of University's Honesty Policy (cheating and use of copyrighted materials)**

## Academic Integrity

Students are expected to act in accordance with the University of Florida policy on academic integrity (see Student Conduct Code, the Graduate Student Handbook or these web sites for more details:

<http://www.dso.ufl.edu/sccr/honorcodes/conductcode.php>

<http://www.dso.ufl.edu/studenthandbook/studentrights.php>

<http://gradschool.ufl.edu/students/introduction.html>

Cheating, lying, misrepresentation, or plagiarism in any form is unacceptable and inexcusable behavior.

*We, the members of the University of Florida community,  
pledge to hold ourselves and our peers  
to the highest standards of honesty and integrity.*

On all work submitted for credit by students at the University of Florida, the following pledge is either required or implied:

***"On my honor, I have neither given nor received unauthorized aid in doing this assignment."***

It is desirable and expected that take home assignments will stimulate conversation among classmates, and that classmates may actually mentor one another in the work. Students are also likely to discuss elements of the assignment with the instructor. **It is expected that submitted work will solely reflect the student's own efforts. Students are expected not to collaborate** in running analyses, writing answers, or interpreting results. The instructor will regularly check for "unusual congruence" in answers, and will discuss concerning instances with students involved. Where collaboration has been found, a zero grade will be assigned. **For further clarification, please see the "Acceptable Collaboration" appendix to this syllabus! Rules will be strictly enforced.**

**Copyright policy** - The University of Florida policy on copyright states: "Copyright permission should not be required of instructors in the following circumstances:

- 1) A single copy of an article, chapter, or poem is on reserve for only *one semester*.
- 2) A reasonable number of copies of an article, chapter, or poem are placed on reserve for only *one semester*. "Reasonable" is determined by an assessment of the number of students assigned the reading, the difficulty of the reading, and the time frame allowed for completion of the reading. This should normally not exceed 6 copies, although up to one copy for every 15 students may be accepted if space is available in the reserve area and the above criteria are met."

Single-use copies, for exclusive use in class, which are not to be further duplicated or distributed, will be made available in Sakai. All articles are also available via the University of

Florida library system, and may be accessed by the student using that portal as well.

### **Policy Related to Class Attendance**

Attendance is expected. Students needing to miss class should make prior arrangements with the instructor. Personal issues with respect to class attendance or fulfillment of course requirements will be handled on an individual basis. *All cell phones must be turned off during class.*

### **Policy Related to Make-up Exams or Other Work**

Students who miss an examination or paper deadline because of a conflicting professional or personal commitment must make prior arrangements with the instructor. If an examination must be missed because of illness, a physician's note not is required. I expect you to attend and be prepared to participate in all class sessions. Personal issues with respect to class attendance or fulfillment of course requirements will be handled on an individual basis.

### **Accommodations for Students with Disabilities**

If you require classroom accommodation because of a disability, you must first register with the Dean of Students Office (<http://www.dso.ufl.edu/>). The Dean of Students Office will provide documentation to you, which you then give to the instructor when requesting accommodation. The College is committed to providing reasonable accommodations to assist students in their coursework.

### **Counseling and Student Health**

Students may occasionally have personal issues that arise in the course of pursuing higher education or that may interfere with their academic performance. If you find yourself facing problems affecting your coursework, you are encouraged to talk with an instructor and to seek confidential assistance at the UF Counseling & Wellness Center, 352-392-1575. Visit their web site for more information: <http://www.counseling.ufl.edu/>.

The Student Health Care Center at Shands is a satellite clinic of the main Student Health Care Center located on Fletcher Drive on campus. Student Health at Shands offers a variety of clinical services, including primary care, women's health care, immunizations, mental health care, and pharmacy services. The clinic is located on the second floor of the Dental Tower in the Health Science Center. For more information, contact the clinic at 392-0627 or check out the web site at: [www.health.ufl.edu/shcc](http://www.health.ufl.edu/shcc)

Crisis intervention is always available 24/7 from:

Alachua County Crisis Center:

(352) 264-6789

<http://www.alachuacounty.us/DEPTS/CSS/CRISISCENTER/Pages/CrisisCenter.aspx>

BUT – Do not wait until you reach a crisis to come in and talk with us. We have helped many students through stressful situations impacting their academic performance. You are not alone so do not be afraid to ask for assistance.

## SYLLABUS FACESHEET

**Course Title:** CLP 7934, Neuropsychology of Aging

**Instructor:** Marsiske

**This course is (Required or Elective):**

- 1) Describe how integration of theory, research, and practice is accomplished in this course.** This course seeks to describe (a) normal psychological/cognitive changes in later adult, (b) to distinguish normal from disease-related cognitive changes (e.g., dementia, Parkinsons disease, Stroke), and (c) to consider the state of treatment science regarding strategies for rehabilitation, remediation, and enhancement of late life cognition. Thus, theory and research are ‘baked into’ the course (a directed reading course, the course relies exclusively on primary source research articles). The topic area is at the core of neuropsychological practice, and students are required to produce weekly clinician-focused executive summaries of the technical material they have read.
  
- 2) Describe how issues of diversity are addressed in this course.** Diversity is not explicitly addressed in the course, with two exceptions. (1) the ENTIRE course is about aging (i.e., a group that often needs specialized assessment and intervention approaches), and informs students about this important subpopulation, and (2) almost every week is focused on individual differences in aging trajectories (i.e., why some individuals have better or worse cognitive changes in later life). The primary source materials for each week often consider factors like race/ethnicity or gender, and associated lifestyle/cultural differences, as possible etiological factors in differential patterns of cognitive change.
  
- 3) Describe how ethical issues are addressed in this course.** Ethics are not explicitly addressed, although some readings to address special treatment considerations or guidelines for working with older adults and their families. In addition, most of the primary source articles read in the class, if they are experimental/research investigations, address the responsible conduct of research with their participant populations.

**University of Florida  
College of Public Health & Health Professions Syllabus**

**CLP 7934, Special Topics: Directed Reading-Neuropsychology of Aging  
Section Number: 154G, Spring: 2015 (3 credit hours)**

Meeting time/place: n/a (online class)  
Delivery Format: Online  
Course Website or E-Learning: <http://lss.at.ufl.edu>

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**Instructor Name:** Michael Marsiske  
**Office:** HPNP 3179  
**Phone Number:** (352) 273-5097  
**Email Address:** marsiske@phhp.ufl.edu  
**Office Hours:** By appointment  
**Preferred Course Communications:** Email

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**Prerequisites** Admitted, in good standing, to the Graduate School at the University of Florida. No other pre-requisites apply. Students are expected to seek out additional foundational reading and materials in areas that are challenging for them; students are invited to ask course instructors for recommendations.

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### **PURPOSE AND OUTCOME**

**Course Overview.** This directed reading course introduces students to contemporary theory, method, and findings regarding normal cognitive aging, neuropsychology (based mainly on research with brain-damaged individuals) and cognitive neuroscience. The readings will consider normal and pathological cognitive changes, potential etiologies and comorbidities, as well as recent thinking on intervention approaches for late life cognition. The selection of topics and instructors also reflects the unique profile of expertise among University of Florida Division of Neuropsychology faculty..

**Relation to Program Outcomes.** This course counts as a “Neuropsychology elective” for doctoral students in Clinical and Health Psychology. It also satisfies one of the elective requirements of the Graduate Certificate in Gerontology.

#### **Course Objectives and/or Goals**

1. The student will be able to describe and synthesize major normal and pathological cognitive changes in later life
2. The student will have familiarity with the major behavioral and neuroscience approaches used in the study of neuropsychological aging
3. The student will explore major explanatory models and potential co-morbid factors in the prediction of late life cognitive change

4. The student will become familiarized with contemporary approaches to intervening with late life cognition, and will be able to summarize emerging data needs in this nascent area.

### Instructional Methods

This online course is a directed reading course. Students will access personal-use electronic copies of all assigned readings in this course (online, in the UF Sakai system). Each week, students will be expected to summarize, synthesize and integrate readings (along with outside material they choose to bring in) so that they can explain readings to others. This will take the form of a weekly executive summary produced by the student (see "Assignments" below for details).

## DESCRIPTION OF COURSE CONTENT

### Topical Outline/Course Schedule

Specific weekly readings are listed in the [appendix](#) to this syllabus

Week	Date	Topic(s)	Assignment due date
1	1/4	Normal cognitive changes	1/11
2	1/11	Neuroimaging/neuroscience methods and aging	1/18
3	1/18	Memory aging	1/25
4	1/25	Visuospatial aging	2/4
5-6	2/4	The Dementias, 1 & 2	2/18
7	2/18	Possible explanations: White matter and network accounts	2/25
8	2/25	The cognitive neuropsychology of depression in the elderly	3/11
9	3/11	Stress-diathesis models of cognitive aging: Sample case of post-operative cognitive dysfunction	3/18
10	3/18	Cardiovascular function and its role in cognitive aging: Sample case from the laboratory of Ronald Cohen	3/25
11	3/25	Stroke: Cognitive sequelae	4/1
12	4/1	Parkinson's disease: Cognitive sequelae	4/8
13	4/8	Physical exercise interventions	4/15
14	4/15	Cognitive interventions	4/22
15	4/22	Mechanisms of Age-Related Cognitive Change and Targets for Intervention	4/29

#### Caveat:

The above schedule and procedures in this course are subject to change in the event of extenuating circumstances. Any changes will be announced in class, and the student is personally responsible for obtaining updated information regarding those changes.

### Course Materials

Each week is associated with readings (empirical articles, meta-analyses, review chapters, theoretical papers, fact sheets, consensus statements). These are detailed below in the weekly calendar, and electronic copies will be provided at the class elearning site. The specific weekly reading list is given in the bibliography in the appendix of this syllabus.

## Technology

Students are required to access all materials in E-learning, and to submit all materials in Microsoft format (Office, Powerpoint) in Elearning. Software can be obtained at <https://software.ufl.edu/agreements/microsoft/student/downloads/>. Readings are provided in Adobe pdf format, and can be accessed via the free AdobeAcrobat reader <http://www.adobe.com/products/reader.html>.

For issues with technical difficulties for E-learning please contact the UF Help Desk at:

- [Learning-support@ufl.edu](mailto:Learning-support@ufl.edu)
- (352) 392-HELP - select option 2
- <https://lss.at.ufl.edu/help.shtml>

### Managing e-learning technical issues

- If you cannot upload a document due to technical problems (e.g., if elearning is down), you may e-mail Dr. Marsiske. The timestamp on your e-mail will serve as the time submitting. In such cases, please upload your assignment to Sakai as well, once the technical issue is resolved. We also require you to contact the UF Helpdesk and obtain a “problem ticket number” to further document your good-faith attempts to resolve the technical problem. Official text:
  - *Don't wait until the last minute. Know when the [assignment] is due and leave yourself plenty of time.*
  - *[Finish your assignment] during Help Desk hours (<http://helpdesk.ufl.edu>) so that if you encounter problems, there will be someone available to help you.*
  - *Make sure you have a dependable internet connection.*
  - *Use a current, updated browser and operating system*
  - *Make sure you read your instructions carefully before beginning the assignment.*
  - *If you encounter any unexpected behavior (error messages, inability to log in, etc.,) take a screen shot of the problem (Print Scrn) and paste (CTRL+V) into a program like Word or Paint. Save this file. This is important so that your instructor knows your problem is legitimate, and to assist the UF Computing Help Desk in helping you fix the problem.*
  - *If you encounter problems that prevent you from [completing the assignment], immediately call the UF Computing Help Desk at 352-392-4357. Keep the ticket number for future reference.*
  - *When you are done with your [assignment], be sure you submit it! If you do not see a successful submission message, your test is still in progress. You will not get a grade until you submit.*

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## ACADEMIC REQUIREMENTS AND GRADING

### Assignments

The grade for the class will be based on the weekly Executive Summaries. ***Each Executive Summary will be weighted to count for the exact same proportion of your final grade, even if varying numbers of pages-to-read are given to each week.***

1. *Submitted Executive Summaries. Submit via Sakai.*

The Executive Summary should:

- a. Be between 2 and 6 pages (this will vary on how dense your presentation is) **(For the Dementias combined weeks 5 and 6, this should be doubled!)**
- b. The goal is for it to be an INTEGRATIVE SUMMARY of themes and ideas in the readings of the week, and should also include critiques ('unanswered questions', 'methodological issues') that emerge from your critical reading of the material.
- c. Your approach to reviewing the articles to provide a summary/synthesis/integration/analysis of what you have read
  - the executive summary should not be a point-by-point review of each article, but should provide the "big picture"
  - the summary should be at the level of "what you would tell an educated layperson about this week's materials"
- d. Use as few words as possible. Images (graphs, tables, figures from the readings, as well as your own summary charts, bulleted lists, or images from the internet—properly credited) should be the centerpiece of these summaries. Your general goal should be to summarize the material in the style of an *infographic* (see below).
- e. You are encouraged to draw on materials outside of the required readings (e.g., Wikipedia definitions, illustrative images, background info not contained in the readings). However, *this must not come at the expense of materials in the readings*. The key point of these assignments is to show that you have read, understood, and synthesized the week's materials. So that should always be your main goal.

### Executive summary resources

The resources that follow are not specific to the in-class exercises, because we haven't found good models for these. ***Please be assured that in the early weeks, as we figure out the optimal format, grading will be lenient and comments will help shape the product.*** A major intent of this assignment is also to allow you to be creative and flexible in how you approach your summaries.

- <http://sharpbrains.com/executive-summary/>
- <http://visual.ly/executive-summary-introduction>
- <http://www.sustainability.com/news/model-behavior-infographic-and-executive-summary-now-available#.U2FI7yqZFOk>

- <http://massdmq.com/2012/02/5-steps-to-an-awesome-executive-summary/> (I think this one might be pretty good)
- Something more texty: <http://www.care.org/sites/default/files/documents/AG-2013-Pathways-Annual-Report-Executive-Summary.pdf>
- Completely not research, but nicely segmented thematically in a way I could imagine for articles: <https://www.herndon-va.gov/Content/FY2013ARExecSummaryFINAL.pdf?cnlid=5682>
- Later pages of this (too long) one are research ... <https://credo.stanford.edu/documents/NCSS%202013%20Executive%20Summary.pdf>

## Grading

Requirement	Due date	% of final grade (must sum to 100%)
Week 1 Assignment	1/11	6.67%
Week 2 Assignment	1/18	6.67%
Week 3 Assignment	1/25	6.67%
Week 4 Assignment	2/4	6.67%
Week 5-6 Assignment	2/18	13.33%
Week 7 Assignment	2/25	6.67%
Week 8 Assignment	3/11	6.67%
Week 9 Assignment	3/18	6.67%
Week 10 Assignment	3/25	6.67%
Week 11 Assignment	4/1	6.67%
Week 12 Assignment	4/8	6.67%
Week 13 Assignment	4/15	6.67%
Week 14 Assignment	4/22	6.67%
Week 15 Assignment	4/29	6.67%

The grading rubric for each executive summary is as follows, and comments upon grading will help explain the points assigned.

0	not attempted
7	“mercy point” (e.g., you submitted something, but there is evidence of minimal effort, many of the major items of the week were not included in the executive summary)

8	Acceptable summary, but clear room for improvement (e.g., too text-dense, too many of the main ideas from the articles missing, little attention to design or readability, organizational structure is poor or unclear, too long – not enough of a <i>summary</i> )
9	Very good summary, with minimal room for improvement (e.g., small areas of deficit, like a few missing main ideas, ratio of text to images could show improvement, too much reliance on acronyms or jargon without explaining)
10	Excellent summary, with little or no room for improvement (all major key points from the articles are covered, level of summary is thorough but not exhaustive, good balance of summary text to illustrative graphics)

**When you submit your assignments to Sakai, it is essential that the first word of your executive summary be your LAST NAME (e.g., *Marsiske\_Week01\_NormalAging.docx*). After 2 reminders about this, a 2-point deduction will be made on each homework for which these naming conventions are forgotten. See below for additional policy on late submissions.**

**Note that after your PowerPoint has been graded, it may be submitted to other class members for review and mutual learning.**

**Point system used (i.e., how do course points translate into letter grades).**

Points earned	93-100	90-92	87-89	83-86	80-82	77-79	73-76	70-72	67-69	63-66	60-62	Below 60
Letter Grade	A	A-	B+	B	B-	C+	C	C-	D+	D	D-	E

Please be aware that a C- is not an acceptable grade for graduate students. A grade of C counts toward a graduate degree only if an equal number of credits in courses numbered 5000 or higher have been earned with an A.

Letter Grade	A	A-	B+	B	B-	C+	C	C-	D+	D	D-	E	WF	I	NG	S-U
Grade Points	4.0	3.67	3.33	3.0	2.67	2.33	2.0	1.67	1.33	1.0	0.67	0.0	0.0	0.0	0.0	0.0

For greater detail on the meaning of letter grades and university policies related to them, see the Registrar's Grade Policy regulations at:  
<http://catalog.ufl.edu/ugrad/current/regulations/info/grades.aspx>

### **Exam Policy.**

No exams for this class

### **Policy Related to Make up Exams or Other Work**

For homework, late submissions are not encouraged. Late submissions will be accepted for up to 7 days, but with the following penalty schedule:

With regard to missing or incomplete assignments, the following policies apply:

- Coordinator/instructors will not contact you about missing or incomplete assignments. **It is your responsibility** to check that the *correct* Summary has been submitted to Sakai on time
- **It may be possible to avoid a late penalty IF YOU CONTACT THE INSTRUCTOR AT LEAST 24 HOURS IN ADVANCE.** You should email the course coordinator and explain what issue (e.g., bereavement, illness) necessitates lateness. In some cases, documentation may be requested. If a lateness allowance is agreed to, this applies to a single assignment only. It does not allow you to delay future assignments. Note, conference attendance or doctoral qualifying examinations or thesis/dissertation defenses do not constitute valid lateness excuses.
- If your assignment is late, you will lose 10% each day up to the seventh day, after which a zero grade will be assigned. Each assignment is initially graded up to a total of 10 points according to the rubric (before it is converted to 6.67% or 13.33% of your grade, depending on assignment). Thus, if an assignment is worth a maximum of 10 points, you will lose 1 point for each late day. "Late" begins one minute after the due time (e.g., an assignment due at 4:05 pm is considered late at 4:06 pm). Penalties are as follows:

1 minute to 24 hours late	10% of maximum deducted from achieved grade
1 day + 1 minute late to 48 hours late	20% of maximum deducted from achieved grade
2 days + 1 minute late to 72 hours late	30% of maximum deducted from achieved grade
3 days + 1 minute late to 96 hours late	40% of maximum deducted from achieved grade
4 days + 1 minute late to 120 hours late	50% of maximum deducted from achieved grade
5 days + 1 minute late to 144 hours late	60% of maximum deducted from achieved grade
6 days + 1 minute late to 168 hours late	70% of maximum deducted from achieved grade
7 days + 1 minute late or longer	100% of maximum deducted from achieved grade

**NOTE: UPLOADING THE WRONG DOCUMENT IS SAME-AS-LATE**, even if you have documentation that you completed the document on time. **It is your responsibility to verify that you have uploaded the correct document.** (You should open or download your uploaded homeworks and double- or triple-check that you have uploaded the right one).

- There will be **no** exceptions to this policy.
- If you have uploaded the wrong document, and Sakai does not allow you to correct this, you should IMMEDIATELY send the correct document to Dr. Marsiske via email.

Any requests for waiving of late penalties due to technical issues MUST be accompanied by the ticket number received from LSS when the problem was reported to them. The ticket number will document the time and date of the problem. You MUST e-mail your instructor within 24 hours of the technical difficulty if you wish to request a make-up. The Appendix to this syllabus includes additional details for managing technical issues.

### **Incomplete grades:**

An incomplete grade may be assigned at the discretion of the instructor as an interim grade for a course in which the student has 1) completed a major portion of the course with a passing grade, 2) been unable to complete course requirements prior to the end of the term because of extenuating circumstances, and 3) obtained agreement from the instructor and arranged for resolution (contract) of the incomplete grade. Instructors assign incomplete grades following consultation with Department Chairs.

### **Policy Related to Required Class Attendance**

There is no specific attendance requirement for this online class, but all weekly assignments must be submitted, without exception. All classes are bound by the UF Attendance Policy.

For information regarding the UF Attendance Policy see the Registrar website for additional details: [http://www.registrar.ufl.edu/catalogarchive/01-02-catalog/academic\\_regulations/academic\\_regulations\\_013\\_.htm](http://www.registrar.ufl.edu/catalogarchive/01-02-catalog/academic_regulations/academic_regulations_013_.htm)

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## **STUDENT EXPECTATIONS, ROLES, AND OPPORTUNITIES FOR INPUT**

### **Expectations Regarding Course Behavior**

Students are expected to complete all work by the deadline stated, and to contact the instructor *in advance* with any problems related to completing course assignments.

### **Communication Guidelines**

A discussion board exists in Elearning for any open questions about course materials and assignments. You are welcome to post any questions. Please be respectful, and follow UF Netiquette guidelines. <http://teach.ufl.edu/wp-content/uploads/2012/08/NetiquetteGuideforOnlineCourses.pdf> . Please do not use the open forums for complaints or criticisms. Please do not post your suspected “answers” for any questions, so as not to interfere with the independent problem solving of other students.

### **Academic Integrity**

Students are expected to act in accordance with the University of Florida policy on academic integrity. As a student at the University of Florida, you have committed yourself to uphold the Honor Code, which includes the following pledge:

*“We, the members of the University of Florida community, pledge to hold ourselves and our peers to the highest standards of honesty and integrity.”*

You are expected to exhibit behavior consistent with this commitment to the UF academic community, and on all work submitted for credit at the University of Florida, the following pledge is either required or implied:

*“On my honor, I have neither given nor received unauthorized aid in doing this assignment.”*

It is your individual responsibility to know and comply with all university policies and procedures regarding academic integrity and the Student Honor Code. Violations of the Honor Code at the University of Florida will not be tolerated. Violations will be reported to the Dean of Students Office for consideration of disciplinary action. For additional information regarding Academic Integrity, please see Student Conduct and Honor Code or the Graduate Student Website for additional details:

<https://www.dso.ufl.edu/sccr/process/student-conduct-honor-code/>

<http://gradschool.ufl.edu/students/introduction.html>

Please remember cheating, lying, misrepresentation, or plagiarism in any form is unacceptable and inexcusable behavior.

### **Online Faculty Course Evaluation Process**

Students are expected to provide feedback on the quality of instruction in this course by completing online evaluations at <https://evaluations.ufl.edu> so make sure you include a statement regarding the value and expectation for student participation in course evaluations. We suggest you include a comment regarding how you will use the evaluations (e.g. to make specific improvements to the course and teaching style, assignments, etc.). It is also important to make some statement regarding the direct influence they have on faculty tenure and promotion, so your input is valuable. Evaluations are typically open during the last two or three weeks of the semester, but students will be given specific times when they are open. Summary results of these assessments are available to students at <https://evaluations.ufl.edu/results/>

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## **SUPPORT SERVICES**

***Do not wait until you reach a crisis to come in and talk with us. We have helped many students through stressful situations impacting their academic performance. You are not alone so do not be afraid to ask for assistance.***

### **Accommodations for Students with Disabilities**

If you require classroom accommodation because of a disability, you must register with the Dean of Students Office <http://www.dso.ufl.edu> within the first week of class. The Dean of

Students Office will provide documentation to you, which you then give to the instructor when requesting accommodation. The College is committed to providing reasonable accommodations to assist students in their coursework.

### **Counseling and Student Health**

Students sometimes experience stress from academic expectations and/or personal and interpersonal issues that may interfere with their academic performance. If you find yourself facing issues that have the potential to or are already negatively affecting your coursework, you are encouraged to talk with an instructor and/or seek help through University resources available to you.

- The Counseling and Wellness Center 352-392-1575 offers a variety of support services such as psychological assessment and intervention and assistance for math and test anxiety. Visit their web site for more information: <http://www.counseling.ufl.edu>. On line and in person assistance is available.
- You Matter We Care website: <http://www.umatter.ufl.edu/>. If you are feeling overwhelmed or stressed, you can reach out for help through the You Matter We Care website, which is staffed by Dean of Students and Counseling Center personnel.
- The Student Health Care Center at Shands is a satellite clinic of the main Student Health Care Center located on Fletcher Drive on campus. Student Health at Shands offers a variety of clinical services. The clinic is located on the second floor of the Dental Tower in the Health Science Center. For more information, contact the clinic at 392-0627 or check out the web site at: <https://shcc.ufl.edu/>
- Crisis intervention is always available 24/7 from:
- Alachua County Crisis Center:  
(352) 264-6789
- <http://www.alachuacounty.us/DEPTS/CSS/CRISISCENTER/Pages/CrisisCenter.asp>

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BUT – Do not wait until you reach a crisis to come in and talk with us. We have helped many students through stressful situations impacting their academic performance. You are not alone so do not be afraid to ask for assistance.

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## APPENDICES

### Readings

Week	Readings
1	<p><b><u>Normal cognitive changes</u></b></p> <p>01. On the incomplete architecture of human ontogeny: Selection, optimization, and compensation as foundation of developmental theory. By Baltes, Paul B. American Psychologist, Vol 52(4), Apr 1997, 366-380. doi: 10.1037/0003-066X.52.4.366</p> <p>02. Intellectual Development Across Adulthood. By Schaie, K. Warner; Zanjani, Faika A. K. Hoare, Carol (Ed), (2006). Handbook of adult development and learning, (pp. 99-122). New York, NY, US: Oxford University Press, xviii, 579 pp.</p> <p>03. Contemporary review 2009: Cognitive aging. By Drag, Lauren L.; Bieliauskas, Linas A. Journal of Geriatric Psychiatry and Neurology, Vol 23(2), Jun 2010, 75-93. doi: 10.1177/0891988709358590</p> <p>04. Human neuroscience and the aging mind: A new look at old problems. By Reuter-Lorenz, Patricia; Park, Denise C. Journals of Gerontology: Psychological Sciences, 65B(4), 405-515. doi: 10.1093/geronb/gbq035</p> <p>05. The fate of cognition in very old age: Six-year longitudinal findings in the Berlin Aging Study (BASE). By Singer, Tania; Verhaeghen, Paul; Ghisletta, Paolo; Lindenberger, Ulman; Baltes, Paul B. Psychology and Aging, Vol 18(2), Jun 2003, 318-331. doi: 10.1037/0882-7974.18.2.318</p> <p>06. Patterns of Cognitive Performance in Middle-Aged and Older Adults: A Cluster Analytic Examination. Gunstad, John; Paul, Robert H.; Brickman, Adam M.; Cohen, Ronald A.; Arns, Martijn; Roe, Donald; Lawrence, Jeffery J.; Gordon, Evian Journal of Geriatric Psychiatry and Neurology, Vol 19(2), Jun 2006, 59-64. doi: 10.1177/0891988705284738</p>

Week	Readings
2	<p data-bbox="298 233 1029 268"><b><u>Neuroimaging/neuroscience methods and aging</u></b></p> <p data-bbox="298 306 927 342">07. Neuroimaging of healthy cognitive aging. By Dennis, Nancy A.; Cabeza, Roberto            Craik, Fergus I. M. (Ed); Salthouse, Timothy A. (Ed), (2008). The handbook of aging and cognition (3rd ed.), (pp. 1-54). New York, NY, US: Psychology Press, xi, 657 pp.</p> <p data-bbox="298 527 1386 667">08. Alterations in the BOLD fMRI signal with ageing and disease: a challenge for neuroimaging. D'Esposito M, Deouell LY, Gazzaley A.            Nat Rev Neurosci. 2003 Nov;4(11):863-72.</p> <p data-bbox="298 709 1395 926">09. Cognition and aging: A highly selective overview of event-related potential (ERP) data. By Friedman, David            Journal of Clinical and Experimental Neuropsychology, Vol 25(5), Aug 2003, 702-720.            doi: 10.1076/jcen.25.5.702.14578</p> <p data-bbox="298 968 1386 1146">10. Imaging aging: Present and future. By Hayes, Scott M.; Cabeza, Roberto            Hofer, Scott M. (Ed); Alwin, Duane F. (Ed), (2008). Handbook of cognitive aging: Interdisciplinary perspectives, (pp. 308-326). Thousand Oaks, CA, US: Sage Publications, Inc, xiii, 730 pp.</p> <p data-bbox="298 1188 1008 1325">11. Scanning patients with tasks they can perform. By Price, Cathy J.; Friston, Karl J.            Human Brain Mapping, Vol 8(2-3), 1999, 102-108.            doi: 10.1002/(SICI)1097-0193(1999)8:2/3&lt;102::AID-HBM6&gt;3.0.CO;2-J</p>

Week	Readings
3	<p data-bbox="298 233 516 268"><b><u>Memory aging</u></b></p> <p data-bbox="298 306 1263 373">12. Age-related changes in neural activity associated with familiarity, recollection and false recognition. Duarte A, Graham KS, Henson RN. Neurobiol Aging. 2010 Oct;31(10):1814-30. Epub 2008 Nov 11.PMID: 19004526</p> <p data-bbox="298 527 1224 632">13. Neural plasticity in the ageing brain. Burke SN, Barnes CA. Nat Rev Neurosci. 2006 Jan;7(1):30-40. Review.PMID: 16371948</p> <p data-bbox="298 674 1373 814">14. A Meta-Analytic Review of Prospective Memory and Aging. By Henry, Julie D.; MacLeod, Mairi S.; Phillips, Louise H.; Crawford, John R. Psychology and Aging, Vol 19(1), Mar 2004, 27-39. doi: 10.1037/0882-7974.19.1.27</p> <p data-bbox="298 856 1419 1073">15. Aging reduces veridical remembering but increases false remembering: Neuropsychological test correlates of remember-know judgments. By McCabe, David P.; Roediger, Henry L., III; McDaniel, Mark A.; Balota, David A. Neuropsychologia, Vol 47(11), Sep 2009, 2164-2173. doi: 10.1016/j.neuropsychologia.2008.11.025</p>
4	<p data-bbox="298 1115 581 1150"><b><u>Visuospatial aging</u></b></p> <p data-bbox="298 1188 1114 1329">16. Efficiency of route selection as a function of adult age. By Salthouse, Timothy A.; Siedlecki, Karen L. Brain and Cognition, Vol 63(3), Apr 2007, 279-286. doi: 10.1016/j.bandc.2006.09.006</p> <p data-bbox="298 1371 1334 1509">17. Aging and spatial navigation: What do we know and where do we go? By Moffat, Scott D. Neuropsychology Review, Vol 19(4), Dec 2009, 478-489. doi: 10.1007/s11065-009-9120-3</p> <p data-bbox="298 1551 1312 1730">18. Path integration and the neural basis of the 'cognitive map.' By McNaughton, Bruce L.; Battaglia, Francesco P.; Jensen, Ole; Moser, Edvard I.; Moser, May-Britt Nature Reviews Neuroscience, Vol 7(8), Aug 2006, 663-678. doi: 10.1038/nrn1932</p> <p data-bbox="298 1772 1192 1913">19. Visual dysfunction, neurodegenerative diseases, and aging. By Jackson, Gregory R.; Owsley, Cynthia Neurologic Clinics, Vol 21(3), Aug 2003, 709-728. doi: 10.1016/S0733-8619(02)00107-X</p>

Week	Readings
5-6	<p data-bbox="298 233 621 268"><b><u>The Dementias, 1 &amp; 2</u></b></p> <p data-bbox="298 306 1252 447">20. Frontotemporal dementia: A topical review. By Kertesz, Andrew Cognitive and Behavioral Neurology, Vol 21(3), Sep 2008, 127-133. doi: 10.1097/WNN.0b013e31818a8c66</p> <p data-bbox="298 489 1243 630">21. Frontotemporal dementia: a review for primary care physicians. Cardarelli R, Kertesz A, Knebl JA. Am Fam Physician. 2010 Dec 1;82(11):1372-7. PMID: 21121521</p> <p data-bbox="298 672 1195 774">22. The clinical use of structural MRI in Alzheimer disease. Frisoni GB, Fox NC, Jack CR Jr, Scheltens P, Thompson PM. Nat Rev Neurol. 2010 Feb;6(2):67-77. Review.PMID: 20139996</p> <p data-bbox="298 816 1386 1031">23. Neuropsychological and neuroimaging changes in preclinical Alzheimer's disease. By Twamley, Elizabeth W.; Ropacki, Susan A. Legendre; Bondi, Mark W. Journal of the International Neuropsychological Society, Vol 12(5), Sep 2006, 707-735. doi: 10.1017/S1355617706060863</p> <p data-bbox="298 1073 1118 1213">24. Neuropsychological assessment of dementia. By Salmon, David P.; Bondi, Mark W. Annual Review of Psychology, Vol 60, Jan 2009, 257-282. doi: 10.1146/annurev.psych.57.102904.190024</p> <p data-bbox="298 1255 1230 1358">25. Semantic dementia: a unique clinicopathological syndrome. Hodges JR, Patterson K. Lancet Neurol. 2007 Nov;6(11):1004-14. Review.PMID: 17945154</p> <p data-bbox="298 1400 1346 1579">26. Subcortical vascular dementia: Integrating neuropsychological and neuroradiologic data. By Price, C. C.; Jefferson, A. L.; Merino, J. G.; Heilman, K. M.; Libon, D. J. Neurology, Vol 65(3), Aug 2005, 376-382. doi: 10.1212/01.WNL.0000168877.06011.15</p> <p data-bbox="298 1621 1333 1799">27. Alzheimer's "Other Dementia" By Libon, David J.; Price, Catherine C.; Heilman, Kenneth M.; Grossman, Murray Cognitive and Behavioral Neurology, Vol 19(2), Jun 2006, 112-116. doi: 10.1097/01.wnn.0000209870.69522.a3</p> <p data-bbox="298 1841 1365 2020">28. Guidelines for the Evaluation of Dementia and Age-Related Cognitive Change By Task Force to Update the Guidelines for the Evaluation of Dementia and Age-Related Cognitive Decline Adopted by the APA Council of Representatives on February 18, 2011, no doi</p>

Week	Readings
7	<p data-bbox="297 233 1192 268"><b><u>Possible explanations: White matter and network accounts</u></b></p> <p data-bbox="297 306 1390 415">29. Neuropsychology of vascular dementia. By Price, C. C., Nguyen, P., Lamar, M., Libon, D. In Neuropsychology of Cardiovascular Diseases (in press) Psychology Press.</p> <p data-bbox="297 453 1390 667">30. Selective effects of aging on brain white matter microstructure: a diffusion tensor imaging tractography study. Michielse S, Coupland N, Camicioli R, Carter R, Seres P, Sabino J, Malykhin N. Neuroimage. 2010 Oct 1;52(4):1190-201. Epub 2010 May 17. PMID: 20483378</p> <p data-bbox="297 705 1333 852">31. Aging gracefully: compensatory brain activity in high-performing older adults. Cabeza R, Anderson ND, Locantore JK, McIntosh AR. Neuroimage. 2002 Nov;17(3):1394-402.PMID: 12414279</p> <p data-bbox="297 890 1422 1064">32. Structure-Function Correlates of Cognitive Decline in Aging. By Persson, Jonas; Nyberg, Lars; Lind, Johanna; Larsson, Anne; Nilsson, Lars-Göran; Ingvar, Martin; Buckner, Randy L. Cerebral Cortex, Vol 16(7), Jul 2006, 907-915. doi: 10.1093/cercor/bhj036</p>

Week	Readings
8	<p data-bbox="298 233 1203 268"><b><u>The cognitive neuropsychology of depression in the elderly</u></b></p> <p data-bbox="298 306 1289 447">33. The cognitive neuropsychology of depression in the elderly LUCIE L. HERRMANN, GUY M. GOODWIN and KLAUS P. EBMEIER Psychological Medicine / Volume 37 / Issue 12, pp 1693 -1702 DOI:10.1017/S0033291707001134</p> <p data-bbox="298 489 1354 667">34. Geriatric depression and cognitive impairment. By Steffens, D. C.; Potter, G. G. Psychological Medicine: A Journal of Research in Psychiatry and the Allied Sciences, Vol 38(2), Feb 2008, 163-175. doi: 10.1017/S003329170700102X</p> <p data-bbox="298 709 1411 888">35. Pathways linking late-life depression to persistent cognitive impairment and dementia. Butters MA, Young JB, Lopez O, Aizenstein HJ, Mulsant BH, Reynolds CF 3rd, DeKosky ST, Becker JT. Dialogues Clin Neurosci. 2008;10(3):345-57.</p> <p data-bbox="298 930 1320 1071">36. Depression and risk for Alzheimer disease: systematic review, meta- analysis, and metaregression analysis. Ownby RL, Crocco E, Acevedo A, John V, Loewenstein D. Arch Gen Psychiatry. 2006 May;63(5):530-8.PMID: 16651510</p> <p data-bbox="298 1113 1263 1209">37. How late-life depression affects cognition: neural mechanisms. Crocco EA, Castro K, Loewenstein DA. Curr Psychiatry Rep. 2010 Feb;12(1):34-8. Review.PMID: 20425308</p>

Week	Readings
9	<p data-bbox="298 233 1287 302"><b><u>Stress-diathesis models of cognitive aging: Sample case of post-operative cognitive dysfunction</u></b></p> <p data-bbox="298 342 1357 485">38. Post operative cognitive disorders. Price, C. C., Tanner, J., Monk, T. G. In G. Mashour (Ed), Neuroscientific Foundations of Anesthesiology, Oxford University Press.(in press).</p> <p data-bbox="298 525 984 667">39. Defining postoperative cognitive dysfunction. Rasmussen LS. Eur J Anaesthesiol. 1998 Nov;15(6):761-4. PMID: 9884870</p> <p data-bbox="298 707 1393 926">406. Detection of postoperative cognitive decline after coronary artery bypass graft surgery is affected by the number of neuropsychological tests in the assessment battery. Lewis MS, Maruff P, Silbert BS, Evered LA, Scott DA. Ann Thorac Surg. 2006 Jun;81(6):2097-104. PMID: 16731137</p> <p data-bbox="298 966 1369 1142">41. Predictors of cognitive dysfunction after major noncardiac surgery. Monk TG, Weldon BC, Garvan CW, Dede DE, van der Aa MT, Heilman KM, Gravenstein JS. Anesthesiology. 2008 Jan;108(1):18-30. PMID: 18156878</p> <p data-bbox="298 1182 1284 1358">42. Interactive effects of stress and aging on structural plasticity in the prefrontal cortex. Bloss EB, Janssen WG, McEwen BS, Morrison JH. J Neurosci. 2010 May 12;30(19):6726-31. PMID: 20463234</p> <p data-bbox="298 1398 1227 1541">43. Cognitive reserve. Stern Y. Neuropsychologia. 2009 Aug;47(10):2015-28. Epub 2009 Mar 13. PMID: 19467352</p>

Week	Readings
10	<p data-bbox="297 233 1414 302"><b><u>Cardiovascular function and its role in cognitive aging: Sample case from the laboratory of Ronald Cohen</u></b></p> <p data-bbox="297 342 1414 554">44. Cognitive profiles in heart failure: A cluster analytic approach. doi: 10.1080/13803395.2012.663344 By Miller, Lindsay A.; Spitznagel, Mary Beth; Alosco, Michael L.; Cohen, Ronald A.; Raz, Naftali; Sweet, Lawrence H.; Colbert, Lisa; Josephson, Richard; Hughes, Joel; Rosneck, Jim; Gunstad, John Journal of Clinical and Experimental Neuropsychology, Vol 34(5), Jun 2012, 509-520.</p> <p data-bbox="297 600 1414 741">45. Obesity is associated with reduced white matter integrity in otherwise healthy adults. doi: 10.1038/oby.2010.312 By Stanek, Kelly M.; Grieve, Stuart M.; Brickman, Adam M.; Korgaonkar, Mayuresh S.; Paul, Robert H.; Cohen, Ronald A.; Gunstad, John J. Obesity, Vol 19(3), Mar 2011, 500-504.</p> <p data-bbox="297 787 1414 999">46. Longitudinal cognitive performance in older adults with cardiovascular disease: Evidence for improvement in heart failure. By Stanek, Kelly M.; Gunstad, John; Paul, Robert H.; Poppas, Athena; Jefferson, Angela L.; Sweet, Lawrence H.; Hoth, Karin F.; Haley, Andreana P.; Forman, Daniel E.; Cohen, Ronald A. Journal of Cardiovascular Nursing, Vol 24(3), May-Jun 2009, 192-197.</p> <p data-bbox="297 1045 1414 1281">47. The Relationship Between Frontal Gray Matter Volume and Cognition Varies Across the Healthy Adult Lifespan. doi: 10.1097/01.JGP.0000238502.40963.ac By Zimmerman, Molly E.; Brickman, Adam M.; Paul, Robert H.; Grieve, Stuart M.; Tate, David F.; Gunstad, John; Cohen, Ronald A.; Aloia, Mark S.; Williams, Leanne M.; Clark, C. Richard; Whitford, Thomas J.; Gordon, Evian The American Journal of Geriatric Psychiatry, Vol 14(10), Oct 2006, 823-833.</p>

Week	Readings
11	<p data-bbox="298 233 711 268"><b><u>Stroke: Cognitive sequelae</u></b></p> <p data-bbox="298 306 1386 373">48. American Heart Association. Heart Disease and Stroke Statistics — 2010 Update</p> <p data-bbox="298 417 1263 485">49. Worldwide stroke incidence and early case fatality reported in 56 population-based studies: a systematic review.</p> <p data-bbox="298 489 1166 594">Feigin VL, Lawes CM, Bennett DA, Barker-Collo SL, Parag V. Lancet Neurol. 2009 Apr;8(4):355-69. Epub 2009 Feb 21. PMID: 19233729</p> <p data-bbox="298 638 1227 779">502. Review of longer-term problems after disabling stroke John Young, Jenni Murray and Anne Forster Reviews in Clinical Gerontology / Volume 13 / Issue 01, pp 55 -65 DOI:10.1017/S0959259803013157 (About DOI)</p> <p data-bbox="298 823 1398 995">51. Screening patients with stroke for rehabilitation needs: validation of the post-stroke rehabilitation guidelines. Edwards DF, Hahn MG, Baum CM, Perlmutter MS, Sheedy C, Dromerick AW. Neurorehabil Neural Repair. 2006 Mar;20(1):42-8. PMID: 16467277</p> <p data-bbox="298 1039 1409 1220">52. Domain-specific cognitive recovery after first-ever stroke: A follow-up study of 111 cases Nys, GMS; Van Zandvoort, MJE; De Kort, PLM; et al. JOURNAL OF THE INTERNATIONAL NEUROPSYCHOLOGICAL SOCIETY, 11 (7): 795-806 NOV 2005</p> <p data-bbox="298 1264 1393 1476">53. Evolution of Cognitive Impairment After Stroke and Risk Factors for Delayed Progression BY del Ser, Teodoro MD, PhD; Barba, Raquel MD, PhD; Morin, Maria M. MD; Domingo, Julio MD; Cemillan, Carlos MD; Pondal, Margarita MD; Vivancos, Jose MD Stroke, Volume 36(12), December 2005, pp 2670-2675</p>

Week	Readings
12	<p data-bbox="298 233 919 268"><b><u>Parkinson's disease: Cognitive sequelae</u></b></p> <p data-bbox="298 306 1325 373">54. Cognitive dysfunction in Parkinson's disease: the role of frontostriatal circuitry. Owen AM. Neuroscientist. 2004 Dec;10(6):525-37. Review.PMID: 15534038</p> <p data-bbox="298 489 1092 596">55. The progression of Parkinson disease: a hypothesis. Lang AE. Neurology. 2007 Mar 20;68(12):948-52.PMID: 17372132</p> <p data-bbox="298 636 1422 814">56. The distinct cognitive syndromes of Parkinson's disease: 5 year follow-up of the CamPaIGN cohort. Williams-Gray CH, Evans JR, Goris A, Foltynie T, Ban M, Robbins TW, Brayne C, Kolachana BS, Weinberger DR, Sawcer SJ, Barker RA. Brain. 2009 Nov;132(Pt 11):2958-69. Epub 2009 Oct 7.PMID: 19812213</p> <p data-bbox="298 854 1357 1033">57. Neurotransmitter changes in dementia with Lewy bodies and Parkinson disease dementia in vivo. Klein JC, Eggers C, Kalbe E, Weisenbach S, Hohmann C, Vollmar S, Baudrexel S, Diederich NJ, Heiss WD, Hilker R. Neurology. 2010 Mar 16;74(11):885-92. Epub 2010 Feb 24.PMID: 20181924</p> <p data-bbox="298 1073 1422 1434">58. DLB and PDD boundary issues: diagnosis, treatment, molecular pathology, and biomarkers. Lippa CF, Duda JE, Grossman M, Hurtig HI, Aarsland D, Boeve BF, Brooks DJ, Dickson DW, Dubois B, Emre M, Fahn S, Farmer JM, Galasko D, Galvin JE, Goetz CG, Growdon JH, Gwinn-Hardy KA, Hardy J, Heutink P, Iwatsubo T, Kosaka K, Lee VM, Leverenz JB, Masliah E, McKeith IG, Nussbaum RL, Olanow CW, Ravina BM, Singleton AB, Tanner CM, Trojanowski JQ, Wszolek ZK; DLB/PDD Working Group. Neurology. 2007 Mar 13;68(11):812-9. PMID: 17353469</p> <p data-bbox="298 1474 1336 1688">59. Deep Brain Stimulation and the Role of the Neuropsychologist. By Okun, Michael S.; Rodriguez, Ramon L.; Mikos, Ania; Miller, Kimberly; Kellison, Ida; Kirsch-Darrow, Lindsey; Wint, Dylan P.; Springer, Utaka; Fernandez, Hubert H.; Foote, Kelly D.; Crucian, Gregory; Bowers, Dawn The Clinical Neuropsychologist, Vol 21(1), Jan 2007, 162-189. doi: 10.1080/13825580601025940</p>

Week	Readings
13	<p data-bbox="297 233 776 268"><b><u>Physical exercise interventions</u></b></p> <p data-bbox="297 306 1409 373">60. Neurocognitive aging and cardiovascular fitness: recent findings and future directions. Colcombe SJ, Kramer AF, McAuley E, Erickson KI, Scalf P. J Mol Neurosci. 2004;24(1):9-14. Review.PMID: 15314244</p> <p data-bbox="297 489 1398 667">61. Capitalizing on cortical plasticity: influence of physical activity on cognition and brain function. Kramer AF, Erickson KI. Trends Cogn Sci. 2007 Aug;11(8):342-8. Epub 2007 Jul 12. Review.PMID: 17629545</p> <p data-bbox="297 709 1409 856">62. The effects of physical exercise on depressive symptoms among the aged: a systematic review. Sjösten N, Kivelä SL. Int J Geriatr Psychiatry. 2006 May;21(5):410-8. Review.PMID: 16676285</p> <p data-bbox="297 888 1409 1035">63. Fitness Effects on the Cognitive Function of Older Adults : A Meta-Analytic Study By Stanley Colcombe and Arthur F. Kramer Psychological Science 2003 14: 125, DOI: 10.1111/1467-9280.t01-1-01430</p>
14	<p data-bbox="297 1041 656 1077"><b><u>Cognitive interventions</u></b></p> <p data-bbox="297 1115 1385 1293">64. Enrichment effects on adult cognitive development: Can the functional capacity of older adults be preserved and enhanced? By Hertzog, Christopher; Kramer, Arthur F.; Wilson, Robert S.; Lindenberger, Ulman Psychological Science in the Public Interest, Vol 9(1), Oct 2008, 1-65.</p> <p data-bbox="297 1335 1370 1482">65. Intervening with Late-Life Cognition: Lessons from the ACTIVE Study. Marsiske, M. Monograph published by the American Society on Aging, San Francisco: CA. (2009).</p> <p data-bbox="297 1514 1403 1661">66. Can training in a real-time strategy video game attenuate cognitive decline in older adults? Basak, Chandramallika; Boot, Walter R.; Voss, Michelle W.; Kramer, Arthur F. Psychology and Aging, Vol 23(4), Dec 2008, 765-777. doi: 10.1037/a0013494</p> <p data-bbox="297 1692 1373 1808">67. Kueider AM, Parisi JM, Gross AL, Rebok GW (2012) Computerized Cognitive Training with Older Adults: A Systematic Review. PLoS ONE 7(7): e40588. doi:10.1371/journal.pone.0040588</p> <p data-bbox="297 1839 1360 1944">68. Susanne M. Jaeggi, Martin Buschkuhl, John Jonides, &amp; Walter J. Perri (2008). Improving fluid intelligence with training on working memory. PNAS May 13, 2008 vol. 105 no. 19 6829-6833, doi: 10.1073/pnas.0801268105</p>

Week	Readings
15	<p data-bbox="297 233 1247 302"><b><u>Mechanisms of Age-Related Cognitive Change and Targets for Intervention</u></b></p> <p data-bbox="297 342 1422 485">69. Kenneth S. Kosik, Peter R. Rapp, Naftali Raz, Scott A. Small, J. David Sweatt, and Li-Huei Tsai (2012) Mechanisms of Age-Related Cognitive Change and Targets for Intervention: Epigenetics J Gerontol A Biol Sci Med Sci 2012 67: 741-746</p> <p data-bbox="297 525 1382 667">70. Charles DeCarli, Claudia Kawas, John H. Morrison, Patricia A. Reuter-Lorenz, Reisa A. Sperling, and Clinton B. Wright (2012) Mechanisms of Age-Related Cognitive Change and Targets for Intervention: Neural Circuits, Networks, and Plasticity. J Gerontol A Biol Sci Med Sci 2012 67: 747-753</p> <p data-bbox="297 707 1377 850">71. Suzanne Craft, Thomas C. Foster, Philip W. Landfield, Steven F. Maier, Susan M. Resnick, and Kristine Yaffe (2012) Mechanisms of Age-Related Cognitive Change and Targets for Intervention: Inflammatory, Oxidative, and Metabolic Processes J Gerontol A Biol Sci Med Sci 2012 67: 754-759.</p> <p data-bbox="297 890 1417 1033">72. William S. Kremen, Margie E. Lachman, Jens C. Pruessner, Martin Sliwinski, and Robert S. Wilson (2012) Mechanisms of Age-Related Cognitive Change and Targets for Intervention: Social Interactions and Stress. J Gerontol A Biol Sci Med Sci 2012 67: 760-765</p> <p data-bbox="297 1073 1398 1215">73. Eric M. Reiman, Roberta Diaz Brinton, Russell Katz, Ronald C. Petersen, Selam Negash, Dan Mungas, and Paul S. Aisen (2012). Considerations in the Design of Clinical Trials for Cognitive Aging. J Gerontol A Biol Sci Med Sci 2012 67: 766-772</p>

## **Acceptable Collaboration**

### On Collaboration

What constitutes acceptable levels of collaboration in this class? Please just treat this as "continuing education". It is here for your reference, but if (after reading this) you feel like you may have gone beyond acceptable and want to discuss it, please get in touch with me or one of the teaching assistants at your convenience.

The short answer about how much collaboration is acceptable is "As specified in the syllabus, and in the UF Honor Code". Let's review those items quickly, and then go a little deeper.

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#### 1. UF Honor Code:

A key phrase in this honor code relates to "ambiguity": "It is the responsibility of the student to seek clarification on whether or not use of materials or collaboration or consultation with another person is authorized prior to engaging in any act of such use, collaboration or consultation. If a faculty member has authorized a student to use materials or to collaborate or consult with another person in limited circumstances, the student shall not exceed that authority. If the student wishes to use any materials or collaborate or consult with another person in circumstances to which the authority does not plainly extend, the student shall first ascertain with the faculty member whether the use of materials, collaboration or consultation is authorized. "

<http://regulations.ufl.edu/chapter4/4041-2008.pdf>

Key phrasing with regard to collaboration:

(a) Plagiarism. A student shall not represent as the student's own work all or any portion of the work of another. Plagiarism includes but is not limited to:

1. Quoting oral or written materials including but not limited to those found on the internet, whether published or unpublished, without proper attribution.

2. Submitting a document or assignment which in whole or in part is identical or substantially identical to a document or assignment not authored by the student.

(b) Unauthorized Use of Materials or Resources ("Cheating"). A student shall not use unauthorized materials or resources in an academic activity. Unauthorized materials or resources shall include:

1. Any paper or project authored by the student and presented by the student for the satisfaction of any academic requirement if the student previously submitted substantially the same paper or project to satisfy an academic requirement and did not receive express authorization to resubmit the paper or project.

2. Any materials or resources prepared by another student and used without the other student's express consent or without proper attribution to the other student.
3. Any materials or resources which the faculty member has notified the student or the class are prohibited.
4. Use of a cheat sheet when not authorized to do so or use of any other resources or materials during an examination, quiz, or other academic activity without the express permission of the faculty member, whether access to such resource or materials is through a cell phone, PDA, other electronic device, or any other means.

(c) Prohibited Collaboration or Consultation. A student shall not collaborate or consult with another person on any academic activity unless the student has the express authorization from the faculty member.

1. Prohibited collaboration or consultation shall include but is not limited to:

a. Collaborating when not authorized to do so on an examination, take-home test, writing project, assignment, or course work.

b. Collaborating or consulting in any other academic or co-curricular activity after receiving notice that such conduct is prohibited.

c. Looking at another student's examination or quiz during the time an examination or quiz is given. Communication by any means during that time, including but not limited to communication through text messaging, telephone, e-mail, other writing or verbally, is prohibited unless expressly authorized.

2. It is the responsibility of the student to seek clarification on whether or not use of materials or collaboration or consultation with another person is authorized prior to engaging in any act of such use, collaboration or consultation. If a faculty member has authorized a student to use materials or to collaborate or consult with another person in limited circumstances, the student shall not exceed that authority. If the student wishes to use any materials or collaborate or consult with another person in circumstances to which the authority does not plainly extend, the student shall first ascertain with the faculty member whether the use of materials, collaboration or consultation is authorized.

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2. Syllabus:

The syllabus says:

"On all work submitted for credit by students at the University of Florida, the following pledge is either required or implied:

"On my honor, I have neither given nor received unauthorized aid in doing this assignment".

It is desirable and expected that take home assignments will stimulate conversation among classmates, and that classmates may actually mentor one another in the work. Students are also likely to discuss elements of the assignment with the instructor. It is expected, however, that **submitted** work will **solely** reflect the student's own efforts. Students are expected not to collaborate in thinking through slides, outlining slides, sharing slides, or preparing slides. The instructors will regularly check for "unusual congruence" in answers, and will discuss concerning instances with students involved. Where collaboration has been found, a zero grade will be assigned."

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If you feel, based on the foregoing, that you are engaging in excessive levels of collaboration, and you believe this is because what you REALLY need is more instructional support, please let us know.

Please be aware that excessive collaboration can trigger a process that none of us wants to trigger! I'm copying a link below. In the interests of self-protection, we urge each of you to draw a clear firewall between YOUR work, and the work of other students in the class.

<http://www.dso.ufl.edu/sccr/faculty/>

## SYLLABUS FACESHEET

**Course Title:** Advanced Writing Seminar

**Instructor:** Michael E. Robinson, Ph.D.

**This course is Elective**

**1) Describe how integration of theory, research, and practice is accomplished in this course.**

This course is a writing course designed to increase knowledge, competency, and success in grant writing, particularly NIH grants. Inherent in any health related grant, are theoretical underpinnings of the scientific constructs, their relevance to clinical and health related issues. As a course on grant writing, specific instruction regarding NIH initiatives, guidelines and expectations regarding translation of science into the clinic or general population is highlighted, discussed, and integrated into each students' writing.

**2) Describe how issues of diversity are addressed in this course.**

Diversity is addressed on number of levels. NIH guidelines for inclusion of women and children, and minorities is discussed and implemented in each student product. In addition, methodological issues related to experimental designs, participant recruitment and retention, and test/measures that are appropriate choices for diverse populations are discussed.

**3) Describe how ethical issues are addressed in this course.**

Students complete the local and NIH training on research ethics. Additional discussion of ethical considerations, the history of research ethics in Psychology, IRB manuals and procedures are also discussed. Publication policies, mentor-student relationships with regard to conduct of research and authorship are also presented and discussed.

College of Public Health & Health Professions

CLP 7934

Advanced Writing Seminar

Fall, 2012

Course Meeting Time and Place: Mondays 2-5 pm HPNP G111

**Instructor Information**

Instructor Name: Michael Robinson  
Clinical and Health Psychology HPNP 4131  
Phone Number: 273-6617  
Email Address: merobin@ufl.edu  
Office Hours: by appointment

**Course Overview or Purpose**

This course is designed to increase competence and proficiency in scientific writing. Emphasis will be placed on grant writing, though some course content will also cover other scientific manuscripts relevant the field of Psychology and Neuroscience.

**Course Objectives and/or Goals**

This course is designed to teach students to write NIH-style grants. The writing and instruction is primarily about research. Effective research grants require considerable theoretical integration and most projects involve clinical populations, therefore also requiring practice considerations. Fundable grants must have impeccable methodology, a solid theoretical underpinning, and be consistent with NIH clinical initiatives (i.e. Healthy People 2010).

Objectives

1. Students will learn to write in NIH style.
2. Students will gain knowledge about NIH Institutes, grant types, and funding mechanisms
3. Students will learn the specifics of the review process and strategies to optimize reviewer ratings

**Course Materials**

List full citations for required textbooks and information about coursepacks, case studies, and other materials.

**Course Requirements/Evaluation/Grading**

Students will be graded on their grant applications and their critiques of other students grant applications.

(8/23) - Course overview - Organizational Meeting

(9/13) - Overview of NIH  
- Mock Study Section

(9/20) - Initial Student Presentations of grant topics

(9/27) -Examination/Discussion of Existing Grants and Reviews

(10/4) - Examination/Discussion of Existing Grants and Reviews

(10/11) - Specific Aims Presentation & Discussion

(10/18) - Study Section Review of Grants \_\_\_\_\_

(10/25) - Study Section Review of Grants \_\_\_\_\_

(11/1) - Study Section Review of Grants \_\_\_\_\_

(11/18) -Study Section Review of Grants \_\_\_\_\_

(11/15) - Study Section Review of Grants \_\_\_\_\_

(11/22) Study Section Review of Grants \_\_\_\_\_

(11/29) Wrap-Up

(12/6) Make up (if needed)

**Statement of University's Honesty Policy (cheating and use of copyrighted materials)**

**Academic Integrity** – Students are expected to act in accordance with the University of Florida policy on academic integrity (see Student Conduct Code, the Graduate Student Handbook or this web site for more details:

[www.dso.ufl.edu/judicial/procedures/academicguide.php](http://www.dso.ufl.edu/judicial/procedures/academicguide.php)).

Cheating, lying, misrepresentation, or plagiarism in any form is unacceptable and inexcusable behavior.

*We, the members of the University of Florida community,  
pledge to hold ourselves and our peers to the  
highest standards of honesty and integrity.*

### **Policy Related to Class Attendance**

Class attendance is critical since this is a seminar that emulates NIH Study Sections. Failure to attend class will adversely affect grades.

### **Policy Related to Make-up Exams or Other Work**

**Attendance and Make-up Work** – I expect you to attend and be prepared to participate in all class sessions. Personal issues with respect to class attendance or fulfillment of course requirements will be handled on an individual basis.

### **Statement Related to Accommodations for Students with Disabilities**

#### **Accommodations for Students with Disabilities**

If you require classroom accommodation because of a disability, you must first register with the Dean of Students Office (<http://www.dso.ufl.edu/>). The Dean of Students Office will provide documentation to you, which you then give to the instructor when requesting accommodation. The College is committed to providing reasonable accommodations to assist students in their coursework.

### **Counseling and Student Health**

Students may occasionally have personal issues that arise in the course of pursuing higher education or that may interfere with their academic performance. If you find yourself facing problems affecting your coursework, you are encouraged to talk with an instructor and to seek confidential assistance at the University of Florida Counseling Center, 352-392-1575, or Student Mental Health Services, 352-392-1171. Visit their web sites for more information: <http://www.counsel.ufl.edu/> or <http://www.health.ufl.edu/shcc/smhs/index.htm#urgent>

The Student Health Care Center at Shands is a satellite clinic of the main Student Health Care Center located on Fletcher Drive on campus. Student Health at Shands offers a variety of clinical services, including primary care, women's health care, immunizations, mental health care, and pharmacy services. The clinic is located on the second floor of the Dental Tower in the Health

Science Center. For more information, contact the clinic at 392-0627 or check out the web site at: [www.health.ufl.edu/shcc](http://www.health.ufl.edu/shcc)

Crisis intervention is always available 24/7 from:  
Alachua County Crisis Center: (352) 264-6789.

*BUT – Do not wait until you reach a crisis to come in and talk with us. We have helped many students through stressful situations impacting their academic performance. You are not alone so do not be afraid to ask for assistance.*

**Suggested Additional Information (not required)**

**Class Demeanor Expected by the Professor (late to class, cell phones)**

No cell phones will be used during class without specific permission from the instructor.

**Final Note**

Course syllabi are expected to be posted on a student accessible website and must be submitted to the departmental office to document compliance with this policy.

## SYLLABUS FACESHEET

**Course Title:** Special Topic Course: Neuropsychological Theory and Case Integration (CLP 7934)

**Instructor:** Catherine Price, Ph.D., ABPP/CN

**This course is (Required or Elective):** Elective

**1) Describe how integration of theory, research, and practice is accomplished in this course.**

Through this course, the students acquire an improved understanding for neuropsychological principles, controversies, and clinical applications. The course is devoted to discussing selected readings from classic neuropsychological/neurological research and their relevance to clinical assessments.

**2) Describe how issues of diversity are addressed in this course.**

We address issues of diversity related to neurological, psychological, and neuropsychological view-points. This includes issues of norming relative to racial/ethnic groups, norming relative to healthy peers versus disease related peers, issues of brain lateralization, handedness, and educational biases.

**3) Describe how ethical issues are addressed in this course.**

We discuss ethical issues pertaining to normative applications, use of animal models and lesion models to assess human brain organization, and neuropsychological /psychological competency for specialty boarding.

**Special Topic Course: Neuropsychological Theory and Case Integration**  
Graduate Course Number: CLP 7934

**May 14<sup>th</sup>- August 10th**

**Instructor**

Catherine Price, Ph.D.  
Assistant Professor, CHP

**Credit Hours: 3**

**Required Pre-Courses for Undergraduates:** Introduction to Neuropsychology

**Course Overview and Objectives:**

This course has multiple purposes for both undergraduate and graduate students:

All students will acquire an improved understanding for neuropsychological principles, controversies, and clinical applications. The course will be devoted to discussing selected readings from classic neuropsychological/neurological literature and their relevance to clinical assessments. Teams consisting of at least one undergraduate and one graduate student will use the semester to create a podcast on one of the course topics (e.g., Kluver Bucy). These podcasts can include discussion of a relevant clinical case. Podcasts will be presented at the end of the semester and then uploaded for public dissemination. Podcast assistance is provided by the UF Center for Instructional Technology and Training

Advanced undergraduate students who have successfully completed *introduction to neuropsychology* will enhance their knowledge of neuropsychological principles / theories by a) acquiring individualized mentoring on neuropsychology and neuroanatomy from at least one advanced neuropsychology specialty graduate student, b) engaging in challenging discussions that stimulate critical thinking about neuropsychology principles and clinical-research integration, and c) researching a topic of interest that will then be uploaded as a novel podcast. It is not expected the student will become fully proficient in these areas – but rather introduced to the topics so that a better appreciation can be gained before considering neuropsychology as a discipline for further study (e.g., graduate school).

Neuropsychology specialty graduate students within the Clinical and Health Psychology program will substantially sharpen their ability to integrate neuropsychological principles/theories for clinical case interpretation. Graduate students are expected to help lead discussions on the theories discussed and integrate their understanding of the readings into case reviews (case are provided by the instructor but can also be brought in from the student should h/she be on practicum or have a relevant case). Graduate students who have not completed Neuropsychological Assessment (CLP 7427) and Functional Human Neuroanatomy (GMS 6705) may have a more challenging time with this course and consequently should be prepared to spend more hours reviewing basic neuroanatomical and neuropsychological testing principles. The study will improve his/her own understanding of neuropsychological theories and case integration by a) acquiring at least a one -on-one teaching experience to an undergraduate student on brain-behavior concepts (e.g, ventral-dorsal stream; vascular system relevance, etc), b) by supervising/ mentoring the creation of an instructive podcast which will be produced at the end of the course for public (layman) dissemination. I encourage each graduate student to remember that the best way to learn is to teach. The course instructor will meet individually with each graduate student to provide feedback on their supervision/mentorship style and discuss concerns.

### **Grading Procedures and Scales**

*Grading:* A = 90-100; B=80-89; C=70-79; D=60-69; F=below 60. Evaluation in the course will be based on engagement in weekly group discussions (50%) and the final podcast (50%).

### **Course Time:**

Anticipated course time is at least nine hours of time per week. Classes will be held for 3 hours with a 15-minute break before the last hour. Graduate student-undergraduate student mentoring and pod-cast creation will occur in the last hour. I expect students to complete outside readings independently, create a set of multiple choice questions on each of the readings that will then be circulated to all class members, and to provide thoughtful feedback and comments to the course meetings. Students are also encouraged to listen to current podcast topics, bring them to class to share, and integrate into the discussions (as relevant).

	Topics	Assigned Readings
Week of May 14th	Review of course expectations No specific readings discussed this week. Podcast groups are assigned Podcast topics chosen	<ul style="list-style-type: none"> <li>• Round table discussion on the integration of neuroanatomy, neuropsychology, and clinical psychology principles.</li> <li>• Review of topics to be discussed – and assignment of podcast topics</li> <li>• Listen to selected podcasts in class</li> </ul>
Week of May 21st	Essential History  Round table discussion on A.R. Luria, his place in neuropsychology, and other prominent neuropsychologists (both “then” and “now”).  We will also consider current neuropsychologists who are changing the field. Why are they changing the field? What do neuropsychologists need to accomplish in our current medical system?  <b>Case review</b>	<ul style="list-style-type: none"> <li>• J. H. Jackson (1884), “Evolution and dissolution of the nervous system. Croonian Lecture. Selected Papers 2 , British Medical Journal, April 5; 1 (1213), 660-663. London.</li> <li>• Four Neuropsychologists (1987). INS lecture in Benton (Ed). Exploring the History of Neuropsychology: Selected Papers</li> <li>• Neuropsychology: Past, Present, and Future. In Benton (Ed). Exploring the History of Neuropsychology: Selected Papers.</li> <li>• Goldberg and Bougakov – Neuropsychology and A.R. Luria’s Concept of Higher Cortical Functions in the Beginning of the 3<sup>rd</sup> Millennium.</li> </ul>
May 28 <sup>th</sup>	Memorial Day	
Week of June 4th	Connections and Disconnections  What are “connections” and “disconnections”? What types of neuroanatomical regions are specifically implicated in the disorders proposed by Geschwind – and are there potentially others and other diseases that could be considered “disconnection” syndromes? How do the concepts of disconnection influence our understanding of clinical neuropsychological “disorders” and assessment approaches?  <b>Case review</b>	<ul style="list-style-type: none"> <li>• Goldberg, (1989). Gradient approach to neocortical functional organization. Journal of Clinical Experimental Neuropsychology, 11, 489-517.</li> <li>• Geschwind, N. Disconnexion syndromes in animal and man – Part I and II.</li> <li>• Kleinschmidt &amp; Rusconi (2011). Gerstmann meets Geschwind: A crossing (or kissing) variant of a subcortical disconnection syndrome? The Neuroscientist, 17, 633.</li> <li>• Optional but easy read: Koziol, L. F., Budding, D. E. (2009). Movement, Cognition, and the Vertically Organized Brain.</li> </ul>

<p>Week of June 11th</p>	<p>Dyslexia</p> <p>What is dyslexia and what are common misperceptions?</p> <p>How have the readings altered your understanding of brain connectivity, if at all?</p> <p><b>Case Review: Tim Conway – guest case discussant</b></p>	<ul style="list-style-type: none"> <li>• Hinshelwood (1917). Congenital Word Blindness. Selected subsection.</li> <li>• Alexander (2007). Developmental Dyslexia.</li> <li>• Ramus, F. (2006). A neurological model of dyslexia and other domain-specific developmental disorders with an associated sensorimotor syndrome.</li> <li>• Galaburda, Sherman, Aboitiz, Geschwind (2004). Developmental dyslexia: Four consecutive patients with cortical anomalies.</li> </ul>
<p>Week of June 18<sup>th</sup></p>	<p>Cerebral Lateralization</p> <p>What is the Geshwind triad and how it is applicable to today’s neuropsychological assessments?</p> <p>What implications do testosterone and glucocorticoids have for other disorders commonly seen for neuropsychological assessment?</p> <p><b>Case Review</b></p>	<ul style="list-style-type: none"> <li>• Geshwind, N., Galaburda, A. B. (1985). Cerebral Lateralization: Biological mechanisms, associations, and pathology: I. A Hypothesis and a program for research</li> <li>• Geshwind, N., Galaburda, A. M. (1985). Cerebral Lateralization: Biological Mechanisms, Associations, and Pathology: II. A Hypothesis and a Program for Research</li> <li>• Satz, P. (1972) Pathological left handedness</li> </ul>
<p>Week of June 25<sup>th</sup></p>	<p>Summer Break!!</p>	<p>Optional readings on H.M. and memory:</p> <ul style="list-style-type: none"> <li>• Scoville, W. B., Milner, B. (1957). Loss of recent memory after bilateral hippocampal lesions.</li> <li>• Milner, Penfield (1955). Effect of Hippocampal Lesions</li> <li>• Clark and Squire (2010). An animal model of recognition memory and medial temporal lobe amnesia: History and current issues. <i>Neuropsychologia</i></li> </ul>
<p>Week of July 9th</p>	<p>Papez Circuit</p> <p>How has it influenced our understanding of the limbic system and emotional regulation? Have there been changes to this circuit and, if so, what are they?</p> <p>How do the associated structures of the limbic system modify our understanding of memory-affective associations?</p> <p><b>Case review</b></p>	<ul style="list-style-type: none"> <li>• Papez, J. W. (1940) Connections of the Pulvinar</li> <li>• Papez, J.W. (1940). A Proposed Mechanism of Emotion</li> <li>• Triarhou, L. C. (2008). Centenary of Christfried Jakob’s discovery of the visceral brain: An unheeded precedence in affective neuroscience.</li> <li>• Heimer, L., Van Hoesen (2006). The limbic lobe and its output channels: Implications for emotional functions and adaptive behavior.</li> </ul>
<p>Week of July 16th</p>	<p>Kliver Bucy Syndrome and Human Applications</p> <p>Is Kliver Bucy “syndrome” a disconnection syndrome?</p> <p>How are Kliver and Bucy’s descriptions of the monkeys different from the of Lhermitte’s human descriptions? How are these “lesion” lessons valuable for clinical neuropsychological case integration?</p>	<ul style="list-style-type: none"> <li>• Kliver, H., Bucy, P. C. (1939). Preliminary analysis of functions of the temporal lobes in monkeys.</li> <li>• Wood, C. D. (1958). Behavioral changes following discrete lesions of temporal lobe structures.</li> <li>• Lhermitte, Pillon, Serdaru (1986). Human anatomy and the frontal lobes. Part I: Imitation and Utilization Behavior: A Neuropsychologica Study of 75 Patients</li> <li>• Lhermitte (1986). Human Autonomy and the frontal lobes. Part II: Patient behavior in complex</li> </ul>

	<b>Case review</b>	and social situations: The “Environmental dependency syndrome” <ul style="list-style-type: none"> <li>Lhermitte (1983). Utilization behavior and its relation to lesions of the frontal lobes.</li> </ul>
July 23rd	Social Brain and Theory of Mind  What is the significant and nature of the mirror neuron system for social cognition and imitation? What are its clinical implications for understanding imitation, theory of mind, and clinical disorders such as autism?  <b>Guest Discussant: Rus Bauer</b>	<ul style="list-style-type: none"> <li>Dapretto, M., Davies, M., et al (2005j). Understanding emotions in others: mirror neuron dysfunction in children with autism spectrum disorders. Nature Neurosci.</li> <li>Hamilton, A. (2009). Research review: Goals, intentions and mental states: challenges for theories of autism.</li> <li>Cattaneo, L., Rizzolatti, G. (2009). The mirror neuron system. Neurological Review.</li> <li>Aziz-Zadeh, L., &amp; Ivry, R. B. (2009). The human mirror neuron system and embodied representations. Progress in Motor Control.</li> <li>Rizzolatti, G., Fabbri-Destro, Cattaneo (2009). Mirror neurons and their clinical relevance. Nature Clinical Practice Neurology.</li> </ul>
Week of July 30th	Fuster and Goldstein Special Guest Discussant: David Libon	<ul style="list-style-type: none"> <li>Goldstein, Scheerer (1941). Psychological Monographs: Abstract and Concrete Behavior-An Experimental Study with Special Tests.</li> <li>Fuster selected reading.</li> </ul>
Week of August 6th	Review of Podcast creations and final uploading for dissemination.	

### PodCast Information:

A podcast is a digital media type that involves a series of files (usually audio but it can include audio or video) that is subscribed to by listeners/viewers for download.

#### Creating a PodCast

Along with an IT specialist, I will be the primary person who will upload your podcasts at the end of the semester. The podcasts will be available to the public at the end of the semester.

How to choose a topic: Teams can choose a topic from any of the class discussions listed above. They can also choose an alternative topic – but have to get approval from the course instructor and the other podcast teams. Ideally, the topic involves a classic neuropsychological or neurological issue, diagnosis, or cognitive profile.

Suggestions on how to write (produce) a podcast: It will be helpful to have more than one member do literature searches. Together, the team should come up with the topic, review the topic thoroughly, choose a presentation format (see ‘creativity’ below), write the podcast in a WORD type document, practice the podcast, and then audio record the podcast. The entire class (all teams) will be available to discuss problems with podcast creation and recording. We will reserve time to discuss these issues at the end of each class.

Creativity: Podcast presentations can vary by team. For example, one team may choose a very interactive discussion format where team members ask and answer questions (similar to a talk show). Another team may choose to discuss a topic using a lecture format.

Example podcasts: I suggest going to iTunes (free for download) to download free podcast shows for review. If iTunes you will go to iTunes Store>Podcasts>and then type in “neurology” or “neuropsychology”. Suggested ones for review are:

Neurology podcast (<http://www.aan.com/rss/?event=feed&channel=1>)

The Lancet Neurology (<http://www.thelancet.com/audio>)

Psychiatry Grand Rounds from the UCLA Semel Institute (<http://www.psychiatrygrandrounds.com/>)

File format: Podcasts must at least be in audio format saved in either a mp3 or mp4 format.

Duration: The minimum podcast time should be at least 30 minutes. Longer podcasts are possible.  
Required Podcast Announcements: It is required that each team make the following statements: 1) they are affiliated with the Department of Clinical and Health Psychology, University of Florida; 2) the podcasts were created as part of an advanced course offered through the College of Public Health and Health Professions; and 3) the podcast was supported by the UF Center for Instructional Technology and Training, and 4) a contact person for questions/comments regarding your podcast (you can put a team member's name as well as my name – Catherine Price at cep23@phhp.ufl.edu).

**Our Blog**     <http://neuropsychologytheory.blogspot.com/>

We have a blog spot where we can discuss our readings, post questions/answers, and provide links to interesting and relevant articles. Please sign into the blog. One of your first assignments will be to access the blog and post an interesting article, ask a question, or answer a question.

### **The Honor Code:**

***"We, the members of the University of Florida community, pledge to hold ourselves and our peers to the highest standards of honesty and integrity."***

On all work submitted for credit by students at the University of Florida, the following pledge is either required or implied: ***"On my honor, I have neither given nor received unauthorized aid in doing this assignment."***

The university's policy regarding cheating and other academic dishonesty may be found at <http://www.chem.ufl.edu/~itl/honor.html> .

## SYLLABUS FACESHEET

**Course Title:** Pediatric Psychology (CLP 7934)

**Instructor:** David M. Janicke, PhD

**This course is (Required or Elective):** Required for Child, elective for other

**1) Describe how integration of theory, research, and practice is accomplished in this course.**

This is accomplished through consideration of the empirical literature on pediatric psychology and by considering ways in which current biopsychosocial models of disease suggest effective interventions for stress-related issues, acute and chronic health conditions, and management of these conditions. Case examples are frequently used to model, discuss and practice the integration of theory, research, and practice.

**2) Describe how issues of diversity are addressed in this course.**

Issues of diversity are considered throughout the entire course. The course considers individual and group differences in prevalence of certain forms of disease, on differences in symptomatic presentation, and on tailoring interventions to the needs of individuals from diverse backgrounds.

**3) Describe how ethical issues are addressed in this course.**

APA ethical principles related to assessment, diagnosis and treatment of children with acute and chronic health conditions (and their parents), as well as issues involved in designing and implementing health interventions are addressed through readings and case examples.

**PEDIATRIC PSYCHOLOGY**  
**CLP 7934**  
**Fall, 2013**

**INSTRUCTORS:** David Janicke, Ph.D.  
Office: 3130 HPNP

Phone: 352-273-6046  
*Office Hours by Appointment*

**Meeting Time:** Mon & Wed – 9:00 to 10:30am  
**Location:** HPNP Building, Room G-316

## **I. COURSE OBJECTIVES**

The learning objectives for this class include: (1) Increasing students' knowledge in a broad range of pediatric/child health psychology topics; (2) Delineating the types of psychological services provided by pediatric psychologists; (3) Promoting a critical understanding of the pediatric psychology literature; and, (4) Fostering an awareness of the critical issues (both research and clinical) in the field of pediatric psychology.

## **II. REQUIRED READINGS:**

Class readings will be available in PDF form on the student share drive. However, many of the readings will be taken from the following book. Thus, it is recommended that students who plan to build a career in pediatric psychology consider purchasing this text from on-line bookstores (e.g., Amazon.com).

1. Roberts, M.C. & Steele, R.G. (2009). *Handbook of Pediatric Psychology (4th Edition)*. New York: The Guilford Press.

\*All readings for the course are saved in pdf format on the student share drive:

**“S:\CP-Student\Ped Psych Course 2013”**

## **III. COURSE FORMAT**

The course format will include didactics, class discussion, and student class presentations. Additional readings may be assigned throughout the semester. Students should come to each class prepared and ready to contribute to class discussion, as this class will focus heavily on interactive participation. Therefore, advanced preparation (reading articles, writing questions) and class participation of students is expected and essential.

#### IV. COURSE ASSIGNMENTS & EVALUATION OF PERFORMANCE:

Your grade will be based on submission of weekly discussion questions, overall class participation, a Behavioral Bulletin Story, a class presentation that includes a toolkit, and an oral final examination. Details for each course requirement are provided below.

<u>Assignment</u>	<u>Points</u>
Class Participation	25
Discussion Question for Each Class	25
Behavior Bulletin Story	25
Presentation and Toolkit	65
Oral Final	60
<b>TOTAL POINTS</b>	<b>200</b>

Final course grades will be assigned according to the distribution listed below.

A	186-200 pts	93-100%
A-	180-185 pts	90-92%
B+	173-179 pts	87-89%
B	166-172 pts	83-86%
B-	160-165 pts	80-82%
C+	154-159 pts	77-79%
C	145-153 pts	73-76%
C-	140-144 pts	70-72%
D+	134-139 pts	67-69%
D	125-133 pts	63-66%
D-	120-124 pts	60-62%
F	0-119 pts	0-59%

##### A. WEEKLY CONTENT QUESTIONS:

Prior to each class, students are expected to submit one thought-provoking content question based on the assigned readings to promote class discussion. Please submit your questions to Dr. Janicke by **6am the morning of class**. If we have a guest lecturer that day, please submit to Dr. Janicke and the guest lecturer. Content questions should be sent via e-mail (djanicke@php.ufl.edu). Guest lecturer e-mails will be provided as needed. Each question is worth 1 point. Points for each content question are assigned using the following scale:

- 1 Good, though provoking question; clear that material was read adequately
- 0.5 Superficial question; unclear whether material was read thoroughly
- 0 No questions submitted, irrelevant content, or clear lack of effort

There will be 26 classes to submit questions. I will drop your lowest score; alternatively, you can choose not to submit a question for one class period. Thus, 25 scores count toward your final course grade. This is worth up to 25 points of your total grade.

If you plan to be absent for an approved reason, you are still responsible for submitting a question.

## **B. WEEKLY PARTICIPATION IN CLASS DISCUSSIONS**

In order to maximize your learning in this course, it will be essential that you not only read the assigned material, but also understand and apply it. Thus you will be graded on your participation in class discussions throughout the semester. This is worth up to 25 points toward your overall course grade.

## **C. BEHAVIOR BULLETIN STORY**

Write a three to four paragraph story for the Child Psychology twice yearly newsletter, the Behavioral Bulletin. Details to follow at a later date. This is worth up to 25 points toward your overall course grade.

## **D. PRESENTATION AND TOOLKIT**

A large portion of your grade will be based on a presentation you will give in class focusing on an illness condition relevant in pediatric psychology. You will choose a topic/illness condition from a list of possibilities I have provided below. If you have an alternative idea outside the list provided, you can discuss with me. My strong hope is that you will choose a topic that is of interest to you and something that will extend your knowledge in an area, rather than choosing a topic that is based on the ease with which you can complete it. Your topic choices should be submitted to me during class on **Wed, Sept., 11**. If multiple individual choose the same topic, I will flip a coin (draw #'s) to decide who gets that topic and who needs to select another topic.

### Possible Topics Include:

Cancer  
Cystic Fibrosis  
Diabetes  
Epilepsy  
HIV & Infectious Disease  
Inflammatory Bowel Disease  
Juvenile Rheumatoid Arthritis (JRA)  
Pediatric Sleep Disorders  
Pediatric Organ Transplantation  
Sickle Cell Disease

**Presentation:** Your power point presentation should last between 30 and 45 minutes. There will be one presentation per class. Presentations will occur roughly during the final six to seven weeks of class (Depending on how many students enroll in the class). Your presentation should cover the main pathology, risk factors, symptoms, course, and critical treatment components of the illness condition. You should also discuss the important psychosocial concerns, and the most frequent issues of involvement for pediatric psychologist working with youth with this condition.

In addition, you will present a toolkit for the illness that you will develop and distribute to your classmates.

### **Disease Topic Toolkits:**

A part of your presentation you will develop and present a “clinical toolkit” of materials (handouts, websites, CD, etc) that can be used for assessment and treatment related to your specific illness as well as other critical issues related to the illness. As noted previously, each topic pertains to a specific illness and a common psychosocial issue/problem related to that illness. Many of the possible assessment and treatment strategies, as well as critical “psychosocial issues/problems” may cut across illnesses. Therefore, feel free to pull in relevant information as it relates to other illness groups.

You will distribute this toolkit to your classmates. In general, the clinical toolkit should be “user friendly” in that your classmates will be able to utilize and apply the information to cases (perhaps with the same health concern or others) seen in their clinical work in the years ahead. Be creative and comprehensive, thinking of what kind of resources you would appreciate having at your disposal should you see a similar case (e.g., bibliotherapy suggestions for families, web site information, copies of non-copyrighted assessment measures, descriptive list of copyrighted and non-copyrighted rating scales, sample monitoring forms, audiotapes or scripts of treatment procedures, strategies for maximizing the effect of a treatment approach, worksheets, etc). It also must include an annotated bibliography for key references useful to a clinician.

An original copy of the written aspects of the clinical toolkit should be provided to me **no later than 48 hours prior to your assigned class**. I will make copies to distribute for your classmates. If you have any additional materials, like audiotapes or CD’s, please bring additional copies (one per classmate and 2 for instructors) to your assigned class period.

Style and clarity of presentation	15 points
Content of presentation	20 points
Toolkit	20 points
Ability to answer questions	10 points
<b>Total</b>	<b>65 points</b>

### **E. ORAL FINAL EXAMINATION**

Each student will complete an oral final examination (worth 60 points). This examination will involve the student responding to questions pertaining to: (a) training and competencies in pediatric psychology; (b) conducting inpatient consultations; (c) models of illness and adjustment; and, (d) factors impacting, and strategies to improve, treatment adherence.

*Students should not discuss the content of their particular questions with other students until after all students have completed their oral examination.*

This examination will be scheduled by appointment with the course instructor during the last week of classes or the week of final exams; therefore, the exam will occur only in the presence of the course instructor (not the entire class). Each appointment will last 30 to 45.

## **VI. OTHER IMPORTANT ISSUES**

Statement of University's Honesty Policy (cheating and use of copyrighted materials)

### **Academic Integrity**

Students are expected to act in accordance with the University of Florida policy on academic integrity (see Student Conduct Code, the Graduate Student Handbook or these web sites for more details:

<http://www.dso.ufl.edu/sccr/honorcodes/conductcode.php>

<http://www.dso.ufl.edu/studenthandbook/studentrights.php>

<http://gradschool.ufl.edu/students/introduction.html>

Cheating, lying, misrepresentation, or plagiarism in any form is unacceptable and inexcusable behavior.

**We, the members of the University of Florida community,  
pledge to hold ourselves and our peers  
to the highest standards of honesty and integrity.**

### **Statement Related to Accommodations for Students with Disabilities**

#### **Accommodations for Students with Disabilities**

If you require classroom accommodation because of a disability, you must first register with the Dean of Students Office (<http://www.dso.ufl.edu>). The Dean of Students Office will provide documentation to you, which you then give to the instructor when requesting accommodation. The College is committed to providing reasonable accommodations to assist students in their coursework.

#### **Counseling and Student Health**

Students may occasionally have personal issues that arise in the course of pursuing higher education or that may interfere with their academic performance. If you find yourself facing problems affecting your coursework, you are encouraged to talk with an instructor and to seek confidential assistance at the UF Counseling & Wellness Center, 352-392-1575. Visit their web site for more information: <http://www.counseling.ufl.edu/>.

The Student Health Care Center at Shands is a satellite clinic of the main Student Health Care Center located on Fletcher Drive on campus. Student Health at Shands offers a variety of clinical services, including primary care, women's health care, immunizations, mental health care, and pharmacy services. The clinic is located on the second floor of the Dental Tower in the Health Science Center. For more information, contact the clinic at 392-0627 or check out the web site at: [www.health.ufl.edu/shcc](http://www.health.ufl.edu/shcc)

Crisis intervention is always available 24/7 from:

Alachua County Crisis Center:

(352) 264-6789

<http://www.alachuacounty.us/DEPTS/CSS/CRISISCENTER/Pages/CrisisCenter.aspx>

**BUT – Do not wait until you reach a crisis to come in and talk with us. We have helped many students through stressful situations impacting their academic performance. You are not alone so do not be afraid to ask for assistance.**

## VIII. WEEKLY TOPICS & READINGS

Wed, Aug 21 <sup>st</sup>	<b>Hand Out Syllabus</b>
<b>Week 2 – Monday, Aug 26<sup>th</sup></b>	<p><b>History and Professional Roles in Pediatric Psychology Course</b></p> <ul style="list-style-type: none"> <li>•Aylward, Bender, Graves &amp; Roberts (2009). Historical Developments and Trends in Pediatrics Psychology (Chapter 1). In M. C. Roberts &amp; R.G. Steele (eds.), <i>Handbook of Pediatric Psychology</i> (4<sup>th</sup> Ed.) (pp. 3-18). New York: Guilford Press.</li> <li>•Drotar et al. (2003). Professional roles and practice patterns. In M. Roberts (Ed.), <i>Handbook of Pediatric Psychology</i> (pp 50-68). New York: The Guilford Press.</li> </ul>
Wed, Aug 28 <sup>th</sup>	<p><b>GUEST LECTURE – David Fedele</b></p> <p><b>Inpatient Consultation &amp; Liaison</b></p> <ul style="list-style-type: none"> <li>•Carter, B.D., Kronenberger, W.G., Scott, E, &amp; Ernst, M.E. (2009). Inpatient Pediatric Consultation – Liaison (Chapter 8). In M. C. Roberts &amp; R.G. Steele (eds.), <i>Handbook of Pediatric Psychology</i> (4<sup>th</sup> Ed.) (pp. 114-129).</li> <li>•Drotar D. (2000). Consultation and collaboration in pediatric inpatient settings. In D. Drotar (ed), <i>Consultation with Pediatricians: Psychological Perspectives</i>. pp 49-63. Plenum Press, New York</li> </ul>
<b>Week 3 – Monday, Sept 2<sup>nd</sup></b>	<b>No Class – Labor Day</b>
Wed, Sept 4 <sup>th</sup>	<p><b>GUEST LECTURE – David Fedele</b></p> <p><b>Adherence</b></p> <ul style="list-style-type: none"> <li>•La Greca, A. M., &amp; Mackey, E.R. (2009). Adherence in Pediatric Treatment Regimens (Chapter 9). In M. C. Roberts &amp; R.G. Steele (eds.), <i>Handbook of Pediatric Psychology</i> (4<sup>th</sup> Ed.) (pp. 130-152). New York: Guilford Press.</li> <li>•Pai, AL &amp; Drotar, D. (2010). Treatment adherence impact: the systematic assessment and quantification of the impact of treatment adherence on pediatric medical &amp; psychological outcomes. <i>J Pediatr Psych</i>, 35, 383-93.</li> <li>•Wu, Y., et al (2013). Pediatric Psychologist use of adherence assessments and interventions. <i>Journal of Pediatric Psychology</i>, 38, 595-604.</li> </ul>
<b>Week 4 – Monday, Sept 9<sup>th</sup></b>	<p><b>Models of Illness and Adjustment</b></p> <ul style="list-style-type: none"> <li>•Wallander, J.L., et al (2003). Psychosocial adjustment of children with chronic physical conditions. In M. Roberts (Ed.), <i>Handbook of Pediatric Psychology</i> (pp 141-148).</li> <li>•Kazak, Rourke, &amp; Navsaria (2009). Families and Other System in Pediatric Psychology (Chapter 44). In M. C. Roberts &amp; R.G. Steele (eds.), <i>Handbook of Pediatric Psychology</i> (4<sup>th</sup> Ed.) (pp. 656-671). New York: Guilford Press.</li> <li>•Rosenstock, I. M.; Strecher, V. J., Becker, M. H. (1 January 1988). "Social Learning Theory and the Health Belief Model". <i>Health Education &amp; Behavior</i> 15 (2): 175–183</li> </ul>

<p><b>Wed, Sept 11<sup>th</sup></b></p>	<p><b>Adjustment, Coping and Quality of Life</b></p> <ul style="list-style-type: none"> <li>•Baraket, Pulgaron, &amp; Daniel (2009). Positive Psychology in Pediatric Psychology (Chapter 51). In M. C. Roberts &amp; R.G. Steele (eds.), <i>Handbook of Pediatric Psychology</i> (4<sup>th</sup> Ed.) (pp. 763-773). New York: Guilford Press.</li> <li>•Maloney &amp; Gross (2004). Coping with chronic health conditions. In D. Clay (ed) <i>Helping Schoolchildren with Chronic Health Conditions</i> (pp. 81-98, plus handouts to p.142). New York: The Guilford Press.</li> </ul>
<p><b>Week 5 – Monday, Sept 16<sup>th</sup></b></p>	<p><b>Training and Competencies in Pediatric Psychology</b></p> <ul style="list-style-type: none"> <li>• Spirito, A., Brown, R.T., D'Angelo, E., Delamater, A., Rodrigue, J., &amp; Segal, L. (2003). Society of Pediatric Psychology Task Force Report: Recommendations for the training of pediatric psychologists. <i>Journal of Pediatric Psychology</i>, 28, 85-98.</li> <li>• Palermo, T., Janicke, D.M., McQuaid, E., Mullins, L., Robins, P., &amp; Wu, Y (In Review at <i>Journal of Pediatric Psychology</i>,). Competencies in Pediatric Psychology: From Practicum Training to Entry into Practice.</li> </ul>
<p><b>Wed, Sept 18<sup>th</sup></b></p>	<p><b>Health Insurance &amp; The Affordable Care Act</b></p> <ul style="list-style-type: none"> <li>•Tynan, Stehl, &amp; Pendley (2009). Health Insurance and Pediatric Psychology (Chapter 5). In M. C. Roberts &amp; R.G. Steele (eds.), <i>Handbook of Pediatric Psychology</i> (4<sup>th</sup> Ed.) (pp. 71-88). New York: Guilford Press.</li> <li>•Rozensky, R.H., &amp; Janicke, D.M. (2012). Health care reform and psychology's workforce: Preparing for the future of pediatric psychology. <i>Journal of Pediatric Psychology</i>, 37, 359-368.</li> <li>•Lines, M.A. et al. (2012). Commentary: The Use of Health and Behavior Codes in Pediatric Psychology: Where Are We Now? <i>Journal of Pediatric Psychology</i>, 37, 486-490.</li> </ul>
<p><b>Week 6 – Monday, Sept 23<sup>rd</sup></b></p>	<p><b>Behavioral Pediatrics (Feeding Aversion &amp; Encopresis/Enuresis)</b></p> <ul style="list-style-type: none"> <li>• Silverman, A.H., &amp; Tarbell, S. (2009). Feeding and vomiting problems in pediatric populations (Chapter 29). In M. C. Roberts &amp; R.G. Steele (eds.), <i>Handbook of Pediatric Psychology</i> (4<sup>th</sup> Ed.) (pp. 429-445). New York: Guilford Press.</li> <li>•Campbell, Cox, &amp; Borowitz (2009). Elimination Disorders: Enuresis &amp; Encopresis (Chapter 32). In M. C. Roberts &amp; R.G. Steele (eds.), <i>Handbook of Pediatric Psychology</i> (4<sup>th</sup> Ed.) (pp. 481-490). New York: Guilford Press.</li> <li>•Ritterband, L. M., Cox, D. J., Walker, L. S., Kovatchev, B., McKnight, L., Patel, K., Borowitz, S., . . . Sutphen, J. (2003). An internet intervention as adjunctive therapy for pediatric encopresis. <i>Journal of Consulting and Clinical Psychology</i>, 71(5), 910-917.</li> </ul>
<p><b>Wed, Sept 25<sup>th</sup></b></p>	<p><b>Obesity &amp; Binge Eating</b></p> <ul style="list-style-type: none"> <li>•Ogden CL, Carroll MD, Kit BK, &amp; Flegal KM. (2012). Prevalence of obesity and trends in body mass index among US children and adolescents, 1999-2010. <i>J Am Med Assoc</i>, 307, 483-490.</li> <li>•Vivier &amp; Tompkins (2008). Health Consequences of Obesity in Children and Adolescents. In E. Jelalian &amp; R.G. Steele (eds), <i>Handbook of Childhood and Adolescent Obesity</i> (pp. 11-24). Springer, New York.</li> <li>•Tanofsky-Kraff, M. (2009). Binge Eating Among Children. In E. Jelalian &amp;</li> </ul>

	R.G. Steele (eds), <i>Handbook of Childhood and Adolescent Obesity</i> (pp. 43-62). Springer, New York.
<b>Week 7 – Monday, Sept 30<sup>th</sup></b>	<p><b>Health Promotion &amp; Injury Prevention</b></p> <ul style="list-style-type: none"> <li>•Brown, K.J. et al (2009). Prevention of Unintentional Injury in Children and Adolescents (Chapter 39). In M. C. Roberts &amp; R.G. Steele (eds.), <i>Handbook of Pediatric Psychology</i> (4<sup>th</sup> Ed.) (pp. 586-602). New York: Guilford Press.</li> <li>•Wilson &amp; Lawman (2009). Health Promotion in Children and Adolescents: An Integration of the Biopsychosocial Model and Ecological Approaches to Behavior Change (Chapter 40). In M. C. Roberts &amp; R.G. Steele (eds.), <i>Handbook of Pediatric Psychology</i> (4<sup>th</sup> Ed.) (pp. 603-617). New York: Guilford Press.</li> <li>•Glasgow, R.E., Klesges, L.M., Dzewalkowski, D.A., Bull, S.S., &amp; Estabrooks, P. (2004). The future of health behavior change research: What is needed to improve translation of research into health promotion practice? <i>Annals of Behavioral Medicine</i>, 27, 3-12.</li> </ul>
<b>Wed, Oct 2<sup>nd</sup></b>	<p><b>GUEST LECTURE – CRYSTAL LIM</b></p> <p><b>Pain Management (Acute and Chronic)</b></p> <ul style="list-style-type: none"> <li>•Dahlquist &amp; Switkin-Nagel (2009). Chronic and Recurrent Pain (Chapter 10). In M. C. Roberts &amp; R.G. Steele (eds.), <i>Handbook of Pediatric Psychology</i> (4<sup>th</sup> Ed.) (pp. 153-170). New York: Guilford Press.</li> <li>•Blount et al (2009). Management of Pediatric Pain and Distress Due to Medical Procedures (Chapter 11). In M. C. Roberts &amp; R.G. Steele (eds.), <i>Handbook of Pediatric Psychology</i> (4<sup>th</sup> Ed.) (pp. 171-188). New York: Guilford Press.</li> </ul>
<b>Week 8 – Monday, Oct 7<sup>th</sup></b>	<p><b>Pediatric Primary Care</b></p> <ul style="list-style-type: none"> <li>•Stancin, Perrin, &amp; Ramiez (2009). Pediatric Psychology and Primary Care (Chapter 42). In M. C. Roberts &amp; R.G. Steele (eds.), <i>Handbook of Pediatric Psychology</i> (4<sup>th</sup> Ed.) (pp. 630-648). New York: Guilford Press.</li> <li>•Competencies for Psychology Practice in Primary Care Report of the Interorganizational Work Group on Competencies for Primary Care Psychology Practice, March 2013.</li> </ul>
<b>Wed, Oct 9<sup>th</sup></b>	<p><b>Transition from Child to Adult Care in Chronic Illness Populations</b></p> <ul style="list-style-type: none"> <li>•Reiss J &amp; Gibson R. (2002). Health care transition: Destinations unknown. <i>Pediatrics</i>, 110, 1307-1314.</li> <li>•Pai, A.H., &amp; Schwartz, L. (2011). Introduction to the Special Section: Health Care Transitions of Adolescents and Young Adults with Pediatric Chronic Conditions. <i>Journal of Pediatric Psychology</i>, 36, 129-133.</li> <li>•Wiener, L.S. et al (2011). The HIV Experience: Youth Identified Barriers for Transitioning from Pediatric to Adult Care. <i>Journal of Pediatric Psychology</i>, 36, 141-154.</li> </ul>
<b>Week 9 – Monday, Oct 14<sup>th</sup></b>	<p><b>Peer &amp; Sibling Issues</b></p> <ul style="list-style-type: none"> <li>•Reiter-Purtill, Waller, &amp; Noll (2009). Empirical and Theoretical Perspectives on the Peer Relationships of Children with Chronic Conditions (Chapter 45). In M. C. Roberts &amp; R.G. Steele (eds.), <i>Handbook of Pediatric Psychology</i> (4<sup>th</sup> Ed.) (pp. 672-688). New York: Guilford Press.</li> </ul>

	<ul style="list-style-type: none"> <li>•Vermaes, I.P.R., et al (2011). Psychological Functioning of Siblings in Families of Children with Chronic Health Conditions: A Meta-Analysis. <i>Journal of Pediatric Psychology</i>, 37, 166-184.</li> <li>•Gerhardt, C.A., et al (2012). Peer Relationships of Bereaved Siblings and Comparison Classmates After a Child's Death from Cancer. <i>Journal of Pediatric Psychology</i>, 37, 209-219.</li> </ul>
<b>Wed, Oct 16<sup>th</sup></b>	<p><b>End-of-Life Issues</b></p> <ul style="list-style-type: none"> <li>•Gerhardt et al. (2009). Palliative Care, End of Life, and Bereavement (Chapter 14). In M. C. Roberts &amp; R.G. Steele (eds.), <i>Handbook of Pediatric Psychology</i> (4<sup>th</sup> Ed.) (pp. 216-226). New York: Guilford Press.</li> <li>•Mauk, G. W., &amp; Sharpnak, J. D. (1997). Grief. In G. G. Bear, K. M. Minke, &amp; A. Thomas (Eds.), <i>Children's needs II: Development, problems, and alternatives</i> (pp. 375-385). Bethesda, MD: National Association of School Psychologists.</li> </ul>
<b>Week 10 – Monday, Oct 21<sup>st</sup></b>	<p><b>Initial Steps in Building Your Career: Setting Up a Pediatric Psychology Service &amp; Building Research Collaboration</b></p> <ul style="list-style-type: none"> <li>•Drotar, D. (2013). Reflections on Developing Collaborative Research in Pediatric Psychology: Implications and Future Directions. <i>Journal of Pediatric Psychology</i>, 38, 700-707.</li> <li>•Lavigne, J.V. (2013). Commentary for Pioneers in Pediatric Psychology: Thirty-Seven Years of Research, Training, and Clinical Practice in Pediatric Psychology. <i>Journal of Pediatric Psychology</i>, 38, 135-140.</li> </ul>
<b>Wed, Oct 23<sup>rd</sup></b>	<b>Student Class Presentation or Topic to be Determined</b>
<b>Week 11 Mon, Oct 28<sup>th</sup></b>	<b>Student Class Presentation or Topic to be Determined</b>
<b>Wed. Oct 30<sup>th</sup></b>	<b>Student Class Presentation or Topic to be Determined</b>
<b>Week 12 Monday, Nov 4<sup>th</sup></b>	<b>Student Class Presentation or Topic to be Determined</b>
<b>Wed, Nov 6<sup>th</sup></b>	<p><b>GUEST LECTURE – DAVID FEDELE</b></p> <p><b>Asthma</b></p> <ul style="list-style-type: none"> <li>•McQuaid, E. L., &amp; Abramson, N.W. (2009). Pediatric asthma (Chapter 17). In M. C. Roberts &amp; R.G. Steele (eds.), <i>Handbook of Pediatric Psychology</i> (4<sup>th</sup> Ed.) (pp. 254-270). New York: Guilford Press.</li> <li>•Collins JE, et al (2008). Mental, emotional, and social problems among school children with asthma. <i>J of Asthma</i>, 45, 489-93.</li> </ul>
<b>Week 13 Mon, Nov 11<sup>th</sup></b>	<b>NO CLASS – VETERANS DAY HOLIDAY</b>
<b>Wed, Nov 13<sup>th</sup></b>	<b>Student Class Presentation or Topic to be Determined</b>

<b>Week 14 Mon, Nov 18<sup>th</sup></b>	<b>Student Class Presentation or Topic to be Determined</b>
<b>Wed, Nov 20<sup>th</sup></b>	<b>Student Class Presentation or Topic to be Determined</b>
<b>Week 15 Mon, Nov 25<sup>th</sup></b>	<b>Student Class Presentation or Topic to be Determined</b>
<b>Wed, Nov 27<sup>th</sup></b>	<b>NO CLASS - THANKSGIVING HOLIDAY</b>
<b>Week 16 Monday, Dec 2<sup>nd</sup></b>	<b>Student Class Presentation or Topic to be Determined</b>
<b>Wed, Dec 4<sup>th</sup></b>	<b>GUEST LECTURE – David Fedele</b> <b>Health Disparities</b> <ul style="list-style-type: none"> <li>•Brach, C., &amp; Fraserirector, I. (2000). Can cultural competency reduce racial and ethnic health disparities? A review and conceptual model. <i>Medical Care Research and Review</i>, 57, 181-217.</li> <li>•Clay, D. L. (2009). Cultural and Diversity Issues in Research and Practice (Chapter 6). In M. C. Roberts &amp; R.G. Steele (eds.), <i>Handbook of Pediatric Psychology</i> (4<sup>th</sup> Ed.) (pp. 89-98). New York: Guilford Press.</li> <li>•McQuaid, E. L. (2008). Journal of Pediatric Psychology statement of purpose – special section on diversity and health care disparities. <i>Journal of Pediatric Psychology</i>, 33, 22-25.</li> </ul>
<b>Tues – Thurs, Dec 6<sup>th</sup>-8<sup>th</sup></b>	<b>FINALS</b>

## SYLLABUS FACESHEET

**Course Title:** Advanced Psychotherapy (CLP 7934)

**Instructor:** Rozensky

**This course is (Required or Elective):** Elective

- 1) **Describe how integration of theory, research, and practice is accomplished in this course.** Assigned readings include evidence based psychotherapy research, theories of personality development, psychopathology, and process and content in psychotherapy, and practice guidelines as published by APA. Each of these are discussed relevant to video presentations of treatment cases presented by the students each week. A weekly lecture on topics like transference, countertransference, resistance\ambivalence, self-disclosure, process, and dreams in therapy integrate theory, research and practice and set the stage for discussion.
- 2) **Describe how issues of diversity are addressed in this course.** APA practice guidelines on diversity, women, LGBT, and aging are required readings and students are expected to integrate these topics within their weekly video case presentations as relevant to the patient being presented. They are expected topics to be covered by each student during their final exam presentation of a detailed case.
- 3) **Describe how ethical issues are addressed in this course.** APA Ethical Standards are required reading in the course. Ethics-related case vignettes are presented for discussion by the instructor during lectures and each student is expected to discuss ethics related issues during their weekly case presentations. Any ethical issues encountered are part of each student's final case presentation.

# Advanced Psychotherapy CLP 7934

**Instructor: Ronald H. Rozensky, Ph.D., ABPP**

**Time: Tuesdays, 1 – 4 PM**

**Office Hours: Email to schedule a meeting or come on in if the door is open**

**Educational Objectives:** Students will understand the integration of various theories of psychotherapy and currently available empirically validated treatments into the application of an eclectic/integrative psychotherapeutic style. Utilizing a model of competency-based education and training in psychotherapy, students will [1] develop their own models of the “necessary and sufficient conditions for change” by [2] enhancing their ability to observe themselves as therapists and [3] more clearly see how the process of psychotherapy interacts with the content of psychotherapy, psychotherapy theory, therapeutic skills, and those personal variables brought into the therapy process by the patient and the therapist him- or herself. Students [4] will become acquainted with the literature on “what makes a competent supervisor” and thereby interact weekly with fellow students in the (peer) supervisory role giving feedback and discussing cases. Finally, students [5] will be prepared to organize, and present, psychotherapy cases in the manner prescribed for “Board Certification” by the American Board of Clinical Psychology [ABPP].

**Course participation:** Participants will **present videoed psychotherapy sessions** and will receive feedback on their psychotherapeutic skills, style, process and content. The focus will be on **the integration of various therapeutic philosophies and blending of psychotherapeutic skills into a personal psychotherapeutic style** at an advanced level. While we will discuss patient diagnosis, history, etc that discussion will be more in the context of the impact of those issues on **treatment process and outcome** and *less* focused on psychopathology.

Students will present at least four times during the semester. **Videos are required for each presentation.** Each presentation will include a videoed psychotherapy session and a brief, oral presentation including an introduction to the case including history of presenting complaint, treatment plan, reason[s] why this particular session was chosen including session number and what occurred within the session to illustrate the treatment plan, treatment problem, or theoretical concept to be discussed. **Each week, each student presenter will be responsible for recommending reading[s]** pertaining to the case presented. Other students will be expected to participate in the case discussions and offer comment, feedback, and other possible readings that would enhance understanding of the case, psychotherapy theory, research on technique or treatment, and the treatment utilized.

The final case presented will be the “**final exam**” and will be a formal presentation in the format of the American Board of Clinical Psychology for Board Certification in Clinical Psychology. This will include the video presentation and a *written* case study that includes description of patient, the treatment plan, what was accomplished in the therapy session and how that session illustrates the treatment plan, what exactly was done and how it was done in that session, and the literature supporting the therapeutic approach in that session (see *Your Board Certification Exam*).

**Readings for this course will be suggested by participants and instructor.** Recommended readings should be based on cases presented, theories to be illustrated, treatment problems encountered, and psychopathology or self management/adjustment issues to be addressed within treatment. IT IS NOT EXPECTED that all cases -- and their videoed sessions presented -- will be perfect illustrations of perfect treatment. As a matter of fact, learning occurs when challenging issues occur in challenging situations! **[Fair winds and constant seas do not make for skilled sailors]**

**Assessment of Objectives:** Grading will be based upon classroom participation and level of discussion of case materials throughout the semester [75% of grade]. Student interaction and comments on other participants’ presentations as well as student’s own presentations will be the basis of the classroom participation. During all discussions, reference to psychotherapy literature will be expected. The formal, “board certification” presentation, written and verbal, will serve as the basis of the final 25% of the grade. A “minus grade” may be assigned based on total performance in classroom participation and the final case presentation.

**Students will be expected to [1] email their reading list suggestion[s]** [in proper APA format] for each of their case presentations and **[2] email a PDF copy of the reading[s]**, to the other class members and instructor, by the Saturday before their presentations. The class members will organize and maintain the presentation schedule. There should be **five presentations scheduled** for each class meeting. Finally, **bring to the first class meeting** your favorite psychotherapy reference to be shared with the class; why did you choose this one, how has it helped you grow as a psychotherapist thus far, what do you want the reader to learn from your recommendation? These references will begin our reading list [please email these first references, in APA style, to me by noon on the Monday before the first class so that I can prepare the first reading list; I will then update the reading list weekly with the references submitted].

Remember: **If you are not reading, you are not doing psychotherapy!!**

***Your Board Certification Exam***  
**“Final Exam”**  
**Mini ABPP Exam**  
**-- Intervention Sample Details --**

An intervention Practice Sample should include the following contextual information [at least 1500 words]:

1. Contact Dates
2. Current session number in total sequence
3. Descriptive information
4. Presenting problem[s]
5. Diagnosis [all DSM categories]
6. Brief History
7. ***Formulation*** and discussion of problem(s) [consistent with theoretical orientation]
8. Treatment Plan
9. Rationale for intervention[s] utilized in the session presented [with supporting literature documented]
10. Goals for present intervention[s]
11. Progress note detailing session including “S”ubjective, “O”bjective, “A”ssessment, and “P”lan for each problem charted. [what was said, what was done & what was observed & how the patient responded, your assessment of the patient and treatment from the session presented, and what is the next step[s] or plan[s] for treatment based upon the outcome[s] of this session
12. A reflective comment on the your own behavior and/or reactions in the sample session
13. Each “candidate” will be asked “How did you handle the issue of confidentiality with your patient when you decided to submit patient material as part of your practice samples?”

## SYLLABUS FACESHEET

**Course Title:** Behavioral Health and Illness (Behavioral Medicine) -CLP 7934

**Instructor:** Rozensky

**This course is (Required or Elective):** Required for Health Psychology Students; Elective for other students

- 1) Describe how integration of theory, research, and practice is accomplished in this course.** Assigned readings include evidence based research in behavioral medicine, theories of health behavior, adherence, reaction to illness, psychopathology, and assessment and treatment across major areas of health psychology practice (pain, cardiology, cancer, rehabilitation, community health, prevention, etc). Practice guidelines as published by APA are assigned with discussion about their application to health psychology practice. Students final project, focused on a major disease or health related problem must integrate theory, research and practice related to that topic area and include how those issues would be incorporated in both a line of research and a clinical enterprise in the health science center.
  
- 2) Describe how issues of diversity are addressed in this course.** APA practice guidelines on diversity, women, LGBT, and aging are required readings and students are expected to integrate these topics within final projects. Various faculty presenters are requested to address diversity in their lectures on major health and disease issues. We have one full day lecture on health disparities and one full day on community related healthcare.
  
- 3) Describe how ethical issues are addressed in this course.** APA Ethical Standards are required reading in the course. Ethics-related case vignettes are presented for discussion by the instructor during lectures on various disease and health related topics and each student is expected to discuss ethics related issues during their final project presentation.

**BEHAVIORAL HEALTH AND ILLNESS – CLP 7934  
FALL 2014**

Department of Clinical and Health Psychology  
College of Public Health and Health Professions  
University of Florida

**Tuesdays: 1 PM – 4 PM  
Room: HPNP 3170**

**Instructor Information:**

**Ronald H. Rozensky, Ph.D., ABPP**

**Office: 3131 HPNP Building**

**Office Hours:** By Appointment or if the door is open

[rozensky@phhp.ufl.edu](mailto:rozensky@phhp.ufl.edu)

352-273-6033 office

**Course Overview:**

We examine theoretical and research foundations of health psychology and behavioral health & illness from a biopsychosocial perspective.

**Educational Objectives:**

- 1) Participants will be able to **identify and define** the foundations of clinical health psychology via its history and review of relevant theory and research from a biopsychosocial perspective. This will include various cross-cutting issues in general health psychology [stress & health, behavior change, adherence, mental status, sleep, and pain] as well as their application to specific diseases or health problems.
- 2) Participants will be able to **describe** the various roles of health psychologists in research and practice spanning primary to tertiary care and interprofessional education, training, and practice.
- 3) Participants will **develop** a model of self-assessment leading to a competency-based approach to assessment and treatment that includes cultural competency in healthcare. This will include **applying** that model to specific health psychology issues and treatments across various medical and surgical populations.
- 4) Participants will be able to **describe** their own identity as a health psychologist and enumerate the steps necessary to becoming competent in that role.
- 5) Participants will be able to **describe** how health psychology can interface with a population-based, public health approach to community health.
- 6) Participants will be able to **describe** methods of integrating “bedside to consulting room” clinical and health psychology research methods and clinical applications within community, public health and population-based approach to healthcare in general and with a specific disease or health problem on which they will focus.

**Textbooks:** [Texts are offered as *suggested* readings and should be considered for adding to your personal library when finances allow. Journal articles and chapters, by topic, are listed below]:

- Ayers, S., Baum, A., Manus, C. Newman, S. Walliston, K., Weinman, J. and West, R. (Eds.) (2007). *Psychology, Health, and Medicine*. New York. Cambridge University Press.
- Barr, D.A. (2007) *Introduction to US Health Policy: The Organization, Financing, and Delivery of Health Care in America*. Baltimore: Johns Hopkins.
- Baum, A., Revenson, T.A., & Singer, J.E. (2001). *Handbook of health psychology*. Mahwah, NJ: Lawrence Erlbaum. ISBN:0-8058-1495-7.
- Belar, C.D. and Deardorff, W.W. (2008). *Clinical Health Psychology in Medical Settings*. Second Edition. Washington, American Psychological Assn.
- Cohen, L.M., McChargue, D.E., & Collins, F.L. (Eds.) (2003). *The Health Psychology handbook*. Thousand Oaks: Sage.
- Frank, R.G., Baum, A., & Wallander, J.L (Eds.) (2004). *Handbook of Clinical Health Psychology, Volume 3*, Washington, D.C., American Psychological Assn.
- Frank, R. G., McDaniel, S.H., Bray, J. H., and Heldring, M. (2004). *Primary Care Psychology*. Washington, D.C., American Psychological Assn.
- Friedman, H.S. and Silver, R.C. (Eds) (2007). *Foundations of Health Psychology*. Oxford: Oxford University Press.
- Haas, L.J. (2004). *Handbook of Primary Care Psychology*. Oxford: Oxford University Press.
- Johnson, S. B., Perry, N., and Rozensky, R.H. (Eds) (2002). *Handbook of Clinical Health Psychology, Volume 1: Medical Disorders and Behavioral Applications*. Washington, D.C.: American Psychological Association
- Kennedy, P. (Ed) (2012). *The Oxford Handbook of Rehabilitation Psychology*. New York: Oxford University Press.
- Raczynski, JM, Leviton, LC (Eds.) (2004). *Handbook of Clinical Health Psychology Volume 2*, Washington, American Psychological Assn.
- Resnick, R.J. and Rozensky, R.H. (1996). (Eds.) *Health Psychology Through the Life Span: Practice and Research Opportunities*. Washington, D.C.: American Psychological Association.
- Robinson, J. D., and James, L. C. (Eds) (2003), *Diversity in Human Interactions: The Tapestry of America*, Oxford University Press, New York.
- Rozensky, R.H., Johnson, N., Goodheart, C. and Hammond, R. (Eds) (2003). *Psychology Builds a Healthy World*. Washington, D.C.: American Psychological Association.
- Rozensky, R.H., Sweet, J.J. and Tovian, S.M. (1997). *Psychological Assessment in Medical Settings*. New York: Plenum.
- Schneiderman, N., Speers, M.A., Silva, J.M., Tomes, H. and Gentry, J.H. (2001). *Integrating Behavioral and Social Sciences with Public Health*. Washington, DC: The American Psychological Association.
- Sweet, J.J., Rozensky, R.H., and Tovian, S.M. (Eds.) (1991), *Handbook of Clinical Psychology in Medical Settings*. New York: Plenum.

### **Class Format:**

This graduate level seminar is specifically designed to maximize a scientist-practitioner's application of health psychology principles built upon a competency-based model of health psychology practice and research. Class participation and dialogue based upon the integration of readings, lectures, and experience will be the major means of learning.

Guest lecturers will present topics and students will be prepared to *ask relevant questions* based upon the **self-assessment model of competency-based health psychology** they develop during the first few class meetings. Our goal is to assure that we have the needed information & knowledge to be competent consumers of the literature *and* be prepared to competently address relevant research and clinical questions to build the skills needed to study and work with those patients presenting with the diseases and health-related issues discussed in class.



## **Behavioral Health and Illness --- Course Outline**

(see schedule and dates at end of syllabus)

- Week 1** I. Overview, Definition & Models of Health Psychology:  
Health Psychologist: Who are we? Where did we come from?  
What do we do? --- [Dr. Rozensky]  
II. Biopsychosocial Models of Health in Today's HealthCare  
A. Health Belief Models & Stages of Change --- [Dr. Rozensky]  
III. Personality, Stress, Coping, Psychoneuroimmunology and Health -- [Dr. Pereira]
- Week 2** I. Building your competency-based model of Health Psychology -- [Dr. Rozensky]  
II. Paying for HealthCare Services --- [Dr. Paul Duncan]
- Week 3** I. Understanding Adherence --- [Dr. Rozensky]  
II. Formal and Informal Communications, Interprofessionalism, and Health & Behavior Codes  
--- [Dr. Rozensky]
- Week 4** No class (You should have your final exam topic by now; use this time to visit a Shands Clinic in your topic area or begin preparing your final paper/presentation)

### **HEALTH PSYCHOLOGY'S CROSS CUTTING ISSUES**

- Week 5** I. Putting the Brain into the Mind-Body Connection:  
Mental Status, Medication & Surgical Effects, Concentration, and  
Attentional Issues with Medically Ill Patients --- [Dr. Price]
- Week 6** II. Issues in Health Disparities in Health Psychology Research and Practice  
[Dr. Whitehead]
- Week 7** III. Behavioral Change in Health Psychology:  
A. Weight Management --- [Dr. Perri]  
B. Smoking Control --- [Dr. Gyls]
- Week 8** IV. Chronic Pain: A Psychological Perspective --- [Dr. Robinson]
- Week 9** V. Sleep Disorders and Health Psychology --- [Dr. McCrae]

### **HEALTH PSYCHOLOGY: TERTIARY AND PRIMARY CARE**

- Week 10** Cancer and Health Psychology --- [Dr. Pereira]
- Week 11** Rehabilitation Psychology: TBI as a Model --- [Dr. Ashkanazi]
- Week 12** Primary Care Psychology --- [Dr. Gyls]  
Professional Geropsychology --- [Dr. McCrae]  
Pediatric Psychology --- [Dr. Fedele]
- Week 13** NO CLASS Veterans' Day

**Week 14** Health Risk Behaviors, Public Health, Community Health Perspective – [Dr. Christy]

**Week 15** **FINAL PRESENTATIONS** [Thanksgiving week]

**Week 16** **FINAL PRESENTATIONS**

**Week 17** **FINAL PRESENTATIONS**



## Course Materials\Readings

### **Behavioral Health and Illness – Outline with Suggested Readings**

#### **Week 1**

#### **I. Overview, Definition & Models of Health Psychology: Health Psychologist: Who are we? Where did we come from? What do we do?**

- American Psychological Association (2000). Guidelines for Psychotherapy with Lesbian, Gay, & Bisexual Clients. Washington, DC: Author. <http://www.apa.org/pi/lgbc/guidelines.html>
- American Psychological Association (2002). Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists. Washington, DC: Author. <http://www.apa.org/pi/multiculturalguidelines.pdf>
- American Psychological Association (2004). Guidelines for Psychological Practice with Older Adults. *American Psychologist*, 59, 236-260.
- Belar, C.D. (1996). A proposal for an expanded view of health and psychology: The integration of behavior and health. In Resnick & Rozensky (Eds.). Health psychology through the life span: Practice and research opportunities. (pp. 77-84). Washington, D.C.: American Psychological Association.
- Belar, C.D. (1997). Clinical health psychology: A specialty for the 21<sup>st</sup> century. Health Psychology, 16(5), 411-416.
- Benjamin, L.T. (1986). Why don't they understand us? A history of psychology's public image. American Psychologist, 41, 941-946.
- Benjamin, L.T. (2001). American Psychology's Struggle with Its Curriculum: Should a Thousand Flowers Bloom? American Psychologist, 56, 735-742.
- Brown, R.T., Freeman, W.S., Brown, R.A., Belar, C., Hersch, L., Hornyak, L., Rickel, A., Rozensky, R., Sheridan, E., and Reed, G. (2002). The Role of Psychology in Health Care Delivery. *Professional Psychology*, 536-545.
- Deleon, P.H., Howell, W.C., Newman, R., Brown, A.B., Puryear Keota, G., & Sexton, J.L. (1996). Expanding Roles in the 21<sup>st</sup> Century. In Resnick & Rozensky (Eds.). Health psychology through the life span: Practice and research opportunities. (pp. 427-454). Washington, D.C.: American Psychological Association.
- Engel, G.L. (1977). The need for a new biomedical model: A challenge for medicine. Science, 196, 129-136.
- Janda, L.H., England, K., Lovejoy, D., & Drury, K. (1998). Attitudes toward psychology relative to other disciplines. Professional Psychology: Research and Practice, 29, 140-142.
- Leventhal, G., Seime, R.J., Wedding, D. and Rozensky, R.H. (2005). The 2003 Survey of Academic Medical Center Psychologists: Implications and Outlook. *Journal of Clinical Psychology in Medical Settings*, 12, 209-220.
- National Working Conference on Education and Training in Health Psychology (1983). Special Issue covering the proceedings of the Arden House Conference. 2, Supplement.
- Newman, R. & Reed, G.M. (1996). Psychology as a health care profession: Its evolution and future directions. In Resnick & Rozensky (Eds.) Health psychology through the life span: Practice and research opportunities. (pp. 9-26). Washington, D.C.: American Psychological Association. H196

- Norcross, J.C., Hedges, M., & Prochaska, J.O. (2002). The face of 2010: A delphi poll on the future of psychology. Professional Psychology: Research and Practice, 33, 316-322.
- Pappas, R.K., Belar, C.D., & Rozensky, R.R. (2004). The practice of clinical health psychology: Professional Issues. In Handbook of clinical and health psychology vol 3., Washington, American Psychological Assn.
- Pruitt, S.D., Klapow, J.C., Epping-Jordan, J.E., and Dresselhaus, T.R. (1998). Moving behavioral medicine to the front line: A model for the integration of behavioral and medical science in primary care. *Professional Psychology: Research and Practice*, 29, 230-236.
- Robinson, J.D. (1998). Race and Ethnicity in the Medical Setting: Psychological Implications. *Journal of Clinical Psychology in Medical Settings*, 5, 235-237. [See entire issue].
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- Suls, J., & Rothman, A. (2004). Evolution of the biopsychosocial model: Prospects and challenges for health psychology. Health Psychology, 23, 119-123.

## **II. Biopsychosocial Models of Health in Today's HealthCare**

### **A. Health Belief Models & Stages of Change**

- Bernard, L.C. & Krupat, E. (1995). Understanding health-related behavior. In Health psychology: Biopsychosocial factors in health and illness. (pp. 63-100). Fort Worth, TX: Harcourt Brace College Publishers.
- DiClemente, C. C., J. O. Prochaska, et al. (1991). "The process of smoking cessation: An analysis of precontemplation, contemplation, and preparation stages of change." Journal of Consulting and Clinical Psychology 59: 295-304..
- O'Connell, D. (1997). Behavior Change. In M.D. Feldman and J.F. Christensen (Eds.). *Behavioral Medicine in Primary Care* (265-276. Stamford, CT: Appleton & Lange.
- Orleans, C.T., Ulmer, C.C., & Gruman, J.C. (2004). The role of behavioral factors in achieving national health outcomes. In Handbook of clinical and health psychology vol 3., Washington, American Psychological Association.
- Prochaska, J. O. and C. C. DiClemente (1986). Toward a comprehensive model of change. Addictive Behaviors: Processes of Change. W. R. Miller and N. Heather. New York, Plenum Press: 3-27.
- Prochaska, J. O. and C. C. DiClemente (1992). Stages of Change in the Modification of Problem Behaviors. Newbury Park, CA, Sage.

## **III. Personality, Stress, Coping, Psychoneuroimmunology and Health**

- Ader, R. & Cohen, N. (1993). Psychoneuroimmunology: Conditioning and stress. Annual Review Psychology, 44, 53-85.  
Ch. 10, Cohen, McChargue, & Collins .
- Koocher, G.P. (1996). Pediatric oncology: Medical crisis intervention. In Resnick & Rozensky (Eds.). Health psychology through the life span: Practice and research opportunities. (pp. 213-226). Washington, D.C.: American Psychological Association.
- Lovallo, W.R. (1997). History of the concept of stress. In Stress and health: Biological and psychological interactions. (pp. 27-34). Thousand Oaks, CA: Sage.
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- Lovallo, W.R. (1997). Helplessness, coping, and health. In Stress and health: Biological and psychological interactions. (pp. 101-122). Thousand Oaks, CA: Sage.
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- Nezu, A. M., Nezu, C. M., Friedman, S. H., Faddis, S., & Houts, P. S. Helping cancer patients cope: A problem-solving approach. American Psychological Association: Washington, DC, 1998.

## Week 2

### I. Building your competency-based model of Health Psychology

- Belar, C.D., Brown, R.A., Hersch, L.E., Hornyak, L.M., Rozensky, R.H., Sheridan, E. P., Brown, R.T., and Reed, G.W. (2001). Self-assessment in clinical health psychology: A model for ethical expansion of practice. Professional Psychology: Research and Practice, 32, 135-141.
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- Roberts, M. C., Borden, K. A., & Christiansen, M. (2005). Toward a culture of competence: Assessment of competence in the education and careers of professional psychologists. *Professional Psychology: Research and Practice*, 36, 355-361.
- Rodolfa, E. R., Bent, R. J., Eisman, E., Nelson, P. D., Rehm, L., & Ritchie, P. (2005). A cube model for competency development: Implications for psychology educators and regulators. *Professional Psychology: Research and Practice*, 36, 347-354.
- Spruill, J., Rozensky, R.H., Stigall, T., Vazquez, M., Bingham, R.P., and Olvey, D. D. V. (2004). Becoming a Competent Clinician: Basic Competencies in Intervention. *Journal of Counseling Psychology*, 60, 7, 741-754.

### II. Paying for HealthCare Services

- Chiles, J.A. (1999). The impact of psychological interventions on medical cost offset: A meta-analytic review. Clinical Psychology: Science and Practice, 6, 204-220.
- Friedman, R., Sobel, D., Myers, P., Caudill, M., & Benson, P. (1995). Behavioral medicine, clinical health psychology, and cost offset. Health Psychology, 14, 509-518.
- McKay, N. and Frank, R.G. (2004). "Payment for Clinical Services: From Fundamentals to Practice Considerations," from Handbook of Clinical Health Psychology, Vol. 3 (2004), pp. 321-338.
- Rozensky, R. H. (2011). The Institution of the Institutional Practice of Psychology: Health Care Reform and Psychology's Future Workforce. *American Psychologist*, 66, 794-808. Doi: 10.1037/a0024621
- Rozensky, R. H. (2012). Health Care Reform: Preparing the Psychological Workforce. *The Journal of Clinical Psychology in Medical Settings*, 19, 5-11 DOI: 10.1007/s10880-011-9287-7
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- Rozensky, R.H. (2012). Psychology in Academic Health Centers: A True Healthcare Home. *The Journal of Clinical Psychology in Medical Settings*, 19, 1-11, DOI: 10.1007/s10880-012-9312-5.
- Rozensky, R.H. (2014). Implications of the *Affordable Care Act* for Education and Training in Professional Psychology. *Training and Education in Professional Psychology*, 8, 1-12. doi: 10.1037/tep0000021
- Rozensky, R.H. and Janicke, D. M. (2012). Commentary: Health Care Reform and Psychology's Workforce: Preparing for the Future of Pediatric Psychology. *Journal of Pediatric Psychology*, 18, 1-10. doi: 10.1093/jpepsy/jsr111
- Tovian, S. (2004). Health services and health care economics: The health psychology marketplace. Health Psychology, 23, 138-141.

## **Week 3**

### **I. Understanding Adherence**

Dunbar-Jacob, J. & Schlenk, E.A. (1996). Treatment adherence and clinical outcome: Can we make a difference? In Resnick & Rozensky (Eds.). Health psychology through the life span: Practice and research opportunities. (pp. 323-346). Washington, D.C.: APA.

### **II. Formal and Informal Communications, Interprofessionalism, and Health & Behavior Codes**

- Brody, H. (2006). The Physician-Patient Relationship. In D. Wedding & M. Stuber (Eds.), *Behavior & Medicine* (4th ed., pp. 189-199). Cambridge, MA: Hogrefe.
- Hall, J., & Roter, D. (2007). Physician-patient communication. In H. Friedman & R. Cohen Silver (Eds.), *Foundations of Health Psychology* (pp. 325-357). New York: Oxford University Press.
- Lee, S. J., Back, A. L., Block, S. D., & Stewart, S. K. (2002). Enhancing physician-patient communication. *Hematology / American Society of Hematology Education Program*, 464-483.
- Martin, L. R., Jahng, K. H., Golin, C. E., & DiMatteo, M. R. (2003). Physician facilitation of patient involvement in care: correspondence between patient and observer reports. *Behavioral Medicine*, 28(4), 159-164.
- Rozensky, R.H., Sweet, J.J., & Tovian, S.M. (1997). Referral logistics and communication. *Psychological Assessment in Medical Settings*. New York: Plenum. (p 15 -28).
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- Rozensky, R.H. (2012). Psychology in Academic Health Centers: A True Healthcare Home. *The Journal of Clinical Psychology in Medical Settings*.
- Wilson, S. L., Rozensky, R.H., and Weiss, J (2010). The Advisory Committee on Interdisciplinary Community-Based linkages and the Federal Role in Advocating for Interprofessional Education. *Journal of Allied Health (Special Issue)*, 39, 211- 215.
- Zeldow, P., & Makoul, G. (2006). Communicating with patients. In D. Wedding & M Stuber (Eds.), *Behavior & Medicine* (4th ed., pp. 201-218). Cambridge, MA: Hogrefe

**Week 4 Begin preparing your final paper and presentation. Visit a Shands Clinic related to your topic**

**Week 5 Putting the Brain into the Mind-Body Connection: Mental Status, Medication & Surgical Effects, Concentration, and Attentional Issues with Medically Ill Patients ]**

TBA

**Week 6 Issues of Health Disparities in Health Psychology Research and Practice**

Gonzalez, D.O., Suleiman, L.I., Ivery, G.D., & Callender, C.O. (2011). Is there a role for race in science and medicine. *The Bulletin of the American College of Surgeons*, 96, 12- 18

**Week 7 Behavioral Change in Health Psychology:**

**A. Weight Management**

TBA

**B. Smoking Control**

Prochaska, J.O. (1996). Revolution in health promotion: Smoking cessation as a case study. In Resnick & Rozensky (Eds.). Health psychology through the life span: Practice and research opportunities. (pp. 361-376). Washington, D.C.: American Psychological Association.

**Week 8 Chronic Pain --- a Psychological Perspective**

Robinson, M.E. and O'Brien, E.M. Chronic Pain. Price, D.D., Hirsh, A., and Robinson, M.E. (2008). Psychological modulation of Pain. In A.I. *Reference. Vol 5, Pain*. San Diego, CA: Academic Press. P 975-1002.

## **Week 9 Sleep Disorders and Health Psychology**

- Haynes, P. L. (2005). The role of behavioral sleep medicine in the assessment and treatment of sleep disordered breathing. *Clinical Psychology Review, 25*(5), 673-705.
- Morgenthaler, T., Kramer, M., Alessi, C., Friedman, L., Boehlecke, B., Brown, T., et al. (2006). Practice parameters for the psychological and behavioral treatment of insomnia: an update. An american academy of sleep medicine report. *Sleep, 29*(11), 1415-1419.
- Morin, C. M., Bootzin, R. R., Buysse, D. J., Edinger, J. D., Espie, C. A., & Lichstein, K. L. (2006). Psychological and behavioral treatment of insomnia: update of the recent evidence (1998-2004). *Sleep, 29*(11), 1398-1414.
- Smith, M. T., & Perlis, M. L. (2006). Who is a candidate for cognitive-behavioral therapy for insomnia? *Health Psychology, 25*(1), 15-19.
- Stepanski, E. J., & Perlis, M. L. (2000). Behavioral sleep medicine. An emerging subspecialty in health psychology and sleep medicine. *Journal of Psychosomatic Research, 49*(5), 343-347.

## **Week 10**

### **Cancer and Health Psychology**

TBA

## **Week 11**

### **Rehabilitation Psychology: TBI as a Model**

*Handbook of Rehabilitation Psychology* Edited by Frank and Elliott. Chapter 20. Post-Acute Brain Injury.

## **Week 12**

### **I. Primary Care Psychology**

- Bray, J. H. (1996). Psychologists as primary care practitioners. In Resnick & Rozensky (Eds.). Health psychology through the life span: Practice and research opportunities. (pp. 85-100). Washington, D.C.: American Psychological Association.
- Frank, R.G., McDaniel, S.H., Bray, J.H., Heldring, M. (2004). Primary Care Psychology. Washington, D.C.: American Psychological Association. [selected chapters]
- Haas, L.J. (2004). Handbook of Primary Care Psychology. New York: Oxford. [chapter 1]
- Haley, W.E., McDaniel, S.H., Bray, J.H., Frank, R.G., Heldring, M., Johnson, S.B., Lu, E. G., Reed, G.M., and Wiggins, J.G. (1998). Psychological practice in primary care settings: Practice Tips for Clinicians. Professional Psychology: Research and Practice, 30, 237-244.
- Newman, R.J. and Rozensky, R.H. (1995). Psychology and Primary Care: Evolving Traditions. *Journal of Clinical Psychology in Medical Settings, 2*, 3-6.
- Schroeder, C.S. (1996). Psychologists and pediatricians in collaborative practice. In Resnick & Rozensky (Eds.). Health psychology through the life span: Practice and research opportunities. (pp. 109-132). Washington, D.C.: American Psychological Association.
- Rehm, L.P. (1996). Catching depression in primary care physician's offices. In Resnick & Rozensky (Eds.). Health psychology through the life span: Practice and research opportunities. (pp. 149-162). Washington, D.C.: American Psychological Association.
- Rozensky, R.H. (2014). Implications of *The Patient Protection and Affordable Care Act*: Preparing the Professional Psychology Workforce for Primary Care. *Professional Psychology: Research and Practice, 200-211*. Doi: 10.1037/a0036550
- Sears, S.F., Danda, C.E., & Evans, G.D. (1999). PRIME-MD and rural primary care: Detecting depression in a low income rural population. Professional Psychology: Research and Practice, 30, 357-360.

### **II. Professional Geropsychology**

Hinrichsen, G. A., Zeiss, A. M., Karel, M. J., & Molinari, V. A. (2010). Competency-based geropsychology training in doctoral internships and postdoctoral fellowships. *Training and Education in Professional Psychology, 4*(2), 91-98.

### **III. Pediatric Psychology**

Rozensky, R.H. and Janicke, D. M. (2012). Commentary: Health Care Reform and Psychology's Workforce: Preparing for the Future of Pediatric Psychology. *Journal of Pediatric Psychology*, 18, 1-10. doi: 10.1093/jpepsy/jsr111

**Week 13 No Class -- Veterans' Day**

**Week 14 Health and Behavior from a Public Health, Community Health Perspective**

Berry, D, Urban, A, & Grey, M. (2006). Understanding the Development and Prevention of Type 2 Diabetes in Youth (Part 1). *Journal of Pediatric Health Care*, 20, 3-10

Curbow, B, Bowie, J, Garza, M, McDonnell, KA, Scott, LA, Coyne, CA, & Chiappelli, T (2004) Community-Based Cancer Screening Programs in Older Populations: Making Progress But Can We Do Better? *Preventive Medicine*, 38, 676-693.

Muehrer, P., Afifi, A, Coyne, J., Kring, A., Merson, M., Prohaska, T., & Rozensky, R. (2002). Research on Mental Disorders: Overcoming Barriers to Collaborations Between Basic Behavioral Scientists and Public Health Scientists. *Journal of Clinical Psychology in Medical Settings*, 9, 252-262.

Stokols, D. (1996). Translating social ecological theory into guidelines for community health promotion. *American Journal of Health Promotion*, 10 (4), 282-298.

**Week 15 FINAL PRESENTATIONS [Thanksgiving Week]**

**Week 16 FINAL PRESENTATIONS**

**Week 17 FINAL PRESENTATIONS**

**Course Requirements/Evaluation/Grading**

**Final Exam:**

Your "final exam" will be an in class presentation based upon your review of a chosen disease or medical problem. You also will provide this in written form [emailed to each class member], including references, so that all presentations can be shared and each student can prepare a booklet of information covering all the disorders we review.

Please discuss your chosen topic with Dr. Rozensky by [at the latest] week #4 of the class for his review and "sign off" so that we have a balanced, and non-repetitive portfolio of diseases and disorders [email him the final topic and title by week 10].

**Do NOT select a disorder in your area of research or clinical [sub]specialty.** This is an opportunity to branch out and find out about a disease, disorder, or condition, **new to you!**

Presentations should be organized using the outline we discuss and formulate in class regarding the list of **questions needed to gain competency** in any area or topic in health psychology. This also should include the information contained in the self study article by Belar, et al. That is, integrate the Division 38 competencies in health psychology with the Belar, et al questions to form your model of health psychology. Then use your chosen disease or problem to illustrate that information. Some points to help organize your presentation:

[1] Include the information necessary to describe the disease or problem and needed for us to understand the disorder; include prevalence, mortality and morbidity information. This includes references to the medical definitions of the problem and how it is [medically] diagnosed and how the patient might present to the health psychologist upon referral. Include the assessment[s] of the psychosocial issues related to it and the psychological treatments used with patients with that diagnosis or problem. What medications, surgical, or rehabilitation approaches are used to treat this problem; what are the "side effects," and what does the health

psychologist need to be aware of. [2] Where evidence-based approaches exist in the psychological literature for both assessment and treatment, please highlight those and/or detail what is missing in the literature or where improvements could occur both in the research and clinical areas.

[3] Identify at least one web site that provides information and assistance to patients regarding your chosen disease and identify the extent of psychological and/or “coping” and/or self management information that is available for the condition on the web. For example, determine if there are portions of the website devoted to stress, coping, or psychological distress. Provide at least one paragraph that critiques the site for its strengths and weaknesses and your perception of the helpfulness of the site for the consumer. [4] Demonstrate that website when you do your in class “final exam” presentation and present discussion of improvements to the psychological material on the website that would enhance the information and website, if necessary.

[5] Include in your presentation information about services for patients with your chosen disease\disorder *within our own Health Science Center* [if such services exist or why they do not]. This should include *finding* the relevant department, service, or clinic here at Shands & the HSC and *talking directly* with the medical attending, nurse, and/or other healthcare professional about their services, patient demographics, and what, if any, health psychological services are available for their patients. If none exists, detail what you learned as to “why not.”

[6] Describe a “best case” clinical service for this patient population, how you would integrate that service into the medical\surgical clinic you visited, and what research issues you would build into “your scientist-practitioner day in that clinic.” If the service exists, how might it be improved? [7] Prepare a brief handout or “talking points” you would offer the professional staff in your area of interest to help them begin, or enhance, the health psychological services they do, or could provide. [8] Prepare a brief handout or brochure for the patients acquainting them to your [proposed] health psychology services.

[9] What is the current psychological research in this area and what would you recommend as future directions? [you can work this into the presentation or do it as a separate section].

**Current Clinical & Research Experience[s]:** At the beginning of each class, time will be set aside for discussion of any experiences class members have had in the Clinic, hospital or research lab. This could include clinical questions, research problems, or interesting professional experiences related to clinical health psychology. Use of this time will be up to the discretion of the class and the willingness to suggest issues or bring up topics.

### **Course Grading:**

75% “Final Exam” presentation (comprehensiveness including integrating the Division 38 competencies & Belar et al questions), clarity, and mastery of material presented including responses to questions); written summary distributed to the class on day of presentation

25% In class participation throughout the semester including questions for visiting presenters [it is expected that discussions and your questions should focus on answering the self study and competency issues developed in class].

**Per the UF website:**

<b>Percentage or points earned in class</b>	93%-100%	90%-92%	87%-89%	83%-86%	80%-82%	77%-79%	73%-76%	70%-72%	67%-69%	63%-66%	60%-62%	Below 60%
<b>Letter Grade equivalent</b>	A	A-	B+	B	B-	C+	C	C-	D+	D	D-	F

<b>Letter Grade</b>	A	A-	B+	B	B-	C+	C	C-	D+	D	D-	E	WF	I	NG	S-U
<b>Grade Points</b>	4.0	3.67	3.33	3.0	2.67	2.33	2.0	1.67	1.33	1.0	0.67	0.0	0.0	0.0	0.0	0.0

For greater detail on the meaning of letter grades and university policies related to them, see the Registrar’s Grade Policy regulations at <http://www.registrar.ufl.edu/catalog/policies/regulationgrades.html>

**Statement of University’s Honesty Policy\Academic Integrity:**

Students are expected to act in accordance with the University of Florida policy on academic integrity (see Student Conduct Code, the Graduate Student Handbook or this web site for more details: [www.dso.ufl.edu/judicial/procedures/academicguide.php](http://www.dso.ufl.edu/judicial/procedures/academicguide.php)). Cheating, lying, misrepresentation, or plagiarism in any form is unacceptable and inexcusable behavior. **“We, the members of the University of Florida community, pledge to hold ourselves and our peers to the highest standards of honesty and integrity.”**

**Policy Related to Class Attendance and Policy Related to Make-up Exams or Other Work:**

Student should attend and be prepared to participate in all class sessions. Personal issues with respect to class attendance or fulfillment of course requirements will be handled on an individual basis.

**Statement Related to Accommodations for Students with Disabilities:**

If you require classroom accommodation because of a disability, you must first register with the Dean of Students Office (<http://oss.ufl.edu/>). The Dean of Students Office will provide documentation to you, which you then give to the instructor when requesting accommodation. The College is committed to providing reasonable accommodations to assist students in their coursework.

**Counseling and Student Health:**

Students may occasionally have personal issues that arise in the course of pursuing higher education or that may interfere with their academic performance. If you find yourself facing problems affecting your coursework, you are encouraged to talk with an instructor and to seek confidential assistance at the University of Florida Counseling Center, 352-392-1575, or Student Mental Health Services, 352-392-1171. Visit their web sites for more information: <http://www.counsel.ufl.edu/> or <http://www.health.ufl.edu/shcc/smhs/index.htm#urgent>

The Student Health Care Center at Shands is a satellite clinic of the main Student Health Care Center located on Fletcher Drive on campus. Student Health at Shands offers a variety of clinical services, including primary care, women's health care, immunizations, mental health care, and pharmacy services. The clinic is located on the second floor of the Dental Tower in the Health Science Center. For more information, contact the clinic at 392-0627 or check out the web site at: [www.health.ufl.edu/shcc](http://www.health.ufl.edu/shcc). Crisis intervention is always available 24/7 from Alachua County Crisis Center: (352) 264-6789. *Do not wait until you reach a crisis to come in and talk. Many students have been helped through stressful situations impacting their academic performance. You are not alone so do not be afraid to ask for assistance.*

		<b>FALL 2014</b>		
<u>Tuesday</u>	<u>TOPIC</u>	<u>Speaker</u>	<u>TOPIC</u>	<u>Speaker</u>
<b>26-Aug</b>	Overview & Models of Health Psychology	Rozensky	Personality, Stress, & Coping	Pereira
<b>2-Sep</b>	Competency-based Health Psychology	Rozensky	Paying for Healthcare Services	Paul Duncan
<b>9-Sep</b>	Models of Adherence	Rozensky	HealthCare Communication & Interprofessionalism	Rozensky
<b>16-Sep</b>	APA Educational Leadership Conference	No Class (work on your presentation and visit a clinic)		
<b>23-Sep</b>	Brain into Mind/Body			Price
<b>30-Sep</b>	Issues of Health Disparities in Health Psychology Research and Practice			Whitehead
<b>7-Oct</b>	Weight Management	Perri	Smoking Control	Gillis
<b>14-Oct</b>	Chronic Pain -- A Psychological Perspective			Robinson (2 PM)
<b>21-Oct</b>	Sleep Disorders and Health Psychology			McCrae
<b>22-Oct</b>	Cancer and Health Psychology			Pereira
<b>28-Oct</b>	Rehabilitation Psychology: TBI as a Model			Ashkanazi
<b>4-Nov</b>	Pediatric Psychology (Fedele)	Professional Geropsychology	(McCrae)	Primary Care Psychology (Gyls)
<b>11-Nov</b>	VETERANS DAY NO CLASS			
<b>18-Nov</b>	Health Risk Behaviors and a Community Health Perspective			Juliette Christy
<b>25-Nov</b>	FINAL PRESENTATIONS			Thanksgiving Week
<b>2-Dec</b>	FINAL PRESENTATIONS			
<b>9-Dec</b>	FINAL PRESENTATIONS			

## SYLLABUS FACESHEET

**Course Title:** Child & Family Treatment (CLP 7934)

**Instructor:** David Fedele

**This course is (Required or Elective):** Required for Child Area, Elective for others

- 1) **Describe how integration of theory, research, and practice is accomplished in this course.** The class focuses on review of empirically supported treatment for the most common child and adolescent DSM-5 diagnoses. Underlying theories and principles are reviewed and discussed through readings and classwork. Practice components of treatments are reviewed and practiced during the class.
  
- 2) **Describe how issues of diversity are addressed in this course.** Diversity-related issues are discussed throughout the class with particular emphasis on the relative effectiveness of empirically supported treatments for minority or disadvantaged populations. Students also discuss how treatments might be tailored for different populations depending on patient characteristics and presenting problems.
  
- 3) **Describe how ethical issues are addressed in this course.** Ethical issues are also discussed throughout the class. Specific examples includes review of confidentiality when working with children and families, which individuals have access to the medical record, and how to navigate discussions of self-harm and risk behaviors among youth.

**University of Florida**  
**College of Public Health & Health Professions Syllabus**  
**CLP 7934: Child and Family Treatment (3 credit hours)**  
 Fall 2014  
 Blended/On-Campus  
 E-Learning in Canvas

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**Instructor Name:** David Fedele, Ph.D.  
**Office Number:** HPNP 3173  
**Phone Number:** (352) 294-5765  
**Email Address:** dfedele@phhp.ufl.edu  
**Office Hours:** By appointment  
**Preferred Course Communications:** Email

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## **PURPOSE AND OUTCOME**

### **Course Overview**

The purpose of this course is to introduce you to evidence-based practice in the area of child and family-based therapy for a variety of childhood psychological disorders and family difficulties. Concepts of case conceptualization, assessment, measurement of treatment outcomes, cultural diversity, and ethics will be woven throughout the course. We will review in detail evidence-based practice approaches for the most common childhood psychological disorders. We will discuss and practice general clinician skills (e.g., how to conduct a clinical interview; building rapport with children of varying ages) that are integral in child and family treatment. In addition, process issues, caveats in using manualized treatments, modular treatment, and other relevant topics will be reviewed.

### **Course Objectives and/or Goals**

Upon successful completion of this course, students will be able to incorporate evidence-based practice into child and family assessment and treatment for a variety of childhood psychological disorders and family difficulties. Students will utilize a high level of clinical skill to assess presenting concerns, engage in ongoing case conceptualization and treatment planning, accurately prescribe an empirically supported treatment, and develop a working therapeutic alliance with children and their families. Students will be able to appraise individual, family, environmental, social, and situation factors that impact presenting concerns, case formulation, treatment planning, and treatment efficacy.

Students will be able to:

- 1.0 Apply knowledge of childhood psychological disorders, including prevalence, course, and etiology, to case conceptualization, treatment planning, and selection of empirically supported treatment approaches.
  - 1.1 Evaluate empirically supported treatments for a variety of childhood psychological disorders
    - 1.1.1 Compare and contrast empirically supported treatments
    - 1.1.2 Discuss establishment of empirically supported treatments
    - 1.1.3 Identify potential difficulties in dissemination of empirically supported treatments
- 2.0 Integrate knowledge of empirically supported treatments and evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences to inform treatment for a variety of childhood psychological disorders.

- 2.1 Differentiate between childhood psychological disorders based upon data gathered in a clinical interview, observations, and assessments
  - 2.2 Adjust data gathering, conceptualization, and treatment methods based upon presented concerns and ongoing data received
- 3.0 Appraise individual, family, environmental, social, and situational factors that may influence the presence of childhood psychological disorders, case conceptualization, treatment planning, and treatment efficacy.
- 3.1 Assess individual, family, environmental, social, and situational factors in a clinical interview
  - 3.2 Discuss how individual, family, environmental, social, and situational may impact treatment progress and efficacy.

### **Instructional Methods**

#### Introduction to Blended Learning

A Blended Learning class uses a mixture of technology and face-to-face instruction to help students maximize their learning. Blended learning typically involves multiple technologies such as E-Learning systems, online video, and web assignments for the communication of information. Knowledge content that would have traditionally been presented during a live class lecture is instead provided online before the live class takes place. This allows more of the face-to-face time to focus on the higher levels of learning. These rich interactions with the instructor can be used to help students think critically, obtain expertise, and practice clinical reasoning.

#### Why Blended Learning?

Because health professions highly value the professionals' clinical skills and ability to interpret information in addition to what they know, passive engagement with presentations and rote learning do not adequately prepare students for their respective professions. Blended Learning prepares students for the rigorous requirements of health professions by creating meaningful student/teacher and peer interactions centered in problems and skill sets that resemble those likely to be experienced in the student's chosen field.

#### What Does It Mean for Students?

Students are expected to come to class prepared by completing all out-of-class readings and assignments. The coursework outside of class typically lays a foundation of knowledge or gives students practice needed to engage in higher levels of learning during live class sessions. During the face-to-face class time, students practice critical skills used by health professionals – critical thinking, problem solving, collaborating, and/or applying concepts gained from the out-of-class assignments to real-world examples. If students are not prepared for the face-to-face sessions, they will likely struggle to reach the higher learning goals of the course. When students come prepared, they can be active participants throughout the blended learning course experience, which will help them master course material and maintain what they have learned beyond the end of the course.

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## **DESCRIPTION OF COURSE CONTENT**

### **Topical Outline/Course Schedule**

Week	Date(s)	Topic(s)	Readings
1	8/25	<b>Evidence-based Treatments</b> <ul style="list-style-type: none"> <li>• Introduction to Course</li> <li>• Empirically Supported Treatments (ESTs)</li> <li>• Evidence-based Practice</li> </ul>	Roberts & James (2008) Chambless & Hollon (1998) Guyatt et al. (2008) Weisz et al. (2013) Chorpita et al. (2011)

Week	Date(s)	Topic(s)	Readings
	8/27	<b>Canvas and ESTs</b> <ul style="list-style-type: none"> <li>• Canvas Community Building</li> <li>• Canvas Discussion - Problems (and hopefully solutions) with ESTs?</li> </ul>	Bernal et al. (2001) Westen et al. (2004)
2	9/1	<b>Labor Day – No Class!</b>	
	9/3	<b>Evidence-based Treatments (Continued)</b> <ul style="list-style-type: none"> <li>• Flexibility in Empirically Supported Treatments?</li> <li>• Canvas Discussion - Modular Treatments: Necessary Ingredients?</li> </ul>	Chorpita (2007) Chorpita et al. (2005) Weisz et al. (2012)
3	9/8	<b>Habit Disorders</b> <ul style="list-style-type: none"> <li>• Habit Reversal Training</li> </ul>	Christophersen & Mortweet (2001)
	9/10	<b>Clinical Interviewing</b> <ul style="list-style-type: none"> <li>• Clinical Interviewing</li> <li>• Therapeutic Alliance</li> <li>• Assignment - Clinical Interviewing Reflection</li> </ul>	Shirk & Karver (2006) Somers-Flanagan & Somers-Flanagan (2003) Chapters 3 & 11
4	9/15	<b>Treatment Planning</b> <ul style="list-style-type: none"> <li>• Clinical Interviewing Continued</li> <li>• Assessment</li> <li>• Case Conceptualization</li> </ul>	Persons & Davidson (2001) Cully & Teten (2008) Module 4 Linehan (1993)
	9/17	<b>Behavior and Cognition Assessment</b> <ul style="list-style-type: none"> <li>• Assignment - Behavior and Cognition Assessment</li> </ul>	
5	9/22	<b>CBT Basics for Children &amp; Adolescents</b> <ul style="list-style-type: none"> <li>• Explanation of CBT</li> <li>• Identifying and Connecting Thoughts, Feelings, &amp; Behavior</li> <li>• Socratic Questioning</li> </ul>	Albano Video Friedberg & McClure (2002)
	9/24	<b>CBT Practice</b> <ul style="list-style-type: none"> <li>• Assignment - CBT Homework Exercise</li> </ul>	
6	9/29	<b>Child &amp; Family Treatment Basics</b> <ul style="list-style-type: none"> <li>• Commonly used strategies <ul style="list-style-type: none"> <li>○ Communication Skills</li> <li>○ Problem Solving Skills</li> </ul> </li> </ul>	Robin & Foster (1989)
	10/1	<b>Common Difficult Child &amp; Family Treatment Situations</b> <ul style="list-style-type: none"> <li>• Divorce/Separation</li> <li>• Low Engagement in Treatment</li> <li>• Canvas Discussion – Reengaging Parents in Treatment</li> </ul>	Emery Video Chorpita et al. (2007)
7	10/6	<b>Oppositional Defiant Disorder &amp; Attention-Deficit Hyperactivity Disorder</b> <ul style="list-style-type: none"> <li>• Parent Management Training</li> <li>• Medication, Therapy, or Both for ADHD?</li> </ul>	Barkley (1997) McMahon & Kotler (2008) Eyberg et al. (2008) Pelham (1999) Fabiano et al. (2009) Sibley et al. (2014)
	10/8	<b>Conduct Disorder &amp; Aggressive Behavior</b> <ul style="list-style-type: none"> <li>• Multisystemic Therapy</li> <li>• The Incredible Years</li> <li>• Canvas Discussion – Engaging Schools in Treatment</li> </ul>	Boxer & Frick (2008) Henggeler (1995) van der Stouwe et al. (2014) Webster-Stratton & Reid (2010)

Week	Date(s)	Topic(s)	Readings
8	10/13	<b>Depression</b> <ul style="list-style-type: none"> <li>• Treatment Strategies</li> <li>• Suicidality/Risk Assessment</li> </ul>	Curry & Becker (2008) Reinecke et al. (2009) Jacobson & Mufson (2010) Miller et al. (2004) Weersing & Brent (2010)
	10/15	<b>Medications and Treatment Refractory Depression</b> <ul style="list-style-type: none"> <li>• Antidepressant Medication</li> <li>• Strategies for Treatment Resistant Patients</li> </ul>	Goodman et al. (2007) Curry & Becker (2009) Brent et al. (2008) Brent et al. (2009)
9	10/20	<b>Midterm</b> <ul style="list-style-type: none"> <li>• Class Midterm Oral Case Study</li> </ul>	
	10/22	<ul style="list-style-type: none"> <li>• Midterm Class Evaluation</li> </ul>	
10	10/27	<b>School Consultation</b> <ul style="list-style-type: none"> <li>• Assignment - School Consultation Questions for Dr. Wiens</li> </ul>	Schultz et al. (2004)
	10/29	<b>Guest Lecture – Dr. Wiens</b> <ul style="list-style-type: none"> <li>• Exceptional Student Education (ESE)</li> <li>• Response to Intervention (RTI)</li> </ul>	Resources on Canvas
11	11/3	<b>Guest Lecture – Dr. Radonovich</b> <ul style="list-style-type: none"> <li>• Autism Spectrum Disorders</li> </ul>	Kanner (1943) Autism Speaks Autism Treatments
	11/5	<b>Autism Spectrum Disorder</b> <ul style="list-style-type: none"> <li>• Applied Behavior Analysis</li> <li>• Social Skills Training</li> <li>• Vaccinations</li> </ul>	Hviid et al. (2003) Virues-Ortega (2010) Ozonoff & Miller (1995)
12	11/10	<b>Posttraumatic Stress Disorder</b> <ul style="list-style-type: none"> <li>• Trauma Focused CBT <ul style="list-style-type: none"> <li>○ Training Discussion</li> <li>○ CBT Exercises</li> </ul> </li> </ul>	Cohen et al. (2000) Cohen et al. (2010)
	11/12	<b>Trauma-Focused CBT Training</b>	TF CBT Training Certificate Due
13	11/17	<b>Anxiety Disorders</b> <ul style="list-style-type: none"> <li>• Types of Anxiety Disorders</li> <li>• Anxiety Psychoeducation</li> </ul>	Silverman & Pina (2008) Ollendick & Pincus (2008) Franklin et al. (2010) POTS I (2000) Franklin et al. (2011) POTS II
	11/19	<b>Anxiety Disorders Treatment – Part I</b> <ul style="list-style-type: none"> <li>• Building a Fear Hierarchy</li> <li>• Assignment – Building a Fear Hierarchy</li> </ul>	Chorpita (2007)
14	11/24	<b>Anxiety Disorders Treatment – Part II</b> <ul style="list-style-type: none"> <li>• Core Treatment Components Continued <ul style="list-style-type: none"> <li>○ Exposure</li> <li>○ Cognitive Restructuring</li> </ul> </li> </ul>	Chorpita (2007) March & Mulle (1998)
	11/26	<b>Thanksgiving – No Class!</b>	
15	12/1	<b>Relaxation Training</b> <ul style="list-style-type: none"> <li>• Progressive Muscle Relaxation</li> <li>• Passive Muscle Relaxation</li> </ul>	PMR Script Relaxation Resources
	12/3	<b>Diversity in Child &amp; Family Treatment</b> <ul style="list-style-type: none"> <li>• Efficacious Treatment for Minority Youth</li> <li>• Cultural Tailoring in Treatments</li> <li>• Future Directions</li> </ul>	Huey & Polo (2008) Huey & Polo (2010) Kotchick & Grover (2008)

Week	Date(s)	Topic(s)	Readings
16	12/8	<b>Child &amp; Family Treatment Roundtable</b> <ul style="list-style-type: none"> <li>• Diversity Discussion</li> <li>• Clarification of Course Material</li> <li>• Class Feedback</li> </ul>	
	12/10	<b>Final Exam</b> <ul style="list-style-type: none"> <li>• Oral Case Study</li> </ul>	

## ACADEMIC REQUIREMENTS AND GRADING

### Assignments

#### 1. Canvas Discussion - Problems (and hopefully solutions) with ESTs? (25 points)

Students will have reviewed how treatments are classified as empirically supported and the movement of psychology towards evidence-based practice. As indicated in class discussion and readings, although this movement has numerous benefits, it is not without some challenges. Several criticisms or qualifications of the evidence-based practice movement were enumerated in the Bernal et al. (2001) and Westen et al. (2004) articles. Taking into account the pros and cons of empirically supported treatments and evidence-based practice, please answer the following questions.

#### Initial Post

1 - Which con or barrier to further advancing the evidence-based practice initiative was the most interesting or surprising to you? Why?

2 - What are some potential solutions for the barriers to empirically supported treatments and the advancement of evidence-based practice? Indicating that additional research is needed is fine, however, please be specific. What types of studies? With what population? At what location? Also, think outside a research-limited framework. What are potential solutions on a more macro or societal level?

3 - In a related vein, if the field of psychology is interested in further dissemination of empirically supported treatments how do you suggest we do so?

#### Response Post

1 - Please respond to a peer's post with your thoughts about their response. How is their solution or method for dissemination of ESTs similar or different from yours? Do you agree or disagree with their potential solutions? Why or why not?

#### 2. Canvas Discussion - Modular Treatments: Necessary Ingredients? (25 points)

Chorpita et al. (2005, 2007) and Weisz et al. (2012) present the background and benefits of modular therapy designs as compared to traditional empirically supported treatments. Modular therapy designs allow therapists to flexibly using empirically support treatment content in a way that meets the patient's more imminent needs. For instance, a therapist might focus more on exposure versus thought changing when working with a child who has anxiety. A necessary ingredient in embarking in modular therapy is a strong case conceptualization of the patient's presenting concerns. With that in mind, please answer the following questions.

#### Initial Post

1 - Why is strong case conceptualization especially necessary when using modular therapy?

2 - Since we will be discussing case conceptualization in Week 4 of the course, please provide your formal or informal experiences with case conceptualization. What goes into case conceptualization for you? When have you conceptualized cases in the past? What parts of case conceptualization are particularly challenging for you?

#### Response Post

1 - Please respond to a peer's post with your thoughts about their response. What components of or their experiences with case conceptualization are similar or different from yours?

3. Clinical Interviewing Reflection (50 points)

You all will have completed a clinical interview with a patient (youth or adult) by this stage of your training either for an assessment, therapy intake, or research project. Please pick a recent clinical interview that you conducted to critique. Ideally, this clinical interview was taped so that you have the opportunity to review the interview while concurrently completing this assignment. In the event that the interview was not taped (e.g., non-psychology student), please complete this assignment based on your recollection of the experience.

1 - Briefly describe the purpose of the interview (e.g., therapy intake, interview prior to assessment, collecting patient information). This will help provide some context to the other questions.

2 - Prior to the readings, please describe how you felt the clinical interview went. For example, did you leave the room feeling as though you established rapport, used a productive interviewing style, were efficient, and collected all of the necessary information?

3 - What changes, if any, would you make considering the information you have learned in this class? Which would be the most important to change and why? Are there particular questions that you have that would be good to discuss in class?

4. Behavior and Cognition Assessment (50 points)

This assignment will require each of you to form pairs. Each pair will take turns briefly role playing some of the assessment and interviewing strategies discussed in class. Mock interviews should be **limited to 30 minutes** with one person playing the role of a patient presenting as a teenager or young adult with major depressive disorder and the other presenting with generalized anxiety disorder. Specific symptoms and level of impairment will be left up to the person role playing and should not be discussed with the other classmate ahead of the exercise.

**Interview Components**

The overarching goal is to demonstrate your ability to use learned assessment and interviewing strategies to delineate the mock patient's presenting concerns and to assess their related cognitions and behaviors. You do not have to complete an exhaustive evaluation; I am more interested in demonstrating basic understanding of these assessment skills and ability to generally apply skills in a mock clinical context. Students will be graded on the following 5 components of the interview.

- **Establishment of Rapport** - Demonstrate ability to establish rapport at beginning of interview. Examples can include using non-threatening language, making mock patient feel at ease, and reviewing the structure of the interview. Pace of the interview and perceived competency are also important factors.
- **Assessment of Presenting Concerns** - Ability to delineate mock patient's presenting concerns by gathering relevant history and level of impairment.
- **Assessment of Behaviors** - Use a learned strategy to discuss how presenting concerns are manifested in behaviors (e.g., avoidance of activities, sleep changes). Examples of strategies can include reviewing antecedents, behaviors, and consequences, or behavior chaining, among others.
- **Assessment of Cognitions** - Use a learned strategy to determine if patient is having maladaptive cognitions.
- **Interviewing Style** - Interviewer is empathetic, shows positive regard for the mock patient, and appears genuine. Interview is organized and uses open-ended questions and reflections to gather information.

Please video record the assignment. Files can be uploaded directly to Canvas. If you use the video equipment in the Psychology Clinic, please make sure the video recorded and then send me an email with the room number, time, and date that the recording took place. **To reduce clinic disruption, students are**

**only allowed to use rooms in the Psychology Clinic on Fridays and at 8am on other days in assessment rooms.** Please check the schedules and do not book a room during a busy time in the clinic.

5. CBT Homework Exercise (50 points)

Cognitive behavioral therapy (CBT) often includes a homework component. Over the course of your training career you will ask patients to complete a variety of homework tasks including monitoring forms and behavioral exercises. A commonly used homework assignment in CBT is mood and relaxation (or pleasurable event) tracking. This assignment will entail you completing this form self-monitoring form from a stress management protocol ([Link](#)). You can select what sort of relaxation practice you want to engage in (e.g., PMR, diaphragmatic breathing). You should make your best effort to keep as accurate of a log as possible by completing the log each day.

Please briefly answer the following questions after completing the monitoring form. No more than two double-spaced pages of text.

- 1 - Describe your ability to complete the self-monitoring form each day (be honest).
- 2 - What were some of the barriers you encountered to completing the log and/or engaging in relaxation practice?
- 3 - Did it make a difference when you were able to engage in a relaxation practice? Why or why not? Did you notice any patterns for times that it was effective?
- 4 - Did this assignment change your perspective on patients completing homework assignments? If so, how?

6. Canvas Discussion – Reengaging Families in Treatment (25 points)

Chorpita (2007) reviews several reasons why families may become disengaged in treatment including encountering obstacles and balancing treatment with other competing demands. This chapter also mentions several possible solutions to reengaging families in treatment. Please answer the following questions:

**Initial Post**

- 1 - Have you had parents or families become disengaged from treatment? If so, briefly describe your experience.
- 2 - Using Chorpita (2007) as a guide, what barriers have encountered in engaging families in treatment? If you have not had these opportunities yet, what barriers do you anticipate encountering with families and why?
- 3 - Of the listed solutions in the Chorpita (2007) chapter, what do you think is the most helpful ways to attempt to engage parents?

**Response Post**

- 1 - Please respond to a peer's post with your thoughts about their response. What did you learn from their post? Have your experiences been similar to theirs? Have you tried the solution they picked from the chapter and had good (or bad) results?

7. Canvas Discussion – Engaging Schools in Treatment (25 points)

Multisystemic Therapy and the Incredible Years program have proven to be effective for children and adolescents with aggressive behavior and conduct disorder. A shared component across both empirically supported treatments is their engagement of multiple systems, especially the school system. With that information in mind, please answer the following questions.

**Initial Post**

- 1 - Have you had the opportunity to try to engage teachers in treatment? If so, briefly describe your experience (e.g., level of difficulty, responsiveness of teacher).
- 2 - What barriers did you encounter in engaging teachers in treatment? If you have not had these opportunities yet, what barriers do you anticipate encountering in these situations?
- 3 - What do you think are some helpful ways to attempt to engage teachers in treatment? In other words, how do you think you would go about having a teacher more involved in treatment?

### Response Post

1 - Please respond to a peer's post with your thoughts about their response. What did you learn from their post? Do you have any constructive thoughts on their methods to engage teachers? Have your experiences been similar to theirs?

8. School Consultation Questions (25 points)

Please provide two questions that you would like Dr. Wiens to address regarding school consultation. These questions could be informed by the Schultz et al. (2004) article, but that is not a mandatory requirement

9. Trauma Focused CBT Training (25 points)

Each student is required to take the Trauma-Focused CBT continuing education course provided without cost online at <http://tfcbt.musc.edu/>. This is an extensive website; there are nine modules that you must complete on the website for this assignment. All modules (i.e., the entire course) must be completed in order to receive credit for this assignment. A Certificate of Completion is available for printing when you submit the final evaluation. Please upload that certificate into Canvas to receive credit. Students must provide this certificate by **November 5th**. Students are encouraged to begin the training well in advance of our discussion of TF CBT to allow adequate time to complete the training.

10. Building a Fear Hierarchy (50 points)

Establishing a well developed fear hierarchy is one of the core components of most anxiety disorder treatments in children and adolescents. Components of a good fear hierarchy are outlined in detail in the course readings (e.g., Chorpita et al. 2007). Using the Chorpita et al. (2007) manual as a guide, role play creating a fear hierarchy with a fellow classmate. For this assignment, each dyad will have one student present as though they are beginning treatment for social anxiety and the other for obsessive compulsive disorder. Students are allowed to be creative within each diagnostic category with regards to specific symptoms and level of impairment (i.e., which situations or actions are higher on the hierarchy). Students can assume that a clinical interview, diagnosis, and other pertinent case information has already been gathered. Students will only be evaluated on their creation of the fear hierarchy (see rubric). Please video record the assignment. Files can be uploaded directly to Canvas. Alternatively, if you use the video equipment in the Psychology Clinic, please send me an email with the room number, time, and date that the recording took place.

11. Oral Case Study Final Exam (150 points)

Each student will complete an oral final examination. This examination will involve the student responding to questions pertaining to a single case scenario. To be fair, students will be randomly assigned a case scenario at the beginning of the oral exam (e.g., student will choose a number that is then tied to a specific scenario); thus you will not know the scenario before the exam. Scenarios will tap a psychological disorder and general therapeutic strategies discussed in class. Students can expect to receive questions in the broad content areas listed in the rubric. Questions will tap constructs, issues, and information that a developing clinician would be expected to understand.

**Students should not discuss the content of their particular case scenario with other students until after all students have completed their oral examination.**

This examination will be scheduled by appointment with the course instructor; therefore, the exam will occur only in the presence of the course instructor (not the entire class). Each appointment will last approximately 30 minutes.

### Grading

Requirement	Due date	% of final grade
Discussion – Problems (and hopefully solutions) with ESTs	August 31	5%

Discussion – Modular Treatments: Necessary Ingredients?	September 7	5%
Assignment – Clinical Interviewing Reflection	September 14	10%
Assignment – Behavior and Cognition Assessment	September 21	10%
Assignment – CBT Homework Exercise	September 28	10%
Discussion – Reengaging Parents in Treatment	October 5	5%
Discussion – Engaging Schools in Treatment	October 12	5%
Assignment – School Consultation Questions	October 27	5%
Assignment – Trauma-Focused CBT Training	November 5	5%
Assignment – Building a Fear Hierarchy	November 23	10%
Final Exam – Oral Case Study	December 10	30%

Point system used (i.e., how do course points translate into letter grades).

<b>Points earned</b>	<b>463-500</b>	<b>448-462</b>	<b>433-447</b>	<b>413-446</b>	<b>398-412</b>	<b>383-397</b>	<b>363-382</b>	<b>348-362</b>	<b>333-347</b>	<b>313-332</b>	<b>298-312</b>	<b>Below 297</b>
<b>Letter Grade</b>	A	A-	B+	B	B-	C+	C	C-	D+	D	D-	E

Please be aware that a C- is not an acceptable grade for graduate students. A grade of C counts toward a graduate degree only if an equal number of credits in courses numbered 5000 or higher have been earned with an A.

<b>Letter Grade</b>	<b>A</b>	<b>A-</b>	<b>B+</b>	<b>B</b>	<b>B-</b>	<b>C+</b>	<b>C</b>	<b>C-</b>	<b>D+</b>	<b>D</b>	<b>D-</b>	<b>E</b>	<b>WF</b>	<b>I</b>	<b>NG</b>	<b>S-U</b>
<b>Grade Points</b>	4.0	3.67	3.33	3.0	2.67	2.33	2.0	1.67	1.33	1.0	0.67	0.0	0.0	0.0	0.0	0.0

For greater detail on the meaning of letter grades and university policies related to them, see the Registrar's Grade Policy regulations at:

<http://catalog.ufl.edu/ugrad/current/regulations/info/grades.aspx>

### Exam Policy

Each student will complete a final oral examination (worth 100 points). This examination will involve the student responding to questions pertaining to a single case scenario. Students will be randomly assigned a case scenario at the beginning of the oral exam (e.g., student will choose a number that is then tied to a specific scenario); thus you will not know the scenario before the exam. Scenarios will tap a psychological disorder and general therapeutic strategies discussed in class. Students can expect to receive questions in the broad content areas listed in the rubric. Questions will tap constructs, issues, and information that a developing clinician would be expected to understand. Students will schedule an exam time with the instructor.

### Policy Related to Make up Exams or Other Work

Students who must miss an assignment or exam deadline because of conflicting professional or personal commitment must make prior arrangements with the instructor. If an examination must be missed because of illness, a doctor's note is required.

Requirements for class attendance and make-up exams, assignments, and other work in this course are consistent with university policies that can be found in the online catalog at:

<https://catalog.ufl.edu/ugrad/current/regulations/info/attendance.aspx>

Any requests for make-ups due to technical issues MUST be accompanied by the ticket number received from LSS when the problem was reported to them. The ticket number will document the time and date of the problem. You MUST e-mail your instructor within 24 hours of the technical difficulty if you wish to request a make-up.

### **Policy Related to Required Class Attendance**

Attendance is expected as a part of the student's professional training. Students are expected to arrive for class on time and to remain for the full class period. Students needing to miss class should make prior arrangements with the instructor.

Please note all faculty are bound by the UF policy for excused absences. For information regarding the UF Attendance Policy see the Registrar website for additional details:

[http://www.registrar.ufl.edu/catalogarchive/01-02/catalog/academic\\_regulations/academic\\_regulations\\_013\\_.htm](http://www.registrar.ufl.edu/catalogarchive/01-02/catalog/academic_regulations/academic_regulations_013_.htm)

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## **STUDENT EXPECTATIONS, ROLES, AND OPPORTUNITIES FOR INPUT**

### **Expectations Regarding Course Behavior**

Please refrain from using cell phones or any other electronic devices during class as it is distracting and inconsiderate of other students and the instructor. Laptop use is acceptable for note taking or presenting. However, please do not browse other websites during class time. It is expected that students will be engaged and actively participate during class. Please do not arrive late to class or disrupt the class as it is distracting and inconsiderate of other students and the instructor.

To the extent permitted by facility rules and restrictions, you may bring food and/or beverages to class as long as it does not interfere with your ability to work and/or participate in class and as long as it does not interfere with or your classmates' ability to work and participate in class. You will be expected to clean-up after yourself and dispose of all trash before leaving the classroom.

### **Communication Guidelines**

As a blended learning class, it is imperative that students check email and the Canvas website often (i.e., once daily). Students are expected to participate in graded online discussions on various topics throughout the course. Please reference the applicable assignment rubrics for online discussions for a clear outline of what is expected with regard to posts and replies. In addition, please see the following resource for guidelines on online course etiquette:

<http://teach.ufl.edu/wp-content/uploads/2012/08/NetiquetteGuideforOnlineCourses.pdf>

### **Academic Integrity**

Students are expected to act in accordance with the University of Florida policy on academic integrity. As a student at the University of Florida, you have committed yourself to uphold the Honor Code, which includes the following pledge:

**“We, the members of the University of Florida community, pledge to hold ourselves and our peers to the highest standards of honesty and integrity.”**

You are expected to exhibit behavior consistent with this commitment to the UF academic community, and on all work submitted for credit at the University of Florida, the following pledge is either required or implied:

**“On my honor, I have neither given nor received unauthorized aid in doing this assignment.”**

It is your individual responsibility to know and comply with all university policies and procedures regarding academic integrity and the Student Honor Code. Violations of the Honor Code at the University of Florida will not be tolerated. Violations will be reported to the Dean of Students Office for consideration of disciplinary action. For additional information regarding Academic Integrity, please see Student Conduct and Honor Code or the Graduate Student Website for additional details:

<https://www.dso.ufl.edu/sccr/process/student-conduct-honor-code/>  
<http://gradschool.ufl.edu/students/introduction.html>

Please remember cheating, lying, misrepresentation, or plagiarism in any form is unacceptable and inexcusable behavior.

### **Online Faculty Course Evaluation Process *optional in UF Template***

Students are expected to provide feedback on the quality of instruction in this course by completing online evaluations at <https://evaluations.ufl.edu> so make sure you include a statement regarding the value and expectation for student participation in course evaluations. We suggest you include a comment regarding how you will use the evaluations (e.g. to make specific improvements to the course and teaching style, assignments, etc.). It is also important to make some statement regarding the direct influence they have on faculty tenure and promotion, so your input is valuable. Evaluations are typically open during the last two or three weeks of the semester, but students will be given specific times when they are open. Summary results of these assessments are available to students at <https://evaluations.ufl.edu/results/>

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## **SUPPORT SERVICES**

### **Accommodations for Students with Disabilities**

If you require classroom accommodation because of a disability, you must register with the Dean of Students Office <http://www.dso.ufl.edu> within the first week of class. The Dean of Students Office will provide documentation to you, which you then give to the instructor when requesting accommodation. The College is committed to providing reasonable accommodations to assist students in their coursework.

### **Counseling and Student Health *optional in UF Template***

Students sometimes experience stress from academic expectations and/or personal and interpersonal issues that may interfere with their academic performance. If you find yourself facing issues that have the potential to or are already negatively affecting your coursework, you are encouraged to talk with an instructor and/or seek help through University resources available to you.

- The Counseling and Wellness Center 352-392-1575 offers a variety of support services such as psychological assessment and intervention and assistance for math and test anxiety. Visit their web site for more information: <http://www.counseling.ufl.edu>. On line and in person assistance is available.

- You Matter We Care website: <http://www.umatter.ufl.edu/>. If you are feeling overwhelmed or stressed, you can reach out for help through the You Matter We Care website, which is staffed by Dean of Students and Counseling Center personnel.
- The Student Health Care Center at Shands is a satellite clinic of the main Student Health Care Center located on Fletcher Drive on campus. Student Health at Shands offers a variety of clinical services. The clinic is located on the second floor of the Dental Tower in the Health Science Center. For more information, contact the clinic at 392-0627 or check out the web site at: <https://shcc.ufl.edu/>
- Crisis intervention is always available 24/7 from:
- Alachua County Crisis Center:  
(352) 264-6789

<http://www.alachuacounty.us/DEPTS/CSS/CRISISCENTER/Pages/CrisisCenter.aspx>

BUT – Do not wait until you reach a crisis to come in and talk with us. We have helped many students through stressful situations impacting their academic performance. You are not alone so do not be afraid to ask for assistance.

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### **Course Materials and Technology**

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Weisz, J. R., Chorpita, B. F., Palinkas, L. A., Schoenwald, S. K., Miranda, J., Bearman, S. K., ... Research Network on Youth Mental Health (2012). Testing standard and modular designs for psychotherapy treating depression, anxiety, and conduct problems in youth. *Archives of General Psychiatry, 69*, 274-282.

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For issues with technical difficulties for E-learning please contact the UF Help Desk at:

- [Learning-support@ufl.edu](mailto:Learning-support@ufl.edu)
- (352) 392-HELP - select option 2
- <https://lss.at.ufl.edu/help.shtml>

## SYLLABUS FACESHEET

**Course Title:** Forensic Neuropsychology (CLP 7934)

**Instructor:** Russell M. Bauer, Ph.D., ABPP

**This course is (Required or Elective):** Elective

**1) Describe how integration of theory, research, and practice is accomplished in this course.**

Each topic (competency, sanity, personal injury, etc.) is described along with supportive literature highlighting key concepts, empirically-validated assessment methods, and available outcomes. A scientific approach to forensic practice is emphasized throughout.

**2) Describe how issues of diversity are addressed in this course.**

In each segment, issues of differential treatment of various racial-ethnic and other minority groups, accessibility issues, and issues related to the use of group-specific norms in establishing neuropsychological status in criminal and civil forensics are explicitly discussed in lecture.

**3) Describe how ethical issues are addressed in this course.**

The course contains a specific module pertaining to ethics and professional issues; issues of psychologist-attorney relationships as well as psychologist-examinee relationships are discussed. Issues such as release of records, public statements, privacy, and autonomy are explicitly discussed in the context of the interface between ethics and law.

**CLP 7438 Forensic Neuropsychology**  
**Russell M. Bauer, Ph.D., ABPP/CN**  
**Summer C, 2014**  
**Mondays, 5-8pm, Room 3170 HPNP**

**Course Description**

This course is designed to examine ways in which neuropsychologists interact with the courts in matters where mental health and behavioral impairment, including putative brain impairment, are issues in the proceedings. The primary activity areas of competency, sanity, and “mental injury” assessment will be covered in particular detail. The course provides an introduction to the legal system, and reviews standards governing the forensic activities of mental health experts. We will also examine professional issues that arise regularly in forensic neuropsychological assessment and consultation. Although the primary focus will be on cases/issues involving brain impairment, topics will all have more general clinical implications for psychopathology, diagnostic assessment, and intervention relevant to all clinical psychologists. Throughout the course, emphasis will be placed on evidence-based approaches to assessment in forensic practice. Basic knowledge of neuropsychological syndromes and clinical assessment methodologies is assumed. Classes will consist of lectures, demonstrations, and discussion. Examples drawn from cases in which I have participated will be used to illustrate basic points. Students will have the opportunity to work on one of these cases intensively and to prepare and present a forensic opinion about the patient or the case scenario.

The course is intended as an advanced seminar. Active participation and presentation of ideas based on reading and outside personal research is expected and required. Such activities will make up 30% of the final course grade. An additional 30% of the grade will be determined by performance on a single in-class examination, to be given on August 7, 2008. The remaining 40% of the grade will be determined by performance on the case activity assignment. Details of this assignment are attached at the end of this syllabus. Individual cases will be assigned during the second class meeting, where case materials will be available. Students are responsible for preparing each case according to the guidelines set forth in the assignment and for presenting the case to the class during a specified class meeting. Through this assignment, the student will learn to formulate and communicate clinical forensic opinions, and will gain experience in providing testimony under adversarial conditions.

**Required Texts (I suggest that you purchase this book online at [amazon.com](http://amazon.com)).**

Larrabee, G.J. (2012). *Forensic Neuropsychology: A Scientific Approach (2<sup>nd</sup> Edition)*. New York: Oxford University Press.

**Additional Required Readings.** Additional readings will be assigned; electronic versions will be posted to the course website.

**Suggested Additional Reference Sources**

Faust, D., Ziskin, J., & Hiers, J.B. (1991). *Brain Damage Claims: Coping with Neuropsychological Evidence. Vol 1: The Scientific and Professional Literature. Vol 2: Practical Guidelines, Cross-Examination, and Case Illustration.* Los Angeles: Law and Psychology Press.

Horton, A.M. & Hartlage, L.C. (2003). *Handbook of Forensic Neuropsychology.* New York: Springer.

McCaffrey, R.J., Williams, A.D., Fisher, J.M., & Laing, L.C. (1997). *The Practice of Forensic Neuropsychology: Meeting Challenges in the Courtroom.* New York: Plenum Press.

Melton, G.B., Petrila, J., Poythress, N.G. & Slobogin, C. (1997). *Psychological Evaluations for the Courts (2<sup>nd</sup> Ed).* New York: Guilford Press.

Parry, J.W. (1998). *National Benchbook on Psychiatric and Psychological Evidence and Testimony.* Washington, DC: American Bar Association.

Petrila, J. & Otto, R.K. (1996). *Law and Mental Health Professionals: Florida.* Washington, DC: American Psychological Association.

Sweet, J.J. (Ed.). (1999). *Forensic Neuropsychology: Fundamentals and Practice.* Lisse: Swets & Zeitlinger.

**Plan and Format.** Each class will consist of an introductory lecture designed to familiarize the student with the main issues, principles, practices, and pitfalls in each practice area (1 - 1.5 hours). Following this, we will discuss topics assigned to individual students for that day (1 hour). Students are required to make a 15-20 minute presentation of the topic and to facilitate discussion regarding implications for neuropsychological theory and practice. Once case reports begin, the third hour of each class will be devoted to case presentations and mock testimony.

**Class Schedule:** We will consider topics as outlined below.

<b><u>DATE</u></b>	<b><u>TOPIC</u></b>	<b><u>REQUIRED READING</u></b>
12 May	Introductory Session Basic Concepts & Case Example	None

<u>DATE</u>	<u>TOPIC</u>	<u>REQUIRED READING</u>
<b>19 May</b>	<b>Introduction to the Legal System</b>	Larrabee, Chapter 1, 2, 3 Melton, et al. Chapter 1 Specialty Guidelines 2013
	Law and Mental Health	Daubert, Kumho rulings
	Overview of the Legal System	Greiffenstein, 2008
	Professional and Ethical Issues	New Hampshire Bar, 2004
	Nature of Experts	

Relevant References

American Psychological Association (2013). Specialty guidelines for forensic psychology. *American Psychologist*, 68, 7-19.

Greiffenstein, M.F. (2008). Basics of forensic neuropsychology. In J.E. Morgan & J.H. Ricker (Eds.), *Textbook of Clinical Neuropsychology*, pp. 905-941. New York: Taylor & Francis.

<http://supct.law.cornell.edu/supct/html/92-102.ZS.html> (Daubert ruling online; be sure to read both Blackmun's and Rehnquist's opinions)

<http://supct.law.cornell.edu/supct/html/97-1709.ZO.html> (Kumho ruling online)

New Hampshire Bar Association (2004). An overview of the American legal system.

<b>26 May</b>	<b>No Class – Memorial Day (Observed)</b>	
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<b>2 June</b>	<b>Scope and Limits of Neuropsychological Testimony</b>	Melton, et al., Chapter 4 Faust, 1991 Barth, et al., 1992 Bigler, 2007
	Professional/Ethical Issues (cont'd)	Bush (NAN), 2005
	Method-Skeptic Criticisms	Stone, 1975, Chapter 8
	Foundation for Expert Witness activity in Neuropsychology	Kaufmann, 2005 Review Larrabee, Chapter 3

Presentation Topics for 2 June

- 1) Method Skeptic Debate (pro vs. con)
- 2) Fixed vs. Flexible Battery Approaches and Daubert/Frye
- 3) What can/should neuropsychologists testify to?

## Relevant References

- Barth, J.T., Ryan, T.V., & Hawk, G.L. (1992). Forensic neuropsychology: A reply to the method skeptics. *Neuropsychology Review*, *2*, 251-266.
- Binder, L.M. & Johnson-Greene, D. (1995). Observer effects on neuropsychological performance: A case report. *The Clinical Neuropsychologist*, *9*, 74-78.
- Bohan, T.L. & Heels, E.J. (1995). The case against *Daubert*: The new scientific evidence "standard" and the standards of the several states. *Journal of Forensic Sciences*, *40*, 1030-1044.
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- Gatowski, S.I., Dobbin, S.A., Richardson, J.T., Ginsburg, G.P., Merlino, M.L., & Dahir, V. (2001). Asking the gatekeepers: A national survey of judges on judging expert evidence in a post-Daubert world. *Law and Human Behavior*, *25*, 433-458.
- Giuliano, A.J., Barth, J.T., Hawk, G.L., & Ryan, T.V. (1997). The forensic neuropsychologist: Precedents, roles, and problems. In McCaffrey, R.J., Williams, A.D., Fisher, J.M. & Laing, L.C. (Eds.), *The Practice of Forensic Neuropsychology: Meeting Challenges in the Courtroom*, pp. 1-35.
- Kaufmann, P.M. (2005). Protecting the objectivity, fairness, and integrity of neuropsychological evaluations in litigation. A privilege second to none? *J Leg Med*, *26*(1), 95-131.
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McCaffrey, R.J., & Lynch, J.K. (1992). A methodological review of “method skeptic” reports. *Neuropsychology Review*, 3, 235-248.

McKinzey, R.K. & Ziegler, T.G. (1999). Challenging a flexible neuropsychological battery under Kelly/Frye: A case study. *Behavioral Sciences and the Law*, 17, 543-551.

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Newman, R. (1991). The role of the psychologist expert witness: Provider of perspective and input. *Neuropsychology Review*, 2, 241-249.

Satz, P. (1988). Neuropsychological testimony: Some emerging concerns. *The Clinical Neuropsychologist*, 2, 89-100.

Schwartz, M.L. (1987). Limitations on neuropsychological testimony by the Florida appellate decisions: Action, reaction, and counteraction. *The Clinical Neuropsychologist*, 1, 51-60.

Stone, A.A. (1975). *Mental health and the law: a system in transition*. Rockville, Md.: National Institute of Mental Health, Center for Studies of Crime and Delinquency.

Wedding, D. (1991). Clinical judgment in forensic neuropsychology: A comment on the risks of claiming more than can be delivered. *Neuropsychology Review*, 2, 233-239.

<b>9 June</b>	<b>Assessment of Criminal and Civil-</b>	Larrabee, Chapter 15, 16
<b>16 June</b>	<b>Competencies</b>	APA/ABA, 2008
		Melton, et al Chapter 6, 11
		Fla. Rules of Criminal Proceed (Rule 3.210-)
	Criminal Competencies	Ford v. Wainright (477 US 399)
	Civil Competencies	Moye, Butz, et al, 2007
	Civil Commitment	Rogers, et al., 2001
	Guardianship	Rabin et al., 2007
	Assessment of Competencies	Moberg & Kneile, 2006

Presentation Topics for 9-16 June

- 1) Review of Empirical Methods for Assessing Competency to Stand Trial
- 2) Amnesia and Criminal Competencies: Major issues
- 3) Competency to Consent to Research and Treatment

#### 4) Use of Functional Neuroimaging in Forensic Contexts

##### Relevant References

- Bourget, D., & Whitehurst, L. (2007). Amnesia and crime. *Journal of the American Academy of Psychiatry and the Law*, *35*, 469-480.
- Brown, T. & Murphy, E. (2009-10). Through a scanner darkly: Functional neuroimaging as evidence of a defendant's past mental status. *Stanford Law Review*, *62*, 1119-1208.
- Florida Rules of Criminal Procedure, Sections relevant to Incompetence to Proceed (3.210-3.215; pp. 109-127).
- Ford v. Wainwright, 477 US 399 (1986).  
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- Grisso, T. (1988). *Competency to Stand Trial Evaluations: A Manual for Practice*. Sarasota: Professional Resource Exchange.
- Howard, C. (1990). Amnesia. In R. Bluglass & P. Bowden (Eds.). *Principles and Practice of Forensic Psychiatry*, pp. 291-298. New York: Churchill Livingstone.
- Moberg, P.J. & Kneile, K. (2006). Evaluation of competency. Ethical considerations for neuropsychologists. *Applied Neuropsychology*, *13*, 101-114.
- Moye, J., Butz, S.W., Marson, D.C., & Wood, E. (2007). A conceptual model and assessment template for capacity evaluation in adult guardianship. *Gerontologist*, *47*(5), 591-603.
- Moye, J., & Marson, D.C. (2007). Assessment of decision-making capacity in older adults: an emerging area of practice and research. *Journals of Gerontology: Psychological Sciences*, *62B*, P3-P11.
- Pollack, M.E. & Billick, S.B. (1999). Competency to consent to treatment. *Psychiatric Quarterly*, *70*, 303-311.
- Rabin, L.A., Burton, L.A., & Barr, W.B. (2007). Utilization rates of ecologically oriented instruments among clinical neuropsychologists. *The Clinical Neuropsychologist*, *21*, 727-743.
- Ricker, J. (2012). Functional neuroimaging in forensic neuropsychology. In G.J. Larrabee (Ed.), *Forensic Neuropsychology (2<sup>nd</sup> Ed.)*, pp. 160-178. New York: Oxford University Press.

Rubinsky, E.W., & Brandt, J. (1986). Amnesia and criminal law: A clinical overview. *Behavioral Sciences and the Law*, 4, 27-46.

Shapiro, D.L. (1991). *Forensic Psychological Assessment: An Integrative Approach*. Boston, MA: Allyn & Bacon, Chapter 1.

Shulman, K.I., Cohen, C.A., Kirsh, F.C., Hull, I.M., & Champine, P.R. (2007). Assessment of testamentary capacity and vulnerability to undue influence. *American Journal of Psychiatry*, 164, 722-727.

Spar, J.E. & Garb, A.S. (1992). Assessing competency to make a will. *American Journal of Psychiatry*, 149, 169-174.

Sturman, E.D. (2005). The capacity to consent to treatment and research: A review of standardized assessment tools. *Clinical Psychology Review*, 25, 954-974.

Zapf, P.A., & Viljoen, J.L. (2003). Issues and considerations regarding the use of assessment instruments in the evaluation of competency to stand trial. *Behavioral Sciences and the Law*, 21, 351-367.

**STOP! LOOK! ☞ No class June 23, 2014 (Summer Break)**

<b>30 June</b>	<b>Personal and Mental Injury</b>	Larrabee, Chapters 8,9,10,11,12*
<b>7 July</b>	<b>Assessment</b>	Melton, et al Chapter 12
<b>14 July</b>	Psychopathology and NP performance	Dikmen et al, 1995
	Understanding symptom complaints	Bigler, 2012
	Diagnosis and outcome of MHI	Nelson et al, 2010
	Assessment of malingering and factitious disorder	Mittenberg et al., 1992
		Larrabee & Rohling, 2013
		Bauer, 1998*
		Suhr & Gunstad, 2005
		Butcher, et al., 2003
		Heilbronner et al, 2009

Presentation Topics for 30 June- 14 July

- 1) Outcome of Mild Head Injury and Persistent Post-concussion Syndrome
- 2) Detection of Effort and Malingering: State of the Art
- 3) Associated Concepts: Cogniform Disorder, Cogniphobia, and Diagnosis Threat

Heilbronner, R.L., Sweet, J.J., Morgan, J.E., Larrabee, G.J., Millis, S.R. and Conference Participants (2009). American Academy of Clinical Neuropsychology Consensus

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<b>21 July</b>	<b>Insanity and Mental State at the Time of Offense (MSO)</b>	Larrabee, Chapter 17; Melton, Chapter 8 Bourget & Whitehurst (2007) Redding (2006)
	Insanity and related defenses	Malle & Nelson (2003)
	Diminished capacity	Barratt & Felthous (2003)
	Related defenses	McNaghten case summary
	Assessment of MSO	APA on Insanity Defense McSherry (2003) Shapiro (1990)

Presentation Topics for 21 July

- 1) Diminished Capacity Standards
- 2) Role of Neuropsychological/Psychiatric Diagnosis in MSO Evaluations

Relevant References

American Psychiatric Association Statement on the Insanity Defense. Excerpted from *Issues in Forensic Psychiatry*. Washington, DC: APA Press, 1984, pp. 7-26.

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Wasyliw, O.E., Grossman, L.S., Haywood, T.W. & Cavanaugh, J.L. (1988). The detection of malingering in criminal forensic groups. *Journal of Personality Assessment*, *52*, 321-333.

<b>28 July</b>	<b>Report Writing, Testimony, and Professional Communication</b>	Larrabee, Chapter 3
<b>4 Aug</b>		Melton, et al. Chapter 18, 19
	TPO, Test release	Attix et al, 2007
	Keys to forensic report writing	Tranel, 1994
	Adversarial nature of testimony	AACN, NAN position papers
	Subpoenas and information-sharing	Bush, et al (2005)
<b>4 Aug</b>	<b>In Class Examination (1 hour)</b>	

Presentation Topics for 28 July

- 1) Third party observers: To allow or not to allow?
- 2) Releasing test information: Achieving appropriate balance

## Relevant References

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- Bush, S.S., Ruff, R.M., Troster, A.I., Barth, J.T., Koffler, S.P., Pliskin, N.H., Reynolds, C.R., & Silver, C.H. (2005). Symptom validity assessment: Practice issues and medical necessity: Nan Policy and Planning Committee. *Archives of Clinical Neuropsychology*, *20*, 419-426.
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Tranel, D. (1994). The release of psychological data to nonexperts. Ethical and legal considerations. *Professional Psychology: Research and Practice*, 25, 33-38.

Wren, D.T. & Greenfield, L.S. (1989). Dealing with neuropsychological evidence. *For the Defense*, July 1989, 11-17.

**Final Case Reports Due August 4 (Monday) at 5:00pm**

## **SYLLABUS FACESHEET**

**Course Title:** Health Promotion (CLP 7934)

**Instructor:** Stephen Anton, Ph.D.

**This course is (Required or Elective):**

**1) Describe how integration of theory, research, and practice is accomplished in this course.**

This course presents an overview of the role lifestyle and health behaviors have in improving health and preventing disease. An important focus of the course is on the role behavioral interventions have in modifying risk factors for disease, including the conceptual basis for the interventions, clinical trial data supporting their efficacy, and their application in the practice of health psychology.

**2) Describe how issues of diversity are addressed in this course.**

Issues of diversity are considered throughout the entire course. In particular, we review the important role that age, sex, and ethnicity have in influencing risk of chronic disease conditions, as well as the how these factors relate to engagement in specific health behaviors such as dietary fat consumption, physical activity, and smoking.

**3) Describe how ethical issues are addressed in this course.**

Ethical issues are also considered throughout the course, particularly in regards to enrollment of human participants in research studies, testing of novel interventions, and safety considerations in the delivery of interventions to special populations. Ethical issues are also discussed in regards to the role that epidemiology, medicine, political science, and economics have in influencing health promotion and disease prevention at the individual and community level.

**Special Topics in Health Psychology:  
Health Promotion (CLP – 7934)**

**Spring 2015**

**Stephen D. Anton, PhD  
([santon@ufl.edu](mailto:santon@ufl.edu))**

**&**

**Course Outline**

**Objectives**

Behavior contributes significantly to health, well-being and longevity. An abundance of research supports numerous behavioral guidelines for health promotion, including: regular physical activity; the maintenance of appropriate weight; the avoidance of tobacco products and illicit drugs; dietary intake of fruits, vegetables, and fiber, coupled with low consumption of saturated fats; moderate use of alcohol; and the ability to cope effectively with stress. Thus, the purpose of this course is to present an overview of health-promoting behaviors from the perspective of clinical health psychology. This course will emphasize changing behaviors to improve health and prevent disease. Psychological approaches for conceptualizing and changing behaviors to improve health will represent the major focus of the course. While the primary focus of the course will be intervention at the individual and group level, we will also review public health approaches that focus on change at the community or organizational level, and we will touch upon the contributions of sociology, epidemiology, medicine, political science and economics to understanding health and illness.

The specific topics chosen for in-depth exploration during the course comprise the major health issues facing our population, namely, obesity, nutrition, physical activity, and the use of tobacco. We will examine the behavioral antecedents of major diseases, particularly heart disease and cancer, by reviewing epidemiological and population-based studies of associations between behavioral and psychosocial variables and the occurrence of chronic disease conditions and decreased longevity. We will focus in detail on behavioral interventions to modify risk factors for disease, including the conceptual basis for the interventions, clinical trial data supporting their efficacy, and their application in the practice of health psychology.

**Basis for Evaluation/Grading**

The course will include the opportunity to design and carry out a health-promotion intervention, either with an appropriate clinical patient or with oneself as the subject in a self-management project. In addition, each class participant will design and propose a health-promotion research project. Both the clinical project and the research proposal will be presented in class. Class participation will consist of attendance, active engagement in class discussions, and presentations on alternative health promotion behaviors. The grade for the class will be based on (a) the research proposal (20%) and presentation (10%), (b) the clinical project and presentation (20%), (c) a final exam (30%), and (d) class participation (20%).

## **Schedule**

January 8, 2015	Health Promotion: An Overview
January 15, 2015	Obesity: Prevalence, Determinants, and Consequences
January 22, 2015	Obesity: Treatment Issues & Alternative Health Promotion Behavior Presentations
January 29, 2015	Diet and Health & Alternative Health Promotion Behavior Presentations
February 5, 2015	Dietary Interventions & Alternative Health Promotion Behavior Presentations
February 12, 2015	Physical Activity & Health & Alternative Health Promotion Behavior Presentations
February 26, 2015	Community Health Promotion & Alternative Health Promotion Behavior Presentations
March 12, 2015	Smoking Cessation & Alternative Health Promotion Behavior Presentations
March 5, 2015	SPRING BREAK – no class
March 19, 2015	Clinical Presentations
March 26, 2015	Clinical presentations
April 2, 2015	Clinical presentations + research presentations
April 9, 2015	Research presentations
April 16, 2015	Research presentations
April 23, 2015	Final Exam

## **Scheduled Topics & Readings**

### **January 8, 2015 Health Promotion: An Overview**

Clark, N. M., & Becker, M. H. (1998). Theoretical models and strategies for improving adherence and disease management. In S. A. Shumaker, E. B., Schron, J. K. Ockene, & W. L., McBee (Eds.), *Handbook of health behavior change* (pp. 5-32). New York: Springer.

Stamler, J., et al. (1999). Low risk-factor profile and long-term cardiovascular and noncardiovascular mortality and life expectancy. *JAMA*, 282, 2012-1018.

Bisono, A. M., Manuel, J. K., & Forchimes A. A. (2006). Promoting treatment adherence through motivational interviewing. In W. T. O'Donohue & E. R. Levensky, (Eds.) *Promoting treatment adherence* (pp. 71-84). Thousand Oaks, CA: Sage.

Blume A. W., & Marlatt, G. A. (2006). Relapse prevention to promote treatment adherence. In W. T. O'Donohue & E. R. Levensky (Eds.), *Promoting treatment adherence* (pp. 149-163). Thousand Oaks, CA: Sage.

Ferguson, K. E., & Scarlett-Ferguson, H. (2006). Skills training to promote patient adherence to treatments. In W. T. O'Donohue & E. R. Levensky (Eds.), *Promoting treatment adherence* (pp. 99-118). Thousand Oaks, CA: Sage.

Levensky, E. R., & O'Donohue, W. T. (2006). Patient adherence and nonadherence to treatments. In W. T. O'Donohue & E. R. Levensky (Eds.), *Promoting treatment adherence* (pp. 3-14). Thousand Oaks, CA: Sage.

van Dam, R. M., Li, T., Spiegelman, D., Franco, O. H., & Hu, F. B. (2008). Combined impact of lifestyle factors on mortality: prospective cohort study in US women. *BMJ*, 337, a1440.

Breton E and De Leeuw E. (2010). Theories of the policy process in health promotion research: a review. *Health Promotion International*, (26): 82-90.

Eriksson M. (2011) Social capital and health - implications for health promotion. *Global Health Action*.

Anton, S. D., & Perri, M. G. (2012). Disease Prevention through lifestyle intervention for diet and physical activity. *The Oxford Handbook of Rehabilitation Psychology*.

Spring B, Moller AC, Coons MJ. (2012). Multiple health behaviours: overview and implications. *Journal of Public Health*, (34): i3-i10.

## January 15, 2015 Obesity: Prevalence, Determinants, and Consequences

- Allison, D. B., Fontaine, K. R., Manson, J. E., Stevens, J., & VanItallie, T. B. (1999). Annual deaths attributable to obesity in the United States. *JAMA*, 282(16), 1530-1538.
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- Clement, K. & Ferre, P. (2003). Genetics and the pathophysiology of obesity. *Pediatric Research*, 53, 721-725.
- Fontaine, K. R. et al. (2003). Years of life lost due to obesity. *JAMA*, 289, 187-193.
- Hill, J. O. et al. (2003). Obesity and the environment: where do we go from here? *Science*, 299, 853-855.
- Finkelstein, E. A., Ruhm, C. J., & Kosa, K. M. (2005). Economic causes and consequences of obesity. *Annu Rev Public Health*, 26, 239-257.
- Ogden, C. L., Carroll, M. D., Curtin, L.R., McDowell, M. A., Tabak, C. J, Flegal, K. M. (2006). Prevalence of overweight and obesity in the United States, 1999-2004. *JAMA*, 295, 1549-1555.
- James, W. P. (2008). The fundamental drivers of the obesity epidemic. *Obes.Rev.*, 9 Suppl 1, 6-13.
- Jensen, M. K., Chiuve, S. E., Rimm, E. B., Dethlefsen, C., Tjonneland, A., Joensen, A. M. (2008). Obesity, behavioral lifestyle factors, and risk of acute coronary events. *Circulation*, 117, 3062-3069.
- Flegal, K. M., Carroll, M. D., Ogden, C. L., & Curtin, L. R. (2010). Prevalence and trends in obesity among US adults, 1999-2008. *JAMA*, 303(3), 235-241.
- Finkelstein EA, Khavjou OA, Thompson H, Trogdon JG, Pan L, Sherry B, and Dietz W. (2012). Obesity and Severe Obesity Forecasts Through 2030. *American Journal of Preventative Medicine*, (42):563-570.
- Loos RJK. Genetic determinants of common obesity and their value in prediction. (2012). *Best Practice & Research Clinical Endocrinology & Metabolism*, (26): 211-226.\
- McNaughton SA, Crawford D, Ball K, and Salmon J. (2012). Understanding determinants of nutrition, physical activity and quality of life among older adults: the Wellbeing, Eating and Exercise for a Long Life (WELL) study. *Health and Quality of Life Outcomes*, (10): 109.

## **January 22, 2015 Obesity: Treatment Issues & Alternative Health Promotion Behavior Presentations**

Diabetes Prevention Program Research Group. (2002). Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *New England Journal of Medicine*, 346, 393-403.

Kumanyika, S. K., & Obarzanek, E. (2003). Pathways to obesity prevention: report of a National Institutes of Health Workshop. *Obesity Research*, 11, 1263-1274.

Wadden, T. A., et al. (2005). Randomized trial of lifestyle modification and pharmacotherapy for obesity. *New England Journal of Medicine*, 353, 2111-2120.

Bray, G. A. (2008). Lifestyle and pharmacological approaches to weight loss: efficacy and safety. *J.Clin.Endocrinol.Metab*, 93, S81-S88.

Perri, M. G., Foreyt, J. P., & Anton, S.D. (2008). Preventing weight gain after weight loss. In G. A. Bray and C. Bouchard (Eds.), *Handbook of obesity treatment: Clinical applications* (3<sup>rd</sup> ed.) New York: Marcel Dekkar, Inc., pp. 249 – 268.

Perri, M. G., Limacher, M. C., Durning, P. E., Janicke, D. M., Lutes, L. D., Bobroff, L. B. et al. (2008). Extended-care programs for weight management in rural communities: the treatment of obesity in underserved rural settings (TOURS) randomized trial. *Arch.Intern.Med.*, 168, 2347-2354.

Padwal, R. S. & Majumdar, S. R. (2009). Drug treatments for obesity: orlistat, sibutramine, and rimonabant. *Lancet*, 369, 71-77.

Anton, S.D., Exner, A., Newton, R. L. (in press). Intentions are not Sufficient to Change Behavior: Strategies that Promote Behavior Change and Healthy Weight Management. In F. Columbus (Ed.), *New Perspectives on Knowledge, Attitudes and Practices in Health*. New York: Nova Science Publishers, Inc.

## January 29, 2015 Diet and Health & Alternative Health Promotion Behavior Presentations

Stampfer, M. J. et al. (2000). Primary prevention of coronary heart disease in women through diet and lifestyle. *New England Journal of Medicine*, 343, 16-22.

Institute of Medicine. (2002). *Dietary reference intakes for energy, carbohydrate, fiber, fat, fatty acids, cholesterol, protein, and amino acids*. Washington, DC: National Academies Press.

McCullough, M. L. et al. (2003). A prospective study of whole grains, fruits, vegetables and colon cancer risk. *Cancer Causes and Control*, 14, 959-970.

Nielsen, S. J., & Popkin, B. M. (2003). Patterns and trends in food portion sizes. *JAMA*, 289, 450-453.

Fung, T. T. et al. (2004). Prospective study of major dietary patterns and stroke risk in women. *Stroke*, 35, 2014-2019.

Knoops, K. T. B. et al. (2004). Mediterranean diet, lifestyle factors, and 10-year mortality in elderly European men and women. *JAMA*, 292, 1433-1439.

Kelly, M. T., Rennie, K. L., Wallace, J. M., Robson, P. J., Welch, R. W., Hannon-Fletcher, M. P. et al. (2008). Associations between the portion sizes of food groups consumed and measures of adiposity in the British National Diet and Nutrition Survey. *Br.J.Nutr.*, 1-8.

Lee, S., Harnack, L., Jacobs, D. R., Jr., Steffen, L. M., Luepker, R. V., & Arnett, D. K. (2009). Trends in diet quality for coronary heart disease prevention between 1980-1982 and 2000-2002: The Minnesota Heart Survey. *J.Am.Diet.Assoc.*, 107, 213-222.

Marzetti, E., Wohlgemuth, S. E., Anton, S.D., Bernabei, R., Carter, C., & Leeuwenburgh, C. (2009). Cellular mechanisms of cardioprotection by calorie restriction: State of the science and future perspectives. *Clinics in Geriatric Medicine*, 25(4), 715-732.

Fontana, L. & Klein, S. (2009). Aging, adiposity, and calorie restriction. *JAMA*, 297, 986-994.

Anton, S. D., Dubyak, P. J., Naugle, K. M. (2012). *Role of Appetite Control in Metabolic Disease Conditions. Appetite: Regulation, Role in Disease and Control*. Nova Science Publishers, Inc. Hauppauge, NY

## February 5, 2015 Dietary Interventions & Alternative Health Promotion Behavior Presentations

Cutler, J. A., & Stamler J. (1997). Introduction and summary of the dietary and nutritional methods and findings in the Multiple Risk Factor Intervention Trial. *American Journal of Clinical Nutrition*, 65(suppl.), 184S-190S.

Kjelsberg, M. O. et al. (1997). Brief description of the Multiple Risk Factor Intervention Trial. *American Journal of Clinical Nutrition*, 65(suppl.), 191S-195S.

Ornish, D., et al. (1998). Intensive lifestyle changes for reversal of coronary heart disease. *JAMA*, 280, 2001-2009.

Hu, F., & Willett, W. C. (2002). Optimal diets for prevention of coronary heart disease. *JAMA*, 288, 2569-2578.

Esposito, K. et al. (2004). Effect of a Mediterranean-style diet on endothelial dysfunction and markers of vascular inflammation in the metabolic syndrome. *JAMA*, 2004, 1440-1446.

Heilbronn, L. K., de, J. L., Frisard, M. I., DeLany, J. P., Larson-Meyer, D. E., Rood, J. et al. (2006). Effect of 6-month calorie restriction on biomarkers of longevity, metabolic adaptation, and oxidative stress in overweight individuals: a randomized controlled trial. *JAMA*, 295, 1539-1548.

Howard, B.V. et al. (2006). Low-fat dietary pattern and risk of cardiovascular disease: the Women's Health Initiative Randomized Controlled Dietary Modification Trial. *JAMA*, 295, 655-666.

Pischke, C. R., Scherwitz, L., Weidner, G., & Ornish, D. (2008). Long-term effects of lifestyle changes on well-being and cardiac variables among coronary heart disease patients. *Health Psychol.*, 27, 584-592.

Dai, J., Jones, D. P., Goldberg, J., Ziegler, T. R., Bostick, R. M., Wilson, P. W. et al. (2008). Association between adherence to the Mediterranean diet and oxidative stress. *Am.J.Clin.Nutr.*, 88, 1364-1370.

Hofer, T., Fontana, L., Anton, S.D., Weiss, E. P., Villareal, D. T., Malayappan, B., & Leeuwenburgh, C. (2008). Long-term effects of caloric restriction or exercise on DNA and RNA oxidation levels in white blood cells and urine in humans. *Rejuvenation Research*, 11(4), 793-9.

Stamler, J. & Neaton, J. D. (2008). The Multiple Risk Factor Intervention Trial (MRFIT)--importance then and now. *JAMA*, 300, 1343-1345.

Anton, S.D., Han, H. York-Crowe, York, E., Martin, C.K. Ravussin, E., & Williamson, D.A (2009). Effect of calorie restriction on subjective ratings of appetite. *Journal of Human Nutrition and Dietetics*, 22(2), 141-147.

Sacks, F.M., Bray, G.A., Carey, V.J., Smith, S.R., Ryan, D.H., Anton, S.D. et al. (2009). Comparison of weight-loss diets with different compositions of fat, protein, and carbohydrates. *New England Journal of Medicine*. 360, 859-873.

Anton, S.D., Martin, C.K., Han, H., Coulon, S., Cefalu, W.T., Geiselman, & Williamson, D. A. (2010). Effects of stevia, aspartame, and sucrose on food intake, satiety, and eating attitudes in Healthy, Overweight and Obese Adults. *Appetite*, 55(1), 37-43.

## February 12, 2015 Physical Activity & Health & Alternative Health Promotion Behavior Presentations

Wei, M. et al. (1999). Relationship between low cardiorespiratory fitness and mortality in normal-weight, overweight, and obese men. *JAMA*, 282, 1547-1553.

Manson, J. E. et al. (2002). Walking compared with vigorous exercise for the prevention of cardiovascular events in women. *New England Journal of Medicine*, 347, 716-725.

Tanasescu, M. et al. (2002). Exercise type and intensity in relation to coronary heart disease in men. *JAMA*, 288, 1994-2000.

Blair, S. N. et al. (2004). The evolution of physical activity recommendations: how much is enough? *American Journal of Clinical Nutrition*. 79 (suppl.) 913S-920S.

Owen, N. et al. (2004). Understanding environmental influences on walking. *American Journal of Preventive Medicine*, 27, 67-76.

Wessel, T. R., Arant, C. B., Olson, M. B., Johnson, B. D., Reis, S. E., Sharaf, B. L. et al. (2004). Relationship of physical fitness vs body mass index with coronary artery disease and cardiovascular events in women. *JAMA*, 292, 1179-1187.

Hofer, T., Fontana, L., Anton, S.D., Weiss, E. P., Villareal, D. T., Malayappan, B., & Leeuwenburgh, C. (2008). Long-term effects of caloric restriction or exercise on DNA and RNA oxidation levels in white blood cells and urine in humans. *Rejuvenation Research*, 11(4), 793-9.

Haskell, W. L., Lee, I. M., Pate, R. R., Powell, K. E., Blair, S. N., Franklin, B. A. et al. (2009). Physical activity and public health: updated recommendation for adults from the American College of Sports Medicine and the American Heart Association. *Med.Sci.Sports Exerc.*, 39, 1423-1434.

Anton, S.D. & Manini, T.M. (2010). Does self-reported physical activity underestimate the importance of activity in cardiovascular disease prevention? *Current Cardiovascular Risk Reports*.

Anton, S.D., Duncan, G.E., Limacher, MC, Martin, A.D., Perri, M.G. (*in press*). How much walking Is needed to improve cardiorespiratory fitness? An examination of the 2007 ACSM/AHA physical activity recommendations. *Research Quarterly for Exercise and Sport*.

## February 19, 2015 Physical Activity Interventions & Alternative Health Promotion Behavior Presentations

King, A. C. et al. (1995). Long-term effects of varying intensities and formats of physical activity on participation rates, fitness and lipoproteins in men and women Aged 50 to 65 years. *Circulation*, *91*, 2596-2604.

Stefanick, M. L. et al. (1998). Effects of diet and exercise in men and postmenopausal women with low levels of HDL cholesterol and high levels of LDL cholesterol. *New England Journal of Medicine*, *339*, 12-20.

Dunn, A. L. et al. (1999). Comparison of lifestyle and structured interventions to increase physical activity and cardiorespiratory fitness. *JAMA*, *281*, 327-334.

Marcus, B. H. et al. (2000). Physical activity behavior change: Issues in adoption and maintenance. *Health Psychology*, *19* (suppl.) 32-41.

Perri, M. G. et al. (2002). Adherence to exercise prescriptions: Effects of prescribing moderate versus higher levels of intensity and frequency. *Health Psychology*, *21*, 452-458.

Thompson, P. D., & Lim, V. (2003). Physical Activity in the Prevention of Atherosclerotic Coronary Heart Disease. *Curr Treat Options Cardiovasc Med*, *5*(4), 279-285.

Lennon, S. L., Quindry, J., Hamilton, K. L., French, J., Staib, J., Mehta, J. L., et al. (2004). Loss of exercise-induced cardioprotection after cessation of exercise. *J Appl Physiol*, *96*(4), 1299-1305.

Duncan, G. E., Anton, S. D., Sydeaman, S.J., Newton, R. L., Jr., Corsica, J. A., Durning, P. A., Ketterson, T. U., Martin, A. D., Limacher, M. C., & Perri, M. G. (2005). Prescribing Exercise at Varied Levels of Intensity and Frequency: A Randomized Trial. *Archives of Internal Medicine*, *165*, 2362-2369.

Pahor, M., Blair, S. N., Espeland, M., Fielding, R., Gill, T. M., Guralnik, J. M. et al. (2006). Effects of a physical activity intervention on measures of physical performance: Results of the lifestyle interventions and independence for Elders Pilot (LIFE-P) study. *J.Gerontol.A Biol.Sci.Med.Sci.*, *61*, 1157-1165.

Fontana, L., Villareal, D. T., Weiss, E., Racette, S. B., Steger-May, K., Klein, S., et al. (2007). Calorie restriction or exercise: Effects on coronary heart disease risk factors: A randomized, controlled trial. *American Journal of Physiology: Endocrinology and Metabolism*, *293*(1), E197-202.

Murphy, M. H., Blair, S. N., & Murtagh, E. M. (2009). Accumulated versus Continuous Exercise for Health Benefit: A Review of Empirical Studies. *Sports Med.*, *39*, 29-43.

## **February 26, 2015 Community Health Promotion & Alternative Health Promotion Behavior Presentations**

Bennett P., & Murphy, S. (1998). *Psychology and health promotion* (chapters 5 & 7). Philadelphia: Open University Press.

Thomson, B., & Kinne, S. (1998). Social change theory applications to community health. In N. Bracht (Ed.), *Health Promotion at the Community Level: Vol. 2, New Advances* (pp. 29-56). Thousand Oaks, CA: Sage.

Fortmann, S. P., & Varady, A. N. (2000). Effects of a community-wide health education program on cardiovascular disease morbidity and mortality. *American Journal of Epidemiology*, *152*, 316-323.

Vartiainen, E. et al. (2000). Cardiovascular risk factor changes in Finland, 1972-1997. *International Journal of Epidemiology*, *29*, 49-56.

Pearson, T. A. et al. (2003). American Heart Association Guide for Improving Cardiovascular Health at the Community Level. *Circulation*, *107*, 645-651.

Leger, L. (2008). Evaluating community-based health promotion initiatives: an ongoing necessity and challenge. *Health Promotion International*, *23*, 299-301.

Roux, L., Pratt, M., Tengs, T. O., Yore, M. M., Yanagawa, T. L., Van Den, B. J. et al. (2008). Cost effectiveness of community-based physical activity interventions. *Am.J.Prev.Med.*, *35*, 578-588.

Cohen D. A. Reengineering the Built Environment: Schools, worksites, neighborhoods, and Parks. In G. A. Bray and C. Bouchard (Eds.), *Handbook of obesity treatment: Clinical applications* (3<sup>rd</sup> ed.) New York: Marcel Dekkar, Inc., pp.195 – 206.

### March 12, 2015 Smoking Cessation & Alternative Health Promotion Behavior Presentations

Fiore, M. C. et al. (1997). Smoking cessation: Principles and practice based on the AHCPR Guideline, 1996. *Annals of Behavioral Medicine*, 19, 213-219.

Abrams, D.B. (1998). Adherence to Treatment for Nicotine Dependence.

Jorenby, D. E. et al. (1999). A controlled trial of sustained release bupropion, a nicotine patch, or both for smoking cessation. *New England Journal of Medicine*, 340, 685-691.

Hughes, J. R. (2000). New treatments for smoking cessation. *Cancer: A Journal for Clinicians*, 50, 143-151.

Ockene, J. K. et al. (2000). Relapse and maintenance issues for smoking cessation. *Health Psychology*, 19 (suppl.), 17-31.

Waldroup, W. M., Gifford, E. V., & Kalra, P. (2006). Adherence to smoking cessation treatments. In W. T. O'Donohue & E. R. Levensky (Eds.), *Promoting treatment adherence* (pp. 235-252). Thousand Oaks, CA: Sage.

Cornuz, J., Zwahlen, S., Jungi, W. F., Osterwalder, J., Klingler, K., van, M. G. et al. (2008). A vaccine against nicotine for smoking cessation: a randomized controlled trial. *PLoS.ONE.*, 3, e2547.

Reichert, J., de Araujo, A. J., Goncalves, C. M., Godoy, I., Chatkin, J. M., Sales, M. P. et al. (2008). Smoking cessation guidelines--2008. *J.Bras.Pneumol.*, 34, 845-880.

Coleman T. (2010). Do financial incentives for delivering health promotion counselling work? Analysis of smoking cessation activities stimulated by the equality and outcomes framework. *BMC Public Health*, (10): 167.

Diemert LM, Bondy SJ, Brown S, and Manske S. (2013). Young Adult Smoking Cessation: Predictors of Quit Attempts and Abstinence. *American Journal of Public Health*, (103):449-453.

Popova L, and Ling PM. (2013). Alternative Tobacco Product Use and Smoking Cessation: A National Study. *American Journal of Public Health*, (103):923-930.

**March 5, 2015 SPRING BREAK – no class**

**March 19, 2015 Clinical Presentations**

**March 26, 2015 Clinical presentations**

**April 2, 2015 Clinical presentations + research presentations**

**April 9, 2015 Research presentations**

**April 16, 2015 Research presentations**

**April 23, 2015 Final Exam**

**Additional Requirements**

- Students are expected to adhere to the University of Florida's honesty policy regarding cheating and use of copyrighted materials.
- Students are expected to attend class and to notify the instructor in advance of absences. Make-up assignments or delays in meeting assignment deadlines must be approved in advance.
- Students requesting classroom accommodation must first register with the Dean of Students Office. The Dean of Students Office will provide documentation to the student who must then provide this documentation to the Instructor when requesting accommodation.

**Course Title:** Thesis Development CLP 7934

**Instructor:** Nicole Ennis Whitehead, PhD

**This course is (Required or Elective):** Required

**1) Describe how integration of theory, research, and practice is accomplished in this course.**

This course is an introduction to research in practice. It develops critical thinking skills, scholarly writing and research abilities. Students apply relevant theoretical frameworks to their research activities. Each student presents their theoretical framework in class and it serves as the foundation of their research project.

**2) Describe how issues of diversity are addressed in this course.**

Issues related to research with diverse populations are discussed throughout the semester. Further, students research activities include diverse populations (e.g., racial/ethnic minorities, rural, LGBT, etc.) and approaches to research with diverse groups are reviewed and evaluated in class.

**3) Describe how ethical issues are addressed in this course.**

Students are provided training in the responsible conduct of research including lectures on historical and contemporary issues in human subject research, use of IRB, and a review of ethical codes of conduct in research.

University of Florida  
College of Public Health and Health Professions  
Department of Clinical and Health Psychology  
Course Syllabus

**CLP 7934, Thesis Development**  
Fall 2014, Section 1C42 (1 credit)  
Thursdays (8:30 – 10:20 am), HPNP 3170  
<http://lss.at.ufl.edu>

**Instructor:**

Nicole Ennis Whitehead, Ph.D.  
Department of Clinical and Health Psychology  
1225 Center Drive (HPNP), Room 3146  
P.O. Box 100165  
Gainesville, FL 32610  
**Phone:** 352-273-6145

**Email:** [nwhitehead@phhp.ufl.edu](mailto:nwhitehead@phhp.ufl.edu)

Office Hours: Thursdays 10:30-11:30am and by Appointment

**Course description:**

This course is an examination of the scientific writing process. Within this broad context we will survey: the development of scientific ideas; theoretical and practical approaches to writing; thesis development; and issues relevant to human subjects research.

**Course objectives:**

1. The student will be able to describe, formulate and critique the scientific writing process specific to the Social and Behavioral Sciences
2. The student will be able to identify, describe and differentiate pragmatic issues related to the conduct of human subjects research
3. The student will create and present a well-articulated research proposal

**Course format**

The course will be conducted in the form of a graduate seminar. Class will meet Thursdays from 8:30 am – 10:20 am (with a 5-minute break from 9:25-9:30). The majority of each class will consist of discussions of key articles and student presentations. **This class meets 7 times for the semester** with additional assignments due throughout the course of the semester. See Course Calendar

**Prerequisite:**

Formal prerequisites are either (a) admission to doctoral study in Clinical and Health Psychology, (b) admission to doctoral study in the Department of Psychology; **or** (c) admission to doctoral study in Rehabilitation Sciences, Health Services Research, Management and Policy, or Speech, Language and Hearing Sciences. All other students must apply for special admission through the Curriculum Committee of the Department of Clinical and Health Psychology.

## **Reading materials:**

Articles and writing guides for this course will be provided as the course progresses via email, typically as Adobe pdf files. Reading materials will be made available by end of day on the Friday before the next class session.

## **Additional Recommended Resources:**

*Publication Manual of the American Psychological Association*, Sixth Edition 2010

It is recommended that students read at least 1 completed thesis. Defended departmental thesis can be found at: <http://web.uflib.ufl.edu/etd.html>

Forms and formatting guidelines can be found at: <http://graduateschool.ufl.edu/graduation/thesis-and-dissertation>

Additional recommendations will be made on an as needed basis

## **Course website:**

The class uses the UF elearning portal for posting of supplemental course materials. Log on at <http://lss.at.ufl.edu> (Sakai) and you should find the course link there.

## **Grading procedure and scales:**

Percentage grades in this class are earned on the basis of points (described below), which are then converted to letter grades and grade point equivalents (as shown in the chart below).

<b>Percentage or points earned in class</b>	93%-100%	90%-92%	87%-89%	83%-86%	80%-82%	77%-79%	73%-76%	70%-72%	67%-69%	63%-66%	60%-62%	Below 60%				
<b>Letter Grade equivalent</b>	A	A-	B+	B	B-	C+	C	C-	D+	D	D-	E	WF	I	NG	S-U
<b>Grade points</b>	4.0	3.67	3.33	3.0	2.67	2.33	2.0	1.67	1.33	1.0	0.67	0.0	0.0	0.0	0.0	0.0

For greater detail on the meaning of letter grades and university policies related to them, see the Registrar's Grade Policy regulations at <http://www.registrar.ufl.edu/staff/minusgrades.html>

On the course schedule below is listed the date on which each assignment is due. Assignments are always due, in Sakai, immediately before class time on their due date; this is usually 8:29 am.

The grade for the class will be based on your assignment scores, your in-class participation, your in-class oral presentation, and an e-learning submitted copy of your PowerPoint slides plus a 4-5 page "script" for your presentation.

## **In Class Participation**

### *20% of grade*

This is a graduate seminar. Readings will be provided before each class. The expectation is that you have read the articles and are fully prepared to discuss the material. Attendance will be taken at each class.

### Homework Assignments

#### *30% of grade*

There are three homework assignments in this class. Due dates are listed on the Course Schedule below.

### PowerPoint Presentation

#### *50% of grade*

The final presentation is expected to be a presentation of an initial research proposal. The final product must be developed for this course, although it ideally will also be written simultaneously for other purposes (e.g., to fulfill thesis or dissertation requirements). This is the first step in a proposal-development process that is expected to result in a first year project/masters thesis proposal by the end of your first year, and to prepare CHP students for their presentation at the Fall Symposium next year. Key points about the presentation are (a) order of presentations will be randomly assigned; (b) presentation cannot exceed 12 minutes (longer presentations will be cut off), with 3 additional minutes for questions; (c) presentation must be accompanied by an LCD-PowerPoint presentation, not to exceed 15 slides.

A printout of the powerpoint slides used for the presentation (above), and a 4-5 page (double-spaced) script to go along with the slides (even if you do not need/use the script in your presentation), stapled together, should be submitted during the class in which you present. This will be used for the instructor to provide you with comments and thoughts on your proposed research.

### Incomplete grades:

An incomplete grade may be assigned at the discretion of the instructor as an interim grade for a course in which the student has 1) completed a major portion of the course with a passing grade, 2) been unable to complete course requirements prior to the end of the term because of extenuating circumstances, and 3) obtained agreement from the instructor and arranged for resolution (contract) of the incomplete grade. Instructors assign incomplete grades following consultation with Department Chairs.

Office Hours and Appointments. Dr. Whitehead has designated office hours (see top of syllabus for details). Additional "extra help" appointments can be made with the instructor if needed. Dr. Whitehead is available to help students problem solve thesis development issues in conjunction with their primary mentor.

University's Honesty Policy: (cheating and use of copyrighted materials)

**Academic Integrity – Students are expected to act in accordance with the University of Florida policy on academic integrity (see Student Conduct code, the Graduate Student Handbook, or this web site for more details: [www.dso.ufl.edu/judicial/procedures/academicguide.php](http://www.dso.ufl.edu/judicial/procedures/academicguide.php)).**

**Cheating, lying, misrepresentation, or plagiarism in any form is unacceptable and inexcusable behavior.**

*"We, the members of the University of Florida community,  
pledge to hold ourselves and our peers to the  
highest standards of honesty and integrity."*

On all work submitted for credit by students at the University of Florida, the following pledge is either required or implied:

**“On my honor, I have neither given nor received unauthorized aid in doing this assignment.”**

*Copyright policy:* The University of Florida policy on copyright states: "Copyright permission should not be required of instructors in the following circumstances:

- 1) A single copy of an article, chapter, or poem is on reserve for only *one semester*.
- 2) A reasonable number of copies of an article, chapter, or poem are placed on reserve for only *one semester*. "Reasonable" is determined by an assessment of the number of students assigned the reading, the difficulty of the reading, and the time frame allowed for completion of the reading. This should normally not exceed 6 copies, although up to one copy for every 15 students may be accepted if space is available in the reserve area and the above criteria are met."

Article and material distribution for this class will be discussed in the first class meeting.

### **Class Attendance:**

It is the expectation of the faculty in Clinical and Health Psychology, and Psychology, that all students attend all classes. Students are expected to be present for all classes, since much material will be covered only once in class. Attendance will be taken at of each class.

As a matter of mutual courtesy, please let the instructor know when you're going to be late, when you're going to miss class, or if you need to leave early. Please try to do any of these as little as possible. Students are expected to be present for all classes, since much material will be covered only once in class. Students who have extraordinary circumstances preventing attendance, or who must leave early, should explain these circumstances to the course instructor prior to the scheduled class, or as soon as possible thereafter. The instructor will then make an effort to accommodate reasonable requests.

### **Make-up Exams or Other Work:**

*Extra credit* - No planned opportunities for extra credit exist in this course.

*General policy on missed work* - It is expected that no students will miss any assignments. **No make-ups will be possible.**

With regard to missing or incomplete assignments, the following policies apply:

- **It is your responsibility** to check that the *correct* assignment has been submitted to e-learning on time
- **It may be possible to avoid a late penalty IF YOU CONTACT THE INSTRUCTOR AT LEAST 24 HOURS IN ADVANCE.** You should email Dr. Whitehead and explain what issue (e.g., bereavement, illness) necessitates lateness. In some cases, documentation may be requested. Note. conference attendance or doctoral qualifying examinations or thesis/dissertation defenses do not constitute valid lateness excuses.

- If your assignment is late, you will lose 10% each day. Thus, if your assignment is worth 15 points, you will lose 1.5 points for each late day. “Late” begins one minute after the due time (e.g., an assignment due at 8:29 am is considered late at 8:30 am). Penalties are as follows:

1 minute to 24 hours late	10% of maximum deducted from achieved grade
1 day + 1 minute late to 48 hours late	20% of maximum deducted from achieved grade
2 days + 1 minute late to 72 hours late	30% of maximum deducted from achieved grade
3 days + 1 minute late to 96 hours late	40% of maximum deducted from achieved grade
4 days + 1 minute late to 120 hours late	50% of maximum deducted from achieved grade
5 days + 1 minute late 144 hours late	60% of maximum deducted from achieved grade
6 days + 1 minute late 168 hours late	70% of maximum deducted from achieved grade
7 days + 1 minute late 192 hours late	80% of maximum deducted from achieved grade
8 days + 1 minute late 216 hours	90% of maximum deducted from achieved grade
9 days + 1 minute late or later	100% of maximum deducted from achieved grade

**NOTE: UPLOADING THE WRONG DOCUMENT IS SAME-AS-LATE**, even if you have documentation that you completed the document on time. **It is your responsibility to verify that you have uploaded the correct document.** (You should open or download your uploaded homework and double- or triple-check that you have uploaded the right one).

- There will be **no** exceptions to this policy.
- If you have uploaded the wrong document, and e-learning does not allow you to correct this, you should IMMEDIATELY send the correct document to Dr. Whitehead via email.
- If you cannot upload a document due to technical problems (e.g., if e-learning is down), you may e-mail your assignment to Dr. Whitehead. The timestamp on your e-mail will serve as the time submitting. In such cases, please upload your assignment to e-learning as well, once the technical issue is resolved.

## **Student Evaluations**

“Students are expected to provide feedback on the quality of instruction in this course based on 10 criteria. These evaluations are conducted online at <https://evaluations.ufl.edu>

Evaluations are typically open during the last two or three weeks of the semester, but students will be given specific times when they are open. Summary results of these assessments are available to students at <https://evaluations.ufl.edu/results/>”

## **Accommodations for Students with Disabilities**

If you require classroom accomodation because of a disability, you must first register with the Dean of Students Office (<http://oss.ufl.edu/>). The Dean of Students Office will provide documentation to you, which you then give to the instructor when requesting accommodation. The College is committed to providing reasonable accommodations to assist students in their coursework.

## **Counseling and Student Health**

Students may occasionally have personal issues that arise in the course of pursuing higher education or that may interfere with their academic performance. If you find yourself facing problems affecting your coursework, you are encouraged to talk with an instructor and to seek confidential assistance at the University of Florida Counseling Center, 352-392-1575, or Student Mental Health Services, 352-392-1171. Visit their web sites for more information: <http://www.counsel.ufl.edu/> or <http://www.health.ufl.edu/shcc/smhs/index.htm#urgent>

The Student Health Care Center at Shands is a satellite clinic of the main Student Health Care Center located on Fletcher Drive on campus. Student Health at Shands offers a variety of clinical services, including primary care, women's health care, immunizations, mental health care, and pharmacy services. The clinic is located on the second floor of the Dental Tower in the Health Science Center. For more information, contact the clinic at 392-0627 or check out the web site at: [www.health.ufl.edu/shcc](http://www.health.ufl.edu/shcc)

Crisis intervention is always available 24/7 from: Alachua County Crisis Center: (352) 264-6789.

*BUT – Do not wait until you reach a crisis to come in and talk with us. We have helped many students through stressful situations impacting their academic performance. You are not alone so do not be afraid to ask for assistance.*

### **Tentative Course Calendar**

**Note. This class meets in person 7 times for the semester. While there will be no class on: 9/18, 9/25, 10/09, 10/16, 10/23, 10/30 & 11/06-----ASSIGNMENTS are DUE on: 9/25; 10/16 & 11/06**

#### **Meeting 1: (8/28)**

**Topics:** Course Introduction, Expectations, Review of UF Research Support Resources (Library, CTSI), Components of the Thesis, and Assignment of Presentation Date

#### **Meeting 2: (9/4)**

**Topics:** Scientific Writing: Theoretical and Practical Approaches; Review of the NIH template  
**Readings Distributed:** 8/29

#### **Meeting 3: (9/11)**

**Topics:** Protection of Human Subjects: A Historical Review and Current Application  
**Lecturer:** Lauren E. Hearn, M.S.  
**Readings Distributed:** 9/5

#### **No Class -Assignment #1 Due: 9/25**

**Deliverable:** Presentation Topic/Title, Name of Mentor, and 5 Relevant Article Citations

#### **Meeting 4: (10/2)**

**Topics:** The IRB Process  
**Readings Distributed:** 9/26

#### **No Class - Assignment #2: Due: 10/16**

**Deliverable:** Specific Aims and Brief Background

#### **No Class-Assignment #3: Due 11/06**

**Deliverable:** Hypotheses and Analysis plan for the aims

**Meeting 5:** (11/13)

**Topics:** Student class presentations

**Meeting 6:** (11/20)

**Topics:** Student class presentations

**Meeting 7:** (12/4)

**Topics:** Student class presentations

**\*\*\*\*Final script/PowerPoint is due in Sakai by 8:29 am the morning of the class in which your final presentation is (randomly) scheduled.**

**Readings\***

<b>Date</b>	<b>Topic</b>	<b>Assigned Reading</b>
08-28-2014	Intro	n/a
09-04-2014	Theoretical & Practical Approaches to Writing	Goldeman & Schmalz; Gopen & Swan
09-11-2014	Human Subjects	Heller; Vonderlehr, et al.; Tuskegee Commentary; Belmont Report
10-02-2014	IRB at UF	Nuremberg; Cook & Hoas; UF IC
11-13-2014	Presentations	n/a
11-20-2014	Presentations	n/a
12-04-2014	Presentations	n/a

**\*Note: additional readings may be added throughout the semester**

**Caveat:**

The above schedule and procedures in this course are subject to change in the event of extenuating circumstances. Any changes will be announced *in class*, and the student is personally responsible for obtaining updated information regarding those changes.

## Appendix: Acceptable Collaboration

On Collaboration: What constitutes acceptable levels of collaboration in this class? Please just treat this as "continuing education". It is here for your reference.

How much collaboration is acceptable is "As specified in the syllabus, and in the UF Honor Code".

=====

### 1. UF Honor Code:

A key phrase in this honor code relates to "ambiguity": "It is the responsibility of the student to seek clarification on whether or not use of materials or collaboration or consultation with another person is authorized prior to engaging in any act of such use, collaboration or consultation. If a faculty member has authorized a student to use materials or to collaborate or consult with another person in limited circumstances, the student shall not exceed that authority. If the student wishes to use any materials or collaborate or consult with another person in circumstances to which the authority does not plainly extend, the student shall first ascertain with the faculty member whether the use of materials, collaboration or consultation is authorized. "

<http://regulations.ufl.edu/chapter4/4041-2008.pdf>

Key phrasing with regard to collaboration:

(a) Plagiarism. A student shall not represent as the student's own work all or any portion of the work of another. Plagiarism includes but is not limited to:

1. Quoting oral or written materials including but not limited to those found on the internet, whether published or unpublished, without proper attribution.
2. Submitting a document or assignment which in whole or in part is identical or substantially identical to a document or assignment not authored by the student.

(b) Unauthorized Use of Materials or Resources ("Cheating"). A student shall not use unauthorized materials or resources in an academic activity. Unauthorized materials or resources shall include:

1. Any paper or project authored by the student and presented by the student for the satisfaction of any academic requirement if the student previously submitted substantially the same paper or project to satisfy an academic requirement and did not receive express authorization to resubmit the paper or project.
2. Any materials or resources prepared by another student and used without the other student's express consent or without proper attribution to the other student.
3. Any materials or resources which the faculty member has notified the student or the class are prohibited.
4. Use of a cheat sheet when not authorized to do so or use of any other resources or materials during an examination, quiz, or other academic activity without the express permission of the faculty member, whether access to such resource or materials is through a cell phone, PDA, other electronic device, or any other means.

(c) Prohibited Collaboration or Consultation. A student shall not collaborate or consult with another person on any academic activity unless the student has the express authorization from the faculty member.

1. Prohibited collaboration or consultation shall include but is not limited to:

a. Collaborating when not authorized to do so on an examination, take-home test, writing project, assignment, or course work.

b. Collaborating or consulting in any other academic or co-curricular activity after receiving notice that such conduct is prohibited.

c. Looking at another student's examination or quiz during the time an examination or quiz is given. Communication by any means during that time, including but not limited to communication through text messaging, telephone, e-mail, other writing or verbally, is prohibited unless expressly authorized.

2. It is the responsibility of the student to seek clarification on whether or not use of materials or collaboration or consultation with another person is authorized prior to engaging in any act of such use, collaboration or consultation. If a faculty member has authorized a student to use materials or to collaborate or consult with another person in limited circumstances, the student shall not exceed that authority. If the student wishes to use any materials or collaborate or consult with another person in circumstances to which the authority does not plainly extend, the student shall first ascertain with the faculty member whether the use of materials, collaboration or consultation is authorized.

=====

2. Syllabus:

The syllabus says:

"On all work submitted for credit by students at the University of Florida, the following pledge is either required or implied:

"On my honor, I have neither given nor received unauthorized aid in doing this assignment".

It is desirable and expected that take home assignments will stimulate conversation among classmates, and that classmates may actually mentor one another in the work. Students are also likely to discuss elements of the assignment with the instructor. It is expected that submitted work will solely reflect the student's own efforts. Students are expected not to collaborate in running analyses, writing answers, or interpreting results. The TAs and instructor will regularly check for "unusual congruence" in answers, and will discuss concerning instances with students involved. Where collaboration has been found, a zero grade will be assigned."

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# Behavioral Sleep Medicine

W 12:50p–3:50p, HPNP G103

CLP 7934 Section 03A4



Fall 2013

Instructor:

Christina McCrae, PhD, CBSM  
Department of Clinical & Health Psychology  
HPNP, Room 3139  
[csmccrae@php.ufl.edu](mailto:csmccrae@php.ufl.edu)  
352.273.6053

Office hours:

by appointment

WELCOME

**CLP 7934 Behavioral Sleep Medicine** is a *graduate seminar* that will review normal and pathological sleep processes and the variety of sleep disorders. While this course will focus on behavioral interventions, medical interventions will also be covered.

**Course Objectives:** Upon completing this course, you will be able to:

1. Describe normal human sleep, including its characteristics and how it is measured.
2. Discuss how human sleep develops from infancy to old age.
3. Describe the biological rhythms involved in regulating the human sleep/wake cycle.
4. Recognize the signs and symptoms of common sleep disorders, such as insomnia and sleep apnea.
5. Conduct a thorough sleep history interview, and generate a working diagnosis.
6. Describe the typical approaches to treating common sleep disorders (e.g., insomnia, sleep apnea).
7. Discuss practice and clinical research issues relevant to sleep psychologists and physicians.

## Required Readings:

Mindell, J. A., & Owens, J. A. (2003). *A clinical guide to pediatric sleep: diagnosis and management of sleep problems*. Philadelphia, PA: Lippincott Williams & Wilkins.

Perlis, M. L., Aloia, M., & Kuhn, B. (2011). *Behavioral treatments for sleep disorders: A comprehensive primer of behavioral sleep medicine interventions*. New York: Academic Press/Elsevier.

Kryger, M. H., Roth, T., & Dement, W. C. (2011). *Principles and practice of sleep medicine* (5th ed.). St. Louis, MO: Saunders.

Selected readings/articles (see below).

## Diagnostic Schemas/References:

American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders* (5<sup>th</sup> ed., pp. 361-422). Washington, DC: Author. (DSM-5).

American Sleep Disorders Association. (2005). *International classification of sleep disorders: Diagnostic and coding manual, Second Edition*. Rochester, MN: Author.

## REQUIREMENTS (details p. 4)

Discussion Leadership	150 points
Quizzes	150 points
<b>Total</b>	<b>300 points</b>

## GRADES

A =	93.0%+	279+ points
A- =	90.0%-92.9%	270-278 points
B+ =	87.0%-89.9%	261-269 points
B =	83.0%-86.9%	249-260 points
B- =	80.0%-82.9%	240-248 points
C+ =	77.0%-79.9%	231-239 points
C =	73.0%-76.9%	219-230 points
C- =	72.9% and below	218 points and below

## UNIVERSITY POLICIES

Please review the University's honesty policy regarding cheating and use of copyrighted materials on the University web site. Academic dishonesty (plagiarism, cheating, etc.) will not be tolerated and will be handled according to UF policy.

Students with disabilities or conditions requiring accommodation should contact the Office for Students with Disabilities, 392-1261, ext. 143. Students requesting classroom accommodation must first register with the Dean of Students Office. That office will provide documentation to the Instructor concerning accommodation

## TIMETABLE (tentative)

of student needs.

### **Week 1 (8/21): Historical Perspectives**

- Manber, R., & Harvey, A. (2005). Historical perspective and future directions in Cognitive Behavioral Therapy for insomnia and behavioral sleep medicine. *Clin Psychol Rev*, 25(5), 535-538.
- McCrae, C. S., Taylor, D. J., Smith, M. T., & Perlis, M. L. (2010). The future of Behavioral Sleep Medicine: A report on the presentations given at the Ponte Vedra Behavioral Sleep Medicine Consensus Conference, March 27-29, 2009. *Behavioral Sleep Medicine*, 8, 74-89.
- Stepanski, E. J., & Perlis, M. L. (2000). Behavioral sleep medicine. An emerging subspecialty in health psychology and sleep medicine. *J Psychosom Res*, 49(5), 343-347.
- Taylor, D. J., Perlis, M. L., McCrae, C. S., & Smith, M. T. (2010). The future of Behavioral Sleep Medicine: A report on consensus votes at Behavioral Sleep Medicine Consensus Conference, March 27-29, 2009. *Behavioral Sleep Medicine*, 8, 63-73.

### **Week 2 (8/28): Normal Sleep and Its Variations; Methodology**

- Aserinsky, E., & Kleitman, N. (1953). Regularly occurring periods of eye motility, and concomitant phenomena during sleep. *Science*, 118, 273-274.

- PPSM Ch 2 Normal human sleep  
PPSM Ch 3 Normal aging  
PPSM Ch 141 Monitoring and staging human sleep  
PPSM Ch 142 Monitoring techniques for evaluating suspected sleep-disordered breathing  
PPSM Ch 143 Evaluating sleepiness

### **Week 3 (9/4): Impact, Presentation, and Diagnosis (Bring both the ICSD-2 and DSM-5 to class)**

- PPSM Ch 56 Approach to the patient with disordered sleep  
PPSM Ch 57 Cardinal manifestations of sleep disorders  
PPSM Ch 59 Use of clinical tools and tests in sleep medicine  
PPSM Ch 60 Classification of sleep disorders

### **Week 4 (9/11): Chronobiology**

- PPSM Ch 31 Introduction: Master circadian clock and master circadian rhythm  
PPSM Ch 35 The human circadian timing system and sleep-wake regulation  
PPSM Ch 36 Melatonin and the regulation of sleep and circadian rhythms  
PPSM Ch 37 Sleep homeostasis and models of sleep regulation  
PPSM Ch 41 Circadian disorders of the sleep-wake cycle

- Morgenthaler, T.I., Lee-Chiong, T., Alessi, C., Friedman, L., Aurora, R.N., Boehlecke, B., Brown, T., Chesson, A.L., Kapur, V., Maganti, R., Owens, J., Pancer, J., Swick, T.J., Zak, R. (2007). Practice parameters for the clinical evaluation and treatment of circadian rhythm sleep disorders. An American Academy of Sleep Medicine report. *Sleep*, 30(11), 1445-1459.

### **Week 5 (9/18): Chronobiology (cont.) & Occupational Sleep Medicine**

- PPSM Ch 64 Occupational sleep medicine: Introduction  
PPSM Ch 67 Fatigue, performance, errors, and accidents  
PPSM Ch 70 Sleep and performance monitoring in the workplace  
PPSM Ch 71 Shift work, shift-work disorder, and jet lag

### **Week 6 (9/25): Insomnia**

- PPSM Ch 75 Insomnia: Recent developments and future directions  
PPSM Ch 76 Insomnia: Epidemiology and risk factors  
PPSM Ch 77 Insomnia: Diagnosis, assessment, and outcomes  
PPSM Ch 78 Models of insomnia

- Edinger, J. D., Bonnet, M. H., Bootzin, R. R., Doghramji, K., Dorsey, C. M., Espie, C. A., Jamieson, A. O., McCall, W. V., Morin, C. M., & Stepanski, E. J. (2004). Derivation of research diagnostic criteria for insomnia: Report of an American Academy of Sleep Medicine Work Group. *Sleep*, 27, 1567-96.

- Schutte-Rodin, S., Broch, L., Buysse, D., Dorsey, C., & Sateia, M. (2008). Clinical guideline for the evaluation and management of chronic insomnia in adults. *Journal of Clinical Sleep Medicine*, 4(5), 487-504.

### **Week 7 (10/2): Insomnia (cont.)**

- PPSM Ch 79 Psychological and behavioral treatments for insomnia I: Approaches and efficacy
- PPSM Ch 80 Psychological and behavioral treatments for insomnia: Implementation and specific populations
- PPSM Ch 81 Pharmacologic treatment of insomnia: Benzodiazepine receptor agonists
- PPSM Ch 82 Pharmacologic treatment: Other medications

Irwin, M.R., Cole, J.C., & Nicassio, PM. (2006). Comparative meta-analysis of behavioral interventions for insomnia and their efficacy in middle-aged adults and in older adults 55+ years of age. *Health Psychology, 25*(1), 3-14.

Morin, C.M., Bootzin, R.R., Buysse, D.J., Edinger, J.D., Espie, C.A., & Lichstein, K.L. (2006). Psychological and behavioral treatment of insomnia: update of the recent evidence (1998-2004). *Sleep, 29*(11):1398-1414.

Smith MT, Perlis ML, Park A, Smith MS, Pennington J, Giles DE, Buysse DJ. (2002). Comparative metaanalysis of pharmacotherapy and behavior therapy for persistent insomnia. *American Journal of Psychiatry, 159*, 5-11.

### **Week 8 (10/9): Behavioral Sleep Medicine Interventions**

Perlis, Aloia, & Kuhn

Ancoli-Israel, S. (2006). The impact and prevalence of chronic insomnia and other sleep disturbances associated with chronic illness. *The American Journal of Managed Care, 12*, S221-229

NIH State-of-the-Science Conference Statement on Manifestations and Management of Chronic Insomnia in Adults (June, 2005).

Morgenthaler, T.I., Kramer, M., Alessi, C., Friedman, L., Boehlecke, B., Brown, T., Coleman, J., Kapur, V., Lee-Chiong, T., Owens, J., Pancer, J., & Swick, T. (2006). Practice parameters for the psychological and behavioral treatment of insomnia: an update. An American Academy of Sleep Medicine report. *Sleep, 29*(11), 1415-1419.

### **Week 9 (10/16): Pediatric Sleep Disorders**

Mindell & Owens

Fallone, G., Owens, J. A., & Deane, J. (2002). Sleepiness in children and adolescents: clinical implications. *Sleep Med Rev, 6*(4), 287-306.

Mindell, J.A., Kuhn, B., Lewin, D.S., Meltzer, L.J., & Sadeh, A. (2006). Behavioral treatment of bedtime problems and night waking in infants and young children. *SLEEP, 29*(10), 1263-1276.

Morgenthaler, T.I., Owens, J., Alessi, C., Boehlecke, B., Brown, T.M., Coleman, J., Friedman, L., Kapur, V.K., Lee-Chiong, T., Pancer, J., Swick, T.J. (2006). Practice parameters for behavioral treatment of bedtime problems and night wakings in infants and young children. *Sleep, 29*(10), 1277-1281.

### **Week 10 (10/23): Parasomnias**

- PPSM Ch 94 Non-REM arousal parasomnias
- PPSM Ch 95 REM sleep parasomnias
- PPSM Ch 96 Other parasomnias
- PPSM Ch 98 Disturbed dreaming as a factor in medical conditions
- PPSM Ch 99 Sleep bruxism

### **Week 11 (10/30): Sleep Breathing Disorders**

- PPSM Ch 100 Central sleep apnea and periodic breathing
- PPSM Ch 101 Anatomy and physiology of upper airway obstruction
- PPSM Ch 106 Medical therapy for obstructive sleep apnea
- PPSM Ch 107 Positive airway pressure treatment for obstructive sleep apnea-hypopnea syndrome

### **Week 12 (11/6): Neurological Disorders**

- PPSM Ch 84 Narcolepsy: Pathophysiology and genetic predisposition
- PPSM Ch 85 Narcolepsy: Diagnosis and management
- PPSM Ch 87 Parkinsonism
- PPSM Ch 91 Alzheimer's disease and other dementias
- PPSM Ch 92 Epilepsy, sleep, and sleep disorders

### **Week 13 (11/13): Medical Disorders**

- PPSM Ch 117 Sleep-related cardiac risk

PPSM Ch 123 Sleep and fatigue in cancer patients  
PPSM Ch 124 Fibromyalgia and chronic fatigue syndromes

**Week 14 (11/20): Psychiatric Disorders &**

PPSM Ch 129 Anxiety disorders  
PPSM Ch 130 Mood disorders  
PPSM Ch 132 Medication and substance abuse

**Week 15 (12/4): Pharmacology**

PPSM Ch 41 Hypnotic medications: Mechanisms of action and pharmacologic effects  
PPSM Ch 42 Clinical pharmacologic effects of other drugs used as hypnotics  
PPSM Ch 45 Wake-promoting medications: Efficacy and adverse effects  
PPSM Ch 46 Drugs that disturb sleep and wakefulness

## COURSE REQUIREMENT DETAILS

**Required Readings:** To be completed **prior** to class on the date of assignment.

**Discussion Leadership (dates vary by student):** You will also be responsible for leading the seminar group in a discussion of the assigned readings three times over the course of the semester. [Total possible discussion leadership points: 50 points/discussion X 3 discussions = 150].

**Quizzes:** You will be given a brief quiz at the end of each class [Total possible quiz points: 10-11 points/quiz X 14 quizzes = 150 points].

## SYLLABUS FACESHEET

**Course Title:** DEP 6099 Survey of Developmental Psychology

**Instructor:** Julia A. Graber, Ph.D.

**This course is (Required or Elective):** Required

- 1) **Describe how integration of theory, research, and practice is accomplished in this course.** This course provides overview of basic conceptual frameworks and literature in developmental psychology. A variety of theoretical perspectives are offered on development across the lifespan, and students are asked to consider how research is conducted in line with each different perspective. They are also required to consider how developmental perspectives can be applied to their own research and practice.
- 2) **Describe how issues of diversity are addressed in this course.** Individual differences in development are considered as are contextual theories of development, which specifically address culture and socialization, poverty and disparities, effects of the physical environment and cohort/time differences.
- 3) **Describe how ethical issues are addressed in this course.** Ethical issues involved in developmental research are discussed in the context of lectures and discussion.

## DEP 6099 – SURVEY OF DEVELOPMENTAL PSYCHOLOGY, FALL 2013

Section #: 102A

**Class Time:** M W Period 5 (11:45am – 12:35pm)

**Class Location:** PSY 151

**Professor:** Julia A. Graber, Ph.D., Professor of Psychology

**Office Hours:** TBA on website & by appointment

**Office:** McCarty C 502

**Phone:** 273-3807

**Email:** [jagraber@ufl.edu](mailto:jagraber@ufl.edu)

### Website:

This course uses E-learning (Sakai) for posting the syllabus, readings, grades, and any announcements. To access Sakai: Go to <http://lss.at.ufl.edu/>

### Course Objectives

This course provides an overview of critical concepts in developmental psychology for doctoral students. The course considers development using a lifespan perspective which has three basic tenants: (1) development is life long, (2) development is multidimensional and multidirectional, and (3) development is plastic. As it would be impossible to cover all of developmental psychology in a single semester, a few key concepts and related examples from the research literature will be covered.

The primary learning objectives of the course are to: (a) gain an understanding of theoretical perspectives on development across the life span, (b) reflect upon how research is conducted in line with different perspectives, and (c) consider how developmental perspectives may be applied to one's own research interests.

The primary methods for learning are via: (a) thorough reading and critical evaluation of readings, (b) submission of discussion questions and active discussion of readings, (c) leading class discussion, and (d) application of a developmental perspective to one's own research as demonstrated in the final paper.

The class sessions for the semester cover the following major topics:

1. Theoretical Perspectives on Development
  - a. Models/Theories in Adolescence & Young Adulthood
  - b. Models/Theories in Adulthood & Aging
2. Dynamic Models of Bio-Behavior Development
  - a. Revisiting Critical Periods
  - b. Experience
  - c. Behavioral Genetics & Genetics
  - d. The Stress System

3. Continuity and Change: Provides some examples of developmental process for a particular construct across different phases of the lifecourse
  - a. Continuity and Change: Emotion-regulation processes
  - b. Continuity and Change: Cognition (Executive functioning)
  - c. Continuity and Change: Personality, Identity, and Self
4. Contextual Theories: Why Context Matters
  - a. Family Contexts
  - b. Culture and Socialization
  - c. Poverty and Disparities
  - d. Physical Environment
  - e. Media as Context
  - f. Historical Time & Cohort
5. Applied Development
  - a. Resilience
  - b. Developmental Cascades

**Required Readings** will be posted on the course website.

Additional Resources:

Papalia, D. E., Olds, S. W., & Feldman, R. D. (2009). *Human development* (11th ed.). New York: McGraw-Hill.

This textbook provides an overview of life span development at the undergraduate level and may be useful for students who have not previously taken an overview course.

Miller, P. H. (2009). *Theories of developmental psychology, 5<sup>th</sup> ed.* New York: Worth Publishers.

This book provides a nice overview of the “classic” theories of development. The primary focus is on historical and cognitive theories.

American Psychological Association. (2009). *Publication manual of the American Psychological Association* (6<sup>th</sup> ed.). Washington, DC: Author.

### Course Guidelines & Policies

- **This course adheres to all University Policies.** See <http://www.dso.ufl.edu/> for useful information at the Dean of Students Office webpage.
- **Academic Honesty.** See <http://www.dso.ufl.edu/sccr/honorcodes/conductcode.php> for details.
- **Students with disabilities** requesting classroom accommodation must first register with the Dean of Students Office. The Dean of Students Office will provide documentation to the student who must then provide this documentation to the Instructor when requesting accommodation. See <http://www.dso.ufl.edu/drc/> for details.
- **Incompletes.** Due to the nature of the requirements for the course, no incompletes can be given if in-class activities have not been completed on time. If the only outstanding assignment is the final paper, a request for an incomplete can be made. Students unable to complete the assignments who are not eligible to receive an incomplete will need to re-take the course.

- **Announcements/Changes.** Dr. Graber, if necessary, may change the dates and assignments on this syllabus. Students are responsible for all announcements made in class.
- **APA style** must be used for all written work.
- **Attendance Policy.** Many of the learning objectives for this course are achieved via active participation in class. Hence, the following provides specific information on absences and making up work for excused absences.
  - Attendance in any graduate course is expected.
  - Notifying the instructor in advance of any absence is expected.
  - In the case of a UF determined or professionally accepted reason for absence, complete make up work as indicated.
    - 2 Absences for Professional or UF reasons: *Don't worry about it; no make-up work required*
    - > 2 Absences for Professional or UF reasons: *Will need to complete make up assignment for that day*
    - **Make up Activities.** To make up an excused absence:
      - a. Go to the discussion board for that day
      - b. Make replies to 5 posts from that day
      - c. Please select interesting and unique posts for your replies; that is, if 2 students asked a very similar question, make 1 reply and select a different question for your next reply
  - In the case of a non-professional, i.e., personal reason for an absence, students will not be able to make up for missed classes.
    - 1 unexcused absence: *Don't worry about it; no make-up work required*
    - > 1 unexcused absence: *Grade at end of semester will be no higher than a C*
    - Individual students may petition to make up work by scheduling a meeting (NO EMAIL); such requests may not be granted; if granted, an additional written assignment will likely be required

### Course Requirements

- **Readings.** All assigned readings must be completed before each class period.
- **Class Participation.** This is a discussion course. For each class period, a discussion board will be available for posting discussion questions. Each student should post a thoughtful discussion question or issue for each class period (2-3 sentences per post). This may take the form of a methodological critique, a theoretical statement, a suggestion for resolving an ongoing debate, or an integration or comparison between two or more articles, or questions about application of the concepts to future research or applied settings.
  - ★ Posts should be made by 12:00am prior to each class period (e.g., 11:59pm Tuesday evening prior to Wednesday's class). In addition, students should come to class with comments on the readings, actively listen to the comments of others, and expand discussion with continued reflection and synthesis of the discussion.

- ★ **Each discussion question must be unique.** You may not repeat a question/issue that has already been posted. Be sure to read over all the discussion questions posted before completing your post.
- ★ There are 26 sessions with readings/discussion boards; students may skip submitting questions for 1 session without penalty. **Discussion questions will be scored based on a maximum accrual of 75 points (3pts\*25).**
- **Discussion Leadership (25 points, 2x = 50 total).** Twice during the semester, each student will lead discussion for that week's class. Students will lead discussion with 1-2 other students. The discussion leaders will give a brief overview of the topic including summary of each of the required readings, e.g., what are the major issues/points the reading is making, how is it connected to core developmental processes, etc. Leaders may provide a brief overview on background material if they feel it will be useful. Also, brief film clips from classic studies (e.g., video of BoBo Doll experiment is available on Youtube) may be useful depending on the topic. Grades will be based on clarity, depth, and discussion; the grading rubric will be posted on Sakai.
- **Research Proposal (75 pts total).** Students will write a modified research proposal (~5-8 pages for content) and a statement identifying the developmental significance of the proposal (~1-2 paragraphs). Students may select any topic they would like but the proposal must examine that topic from a developmental perspective. The paper should essentially be the introduction to a manuscript with a brief overview of the methods for the study.
  - The proposal should provide:
    - the conceptual framework
    - review of relevant literature
    - research questions that the study would address, and
    - a brief overview of the study (~2 paragraphs)
  - In addition, as a separate statement, explain what aspects of the proposed project are developmental or what developmental concepts or questions are being addressed. This need not be lengthy but needs to be a concise statement about the developmental nature of the research proposal.
  - Students should select a **topic and submit a brief synopsis** of the topic and preliminary explanation about the developmental aspects of the topic to Dr. Graber by **October 14**.
  - **Papers are due on December 6.**

### Grading

Weekly Discussion Questions (75 pts)	37.5%
Discussion Leadership 1 (25 pts)	12.5%
Discussion Leadership 2 (25 pts)	12.5%
Research Proposal (75 pts)	37.5%

### Scale:

100%-94%	(200-188 pts) A
93.9%-90%	(187-180 pts) A-

89.9%-87%	(179-174 pts)	B+
86.9%-84%	(173-168 pts)	B
83.9%-80%	(167-160 pts)	B-
79.9%-70%	(159-140)	C
<69%	(<140)	E

University policy dictates that: “A C- will not be a qualifying grade for major, minor, Gen Ed, Gordon Rule or College Basic Distribution credit.” However, this course follows graduate school and departmental guidelines for criteria for passing grades for graduate courses (i.e., a grade of C+ or below is considered unsatisfactory and requires retaking the course). Also for this course, no plus or minus grades are given for C or below.

### Course Outline

DATE DB#	TOPICS Reading Assignments
8/21	<b>Overview &amp; Introductions</b> The Syllabus
8/26 DB1	<b>Theoretical Perspectives on Development</b> Lerner, R. M., Leonard, K., Fay, K., & Issac, S. S. (2011). Continuity and discontinuity in development across the life span: A developmental systems perspective. In K. L. Fingerman, C. A. Berg, J. Smith, T. C. Antonucci (Eds.), <i>Handbook of life-span development</i> (pp. 141-160). New York, NY US: Springer Publishing Co.
8/28 DB2	<b>Models/Theories in Adolescence &amp; Young Adulthood</b> Graber, J. A., & Brooks-Gunn, J. (1996). Transitions and turning points: Navigating the passage from childhood through adolescence. <i>Developmental Psychology, 32</i> , 768-776. Schulenberg, J. E., Sameroff, A. J., & Cicchetti, D. (2004). The transition to adulthood as a critical juncture in the course of psychopathology and mental health. <i>Development and Psychopathology, 16</i> (4), 799-806. doi:10.1017/S0954579404040015
9/2	<b>NO Class. Labor Day</b>
9/4 DB3	<b>Models/Theories in Adulthood &amp; Aging</b> Lachman, M. E. (2004). Development in midlife. <i>Annual Review of Psychology, 55</i> , 305-331. doi: <a href="https://doi.org/10.1146/annurev.psych.55.090902.141521">10.1146/annurev.psych.55.090902.141521</a> Baltes, P. B. (1997). On the incomplete architecture of human ontogeny: Selection, optimization, and compensation as foundation of developmental theory. <i>American Psychologist, 52</i> , 366-380.
9/9 DB4	<b>Dynamic Models of Bio-Behavior Development: Revisiting Critical Periods</b> Bruer, J. T. (2001). A critical and sensitive period primer. In D. B. Bailey, Jr., J. T. Bruer, F. J. Symons, & J. W. Lichtman (Eds.), <i>Critical thinking about critical periods</i> (pp. 3-26). Baltimore, MD: Brookes Publishing Co.

	Thomas, M. S.C., & Johnson, M. H. (2008). New advances in understanding sensitive periods in brain development. <i>Current Directions in Psychological Science</i> , 17(1), 1-5. doi: <a href="https://doi.org/10.1111/j.1467-8721.2008.00537.x">10.1111/j.1467-8721.2008.00537.x</a>
9/11 DB5	<b>Dynamic Models of Bio-Behavior Development: Experience</b> Bruer, J. T., & Greenough, W. T. (2001). The subtle science of how experience affects the brain. In D. B. Bailey, Jr., J. T. Bruer, F. J. Symons, & J. W. Lichtman (Eds.), <i>Critical thinking about critical periods</i> (pp. 209-232). Baltimore, MD: Brookes Publishing Co. Park, D. C., & Reuter-Lorenz, P. (2009). The adaptive brain: Aging and neurocognitive scaffolding. <i>Annual Review of Psychology</i> , 60, 173-196. doi: <a href="https://doi.org/10.1146/annurev.psych.59.103006.093656">10.1146/annurev.psych.59.103006.093656</a>
9/16 DB6	<b>Dynamic Models of Bio-Behavior Development: Behavioral Genetics &amp; Genetics</b> Dodge, K. A. (2004). The nature-nurture debate and public policy. <i>Merrill-Palmer Quarterly: Journal of Developmental Psychology</i> , 50(4), 418-427. doi: <a href="https://doi.org/10.1353/mpq.2004.0028">10.1353/mpq.2004.0028</a> Dick, D. M. (2011). Gene-environment interaction in psychological traits and disorders. <i>Annual Review of Clinical Psychology</i> , 7, 383-409. doi:10.1146/annurev-clinpsy-032210-104518
9/18 DB7	<b>Dynamic Models of Bio-Behavior Development: The Stress System</b> Gunnar, M., & Quevedo, K. (2007). The neurobiology of stress and development. <i>Annual Review of Psychology</i> , 58, 145-173. doi: <a href="https://doi.org/10.1146/annurev.psych.58.110405.085605">10.1146/annurev.psych.58.110405.085605</a> Almeida, D. M., Piazza, J. R., Stawski, R. S., & Klein, L. C. (2011). The speedometer of life: Stress, health and aging. In K. W. Schaie, & S. L. Willis (Eds.), <i>Handbook of the psychology of aging</i> (7th ed.) (pp. 191-206). San Diego, CA US: Elsevier Academic Press. doi:10.1016/B978-0-12-380882-0.00012-7
9/23 DB8	<b>Continuity and Change: Emotion-regulation Processes Review</b> Lerner, R. M., Leonard, K., Fay, K., & Issac, S. S. (2011). Continuity and discontinuity in development across the life span: A developmental systems perspective. In K. L. Fingerman, C. A. Berg, J. Smith, T. C. Antonucci (Eds.), <i>Handbook of life-span development</i> (pp. 141-160). New York, NY US: Springer Publishing Co. <i>Primary Reading</i> Eisenberg, N., Spinrad, T. L., & Eggum, N. D. (2010). Emotion-related self-regulation and its relation to children's maladjustment. <i>Annual Review of Clinical Psychology</i> , 6, 495-525. doi:10.1146/annurev.clinpsy.121208.131208
9/25 DB9	<b>Continuity and Change: Emotion-regulation Processes</b> Steinberg, L. (2007). Risk taking in adolescence: New perspectives from brain and behavioral science. <i>Current Directions in Psychological Science</i> , 16(2), 55-59. doi: <a href="https://doi.org/10.1111/j.1467-8721.2007.00475.x">10.1111/j.1467-8721.2007.00475.x</a>

	Charles, S. T., & Carstensen, L. L. (2010). Social and emotional aging. <i>Annual Review of Psychology</i> , 61, 383-409. doi: <a href="https://doi.org/10.1146/annurev.psych.093008.100448">10.1146/annurev.psych.093008.100448</a>
9/30 DB10	<b>Continuity and Change: Cognition (Executive Function)</b> Kagan, J. (2008). In defense of qualitative changes in development. <i>Child Development</i> , 79(6), 1606-1624. doi: <a href="https://doi.org/10.1111/j.1467-8624.2008.01211.x">10.1111/j.1467-8624.2008.01211.x</a> Best, J. R., & Miller, P. H. (2010). A developmental perspective on executive function. <i>Child Development</i> , 81(6), 1641-1660. doi: <a href="https://doi.org/10.1111/j.1467-8624.2010.01499.x">10.1111/j.1467-8624.2010.01499.x</a>
10/2 DB11	<b>Continuity and Change: Cognition (Executive Function)</b> Kuhn, D. (2006). Do cognitive changes accompany developments in the adolescent brain? <i>Perspectives on Psychological Science</i> , 1(1), 59-67. doi: <a href="https://doi.org/10.1111/j.1745-6924.2006.t01-2-x">10.1111/j.1745-6924.2006.t01-2-x</a> Verhaeghen, P. (2011). Aging and executive control: Reports of a demise greatly exaggerated. <i>Current Directions in Psychological Science</i> , 20(3), 174-180. doi:10.1177/0963721411408772
10/7	<b>Continuity and Change: Personality</b> No readings assigned. Excerpts from <i>49 Up</i> .
10/9 DB12	<b>Continuity and Change: Personality</b> Caspi, A., Roberts, B. W., & Shiner, R. L. (2005). Personality development: Stability and change. <i>Annual Review of Psychology</i> , 56, 453-484. doi: <a href="https://doi.org/10.1146/annurev.psych.55.090902.141913">10.1146/annurev.psych.55.090902.141913</a>
10/14 DB13	<b>Applied Development: Identity &amp; Self</b> Brown, C., Alabi, B. O., Huynh, V. W., & Masten, C. L. (2011). Ethnicity and gender in late childhood and early adolescence: Group identity and awareness of bias. <i>Developmental Psychology</i> , 47(2), 463-471. Bem, S. L. (1995). Dismantling gender polarization and compulsory heterosexuality: Should we turn the volume up or down? <i>Journal of Sex Research</i> , 32, 329-334.
10/16 DB14	<b>Contextual Theories: Why Context Matters</b> Muus, R. E. (1996). <i>Theories of adolescence</i> . New York: McGraw-Hill Companies. Chapter 15. Urie Bronfenbrenner's ecological perspective on human development.
10/21 DB15	<b>Why Context Matters: Family Contexts</b> Parke, R. D. (2004). Development in the family. <i>Annual Review of Psychology</i> , 55, 365-399. doi: <a href="https://doi.org/10.1146/annurev.psych.55.090902.141528">10.1146/annurev.psych.55.090902.141528</a>
10/23 DB16	<b>Why Context Matters: Family Contexts</b> Kiecolt, K., Blieszner, R., & Savla, J. (2011). Long-term influences of intergenerational ambivalence on midlife parents' psychological well-being. <i>Journal of Marriage and Family</i> , 73(2), 369-382. doi:10.1111/j.1741-3737.2010.00812.x Di Rosa, M., Kofahl, C., McKee, K., Bień, B., Lamura, G., Prouskas, C., . . . Mnich,

	<p>E. (2011). A typology of caregiving situations and service use in family carers of older people in six European countries: The EUROFAMCARE study. <i>GeroPsych: The Journal of Gerontopsychology and Geriatric Psychiatry</i>, 24(1), 5-18. doi:<a href="https://doi.org/10.1024/1662-9647/a000031">10.1024/1662-9647/a000031</a></p>
<p><b>10/28</b>  <b>DB17</b></p>	<p><b>Why Context Matters: Culture &amp; Socialization</b>                  Greenfield, P. M., Keller, H., Fuligni, A., &amp; Maynard, A. (2003). Cultural pathways through universal development. <i>Annual Review of Psychology</i>, 54, 461-490. doi:10.1146/annurev.psych.54.101601.145221                  Hughes, D., Rodriguez, J., Smith, E. P., Johnson, D. J., Stevenson, H. C., &amp; Spicer, P. (2006). Parents' ethnic-racial socialization practices: A review of research and directions for future study. <i>Developmental Psychology</i>, 42(5), 747-770. doi:10.1037/0012-1649.42.5.747</p>
<p><b>10/30</b>  <b>DB18</b></p>	<p><b>Why Context Matters: Poverty</b>                  Conger, R. D., &amp; Donnellan, M. B. (2007). An interactionist perspective on the socioeconomic context of human development. <i>Annual Review of Psychology</i>, 58, 175-199. doi:<a href="https://doi.org/10.1146/annurev.psych.58.110405.085551">10.1146/annurev.psych.58.110405.085551</a></p>
<p><b>11/4</b>  <b>DB19</b></p>	<p><b>Why Context Matters: Poverty and Disparities</b>                  Goodman, E., McEwen, B. S., Dolan, L. M., Schafer-Kalkhoff, T., &amp; Adler, N. E. (2005). Social disadvantage and adolescent stress. <i>Journal of Adolescent Health</i>, 37(6), 484-492. doi:10.1016/j.jadohealth.2004.11.126                  Evans, G. W., &amp; Kim, P. (2012). Childhood poverty and young adults' allostatic load: The mediating role of childhood cumulative risk exposure. <i>Psychological Science</i>. Published online doi: 10.1177/0956797612441218</p>
<p><b>11/6</b>  <b>DB20</b></p>	<p><b>Why Context Matters: Physical Environment</b>                  Evans, G. W. (2006). Child development and the physical environment. <i>Annual Review of Psychology</i>, 57, 423-451. doi:<a href="https://doi.org/10.1146/annurev.psych.57.102904.190057">10.1146/annurev.psych.57.102904.190057</a>                  Sampson R, Raudenbush SW, and Earls F. (1997). Neighborhoods and violent crime: A multilevel study of collective efficacy. <i>Science</i>, 277, 918-924.</p>
<p><b>11/11</b></p>	<p><b>No Class, Veteran's Day</b></p>
<p><b>11/13</b>  <b>DB21</b></p>	<p><b>Why Context Matters: Media as Context</b>                  Executive Summary: Generation M2 (2010)                  Brown, J. D., &amp; Cantor, J. (2000). An agenda for research on youth and the media. <i>Journal of Adolescent Health</i>, 27S, 2-7.                  Wadsworth, L. A., &amp; Johnson, C. P. (2008). Mass media and healthy aging. <i>Journal of Nutrition for the Elderly</i>, 27(3-4), 319-331. doi:10.1080/01639360802265863</p>
<p><b>11/18</b>  <b>DB22</b></p>	<p><b>Why Context Matters: Historical Time &amp; Cohort</b>                  Elder, G. H., Jr., &amp; Shanahan, M. J. (2006). The life course and human development. In R. M. Lerner &amp; W. Damon (Eds.), <i>Handbook of child psychology (6th ed.): Vol. 1, Theoretical models of human development</i> (pp. 665-715). Hoboken, NJ: John Wiley.</p>

<p><b>11/20</b>  <b>DB23</b></p>	<p><b>Why Context Matters: Historical Time &amp; Cohort</b></p> <p>Trzesniewski, K. H., &amp; Donnellan, M. B. (2010). Rethinking "Generation Me": A study of cohort effects from 1976-2006. <i>Perspectives on Psychological Science, 5</i>(1), 58-75. doi:<a href="https://doi.org/10.1177/1745691609356789">10.1177/1745691609356789</a></p> <p>Roberts, B. W., Edmonds, G., &amp; Grijalva, E. (2010). It is developmental me, not generation me: Developmental changes are more important than generational changes in narcissism—Commentary on Trzesniewski &amp; Donnellan (2010). <i>Perspectives on Psychological Science, 5</i>(1), 97-102. doi:<a href="https://doi.org/10.1177/1745691609357019">10.1177/1745691609357019</a></p> <p>Twenge, J. M., &amp; Campbell, W. K. (2010). Birth cohort differences in the monitoring the future dataset and elsewhere: Further evidence for Generation Me—Commentary on Trzesniewski &amp; Donnellan (2010). <i>Perspectives on Psychological Science, 5</i>(1), 81-88. doi:<a href="https://doi.org/10.1177/1745691609357015">10.1177/1745691609357015</a></p>
<p><b>11/25</b>  <b>DB24</b></p>	<p><b>Applied Development: Resilience</b></p> <p>Luthar, S. S., Cicchetti, D., &amp; Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. <i>Child Development, 71</i>, 543-562.</p> <p>Serbin, L. A., &amp; Karp, J. (2004). The intergenerational transfer of psychosocial risk: Mediators of vulnerability and resilience. <i>Annual Review of Psychology, 55</i>, 333-363. doi:<a href="https://doi.org/10.1146/annurev.psych.54.101601.145228">10.1146/annurev.psych.54.101601.145228</a></p>
<p><b>12/2</b>  <b>DB25</b></p>	<p><b>Applied Development: Developmental Cascades</b></p> <p>Masten, A. S., &amp; Cicchetti, D. (2010). Developmental cascades. <i>Development and Psychopathology, 22</i>(3), 491-495. doi:10.1017/S0954579410000222</p> <p>Martin, M. J., Conger, R. D., Schofield, T. J., Dogan, S. J., Widaman, K. F., Donnellan, M., &amp; Neppl, T. K. (2010). Evaluation of the interactionist model of socioeconomic status and problem behavior: A developmental cascade across generations. <i>Development and Psychopathology, 22</i>(3), 695-713. doi:10.1017/S0954579410000374</p>
<p><b>12/4</b>  <b>DB26</b></p>	<p><b>Conclusions</b></p>

## SYLLABUS FACESHEET

**Course Title:** EDF 6938/PSY 6608 History of Psychology

**Instructor:** Patricia Ashton

**This course is (Required or Elective): Required**

- 1) **Describe how integration of theory, research, and practice is accomplished in this course.** Students are required to learn major systems of psychological thinking, how research has evolved to address the particular theoretical perspective under study, and to evaluate the impact major systems of psychology have had on the development of contemporary psychology.
- 2) **Describe how issues of diversity are addressed in this course.** A key feature of the course is the attention given to the roles that cultural issues and societal trends play in the development of psychology as a science and profession.
- 3) **Describe how ethical issues are addressed in this course.** Ethical issues involved in psychological research are discussed in the context of lectures and discussion.

Instructor: Patricia Ashton  
 Office: 100 I Norman Hall  
 Phone: 273-4348  
 e-mail: [pashton@ufl.edu](mailto:pashton@ufl.edu)

Office Hours: W 4:00-5:00  
 R 4:00-5:00  
 and by  
 appointment

### Course Objectives

The purpose of the course is to survey the history of psychology. The emphasis will be on understanding the trends and issues that have influenced the development of theory, research, methodology, and practice in psychology. At the conclusion of the course, you should be able to

1. identify the major issues that have been addressed in psychology, describe how they have been studied, and evaluate their impact on the development of research and theory in psychology,
2. identify major historical figures in the history of psychology and evaluate their contribution to the development of contemporary psychology,
3. describe the major psychological systems that have emerged in psychology and evaluate their impact on the development of contemporary psychology, and
4. describe the role of culture and society in influencing the development of psychology.

### Texts:

Hergenhahn, B. R. (2014). *An introduction to the history of psychology* (7th ed.). Belmont, CA: Wadsworth CENGAGE Learning.

### Basis for Grades

1. Exams (3)	30 pts. each	90 points (50%)
2. History Paper		30 points (17%)
3. Participation		30 points (17%)
4. Class Presentation		30 points (17%)
Total Points		180 points

### Grading Scale

Grade	Scale	Points*	Grade	Scale	Points*
A	93-100%	167	C	73-76%	131
A-	90-92%	162	C-	70-72%	126
B+	87-89%	157	D+	67-69%	121
B	83-86%	149	D	63-66%	113
B-	80-82%	144	D-	60-62%	108
C+	77-79%	139	E	<60%	<108

\*Minimum number of points needed for each grade. A final point total having a decimal value equal to or greater than .5 will be rounded to the next higher number.

## **Information on UF Grading Policies for Assigning Grade and Grade Points**

For greater detail on the meaning of letter grades and university policies related to them, see the Registrar's Grade Policy regulations at <http://www.registrar.ufl.edu/staff/grades.html> and for information on current UF grading policies for assigning grade points, see the following: <https://catalog.ufl.edu/ugrad/current/regulations/info/grades.aspx>

**Grading Policies:** To be fair to all students in this class, all assignments are due on time at the beginning of class. Late work will lose one letter grade for each day late. No exams will be given early. Make-up exams will only be given in case of emergency IF a student notifies me BEFORE the exam is given and provides appropriate supporting documentation for the absence. Otherwise, the student will receive a zero for the missed exam. During tests, cell phones, textbooks, and notes must be neatly stowed away, and hats should not be worn.

Requirements for class attendance and make-up exams, assignments, and other work are consistent with university policies that can be found at <https://catalog.ufl.edu/ugrad/current/regulations/info/attendance.aspx>

## **Course Requirements**

- 1. Tests (30 points each):** There will be three tests to assess your knowledge of the history of psychology. Material on the tests will be drawn from the readings, class discussions, activities, and class handouts. Tests will include multiple-choice, short-answer, and essay items.
- 2. Participation (30 points):** The success of a graduate course depends on the engagement of the students. During class, professional behavior is required, which includes (a) actively contributing to class discussions and group activities by posing questions and sharing insights and (b) listening attentively and responding respectfully when other students are contributing to class discussion (cell phones and pagers should be turned off during class, except in cases of emergency where prior approval from the instructor has been obtained). Unprofessional behavior such as chatting during class, arriving late, or leaving early will result in loss of participation points.
- 3. Paper on the Historical Development of a Major Topic in Psychology (30 points):** The purpose of the paper is to enable you to (a) develop an in-depth understanding of the historical development of one topic in psychology, as reflected in the work of one early psychologist, (b) develop your understanding of the methods that the researcher used to study that topic, and to (c) think critically about the significance of the work of an early contributor to the development of psychology.
- 4. Class Presentation** based on the history paper (see above)

## **Policies on Academic Dishonesty**

All students registered at the University of Florida have agreed to comply with the following statement: "I understand that the University of Florida expects its students to be honest in all their academic work. I agree to adhere to this commitment to academic honesty and understand that my failure to comply with this commitment may result in disciplinary action up to and including expulsion from the University." In addition, on all work submitted for credit the following pledge is either required or implied: "On my honor I have neither given nor received unauthorized aid in doing this assignment." If you witness any instances of academic dishonesty in this class, please notify the instructor or contact the Student Honor

Court (392-1631) or Cheating Hotline (392-6999). For additional information on Academic Honesty, please refer to the University of Florida Academic Honesty Guidelines at <http://www.dso.ufl.edu/judicial/honorcode.php>

Cheating, lying, misrepresentation, or plagiarism (that is “quoting oral or written materials, whether published or unpublished, without proper attribution to the author or submitting a document or assignment which in whole or in part is identical or substantially identical to a document or assignment not authored by the student”) is unacceptable and inexcusable behavior and may result in a reduction of course grade and a report to university officials. It is assumed that students will be honorable, trustworthy, and honest in their academic coursework, but violations of the honor code have occurred. In keeping with the seriousness of such violations, their description and sanctions are presented at the following website <http://www.dso.ufl.edu/sccr/honorcodes/conductcode.php>

Please consider them carefully. By engaging in such conduct, a student violates the Honor Code and becomes subject to the Student Conduct Code (6C1-4.016).

**All papers must be written independently. If a paper is submitted that is not your own work, the paper will receive a grade of 0.** Also use of another author's exact words without including them in quotation marks and without noting the page numbers of the citation constitutes plagiarism and will result in a grade of 0 for the paper. All students will be held to UF's Academic Honesty Code. Matters in potential violation of this code will be referred to the Office of Student Judicial Affairs.

#### **Accommodations for Students with Disabilities**

The University of Florida seeks to provide accommodations for all qualified students with disabilities. The university adheres to all applicable federal, state, and local laws, regulations, and guidelines with respect to providing reasonable accommodations as required to afford equal educational opportunity. Students requesting classroom accommodation must first contact the Disability Resource Center located in Room 0020 Reid Hall, phone 392-8565. ([www.dso.ufl.edu/drc](http://www.dso.ufl.edu/drc)). See the following webpage for a detailed checklist of procedures to follow in this process:

The Dean of Students Office will provide documentation to students who must then provide this documentation to the instructor when requesting accommodations. Please contact me privately as soon as possible to arrange for the appropriate accommodations no later than at least 2 weeks prior to the first exam.

**Help:** I will be very happy to talk with you about any questions about course content or requirements. I want to help you find the most effective approaches for understanding the historical development of psychology. For questions or comments on the course, e-mail is the quickest and easiest way to reach me.

## Tentative Schedule of Topics

- 1/8 Introduction and Syllabus
- 1/15 Thomas Kuhn and the Nature of Scientific Progress (Ch. 1)  
Plato and Aristotle (Ch. 2) **Meno, Sternberg**
- 1/22 The Nature of the Good Life (Chapter 3)  
Beginnings of Modern Science--Bacon and Descartes (Ch. 4) **Bacon (Smith, 1992)**
- 1/29 Empiricism (Ch. 5) Benjamin, Ch. 2 Locke/Ch. 3 Mill  
Rationalism (Ch. 6)
- 2/5 **Test**  
Romanticism and Existentialism (Ch.7) **Topic of paper due**
- 2/12 Early Developments in Physiology and the Rise of Experimental Psychology (Ch. 8)  
Voluntarism (Ch. 9) Benjamin, Ch. 5 Wundt, Ch. 8 Titchener
- 2/19 The Darwinian Influence (Ch. 10) **Binet, Hollingworth** Benjamin, Ch. 3, Ch. 6
- 2/26 Functionalism (Ch. 11) Benjamin, Ch. 6 **James**, Ch. 7 Munsterberg Ch. 8 Calkins, **Dewey**
- March 1-8 HAPPY SPRING BREAK!
- 3/12 Behaviorism (Ch. 12) Chapter 12 Watson  
Neo-Behaviorism (Ch. 13) **Rough draft of paper due**
- 3/19 **Test**  
B. F. Skinner (Ch. 13) Benjamin Ch. 12
- 3/26 Gestalt Psychology (Ch. 14) Benjamin, Ch. 13  
Mental Illness (Ch. 15)
- 4/2 Psychoanalysis (Ch. 16) Benjamin Ch. 11 Freud and Jung  
Humanistic Psychology (Ch. 17)
- 4/9 Psychobiology (Ch. 18)  
Cognitive Psychology (Ch. 19) **Bruner**
- 4/16 Final Exam  
Psychology Today (Ch. 20) Benjamin Ch. 16
- 4/27 Papers due

Name \_\_\_\_\_

### Rating Scale for the Class Presentation

Points (30 points total)

- 5   1. Understanding of material and concepts: The presenter displays familiarity with major concepts on the topic and is precise in describing concepts and ideas.
- 5   2. Clarity of expression: The presenter is concise in presenting ideas and the ideas flow logically.
- 5   3. Evidence of scholarship: The presenter displays knowledge of basic sources and major research, gives facts accurately and cites generalizations correctly.
- 5   4. Critical mindedness: The presenter supports beliefs with evidence; evaluates sources cited; presents evidence of analytical reading.
- 5   5. Creativity: The presenter shows originality in presentation of topic
- 5   6. Student engagement: Presenter exhibits creativity in involving students in discussion of topic

\_\_\_\_\_ Total Points (out of 30 possible)

Name \_\_\_\_\_

Outline for the Evaluation of the History Paper (30 points possible)

Attach this outline with your estimate of your score for each of the following sections. Please use the following topics typed in bold as headings in the paper:

\_\_\_\_\_ **Introduction:** The author clearly describes the purpose of the paper and explains why the study of this **topic** is important in understanding the history of psychology. (4 points possible)

Psychologist's Seminal Work

- \_\_\_\_\_ 1. **Historical Context:** The author clearly identifies the social, political, psychological, and/or economic conditions that may have contributed to the emergence of interest in the topic. (3 points possible)
  
- \_\_\_\_\_ 2. **Major Proponent, conception and assumptions:** A major theorist is identified and his conception (particularly the theorist's definition of the topic and major assumptions about the topic) is discussed with quotes from the theorist to support your descriptions and an explanation of why the theorist was interested in the topic if such biographical information is available. (7 points possible)
  
- \_\_\_\_\_ 3. **Methods:** The methods the theorist used to study the topic are described. (4 points possible)
  
- \_\_\_\_\_ 4. **Results:** A description of typical studies by the theorist on the topic is presented with a discussion of the results of the research. (5 points possible)
  
- \_\_\_\_\_ 5. **Evaluation** of the significance of the contribution: An assessment of the importance of the theorist's ideas and their impact on educational psychology is presented. (7 points possible)

Overall quality of the paper

Total: \_\_\_\_\_ (30 points possible)

\_\_\_\_\_ **APA Style: Failure to use APA style appropriately will result in the loss of a letter grade on the paper.**



## SYLLABUS FACESHEET

**Course Title:** SOP 6099 Survey of Social Psychology

**Instructor:** Gregory D. Webster, Ph.D.

**This course is (Required or Elective):** Required

- 1) **Describe how integration of theory, research, and practice is accomplished in this course.** This course provides overview of basic conceptual frameworks and literature in social psychology. An attempt is made to clearly illustrate how social psychology transcends traditional boundaries including biology, sociology, anthropology, economics, and political science. An attempt is made to integrate current knowledge with applications to everyday life. Students are encouraged to integrate a topic within social psychology with their own research in constructing their paper.
- 2) **Describe how issues of diversity are addressed in this course.** Individual and group differences are at the core of social psychological concepts and theories. These issues are addressed nearly constantly in the course of discussing course topics (e.g., attitudes and persuasion, stereotyping, social dilemmas, etc.)
- 3) **Describe how ethical issues are addressed in this course.** Ethical issues involved in social psychological research (e.g., research on love, aggression, prejudice, and persuasion) are discussed in the context of lectures and discussion.

**SURVEY OF SOCIAL PSYCHOLOGY**

SOP6099 Section 3819

Mondays and Wednesdays: 12:50–1:40 p.m. (Period 6)

Classroom: Psychology 151

Instructor: Gregory D. Webster, Ph.D.

Office: 257 Psychology Building

Hours: Mondays 1:50–3:50 p.m.

E-mail: [gdwebs@ufl.edu](mailto:gdwebs@ufl.edu)

Phone: 303-895-7312

**Purpose, Description, and Policies**

Social psychology is the scientific study of intrapersonal processes (thoughts, feelings, etc.), interpersonal processes (social behavior, group behavior, etc.), and the dynamic interaction between these processes. Although it is typically seen as a broad sub-discipline of psychology, its applications transcend traditional boundaries including biology, sociology, anthropology, economics, and political science. Best of all, social psychology is exciting, interesting, occasionally controversial, and applies to everyday life. The purpose of this course is to help you understand and evaluate social psychological theories, research, and phenomena.

The purpose of this course is to expose you to a variety of theoretical perspectives in social psychology. The material you will learn in this survey course will give you the knowledge necessary to generate and test your own theories and hypotheses. The course will include both lectures and seminars that will rely on interactive discussion.

You will be graded on an independent theoretical review on a topic of your choosing. I suggest that you chose a topic that integrates an aspect of social psychology with your own research. This review could serve as the basis for a future manuscript, thesis, or grant proposal. The review paper may either be a qualitative narrative (e.g., *Psychological Review*) or a brief quantitative meta-analysis (e.g., *Psychological Bulletin*). There is a 5-page page limit (double-spaced; excludes title page, abstract, references, notes, and tables/figures). Use APA style. Due at 2:30 p.m., Wed., Apr. 29th.

Students will uphold the University of Florida Honor Code in all aspects of this course. Students requesting classroom accommodation must first register with the Dean of Students Office, which will then provide documentation to the student, who will then give this documentation to the Instructor when requesting accommodation.

### Schedule of Topics and Readings

Date	Day	Topic or Event	Chapters
Jan. 7	Wed.	Introduction to Social Psychology	1
Jan. 12	Mon.	Introduction to Social Psychology	1
Jan. 14	Wed.	The Person and the Situation	2
Jan. 19	Mon.	NO CLASS – Martin Luther King, Jr. Day	
Jan. 21	Wed.	The Person and the Situation	2
Jan. 26	Mon.	Social Cognition	3
Jan. 28	Wed.	Social Cognition	3
Feb. 2	Mon.	Attitudes and Persuasion	5
Feb. 4	Wed.	Attitudes and Persuasion	5
Feb. 9	Mon.	Social Influence	6
Feb. 11	Wed.	Social Influence	6
Feb. 16	Mon.	Love and Romantic Relationships	8
Feb. 18	Wed.	Love and Romantic Relationships	8
Feb. 23	Mon.	Prosocial Behavior	9
Feb. 25	Wed.	NO CLASS – Conference	
Mar. 2	Mon.	NO CLASS – Spring Break	
Mar. 4	Wed.	NO CLASS – Spring Break	
Mar. 9	Mon.	Prosocial Behavior	9
Mar. 11	Wed.	Aggression – PAPER TOPIC DUE	10
Mar. 16	Mon.	Aggression	10
Mar. 18	Wed.	NO CLASS – Conference	
Mar. 23	Mon.	Stereotyping and Prejudice	11
Mar. 25	Wed.	Stereotyping and Prejudice – PAPER OUTLINE DUE	11
Mar. 30	Mon.	Groups	12
Apr. 1	Wed.	Groups	12
Apr. 6	Mon.	Social Dilemmas	13
Apr. 8	Wed.	Social Dilemmas	13
Apr. 13	Mon.	<i>Dataclysm</i>	Part 1
Apr. 15	Wed.	<i>Dataclysm</i>	Part 2
Apr. 20	Mon.	<i>Dataclysm</i>	Part 3
Apr. 22	Wed.	NO CLASS – Work on Final Paper	
Apr. 29	Wed.	FINAL PAPER DUE at 2:30 p.m.	

### Books

- Kenrick, D. T., Neuberg, S. L., & Cialdini, R. B. (2010). *Social psychology: Goals in interaction* (5th ed.). Boston, MA: Allyn & Bacon. [Optional]
- Rudder, C. (2014). *Dataclysm: Who we are when we think no one's looking*. New York: Crown Publishers. [Required]

### Course Grading Scale

Letter	Percentage	Letter	Percentage	Letter	Percentage
A	≥ 93.33	B-	≥ 80.00	D+	≥ 66.67
A-	≥ 90.00	C+	≥ 76.67	D	≥ 63.33
B+	≥ 86.67	C	≥ 73.33	D-	≥ 60.00
B	≥ 83.33	C-	≥ 70.00	E	< 60.00

### Guidelines and Grading Rubric for Review Papers

#### Sections

- Title Page
- Abstract
- Main Body of Text (5-page limit, double-spaced, 12-point font, 1-inch margins)
- References (at least five)
- Tables and/or Figures (optional)

#### Main Body of Text

- State the question, problem, or gap that your review addresses \_\_\_\_\_ (10 pts.)
- Summarize the current state of the literature on your topic \_\_\_\_\_ (10 pts.)
- Provide brief summaries and critiques of five relevant articles \_\_\_\_\_ (50 pts.)
  - Article 1 \_\_\_\_\_ (10 pts.)
  - Article 2 \_\_\_\_\_ (10 pts.)
  - Article 3 \_\_\_\_\_ (10 pts.)
  - Article 4 \_\_\_\_\_ (10 pts.)
  - Article 5 \_\_\_\_\_ (10 pts.)
- State how social psychology can inform the reviewed research \_\_\_\_\_ (10 pts.)
- Propose directions for future research and state your conclusions \_\_\_\_\_ (10 pts.)

**All other sections** (Title Page, Abstract, References) \_\_\_\_\_ (10 pts.)

**Total** \_\_\_\_\_ (100pts.)

## APPENDIX I: STUDENT EVALUATION FORMS

Research Evaluation Form.....	Page I2
Master’s Committee Evaluation Form.....	Page I3
Clinical Competency Assessment Tool (CCAT)	
Core Practicum Evaluation.....	Pages I4-I12
Advanced Practicum Evaluation.....	Pages I13-I22
Practicum Evaluation form (used until 2014).....	Pages I23-I24
Qualifying Examination Forms.....	Pages I25-I26

# CHP Research Evaluation (Contd...)

Student UFID	Semester	Year	Evaluation Type	Evaluated By
_____	Annual	2014	FYP/MS,ADV,PHD	rbauer

**Please verify the above information is correct before proceeding ....**

Please rate on the following skill areas using the following:

1 = Unsatisfactory

3 = Satisfactory

5 = Outstanding

N/A = Not Applicable

NEW RECORD.... PLEASE ENTER ALL FIELDS

Please Rate the Following Skill Areas	1	2	3	4	5	N/A
Active Pursuit of new Knowledge through attendance at meetings, presentations etc						
Identification of important research question(s)						
Review of literature						
Critique of research findings/articles						
Research Design						
Subject Recruitment						
Data Collection						
Data analysis						
Writing a publishable manuscript						
Supervision of assistants						
collaboration with other investigators						
Timeliness in accomplishing goals						
Active participation in research seminars, meetings, etc.						
Initiative in seeking grant support						

Strengths	
Weaknesses	

Semester Grade: Satisfactory

Overall Progress in Research: Satisfactory

**Graduate Student Research Symposium 2014  
Master's Committee Evaluation Form**

This form is completed by the student's first year project mentor and by members of the student's Departmental Master's Committee. Its purpose is to provide structured feedback on the student's research presentation and is designed to provide information that the student can incorporate into their final Master's thesis document, to be submitted and defended Spring Semester 2015. Raters should complete these forms and return them to the Program Director's office by 5pm on Wednesday, November 12th for subsequent distribution to student presenters.

Faculty Rater \_\_\_\_\_ Student \_\_\_\_\_

**RATINGS OF PRESENTATION**

*Use the following rating scale to evaluate the research presentation.*

*NI = needs improvement, S = Fully satisfactory, AA = above average, E = exceptional strength, worthy of special mention, U = unable to judge*

Awareness of Literature	NI	S	AA	E	U
Significance/Rationale	NI	S	AA	E	U
Methodology	NI	S	AA	E	U
Statistical Analysis	NI	S	AA	E	U
Discussion/Implications	NI	S	AA	E	U
Oral Expression	NI	S	AA	E	U
Use of Presentation Tools	NI	S	AA	E	U

**COMMENTS**

*Provide specific comments that further describe the ratings given above. If the student needs to pay special attention to particular issues in preparing their final document, please note suggestions here.*

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**Clinical Competency Assessment Tool  
CORE PRACTICUM EVALUATION**

**DATE OF EVALUATION \_\_\_\_\_**

**Recommended Grade (circle one): S I U**

**SECTION 1: IDENTIFYING INFORMATION**

Student Name \_\_\_\_\_

Supervisor Name \_\_\_\_\_

**Training Period for Core Practicum**

- 1st Quarter (July-Sept)
- 2nd Quarter (Oct-Dec)
- 3rd Quarter (Jan-Mar)
- 4th Quarter (Apr-Jun)

**Training Activities during this rotation with this supervisor (click all that apply AND enter number of cases)**

- Assessment/Consultation (# cases): \_\_\_\_\_
- Treatment/Intervention (# cases): \_\_\_\_\_
- Other/specify (# cases): \_\_\_\_\_

**Types of Cases seen with this supervisor on this rotation**

- Child/Pediatric Psychology
- Medical/Health Psychology
- Mental Health
- Clinical Neuropsychology
- Rural/Primary Care Psychology
- Other (specify) \_\_\_\_\_

**Type of Rotation**

- Major Area of Study Requirement
- Major Area of Study Elective
- General Program Requirement
- Other (specify) \_\_\_\_\_

Prior training with types of cases seen in this rotation

- None
- Limited (1-2)
- Some (2-4)
- More extensive (>4)

Clinical Teaching Methods used by this supervisor (check all that apply)

- Individual Supervision
- Group Supervision
- Live Observation
- Audiotape Review
- Videotape Review
- Review of Written Reports/Progress Notes

Amount of Face-to-Face Supervision per week \_\_\_\_\_hours

**Section 2. TO BE COMPLETED BY SUPERVISOR**

Your familiarity with Trainee’s clinical performance during this rotation: 1-----2-----3-----4-----5  
Very Limited Extensive/Intensive

I. KNOWLEDGE AND SKILLS Using the following behavioral descriptors, the supervisor’s observation of the trainee’s performance should be made in the context of expectations for their current level of training (year). You should consider the type of clinical experience[s] (major area of study, emphasis, experience, or exposure to other clinical training opportunities) being evaluated:

PLEASE RATE THE FREQUENCY WITH WHICH EACH COMPETENCY IS DEMONSTRATED:

0 = Never (0% of the time)

1 = Rarely (less than 30% of the time)

2 = Sometimes (greater than 30% but less than 50%)

3 = Often (greater than 50% but less than 80%)

4 = Almost Always (80% of the time or greater)

N/O; Cannot rate this item; either an expected skill at this level but unable to evaluate due to no opportunity to observe or not expected at this level and thus not observed.

At the end of each Competency Group, Rate the trainee’s overall performance in that category: Using the frequency information for each set of competencies within each Group, make a determination as to whether the trainee has met programmatic criteria for that section at their current level of training. Please indicate:

Meets expectations = Expected at this training level and what was observed met with expectations for the student’s experience.

Needs Improvement = Expected at this training level but what was observed was below expectations. Please specify remediation needed to move to the next level of training in that area

**SECTION 2. PROFESSIONALISM**

**2.1. PROFESSIONAL VALUES AND BEHAVIOR.** Professional values and ethics as evidenced in behavior and comportment that reflects integrity, responsibility and the values and ethics of psychology

2.1.1. INTEGRITY: Honesty, personal responsibility and adherence to professional values

\_\_\_\_\_ Understanding of professional values; honesty, personal responsibility

2.1.2. DEPORTMENT

\_\_\_\_\_ Understands how to conduct oneself in a professional manner

### 2.1.3. ACCOUNTABILITY

\_\_\_\_\_ Accountable and reliable

\_\_\_\_\_ Aware of the need to uphold and protect the welfare of others

### 2.1.5. PROFESSIONAL IDENTITY

\_\_\_\_\_ Beginning understanding of self as professional; "thinking like a psychologist"

**2.2. INDIVIDUAL AND CULTURAL DIVERSITY.** Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.

2.2.1. SELF AS SHAPED BY INDIVIDUAL AND CULTURAL DIVERSITY ((e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status ) and Context.

\_\_\_\_\_ Demonstrates knowledge, awareness and understanding of one's own dimensions of diversity and attitudes towards diverse others

2.2.2. OTHERS AS SHAPED BY INDIVIDUAL AND CULTURAL DIVERSITY AND CONTEXT

\_\_\_\_\_ Demonstrates knowledge, awareness, and understanding of other individuals as cultural beings

2.2.2. INTERACTION OF SELF AND OTHERS AS SHAPED BY INDIVIDUAL AND CULTURAL DIVERSITY AND CONTEXT

\_\_\_\_\_ Demonstrates knowledge, awareness, and understanding of interactions between self and diverse others

2.2.3. APPLICATIONS BASED ON INDIVIDUAL AND CULTURAL CONTEXT

\_\_\_\_\_ Demonstrates basic knowledge of, and sensitivity to, the scientific, theoretical, and contextual issues related to ICD as they apply to professional psychology. Understands the need to consider ICD in all aspects of professional psychology work

**2.3. ETHICAL AND LEGAL STANDARDS AND POLICY.** Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.

2.3.1 KNOWLEDGE OF ETHICAL, LEGAL, AND PROFESSIONAL STANDARDS AND GUIDELINES

\_\_\_\_\_ Demonstrates basic knowledge of the APA Ethical Principles and Code of Conduct; demonstrates beginning level knowledge of legal and regulatory issues in the practice of psychology

2.3.2 AWARENESS AND APPLICATION OF ETHICAL DECISION MAKING

\_\_\_\_\_ Demonstrates awareness of the importance of an ethical decision model applied to practice

2.3.3 ETHICAL CONDUCT

\_\_\_\_\_ Ethical attitudes and values evident in conduct

2.3.4. FLORIDA STATUTES

\_\_\_\_\_ Understands where to find appropriate Florida Statutes and how they apply to practice

**2.4. REFLECTIVE PRACTICE/SELF-ASSESSMENT/SELF-CARE:** Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.

2.4.1. REFLECTIVE PRACTICE

\_\_\_\_\_ Demonstrates basic mindfulness and self-awareness; basic reflectivity regarding professional practice (reflection on action)

2.4.2. SELF-ASSESSMENT

\_\_\_\_\_ Demonstrates knowledge of core competencies; emergent self-assessment competencies

2.4.3 SELF-CARE

\_\_\_\_\_ Understands the importance of self-care in effective practice; demonstrates knowledge of self-care methods; attention to self-care

2.4.4. PARTICIPATION IN THE SUPERVISION PROCESS

\_\_\_\_\_ Demonstrates straightforward, truthful, and respectful communication in the supervisory relationship

2.4.5. FOLLOWS CLINIC PROCEDURES

\_\_\_\_\_ Demonstrates understanding of clinic policy and procedures

**SUMMARY: PROFESSIONALISM**

- Trainee Meets Expectations**
- Trainee Needs Improvement**

**Comments (recommended always, but required if “Needs Improvement”)** \_\_\_\_\_  
\_\_\_\_\_

**3. PROFESSIONAL RELATIONSHIPS:** THE ABILITY TO RELATE EFFECTIVELY AND MEANINGFULLY WITH INDIVIDUALS, GROUPS, AND COMMUNITIES

\_\_\_\_\_ Interpersonal Skills: Understands basic issues of building and maintaining professional relationships

\_\_\_\_\_ Affective Skills: Understands the importance of identifying own stimulus value in a professional relationship and the importance of empathic skills

\_\_\_\_\_ Expressive Skills: Understands importance of and can express self directly and professionally

**Summary: RELATIONAL**

**Trainee Meets Expectations**

**Trainee Needs Improvement**

**Comments (recommended always, but required if Needs Improvement")** \_\_\_\_\_

\_\_\_\_\_

**4. APPLICATION OF KNOWLEDGE AND SKILL TO PRACTICE**

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

\_\_\_\_\_ Demonstrates basic knowledge of scientific, theoretical, and contextual bases of assessment, intervention and other psychological applications; demonstrates basic knowledge of the value of evidence-based practice and its role in scientific psychology

**4.2 Assessment:** Assessment and diagnosis of problems, capabilities, and issues associated with individuals, group, and/or organizations

\_\_\_\_\_ Psychometrics: Demonstrates basic knowledge of the scientific, theoretical, and contextual basis of test construction and interviewing

\_\_\_\_\_ Knowledge of Assessment Methods: Demonstrates basic knowledge of administration and scoring of traditional assessment measures, models and techniques, including clinical interviewing and mental status exam

\_\_\_\_\_ Application of Assessment Methods: Demonstrates knowledge of measurement across domains of functioning and practice settings

\_\_\_\_\_ Diagnosis: Demonstrates basic knowledge regarding the range of normal and abnormal behavior in the context of stages of human development and diversity

\_\_\_\_\_ Conceptualization/Recommendations: Demonstrates basic knowledge in formulating diagnosis and case conceptualizations

\_\_\_\_\_ Communication of Assessment Findings: Awareness of models of report writing and progress notes and demonstrates basic report-writing skills

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

\_\_\_\_\_ Intervention Planning: Basic understanding of the relationship between assessment and intervention

\_\_\_\_\_ Skills: Basic helping skills - able to develop effective working relationship with patient; understands content issues in treatment

\_\_\_\_\_ Intervention Implementation: Demonstrates basic knowledge of intervention strategies

\_\_\_\_\_ Understands the concepts of patient ambivalence/resistance in treatment

\_\_\_\_\_ Progress Evaluation: Demonstrates basic knowledge of the assessment of intervention progress and outcome

**4.4 Consultation:** The ability to provide expert guidance or professional assistance in response to a patient's needs or goals

\_\_\_\_\_ Role of Consultant: Demonstrates knowledge of consultant's role and carries out under supervision

\_\_\_\_\_ Addressing referral question: Demonstrates knowledge of means to assessment of referral question and carries out that role under supervision

\_\_\_\_\_ Communication: Identifies literature and knowledge about process of informing consultee of assessment findings and prepares report under supervision

\_\_\_\_\_ Application: Identifies and acquires literature relevant to unique consultation methods (assessment and intervention) within systems, patients, or settings

## **APPLICATION SUMMARY**

**Trainee Meets Expectations**

**Trainee Needs Improvement**

**Comments (recommended always, but required if "Needs Improvement")** \_\_\_\_\_

## **5. SCIENCE IN PRACTICE**

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

\_\_\_\_\_ Scientific Mindedness: Demonstrates critical scientific thinking

\_\_\_\_\_ Scientific Foundation of Psychology: Demonstrates understanding of psychology as a science

\_\_\_\_\_ Demonstrates understanding of the scientific foundation of professional practice

**SUMMARY: SCIENCE IN PRACTICE**

- Trainee Meets Expectations
- Trainee Needs Improvement

**Comments (recommended always, but required if “Needs Improvement”)**\_\_\_\_\_

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**6. SUPERVISION**

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

\_\_\_\_\_ Expectations and Roles: Demonstrates basic knowledge of expectations for supervision

\_\_\_\_\_ Processes and procedures: Demonstrates basic knowledge of supervision models and practices

\_\_\_\_\_ Skills development: Interpersonal skills of communication and openness to feedback

**SUPERVISION SUMMARY**

- Trainee Meets Expectations
- Trainee Needs Improvement

**Comments (recommended always, but required if “Needs Improvement”)**\_\_\_\_\_

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**Clinical Competency Assessment Tool**  
**ADVANCED PRACTICUM EVALUATION**  
Date of Evaluation \_\_\_\_\_  
Recommended Grade (circle one):    S    I    U

SECTION 1: IDENTIFYING INFORMATION

Student Name \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Level of Training

- Advanced Year 1 (3rd year)
- Advanced Year 2 (4th year)
- Advanced Year 3 (5th year)
- Advanced >5th year

Training Period for Advanced Practicum

- Summer Semester
- Fall Semester
- Spring Semester

Training Activities during this rotation with this supervisor (click all that apply AND enter number of cases)

- Assessment/Consultation (# cases): \_\_\_\_\_
- Treatment/Intervention (# cases): \_\_\_\_\_
- Other/specify (# cases): \_\_\_\_\_

Types of Cases seen with this supervisor on this rotation

- Child/Pediatric Psychology
- Medical/Health Psychology
- Mental Health
- Clinical Neuropsychology
- Rural/Primary Care Psychology
- Other (specify) \_\_\_\_\_

Type of Rotation

- Major Area of Study Requirement
- Major Area of Study Elective
- General Program Requirement
- Other (specify) \_\_\_\_\_

Prior training with types of cases seen in this rotation

- None
- Limited (1-2)
- Some (2-4)
- More extensive (>4)

Clinical Teaching Methods used by this supervisor (check all that apply)

- Individual Supervision
- Group Supervision
- Live Observation
- Audiotape Review
- Videotape Review
- Review of Written Reports/Progress Notes

Q1.11 Amount of Face-to-Face Supervision per week

Training Activities during this rotation with this supervisor (click all that apply AND enter number of cases)

- Assessment/Consultation (# cases): \_\_\_\_\_
- Treatment/Intervention (# cases): \_\_\_\_\_
- Other/specify (# cases): \_\_\_\_\_

Types of Cases seen with this supervisor on this rotation

- Child/Pediatric Psychology
- Medical/Health Psychology
- Mental Health
- Clinical Neuropsychology
- Rural/Primary Care Psychology
- Other (specify) \_\_\_\_\_

Type of Rotation

- Major Area of Study Requirement
- Major Area of Study Elective
- General Program Requirement
- Other (specify) \_\_\_\_\_

Prior training with types of cases seen in this rotation

- None
- Limited (1-2)
- Some (2-4)
- More extensive (>4)

Clinical Teaching Methods used by this supervisor (check all that apply)

- Individual Supervision
- Group Supervision
- Live Observation
- Audiotape Review
- Videotape Review
- Review of Written Reports/Progress Notes

Amount of Face-to-Face Supervision per week \_\_\_\_\_

**Section 2. TO BE COMPLETED BY SUPERVISOR**

Your familiarity with Trainee’s clinical performance during this rotation: 1-----2-----3-----4-----5  
Very  
Limited Extensive/Intensive

I. KNOWLEDGE AND SKILLS Using the following behavioral descriptors, the supervisor’s observation of the trainee’s performance should be made in the context of expectations for their current level of training (year). You should consider the type of clinical experience[s] (major area of study, emphasis, experience, or exposure to other clinical training opportunities) being evaluated:

PLEASE RATE THE FREQUENCY WITH WHICH EACH COMPETENCY IS DEMONSTRATED:

0 = Never (0% of the time)

1 = Rarely (less than 30% of the time)

2 = Sometimes (greater than 30% but less than 50%)

3 = Often (greater than 50% but less than 80%)

4 = Almost Always (80% of the time or greater)

N/O; Cannot rate this item; either an expected skill at this level but unable to evaluate due to no opportunity to observe or not expected at this level and thus not observed.

At the end of each Competency Group, Rate the trainee’s overall performance in that category: Using the frequency information for each set of competencies within each Group, make a determination as to whether the trainee has met programmatic criteria for that section at their current level of training. Please indicate:

Meets expectations = Expected at this training level and what was observed met with expectations for the student’s experience.

Needs Improvement = Expected at this training level but what was observed was below expectations. Please specify remediation needed to move to the next level of training in that area.

**2. PROFESSIONALISM**

**2.1.: PROFESSIONAL VALUES AND BEHAVIOR.** Professional values and ethics as evidenced in behavior and comporment that reflects integrity, responsibility and the values and ethics of psychology

2.1.1. INTEGRITY: Honesty, personal responsibility and adherence to professional values

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

2.1.2. DEPARTMENT

\_\_\_\_\_ Professionally appropriate communication and physical conduct, including attire, across different settings

### 2.1.3. ACCOUNTABILITY

\_\_\_\_\_ Accepts responsibility for own actions

\_\_\_\_\_ Acts to understand and safeguard the welfare of others

### 2.1.5. PROFESSIONAL IDENTITY

\_\_\_\_\_ Emerging professional identity as psychologist; uses resources (e.g., supervision/literature) for professional development

**2.2. INDIVIDUAL AND CULTURAL DIVERSITY.** Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.

2.2.1. SELF AS SHAPED BY INDIVIDUAL AND CULTURAL DIVERSITY ((e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status ) and Context.

\_\_\_\_\_ Monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation

2.2.2. OTHERS AS SHAPED BY INDIVIDUAL AND CULTURAL DIVERSITY AND CONTEXT

\_\_\_\_\_ Applies knowledge of others as cultural beings in assessment, treatment and consultation

2.2.2. INTERACTION OF SELF AND OTHERS AS SHAPED BY INDIVIDUAL AND CULTURAL DIVERSITY AND CONTEXT

\_\_\_\_\_ Applies knowledge of the role of culture in interactions in assessment, treatment, and consultation of diverse others

2.2.3. APPLICATIONS BASED ON INDIVIDUAL AND CULTURAL CONTEXT

\_\_\_\_\_ Applies knowledge, sensitivity, and understanding regarding ICD issues to work effectively with diverse others in assessment, treatment, and consultation

**2.3. ETHICAL AND LEGAL STANDARDS AND POLICY.** Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.

2.3.1 KNOWLEDGE OF ETHICAL, LEGAL, AND PROFESSIONAL STANDARDS AND GUIDELINES

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

2.3.2 AWARENESS AND APPLICATION OF ETHICAL DECISION MAKING

\_\_\_\_\_ Demonstrates knowledge and application of an ethical decision-making model and is able to apply relevant elements of ethical decision making to a dilemma

2.3.3 ETHICAL CONDUCT

\_\_\_\_\_ Demonstrates knowledge of own moral principles/ethical values integrated in professional conduct

2.3.4. FLORIDA STATUTES

\_\_\_\_\_ Demonstrates knowledge and application of Florida Statues as appropriate to patients seen

**2.4. REFLECTIVE PRACTICE/SELF-ASSESSMENT/SELF-CARE:** Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.

2.4.1. REFLECTIVE PRACTICE

\_\_\_\_\_ Broadened self-awareness; self monitoring; reflectivity regarding professional practice (reflection in action); use of resources to enhance this processes; elements of reflection in action are evident in behavior

2.4.2. SELF-ASSESSMENT

\_\_\_\_\_ Broad, accurate self-assessment of competence; consistent monitoring and evaluation of own practice activities

2.4.3 SELF-CARE

\_\_\_\_\_ Monitoring of issues related to self-care with supervisor; understanding of the central role of self-care to effective practice

2.4.4. PARTICIPATION IN THE SUPERVISION PROCESS

\_\_\_\_\_ Effective participation in supervision

2.4.5. FOLLOWS CLINIC PROCEDURES

\_\_\_\_\_ Seeks out consultation on policy and procedures as needed and independently carries out responsibilities

**SUMMARY: PROFESSIONALISM**

- Trainee Meets Expectations**
- Trainee Needs Improvement**

**Comments (recommended always, but required if “Needs Improvement”)**\_\_\_\_\_

**3. PROFESSIONAL RELATIONSHIPS:** THE ABILITY TO RELATE EFFECTIVELY AND MEANINGFULLY WITH INDIVIDUALS, GROUPS, AND COMMUNITIES

\_\_\_\_\_ Interpersonal Relationships: Forms and maintains productive and respectful relationships with patients, peers/colleagues, supervisors, and professionals from other disciplines

\_\_\_\_\_ Affective skills: Negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback nondefensively

\_\_\_\_\_ Expressive Skills: Clear and articulate expression

**Summary: RELATIONAL**

- **Trainee Meets Expectations**
- **Trainee Needs Improvement**

**Comments (recommended always, but required if “Needs Improvement”)** \_\_\_\_\_

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**4. APPLICATION OF KNOWLEDGE AND SKILL TO PRACTICE**

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

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

**4.2 Assessment:** Assessment and diagnosis of problems, capabilities, and issues associated with individuals, group, and/or organizations

\_\_\_\_\_ Psychometrics: Selects assessment measures with attention to issues of reliability and validity

\_\_\_\_\_ Knowledge of Assessment Methods: Awareness of strengths and limitations of administration, scoring, and interpretation of traditional assessment measures as well as related technological advances

\_\_\_\_\_ Application of Assessment Methods: Selects appropriate assessment measures to answer diagnostic questions

\_\_\_\_\_ Diagnosis: Demonstrates basic Applies concepts of normal/abnormal behavior to case formulation and diagnosis in the context of stages of human development and diversity

\_\_\_\_\_ Conceptualization/Recommendations: Utilizes systematic approaches of gathering data to inform clinical decision-making

\_\_\_\_\_ Communication of Assessment Findings: Independently writes assessment reports and progress notes

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

\_\_\_\_\_ Intervention Planning: Formulates and conceptualizes cases and plans interventions utilizing at least one consistent theoretical orientation

\_\_\_\_\_ Skills: Clinical skills- demonstrates application of helping skills (empathy, treatment planning); understands both content and process issues in treatment and demonstrates application

\_\_\_\_\_ Intervention Implementation: Implements evidence-based interventions where applicable; adapts treatment under supervision

\_\_\_\_\_ Able to manage effectively impediments and barriers to therapeutic progress

\_\_\_\_\_ Progress Evaluation: Can evaluate treatment progress and modify treatment planning as indicated, utilizing established empirical or clinical outcome measures

**4.4 Consultation:** The ability to provide expert guidance or professional assistance in response to a patient's needs or goals

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

\_\_\_\_\_ Addressing referral question: Demonstrates knowledge of, and ability to, select appropriate means of assessment to answer referral questions

\_\_\_\_\_ Communication: Independently prepares consultation reports for supervisor review

\_\_\_\_\_ Application: Independently applies literature to provide effective consultative services for most routine and some complex cases

#### **APPLICATION SUMMARY**

- Trainee Meets Expectations**
- Trainee Needs Improvement**

**Comments (recommended always, but required if "Needs Improvement")** \_\_\_\_\_

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### **5. SCIENCE IN PRACTICE**

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

\_\_\_\_\_ Scientific Mindedness: Values and applies scientific methods to professional practice

\_\_\_\_\_ Scientific Foundation of Psychology: Demonstrates an intermediate level knowledge of core science (scientific bases of behavior)

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

#### **SUMMARY: SCIENCE IN PRACTICE**

- Trainee Meets Exopectations**
- Trainee Needs Improvement**

**Comments (recommended always, but required if "Needs Improvement")** \_\_\_\_\_

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### **6. SUPERVISION**

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

\_\_\_\_\_ Expectations and Roles: Demonstrates knowledge of, purpose for, and roles in supervision

\_\_\_\_\_ Processes and procedures: Identifies and tracks the goals and tasks of supervision

\_\_\_\_\_ Skills development: Demonstrates knowledge of the supervision literature and how clinicians develop to be skilled professionals

\_\_\_\_\_ Supervisory Practices: provides helpful supervisory input in peer and group supervision

**SUPERVISION SUMMARY**

**Trainee Meets Expectations**

**Trainee Needs Improvement**

**Comments (recommended always, but required if “Needs Improvement”)** \_\_\_\_\_

\_\_\_\_\_

## 7. SYSTEMS

**7.1 Interdisciplinary Systems:** Knowledge of key issues and concepts in related disciplines. Able to identify and interact with professionals in multiple disciplines

\_\_\_\_\_ Awareness of multiple and differing worldviews, roles, professional standards and contributions across contexts and systems; demonstrates intermediate level knowledge of common and distinctive roles of other professionals

\_\_\_\_\_ Demonstrates beginning, basic knowledge of the ability to display skills that support effective interdisciplinary team functioning, such as communicating without jargon, dealing effectively with disagreements about diagnosis or treatment goals, and supporting and utilizing the perspectives of other team members

\_\_\_\_\_ Participates in and initiates interdisciplinary collaboration/consultation directed toward shared goals

\_\_\_\_\_ Develops and maintains collaborative relationships and respect for other professionals

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

**7.2 Advocacy:** Actions targeting the impact of social, political, economic, or cultural factors to promote change at the individual, institutional, and/or systems level

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

\_\_\_\_\_ Systems Change: Promotes change to enhance the functioning of individuals

### SYSTEMS SUMMARY

**Trainee Meets Expectations**

**Trainee Needs Improvement**

**Comments (recommended always, but required if “Needs Improvement”)** \_\_\_\_\_

Recommendations for Strengths and Continued Training Needs

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\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
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.*

<i>THIS PART TO BE FILLED OUT BY STUDENT</i>			
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) _____	_____	_____	

<i>THIS PART TO BE FILLED OUT BY FACULTY SUPERVISOR</i>				
Your familiarity with student's clinical performance:	X	1-----2-----3-----4-----5		
		Very Limited	Extensive/Intensive	
Your recommended grade (circle one):	S	U		

### I. PROFESSIONAL BEHAVIOR

Follows clinic procedures  
 Handles details of clinic cases  
 Keeps appropriate records  
 Meets time demands  
 Maintains confidentiality

Knows and complies with ethical principles  
 Makes good use of supervision  
 Interacts appropriately  
 Practices within competence

### 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	X		B -----I----- A		
Ability to separate own needs/issues from those of patients	X		B -----I----- A		
Ability to integrate research and practice in clinical work	X		B -----I----- A		
Ability to recognize and identify psychopathology	X		B -----I----- A		
Ability to present case material effectively	X		B -----I----- A		
Oral communication with patients, colleagues, supervisors	X		B -----I----- A		
Written communication in reports and notes	X		B -----I----- A		
Operates effectively in interdisciplinary setting	X		B -----I----- A		

#### B. ASSESSMENT SKILLS

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

	BE	DK	Beginning	Intermediate	Advanced
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 outcomes			✗ 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 therapist			✗ 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**

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"  
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**AREAS OF NEEDED DEVELOPMENT**

"  
"

**E. SPECIFIC RECOMMENDATIONS FOR FUTURE TRAINING**

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"  
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"  
"



\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Trainee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

This form is filled out by each Committee Member.

QUALIFYING EXAMINATION FINAL GRADING FORM

Chair Name: \_\_\_\_\_

Student Name; \_\_\_\_\_

Oral Exam Date: \_\_\_\_\_

Section 1: (Title) \_\_\_\_\_

Pass \_\_\_\_\_ Marginal \_\_\_\_\_ Fail \_\_\_\_\_

Comments:

Section 2: (Title) \_\_\_\_\_

Pass \_\_\_\_\_ Marginal \_\_\_\_\_ Fail \_\_\_\_\_

Comments:

Section 3: (Title) \_\_\_\_\_

Pass \_\_\_\_\_ Marginal \_\_\_\_\_ Fail \_\_\_\_\_

Comments:

THIS FORM IS TO BE FILED IN THE STUDENT'S ACADEMIC RECORD IN ROOM 3158 HPNP ALONG WITH A COPY OF THE WRITTEN EXAMS.

Rev. 11/97

This form is filled out by Committee Chair after Writtens have been concluded. It is given to student in advance of oral exam.

**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

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

Question 2

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

SECTION 1 SCORE:            Pass            Marginal            Fail

**SECTION 2** \_\_\_\_\_ **(title)**

Question 1

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

Question 2

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

SECTION 2 SCORE:            Pass            Marginal            Fail

**SECTION 3** \_\_\_\_\_ **(title)**

Question 1

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

Question 2

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

SECTION 3 SCORE:            Pass            Marginal            Fail

Rev 4/03

**CoA Abbreviated Curriculum Vitae**

**Name:** Glenn Ashkanazi, Ph.D.

**Academic rank:** Full Professor  Associate Professor **XX** Assistant Professor  Other:

**Tenured:** Yes  No  Does not apply **XX**      **Year of appointment:** 1999

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**Highest Degree Earned:** Ph.D. **XX** Psy.D.  Ed.D.  Other:

**Date of Degree:** 1990    **Institution/Program Name:** Florida State University    **Area of Degree (e.g., Clinical):** Clinical

**APA/CPA Accredited:** No  Yes **XX** N/A

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**Psychology Internship Completed:** No  Yes **XX** N/A       **Year:** 1990

**Name of Program:** Mid-Missouri Psychology Internship Consortium    **Type of Setting:** Consortium    **APA/CPA Accredited:** No  Yes **XX**

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**Psychology Postdoctoral Residency Completed:** No **XX** Yes  N/A       **Year:**

**Name of Program:**      **Type of Setting:**      **Area of Emphasis:**

**APA/CPA Accredited:** No  Yes

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**Psychology Licensure:** No  Yes **XX**      **State(s)/Province(s):** Florida

**Board Certified by ABPP:** No **XX** Yes       **Specialty:**

**Currently listed in National Register and/or Canadian Register?** No **XX** Yes

**If the program under accreditation review is not your primary work site, please provide name of primary work site/institution, position title, and type of setting here:** NA

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Role(s) in program under accreditation review (consistent with what is reported in Table 3(a):  
Didactic instruction, Clinical service delivery, Clinical supervision, Administration (Clinic Director)

If instruction for students in program is part of your role, briefly describe competence and credentials to oversee learning and/or to teach in this area(s): 25 years experience in health psychology, clinical administration, clinical service delivery

**Professional Honors & Recognition (Member/Fellow of Professional or Scientific Society, etc.):** None

**Selected Presentations to Professional/Scientific Groups in Last 7 Years (List chronologically using APA format for bibliographic citations):** None

**Selected Publications in Last 7 Years (List chronologically using APA format for bibliographic citations):**

- Ashkanazi, G.S. (2010). Alcoholic brain damage. In J. S. Kreutzer, J. DeLuca, & B. Caplan (Eds.), *Encyclopedia of clinical neuropsychology*. New York, NY: Springer.
- Ashkanazi, G.S. (2010). Alcoholism. In J. S. Kreutzer, J. DeLuca, & B. Caplan (Eds.), *Encyclopedia of clinical neuropsychology*. New York, NY: Springer.
- Ashkanazi, G.S. (2010). Alcohol dependence. In J. S. Kreutzer, J. DeLuca, & B. Caplan (Eds.), *Encyclopedia of clinical neuropsychology*. New York, NY: Springer.
- Ashkanazi, G.S. (2010). Behavior management. In J. S. Kreutzer, J. DeLuca, & B. Caplan (Eds.), *Encyclopedia of clinical neuropsychology*. New York, NY: Springer.
- Ashkanazi, G.S. (2010). Behavior therapy. In J. S. Kreutzer, J. DeLuca, & B. Caplan (Eds.), *Encyclopedia of clinical neuropsychology*. New York, NY: Springer.
- Ashkanazi, G.S. (2010). Prescription privileges. In J. S. Kreutzer, J. DeLuca, & B. Caplan (Eds.), *Encyclopedia of clinical neuropsychology*. New York, NY: Springer.
- Ashkanazi, G.S. (2010). Third party administrator. In J. S. Kreutzer, J. DeLuca, & B. Caplan (Eds.), *Encyclopedia of clinical neuropsychology*. New York, NY: Springer.
- Ashkanazi, G., Hagglund, K., Lee, A., Swaine, Z. & Frank, R.G. (2010) Health policy 101: Fundamental issues in health care reform. In R.G. Frank, M. Rosenthal and B. Caplan (eds.) Handbook of Rehabilitation Psychology (2<sup>nd</sup> Edition). Washington DC, American Psychological Association
- Benefield, H., Ashkanazi, G., and Rozensky, R., (2006) Communication and records: HIPAA issues when working in health care settings. *Professional Psychology: Research and Practice*, (37), 273-277

**Selected Funded Research Grants or Training Contracts in Last 7 Years (Include funding source, duration of funding, total direct costs):** None

**Other Professional Activities in Last 7 Years (Include leadership activities/roles in state/provincial, regional or national professional organizations):**

- |                 |  |
|-----------------|--|
| 6/2014- present | Member, American Society for Transplantation, Psychosocial Community of Practice Committee         |
| 10/09-present   | Member, Association of Directors of Psychology Training Clinics                                    |
| 2/10-2/12       | Association of Psychology Training Clinics<br>Member of Executive Committee, Chair of CE Committee |

**CoA Abbreviated Curriculum Vita**

**Name:** Russell M. Bauer, Ph.D., ABPP

**Primary Professional Appointment (name of institution/agency):** University of Florida    **Year of appointment:** 1980

**Position Title:** Professor and Program Director    **Type of Setting:** Ph.D. program in Academic Health Center

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**Highest Degree Earned:** Ph.D.     Psy.D.     Ed.D.     Other:

**Date of Degree:** 1979    **Institution/Program Name:** Psychology/Pennsylvania State University    **Area of Degree (e.g., Clinical):** Clinical

**APA/CPA Accredited:** No     Yes     N/A

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**Psychology Internship Completed:** No     Yes     N/A     **Year:** 1980

**Name of Program:** University of Florida J. Hillis Miller Health Science Center (since renamed)    **Type of Setting:** Academic Health Center    **APA/CPA Accredited:** No     Yes

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**Psychology Postdoctoral Residency Completed:** No     Yes     N/A     **Year:**

**Name of Program:**                      **Type of Setting:**                      **Area of Emphasis:**

**APA/CPA Accredited:** No     Yes

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**Psychology Licensure:** No     Yes     **State(s)/Province(s):** Florida

**Board Certified by ABPP:** No     Yes     **Specialty:** Clinical Neuropsychology

**Currently listed in National Register and/or Canadian Register?** No     Yes

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**Describe Clinical/Services Delivery Position or Responsibilities in current position with program under review:** Teaching/didactic instruction, clinical service, clinical supervision, research, research supervision, program administration.

**Professional Honors & Recognition (Member/Fellow of Professional or Scientific Society, etc.):** President, International Neuropsychological Society, 2011-2012; Distinguished Neuropsychologist, American Academy of Clinical Neuropsychology, 2006; President, American Psychological Association Division of Clinical Neuropsychology (40), 2005-2006; University of Florida 2003-2004 Doctoral Dissertation Advisor/Mentoring Award; University of Florida Teaching Incentive Program (TIP) Award, 1998-1999; Fellow, American Psychological Association, 1998-pres; Beverly Thorn Award for Outstanding Service as DCT, CUDCP, 2015

**Selected Presentations to Professional/Scientific Groups in Last 7 Years:**

*Kuhn, T., Gullett, J.M., Boutzoukas, A., Ford, A., FitzGerald, D.B., & Bauer, R.M.* (2014, February). Temporal Lobe Memory Circuits: White Matter Integrity and Memory Performance in Temporal Lobe Epilepsy. Presented at the 42<sup>nd</sup> Annual Meeting of the International Neuropsychological Society, Seattle, WA, February 14, 2014.

*Dunn, C., Leary, L., Daniel, A., King, E., Janus, C., & Bauer, R.* (2013). Spatial learning in aging: Search strategies and their relationship to performance. Presented at the 42<sup>nd</sup> Annual Meeting of the International Neuropsychological Society, Seattle, WA, February 13, 2014.

Zaremski JL, Hurley RW, Bauer RM, Pothast J, Wood B, Ahn AH. This concussion is stressing me out. Presented at the American Medical Society for Sports Medicine, New Orleans, April 8th, 2014.

*Snyder, A.R., Gullett, J.M., FitzGerald, D.B., & Bauer, R.M.* The relationship of loss of consciousness accompanying head injury with brain volume and executive functioning in OIF/OEF Veterans. Presented at the 2014 Translational Science Meeting, Association for Clinical and Translational Science. Washington, DC, April 10, 2014.

- Kuhn, T., Gullett, J.M., Boutzoukas, A.E., Ford, A., Mareci, T.H., FitzGerald, D.M. & Bauer, R.M. (June, 2014). Temporal lobe epilepsy affects spatial organization of entorhinal cortex connectivity. Presented at the 12th Annual Meeting of the American Academy of Clinical Neuropsychology, New York, New York, June 27, 2014.
- Snyder, A.R., Houck, Z., Greif, S., Asken, B., Tripp, B., Bauer, R.M., and the HealthIMPACTS for Florida Network. Preliminary normative analysis of the Sport Concussion Assessment Tool (SCAT3) in teenagers. Presented at the 12th Annual Meeting of the American Academy of Clinical Neuropsychology, New York, NY, June 27, 2014.
- Snyder, A., Gibbons, C. Glotfelty, O., Asken, B., Bauer, R.M. and the Health IMPACTS for Florida Network. A Comparison of Baseline Symptom Reporting on the Sport Concussion Assessment Tool (SCAT2) and Child SCAT3. Poster to be presented at the 1st Annual Sports Concussion Conference, Chicago, IL, July 12, 2014.
- Chelune, G., Bauer, R., Barisa, M., & Kaufman, D.A.S. Incorporating Outcome Measurement in Neuropsychology Research and Practice. Presented at the 11<sup>th</sup> Annual Meeting of the American Academy of Clinical Neuropsychology, June 2013, Chicago, IL.
- Bauer, R.M. (2014). Clinically Relevant Functional Neuroanatomy XI: Cortical-Subcortical Interactions. Presented at the 12<sup>th</sup> Annual Meeting of the American Academy of Clinical Neuropsychology, June 27, 2014, New York City, NY.

### **Selected Publications in Last 7 Years:**

- Attix, D.K., Donders, J., Johnson-Greene, D., Grote, C.L., Harris, J.G., & Bauer, R.M. (2007). Disclosure of test data: official position of Division 40 (Clinical Neuropsychology) of the American Psychological Association, Association of Postdoctoral Programs in Clinical Neuropsychology, and American Academy of Clinical Neuropsychology. *The Clinical Neuropsychologist*, *21*, 232-238.
- Bauer, R.M. (2007). Evidence-based practice in psychology: Implications for research and research training. *Journal of Clinical Psychology*, *63*, 685-694.
- Loring, D.W. & Bauer, R.M. (2010). Testing the limits: Cautions and concerns regarding the new Wechsler IQ and memory scales. *Neurology*, *74*, 685-690.
- Demery, J.A., Larson, M.J., Dixit, N.K., Bauer, R.M., & Perlstein, W.M. (2010). Operating characteristics of executive functioning tests following traumatic brain injury. *The Clinical Neuropsychologist*, *24*, 1292-1308.
- Bauer, R.M., Iverson, G.L., Cernich, A.N., Binder, L.M., Ruff, R.M., & Naugle, R.I. (2012). Computerized neuropsychological assessment devices: Joint Position Paper of the American Academy of Clinical Neuropsychology and the National Academy of Neuropsychology. *The Clinical Neuropsychologist*, *26*, 177-196.
- Rey-Casserly, C., Roper, B.L., & Bauer, R.M. (2012). Application of a competency model to clinical neuropsychology. *Professional Psychology: Research and Practice*, *43*, 422-431.
- Reckess, G.Z., Dunn, C.B., Bauer, R.M., & Leonard, C.M. (2012). Anterior temporobasal sulcal morphology: Development of a reliable rating protocol and normative data. *Brain Structure and Function*, *218(4)*, 889-901.
- Bauer, R.M. (2013). Functional neuroanatomy and essential neuropharmacology. In K. Stucky and J.D. Donders (Eds.), *Clinical Neuropsychology Study Guide and Board Review*. New York: Oxford University Press, in press.
- Snyder, A.R., Bauer, R.M., and the HealthIMPACTS for Florida Network (in press). A normative study of the Sports Concussion Assessment Tool (SCAT-2) in children and adolescents. *The Clinical Neuropsychologist*.
- Waid-Ebbs, J.K., Daly, J.J., Wu, S.S., Berg, W.K., Bauer, R.M., Perlstein, W.M., & Crosson, B. (in press). Response to goal management training in Veterans with blast-related mild traumatic brain injury. *Journal of Rehabilitation Research and Development*.
- Sullan, M.J., Bohsali, A.A., Gullett, J.M., Goldstein, J., Bauer, R.M., Mareci, T.H., & FitzGerald, D.B. (in press). The locus coeruleus and sleep-wake disturbances in Veterans with mTBI. *Journal of Sleep Medicine and Disorders*.
- Kuhn, T., Gullett, J. M., Boutzoukas, A. E., Ford, A., Nguyen, P., Colon-Perez, L. M., Triplett, W., Price, C. C., Mareci, T. H., Bauer, R. M. (for *Human Brain Mapping*). Test-retest reliability of High Angular Resolution Diffusion Imaging (HARDI) acquisition assessed via TBSS, probabilistic tractography and a novel graph theory metric.

### **Selected Funded Research Grants or Training Contracts in Last 7 Years:**

- Nelson, D.R., Bauer, R.M. (Project PI) & Schenkman, B. "UF-FSU Community Research Collaborative Program in Pediatrics, Internal Medicine, and Family Medicine: Concussion Surveillance/Management Project." New Florida Initiative, 2010-2012; \$600,000.
- Nelson, D.R., Bauer, R.M. (Project PI) & Schenkman, B. Promoting Community Engagement through the CTSI – Concussion Surveillance and Management Program (Administrative Supplement to UF-CTSI). National Center for Advancing Translational Sciences (NCATS UL1 RR029890-03S3, \$339,093), 2011-2013.
- Bauer, R.M. (Principal Investigator). Phenomics of Traumatic Brain Injury, Disability, Recovery, and Rehabilitation. State of Florida Brain and Spinal Cord Injury Research Trust Fund (\$238,306; 4/1/13 – 12/31/13).
- Bauer, R.M. (Principal Investigator). Developing Process-Specific Verbal Memory Interventions for Veterans with TBI (1121RX001730-01). Dept. of Veterans Affairs Rehabilitation Research and Development Service (\$197,896; 10/1/14-9/20/16).

**Other Professional Activities in Last 7 Years:** President, International Neuropsychological Society (2011-2012); President, APA Division 40 (2005-2006); Co-Editor, *The Clinical Neuropsychologist* (2000-2011); Examination Cadre, American Board of Clinical Neuropsychology/ABPP (2008-present)

### CoA Abbreviated Curriculum Vitae

**Name:** Dawn Bowers, Ph.D., ABPP/CN

**Academic rank:** Full Professor  Associate Professor  Assistant Professor  Other

**Tenured:** Yes  No  Does not apply  **Year of appointment:** 1985

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**Highest Degree Earned:** Ph.D.  Psy.D.  Ed.D.  Other:

**Date of Degree:** 1978 **Institution/Program Name:** Univ. Florida **Area of Degree:** Clinical

**APA/CPA Accredited:** No  Yes  N/A

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**Psychology Internship Completed:** No  Yes  N/A  **Year:** 1976-1977

**Name of Program:** Boston VAMC **Type of Setting:** VAMC-BU **APA/CPA Accredited:** No   
Yes

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**Psychology Postdoctoral Residency Completed:** No  Yes  N/A  **Year:** 1979

**Name of Program:** Behavioral Neurology **Type of Setting:** College of Medicine (Neurology)

**Area of Emphasis:** Neuropsychology/Cognitive Neuroscience

**APA/CPA Accredited:** No  Yes

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**Psychology Licensure:** No  Yes  **State(s)/Province(s):** Florida

**Board Certified by ABPP:** No  Yes  **Specialty:** Clinical Neuropsychology

**Currently listed in National Register and/or Canadian Register?** No  Yes

**If the program under accreditation review is not your primary work site, please provide name of primary work site/institution, position title, and type of setting here:**

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**Role(s) in program under accreditation review (consistent with what is reported in Table 3(a):** Research, Research mentorship, Didactic instruction, Clinical service delivery, Clinical supervision, Administration

**If instruction for students in program is part of your role, briefly describe competence and credentials to oversee learning and/or to teach in this area(s):** Doctoral degree in clinical psychology from accredited program, ABPP Board Certification

**Professional Honors & Recognition:** 2014 Paul Satz Career Mentoring Award from International Neuropsychology Society; 2014 Edith Kaplan Award, Massachusetts Neuropsychological Society; Fellow, Division 40, American Psychological Association; 2012-2015 Board of Governors for International Neuropsychological Society; 2006-2009 UF Research Foundation Professor; 2015 Research Mentor Award from Dept. Clinical & Health Psychology; 2015 Audrey Shumacher Teaching Award, Dept. Clinical & Health Psychology;

#### **Selected Presentations to Professional/Scientific Groups in Last 7 Years; > 160 since 2007**

Bowers, D., Springer, Mikos, A., Nisenzon, A., Sapienza, C., Fernandez, H., Okun, M.S., (2008, September). *Role of dopaminergic medications in influencing masked facies in Parkinson disease: Timing is key.* Symposium on Etiology, Pathogenesis, and Treatment of Parkinson's Disease and Other Movement Disorders. Salt Lake City.

Bowers, D. (2012, February). Symposium organizer & chair: *Current Controversies in Parkinson Disease.* Speakers: A. Troster: Mild cognitive impairment (MCI) in Parkinson disease L. Zahodne: Cognitive decline following deep brain stimulation: debates regarding clinical relevance and potential mechanism; D. Bowers: The apathy-

depression conundrum in Parkinson disease- does it matter?; C. Price: PD as a disconnection syndrome versus a fractionation disorder. Discussant: Don Stuss; Oral presentation at annual meeting of International Neuropsychological Society, Montreal, CA.

Butterfield, L., Cimino, C., Salazar, R., Lee, C., Haley, W., Sanchez-Ramos, J., Bowers, D. (2015, February). The Parkinson's Active Living (PAL) Program: A Behavioral Intervention Targeting Apathy in Parkinson's Disease. 43<sup>rd</sup> annual meeting of the International Neuropsychological Society, Denver CO.

### **Selected Publications in Last 7 Years**

Miller, K.M., Okun, M.S., Marsiske, M., Fennell, E.F., & Bowers, D. (2009). Startle reflex hyporeactivity in Parkinson's disease: an emotion specific or an arousal modulated deficit? *Neuropsychologia*, 47 (8-9), 1917-27.

Dietz, J., Jones, J., Bradley, M., Okun, M.S., Perlstein, W., Bowers, D. (2013). The late positive potential, emotion, and apathy in Parkinson's disease. *Neuropsychologia*, 51, 960-966

Morishita T, Okun MS, Jones JD, Foote KD, Bowers D. (2014) Cognitive declines after deep brain stimulation are attributable to more than caudate penetration and lead location. *Brain*. May;137(Pt 5):e274

Bowers, D., Jones, J., Dietz, J. (2014). Assessment of Emotion. In M. Parsons, M. & K. Hamsher (eds). *Pocket Handbook of Neuropsychological Assessment*. APA press, Washington DC

Jones, J., Marsiske, M., Okun, M.S., Bowers, D (2014). Latent growth curve analysis reveals that worsening Parkinson disease quality of life is driven by depression. *Neuropsychology*, epub ahead of print.

### **Selected Funded Research Grants or Training Contracts in Last 7 Years**

PI: R01-NS50633 (NINDS), *Masked Faces in Parkinson Disease: Mechanism and Treatment*. 2004-2009, \$1,250,000

Co-I: R34MH080764 (NIMH), *Scheduled and Responsive Brain Stimulation for the Treatment of Tourette Syndrome*. National Institutes of Mental Health, 9/2008-8/2012. 432,000

PI: McKnight Research Foundation, *The VITAL Study; A Platform for the Enhancement of Cognition in Normal Elderly*, 2010-2013, \$421,000.

PI: R21NS079767 (NINDS), *Emotion Regulation, Executive Function, and Parkinson Disease*, 2012-2015, \$150,000

Co-I: R01-NS082386; White Matter Connectivity and PD Cognitive Phenotypes. 2013-2018, \$2.3 million

MPI: Sante Fe AvMed. UF Vitality Health: Revitalize, Cedar, & NeuroAdvantage, 2014-2016, \$160,000.

-I: Michael J. Fox Foundation. *A Closed Loop Neuromodulation Solution For Parkinson's Related Freezing*, 2015-2018, \$478,000.

**Other Professional Activities in Last 7 Years:** 2013 ongoing – Member, Fellows Committee, Division 40, APA; 2012-2015 Board of Governors, International Neuropsychological Society; 2013-2017 Merit Review Panel for Mental Health & Behavioral Sciences – B (MHBB)& Clinical Science Research and Development (SCR&D). Department of Veterans Affairs; 2007-ongoing Member, Awards Committee, International Neuropsychological Society; 2011-2012 Chair, Faculty Council, College of Public Health & Health Professions; 2012 ongoing- Member, NIH SBBIR 2013/01 ZRG1 ETTN-K (10) B – Small Business, Clinical Neurophysiology Devices; Editorial Boards – JINS, Neuropsychology, TCN;

## CoA Abbreviated Curriculum Vitae

Name: Lisa M. Clifford, Ph.D.

Academic rank: Full Professor  Associate Professor  Assistant Professor  Other:  
Research Assistant Professor

Tenured: Yes  No  Does not apply  Year of appointment: 2012

Highest Degree Earned: Ph.D.  Psy.D.  Ed.D.  Other:

Date of Degree: 06/2010 Institution/Program Name: University of Wisconsin-Milwaukee

Area of Degree (e.g., Clinical): Clinical Psychology

APA/CPA Accredited: No  Yes  N/A

Psychology Internship Completed: No  Yes  N/A  Year: 2010

Name of Program: Cincinnati Children's Hospital Medical Center Type of Setting: Academic  
Medical Center APA/CPA Accredited: No  Yes

Psychology Postdoctoral Residency Completed: No  Yes  N/A  Year: 2012

Name of Program: Cincinnati Children's Hospital Medical Center Type of Setting: Academic  
Medical Center Area of Emphasis: Pediatric Psychology

APA/CPA Accredited: No  Yes

Psychology Licensure: No  Yes  State(s)/Province(s):

Board Certified by ABPP: No  Yes  Specialty:

Currently listed in National Register and/or Canadian Register? No  Yes

If the program under accreditation review is not your primary work site, please provide  
name of primary work site/institution, position title, and type of setting here: NA

Role(s) in program under accreditation review (consistent with what is reported in Table  
3(a): Research, Research mentorship, Clinical co-supervision

If instruction for students in program is part of your role, briefly describe competence  
and credentials to oversee learning and/or to teach in this area(s): NA

Professional Honors & Recognition (*Member/Fellow of Professional or Scientific Society,  
etc.*): NA

**Selected Presentations to Professional/Scientific Groups in Last 7 Years (List  
chronologically using APA format for bibliographic citations):**

1. Wheeler, P., Carmody, J., Clifford, L., Janicke, D. (2015, April) Parent weight control behaviors predict weight control behaviors in children with obesity. Poster to be presented to the Society of Pediatric Psychology (APA Division 54) Annual Conference. San Diego, CA.
2. Bailey, B. A., Westen, S. C., Clifford, L., & Janicke, D. M. (2015, April). Family functioning as a moderator of motivation to engage in a rural intervention program for overweight and obese youth. Poster to be presented to the Society of Pediatric Psychology (APA Division 54) Annual Conference. San Diego, CA.
3. Clifford, L.M., Guzick, A. G., Westen, S. C., & Janicke, D. M. (2014, March). *Parent cardiometabolic conditions as a risk factor for adverse medical and psychosocial outcomes in overweight and obesity treatment children*. Poster presented to the National Conference on Pediatric Psychology, Philadelphia, PA.

**Selected Publications in Last 7 Years (List chronologically using APA format for  
bibliographic citations):**

1. Stark, L. J., Clifford, L., Kuhl, E., Filigno, S.S., Zion, C., Bolling, C., & Rausch, J. (2014). A pilot randomized controlled trial of a behavioral family-based intervention with and without home visits to decrease obesity in preschoolers. *Journal of Pediatric Psychology*. 39(9), 1001-1012.
2. Van Allen, J., Kuhl, E., Filigno, S., Clifford, L., Connor, J., Stark, L. (2014). Change in parent motivation predicts change in zBMI and dietary intake among preschoolers enrolled

- in an obesity intervention. *Journal of Pediatric Psychology*, 36(9), 1028-1037.
3. Keen II, L., Ennis Whitehead, N., **Clifford, L.** Rose, J., Latimer, W. (2014). Perceived barriers to treatment in a community-based sample of substance using African American men and women. *Journal of Psychoactive Drug*, 46(5), 444-449.
  4. Janicke, D.M., Steele, R.G., Gayes, L.A., Lim, C.S., **Clifford, L.M.**, Schneider, E. M., Carmody, J. K., & Westen, S. (2014). Systematic review and meta-analysis of comprehensive behavioral family lifestyle interventions addressing pediatric obesity. *Journal of Pediatric Psychology*, 39(8), 809-825.
  5. Keen II, L., Khan, M., **Clifford, L.**, Harrell, P., & Latimer, W. (2014). Injection and non-injecting drug use and infectious disease in Baltimore city: Differences by race. *Addictive Behaviors*, 39(9), 1325-1328.
  6. Govey, M.A., Lim, C.S., **Clifford, L. M.**, & Janicke, D.M. (2014). Disordered eating and health-related quality of life in overweight and obese youth. *Journal of Pediatric Psychology*, 39(5), 552-561.
  7. Lim, C. S., Mayer-Brown, S. J., **Clifford, L. M.**, & Janicke, D. M. (2013). Pain is associated with physical activity and health-related quality of life in obese children. *Children's Health Care*, 43, 186-202.
  8. Kuhl, E.S., **Clifford, L.M.**, Bandstra, N.F., Filigno, S.S., Yeomans-Maldonado, G., Rausch, J.R., & Stark, L.J. (2014). Examination of the association between lifestyle behavior changes and weight outcomes in preschoolers receiving treatment for obesity. *Health Psychology*, 33, 95-98.
  9. **Clifford, L. M.**, Beebe, D. W., Simon, S. L., Kuhl, E. S., Filigno, S. S., Rausch, J. R., & Stark, L. J. (2012). The association between sleep duration and weight in treatment-seeking preschoolers with obesity. *Sleep Medicine*, 13, 1102-1105.
  10. Kuhl, E. S., **Clifford, L. M.**, & Stark, L. J. (2012). Obesity in preschoolers: Behavioral correlates and directions for treatment. *Obesity*, 20(1), 3-29.
  11. Sato, A. F., **Clifford, L. M.**, Silverman, A. H., & Davies, W. H. (2009). Cognitive-behavioral interventions via telehealth: Applications to pediatric functional abdominal pain. *Children's Health Care*, 38, 1-22.

**Selected Funded Research Grants or Training Contracts in Last 7 Years (Include funding source, duration of funding, total direct costs):**

1. 2010-2012 NIH/NIDDK T32 Fellowship Grant (5T23DK063929-08), *Research Training in Child Behavior and Nutrition*. Cincinnati Children's Hospital Medical Center, Department of Behavioral and Clinical Psychology, Cincinnati, OH. PI: Scott Powers, PhD; Research Advisor: Lori Stark, PhD

**Other Professional Activities in Last 7 Years (Include leadership activities/roles in state/provincial, regional or national professional organizations):**

1. 2014-2015 Mentor, Women's Student Association's Mentoring Program, University of Florida
2. 2014 Member, Undergraduate Research Honors Thesis Committee, University of Florida, Department of Psychology
3. 2007- 2008 Mentor, McNair Postbaccalaureate Achievement Program, University of Wisconsin-Milwaukee
4. 2011-2012 Co-Chief Fellow, Division of Behavioral Medicine and Clinical Psychology, Cincinnati Children's Hospital Medical Center
5. 2013-current Editorial Board for *Journal of Pediatric Psychology*; Ad Hoc Reviewer for Quality of Life Research, *International Journal of Child Health & Nutrition*

**CoA Abbreviated Curriculum Vitae**

**Name:** Duane E. Dede, Ph.D.

**Academic rank:** Full Professor  Associate Professor  Assistant Professor  Other:

**Tenured:** Yes  No  Does not apply       **Year of appointment:** 1993

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**Highest Degree Earned:** Ph.D.  Psy.D.  Ed.D.  Other:

**Date of Degree:** March 1992    **Institution/Program Name:** University of Louisville    **Area of Degree (e.g., Clinical):** Clinical

**APA/CPA Accredited:** No  Yes  N/A

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**Psychology Internship Completed:** No  Yes  N/A       **Year:** 1991

**Name of Program:** Ann Arbor VAMC    **Type of Setting:** Medical Center    **APA/CPA Accredited:** No  Yes

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**Psychology Postdoctoral Residency Completed:** No  Yes  N/A       **Year:** 1993

**Name of Program:** University of Michigan Neuropsychology Program    **Type of Setting:** Medical Center    **Area of Emphasis:** Clinical Neuropsychology

**APA/CPA Accredited:** No  Yes

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**Psychology Licensure:** No  Yes       **State(s)/Province(s):** FL

**Board Certified by ABPP:** No  Yes       **Specialty:**

**Currently listed in National Register and/or Canadian Register?** No  Yes

**If the program under accreditation review is not your primary work site, please provide name of primary work site/institution, position title, and type of setting here:** NA

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**Role(s) in program under accreditation review (consistent with what is reported in Table 3(a):** Clinical service delivery, Clinical supervision, Research supervision (doctoral committees); Administration (Therapy Coordinator; Chair, Clinical Progress Committee)

Served on Doctoral committees  
Deliver Neuropsychological Assessment and Psychotherapy  
Instruct-Lifespan Psychopathology-Adult  
Instruct- Introduction to Psychotherapy  
Coordinate-Clinical Therapy assignment  
Chair-Clinical Progress Committee

**If instruction for students in program is part of your role, briefly describe competence and credentials to oversee learning and/or to teach in this area(s):**

Doctoral degree in Clinical Psychology from accredited program; Over 20 years' experience in clinical and didactic teaching; teach courses in Adult Psychopathology and Introduction to Psychotherapy. Supervise students in neuropsychological assessment and psychotherapy practicums

**Professional Honors & Recognition:**

International Neuropsychological Society-Member  
American Academy of Clinical Neuropsychology-Member  
Brain Injury Association of Florida-Member

**Selected Presentations to Professional/Scientific Groups in Last 7 Years (*List chronologically using APA format for bibliographic citations*):**

Dede, D.E. Critical Issues in Sports Related Concussion. Hope College Distinguished Lecture Series in Sports Medicine, Holland, MI. November 2010.

**Selected Publications in Last 7 Years:**

Neha K. Dixit, Lauren D. Vazquez, Natalie J. Cross, Emily A. Kuhl, Eva R. Serber, Adrienne Kovacs, Duane E. Dede, Jamie B. Conti, Samuel F. Sears. (2009). Cardiac Resynchronization Therapy: A Pilot Study Examining Cognitive Change in Patients Before and After Treatment, 33: 84-88.

Monk, T., Graveinstein, J.S., Garvan, C., Dede, D., Price, C., Weldon, C., van der Aa, M., Heilman, K. Predictors of Cognitive Dysfunction after Major Noncardiac Surgery. (2008). *Anesthesiology*. Jan;108(1):18-30.

**Selected Funded Research Grants or Training Contracts in Last 7 Years:**

2006-2009 Clinical Service contract with University Athletic Association \$50,000 annually

2007-2010. Beaver, T., Dede, D. et al. Safety, tolerability and pharmacodynamics of AP214 Acetate in patients undergoing Coronary Artery Bypass Grafting Surgery. (\$38, 912 in Clinical & Health Psychology salary and research support).

**Other Professional Activities in Last 7 Years:**

Advisor-McKnight Fellowship Program

Ad Hoc Reviewer (2008-present): *Journal of Aging, Neuropsychology and Cognition*

Brain Injury Association of Florida-Board of Directors

### CoA Abbreviated Curriculum Vitae

**Name:** Vonetta Dotson, Ph.D.

**Academic rank:** Full Professor  Associate Professor  Assistant Professor  Other:

**Tenured:** Yes  No  Does not apply  **Year of appointment:** 2009

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**Highest Degree Earned:** Ph.D.  Psy.D.  Ed.D.  Other:

**Date of Degree:** August 2006 **Institution/Program Name:** University of Florida/Clinical & Health Psychology **Area of Degree (e.g., Clinical):** Clinical (neuropsychology specialization)

**APA/CPA Accredited:** No  Yes  N/A

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**Psychology Internship Completed:** No  Yes  N/A  **Year:** 2006

**Name of Program:** James A Haley Veterans Hospital **Type of Setting:** VA Hospital **APA/CPA Accredited:** No  Yes

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**Psychology Postdoctoral Residency Completed:** No  Yes  N/A  **Year:** 2009

**Name of Program:** National Institute on Aging Intramural Research Program **Type of Setting:** Government-research **Area of Emphasis:** Cognitive Neuroscience of Aging

**APA/CPA Accredited:** No  Yes

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**Psychology Licensure:** No  Yes  **State(s)/Province(s):** Florida

**Board Certified by ABPP:** No  Yes  **Specialty:**

**Currently listed in National Register and/or Canadian Register?** No  Yes

**If the program under accreditation review is not your primary work site, please provide name of primary work site/institution, position title, and type of setting here:** N/A

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**Role(s) in program under accreditation review (consistent with what is reported in Table 3(a):** Research, Research mentorship, Didactic instruction, Clinical service delivery, Clinical supervision

**If instruction for students in program is part of your role, briefly describe competence and credentials to oversee learning and/or to teach in this area(s):** Doctorate in Clinical Psychology with a neuropsychology specialization and a certificate in gerontology; clinical and research experience in the field of geriatric neuropsychology

#### **Professional Honors & Recognition:**

- Claude D. Pepper Scholar (2012-present); Claude D. Pepper Affiliated Scholar (2010)
- Clinical Loan Repayment Award Recipient from NIH (2010)
- Recipient of NIA Summer Institute on Aging Research travel fellowship (2007)
- Recipient of the Institute for Learning in Retirement Graduate Aging Research Award (2006)
- Accepted into the Society for Neuroscience's Neuroscience Scholars Program (2005)
- Recipient of NIA Technical Assistance Workshop travel fellowship (2004)
- National Institute on Aging funded Predoctoral Fellow (2004-2005)
- University of Florida Institute on Aging Trainee (2003-2005)
- University of Florida Graduate Minority Fellowship (2000-2004)

- Member: American Psychological Association, Society for Neuroscience, International Neuropsychological Society

### **Selected Presentations to Professional/Scientific Groups in Last 7 Years:**

- Dotson, V.M., Resnick, S.M., & Zonderman, A.B. (2008). Age, Depressive Symptoms, and Longitudinal Cognitive Decline in Older Adults. Paper presented at the 2008 International Neuropsychological Society conference in Waikoloa, HI.
- Dotson, V.M., Zonderman, A.B., Kraut, M.D., & Resnick, S.M. (2009). Depressed Mood Predicts Longitudinal Increases in White Matter Hyperintensities in Older Men. Paper presented at the 2009 Society for Neuroscience conference in Chicago, IL.
- Dotson, V.M., Zonderman, A.B., Davatzikos, C., Kraut, M.D., & Resnick, S.M. (2009). Cognitive Functioning, Brain Volumes, and a History of Elevated Depressive Symptoms: Effects of Age and Sex. Paper presented at the 2009 International Neuropsychological Society conference in Atlanta, GA.
- Dotson, V.M., Kirton, J.W., Sozda, C.N., Perlstein, W.M., Anton, S. & Manini, T. (2013). An fMRI study of sex differences in memory encoding and working memory in older adults. Paper presented at the 2013 Society for Neuroscience conference in San Diego, CA.

### **Selected Publications in Last 7 Years:**

- Dotson, V.M., Davatzikos, C., Kraut, M.A., & Resnick, S.M. (2009). Depressive Symptoms and Brain Volumes in Older Adults: A Longitudinal MRI Study. *Journal of Psychiatry and Neuroscience*, 34(5), 367-375. PMID: 19721847
- Dotson, V.M., Baydoun, M.A., & Zonderman, A.B. (2010). Recurrent depressive symptoms and the incidence of dementia and MCI. *Neurology*, 75, 27-34. PMID: 20603482
- Dotson, V.M., Zonderman, A.B., Kraut, M.A., & Resnick, S.M. (2013). Temporal Relationships between Depressive Symptoms and White Matter Hyperintensities in Older Men and Women. *International Journal of Geriatric Psychiatry*, 28, 66–74. DOI: 10.1002/gps.3791.
- Kirton, J. W., Resnick, S. M., Davatzikos, C. Kraut, M. A. & Dotson, V. M. (2013). Depressive Symptoms, Symptom Dimensions and White Matter Lesion Volume in Older Adults: A Longitudinal Study. *American Journal of Geriatric Psychiatry*. DOI: 10.1016/j.jagp.2013.10.005.
- Dotson, V.M., Szymkowicz, S.M., Kirton, J.W., McLaren, M.E., Green, M., & Rohani, J.Y. (2014). Unique and interactive effect of anxiety and depressive symptoms on cognitive and brain function in young and older adults. *Journal of Depression and Anxiety*. DOI: doi: 10.4172/2167-1044.S1-003

### **Selected Funded Research Grants or Training Contracts in Last 7 Years:**

- *Effect of Exercise on Memory in Geriatric Depression: An fMRI Pilot Study* (PI), McKnight Brain Research Foundation, 03/01/11-8/31/13, \$100,000
- *Diversity Supplement to the Lifestyle Interventions and Independence for Elders (LIFE) Study* (PI), National Institute on Aging, 2/01/12-11/30/13, \$241,948

### **Other Professional Activities in Last 7 Years:**

- American Psychological Association Division 40 Program Committee (2015)
- Division 40 Liaison to APA's Committee on Aging (2012-2016)
- International Neuropsychological Society Program Committee (2011)
- American Psychological Association Division 40 Program Committee (2010-2012)

**CoA Abbreviated Curriculum Vitae**

**Name:** Patricia E. Durning, Ph.D.

**Academic rank:** Full Professor  Associate Professor  Assistant Professor  Other:  
Clinical Associate Professor

**Tenured:** Yes  No  Does not apply  **Year of appointment:** 2004-present

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**Highest Degree Earned:** Ph.D.  Psy.D.  Ed.D.  Other:

**Date of Degree:** 2001 **Institution/Program Name:** University of Florida **Area of Degree**  
(e.g., Clinical): Clinical

**APA/CPA Accredited:** No  Yes  N/A

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**Psychology Internship Completed:** No  Yes  N/A  **Year:** 2000

**Name of Program:** Malcolm Randall VAMC Psychology Internship **Type of Setting:** VAMC  
**APA/CPA Accredited:** No  Yes

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**Psychology Postdoctoral Residency Completed:** No  Yes  N/A  **Year:** 2003

**Name of Program:** University of Florida Department of Clinical and Health Psychology **Type of**  
**Setting:** Academic Medical Center **Area of Emphasis:** Clinical Health Psychology

**APA/CPA Accredited:** No  Yes

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**Psychology Licensure:** No  Yes  **State(s)/Province(s):** Florida

**Board Certified by ABPP:** No  Yes  **Specialty:**

**Currently listed in National Register and/or Canadian Register?** No  Yes

**If the program under accreditation review is not your primary work site, please provide**  
**name of primary work site/institution, position title, and type of setting here:**

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Role(s) in program under accreditation review (consistent with what is reported in Table 3(a):  
Didactic instruction, Clinical service delivery, Clinical supervision, Research supervision (student  
committees)

**If instruction for students in program is part of your role, briefly describe competence**  
**and credentials to oversee learning and/or to teach in this area(s):** I have a doctoral degree  
from an accredited program and have received additional postdoctoral training in my specialty. I  
co-teach a graduate course titled "Clinical Assessment Across the Life Span" and provide  
clinical supervision in assessment and therapy. I maintain a clinical practice in clinical health  
psychology, particularly in the area of women's health. I have authored publications and given  
presentations in the areas of coping with illness and health promotion.

**Professional Honors & Recognition (Member/Fellow of Professional or Scientific Society,**  
**etc.):** None

### **Selected Presentations to Professional/Scientific Groups in Last 7 Years:**

1. Nackers, L.M., Ross, K.M., Dubyak, P.J., **Durning, P.E.**, von Castel-Roberts, K.M., Daniels, M.J., Anton, S.D., & Perri, M.G. (2012). Improving Lifestyle Interventions for Obesity: The Effects of Prescribing Moderate versus Mild Caloric Restriction Goals on Long-Term Weight Loss Maintenance (2012). *Annals of Behavioral Medicine*, 42, s
2. Milsom, V.A., Ross, K.M., Nackers, L.M., **Durning, P.E.**, Thomas, C., DeBraganza, N., & Perri, M.G. (2011). Behavioral mastery and long-term maintenance of lost weight. *Annals of Behavioral Medicine*, 41, s175.
3. Nackers, L.M., Dubyak, P.J., **Durning, P.E.**, von Castel-Roberts, K.M., Lane, C.L., Roberts, A.M., Anton S.D., & Perri, M.G. (2011). Improving lifestyle interventions for obesity: the effects of moderate versus mild caloric restriction and large versus small group size. *Annals of Behavioral Medicine*, 41, s260. [Meritorious Student Abstract winner]
4. Buhi, L.K., Ross, K.M., Milsom, V.A., Hoover, V.H., Nackers, L.M., Andre, R., **Durning, P.E.**, & Perri, M.G. (2009). Effect of lifestyle treatment for obesity on risk for heart disease. *Annals of Behavioral Medicine*, 37, S123.
5. Perri, M.G. Lutes, L.D., **Durning, P.E.**, Janicke, D.E., Limacher, M.C., Bobroff, L B., Martin, A.D., (2009). The Treatment of Obesity in Underserved Rural Setting (TOURS) Trial: Long-term changes in body weight and dietary intake. *Annals of Behavioral Medicine*, 37, S98.

### **Selected Publications in Last 7 Years:**

1. Perri, M. G., Limacher, M. C., von Castel-Roberts, K, Daniels, M. J., Durning, P. E., Janicke, D. M., Bobroff, L. B., Radcliff, T. A., Milsom, V. A., Kim, C. & Martin, A. D. (in press). Comparative effectiveness of three doses of behavioral weight loss counseling: Two-year findings from the Rural LITE Trial. *Obesity*, 22, 2293-2300.
2. Radcliff, T. A., Bobroff, L. B., Lutes, L. D., **Durning, P. E.**, Limacher, M. C., Daniels, M. J., Martin, D., & Perri, M. G., (2012). Comparing costs of extended care programs for the management of obesity in rural settings. *Journal of the Academy of Nutrition and Dietetics*, 112, 1363-1373.
3. Kilbourn, K., **Durning, P.**, Bargai, N., DeRoche, K., Madore, S., & Zabora, J. (2011). Validity of the Psycho-Oncology Screening Tool (POST). *Journal of Psychosocial Oncology*, 475-498.
4. Perri, M.G, Limacher, M.C., **Durning, P.E.**, Janicke, D.M., Lutes, L.D., Bobroff, L.B., Dale, M.S., Daniels, M.J., Radcliff, T.A., & Martin, A.D. (2008). Extended-Care Programs for Weight Management in Rural Communities: The Treatment of Obesity in Underserved Rural Settings (TOURS) Randomized Trial. *Archives of Internal Medicine*, 168, 2347-2354.

### **Selected Funded Research Grants or Training Contracts in Last 7 Years:** n/a

**Other Professional Activities in Last 7 Years):** n/a

### CoA Abbreviated Curriculum Vitae

**Name:** David Fedele, Ph.D.

**Academic rank:** Full Professor  Associate Professor  Assistant Professor  Other:

**Tenured:** Yes  No  Does not apply  **Year of appointment:** 2nd

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**Highest Degree Earned:** Ph.D.  Psy.D.  Ed.D.  Other:

**Date of Degree:** 2012 **Institution/Program Name:** Oklahoma State University **Area of Degree (e.g., Clinical):** Clinical

**APA/CPA Accredited:** No  Yes  N/A

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**Psychology Internship Completed:** No  Yes  N/A  **Year:** 2012

**Name of Program:** Alpert Medical School of Brown University **Type of Setting:** Consortium  
**APA/CPA Accredited:** No  Yes

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**Psychology Postdoctoral Residency Completed:** No  Yes  N/A  **Year:** 2013

**Name of Program:** Alpert Medical School of Brown University **Type of Setting:** Consortium  
**Area of Emphasis:** Pediatric Psychology

**APA/CPA Accredited:** No  Yes

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**Psychology Licensure:** No  Yes  **State(s)/Province(s):** Florida

**Board Certified by ABPP:** No  Yes  **Specialty:**

**Currently listed in National Register and/or Canadian Register?** No  Yes

**If the program under accreditation review is not your primary work site, please provide name of primary work site/institution, position title, and type of setting here:**

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Role(s) in program under accreditation review (consistent with what is reported in Table 3(a):  
Research, Research mentorship, Didactic instruction, Clinical service delivery, Clinical supervision

If instruction for students in program is part of your role, briefly describe competence and credentials to oversee learning and/or to teach in this area(s): Licensed psychologist with extensive training in pediatric and child clinical psychology. Doctoral degree from accredited program.

#### **Professional Honors & Recognition**

American Psychological Association, Member  
APA Division 54, Member

#### **Selected Presentations to Professional/Scientific Groups in Last 7 Years**

Krietsch, K., Lawless, C., Janicke D. M., McCraw, C., & Fedele, D. A. (2014, March). *Children*

with comorbid overweight/obesity + asthma experience greater weeknight to weekend variability in sleep compared to children with only overweight/obesity. Poster presented at the Society of Pediatric Psychology Annual Conference, Philadelphia, PA.

Lawless, C., Fedele, D. A., McQuaid, E. L., & Goodrich, L. (2014, March). *Acculturative stress, self-efficacy for asthma management, and depressive symptoms in Latinos*. Poster presented at the Society of Pediatric Psychology Annual Conference, Philadelphia, PA.

Fedele, D. A., McQuaid, E. L., Forssen, A., Strand, M., Cohen, S., Robinson, D. J., O'B Hourihane, J., Atkins, D., Fleischer, D., & Klinnert, M. D. (2013, April). *Identifying patterns of family adaptation to food allergy*. Poster presented at the National Conference on Child Health Psychology, New Orleans, LA.

### **Selected Publications in Last 7 Years**

Everhart, R. S., Fedele, D. A., Miadich, S., & Koinis-Mitchell, D. (in press). Caregiver quality of life in pediatric asthma: Caregiver beliefs and concerns about medications and emergency department use. *Clinical Pediatrics*.

Fedele, D. A., Rosales, A., Everhart, R. S., Koinis-Mitchell, D., Canino, G., Fritz, G. K., & McQuaid, E. L. (in press). The role of alternate caregivers in the management of pediatric asthma. *Journal of Pediatric Psychology*. doi: 10.1093/jpepsy/jsu025

Fedele, D. A., Molzon, E. S., Eddington, A. R., Hullmann, S. E., Mullins, L. L., & Gillasp, S. G., (2014). Perceived barriers to care in a pediatric medical home: The moderating role of caregiver minority status. *Clinical Pediatrics*, 53, 351-355. doi: 10.1177/0009922813507994

Fedele, D. A., Janicke, D. M., Lim, C. S., & Abu-Hasan, M. (2014). An Examination of comorbid asthma and obesity: Assessing differences in physical activity, sleep duration, health-related quality of life, and parental distress. *Journal of Asthma*, 51, 275-281.

doi:10.3109/02770903.2013.873807

### **Selected Funded Research Grants or Training Contracts in Last 7 Years (Include funding source, duration of funding, total direct costs):**

ALASB88692 Fedele (PI) 7/1/14-6/30/16

American Lung Association

*Examining a Behavioral Family Lifestyle Intervention for Weight Management in Overweight or Obese Children with Asthma*

The aim of this study is to design and pilot test a behavioral family-based intervention designed to promote successful weight and asthma management in overweight or obese children with asthma.

Total Direct Costs: \$78,590

Unnumbered Fedele (PI) 4/16/14-4/15/15

University of Florida Clinical and Translational Science Institute

*Smoke Exposure in Children with Asthma*

This pilot clinical research grant aims to assess the relationship of secondhand and thirdhand smoke to child health outcomes in youth with asthma as their parents participate in a smoking cessation program.

### **Other Professional Activities in Last 7 Years:**

Editorial Board – Journal of Pediatric Psychology

Ad Hoc Reviewer - Clinical Psychology Review, Comprehensive Psychiatry, Families, Systems, & Health, Health and Quality of Life Outcomes, Journal of Asthma, Journal of Clinical Psychology in Medical Settings, Journal of Health Psychology, Pediatric Blood & Cancer, Pediatric Pulmonology, Psycho-Oncology, The Lancet – Respiratory Medicine

## CoA Abbreviated Curriculum Vitae

**Name:** Gary Geffken, PhD

**Academic rank:** Full Professor  Associate Professor  Assistant Professor  Other:

**Tenured:** Yes  No  Does not apply  **Year of appointment:** 1987

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**Highest Degree Earned:** Ph.D.  Psy.D.  Ed.D.  Other:

**Date of Degree:** 1985 **Institution/Program Name:** UF/Clinical Psychology **Area of Degree (e.g., Clinical):** Clinical

**APA/CPA Accredited:** No  Yes  N/A

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**Psychology Internship Completed:** No  Yes  N/A  **Year:** 1983

**Name of Program:** Department of Psychiatry and Behavioral Medicine **Type of Setting:** West Virginia University Medical Center - Morgantown **APA/CPA Accredited:** Yes

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**Psychology Postdoctoral Residency Completed:** No  Yes  N/A  **Year:** 1987

**Name of Program:** Department of Psychiatry/Divisions of Child and Adolescent Psychiatry and Pediatric Endocrinology **Type of Setting:** UF Health Science Center **Area of Emphasis:** Pediatric/Clinical Child Psychology

**APA/CPA Accredited:** No  Yes

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**Psychology Licensure:** No  Yes  **State(s)/Province(s):** Florida

**Board Certified by ABPP:** No  Yes  **Specialty:**

**Currently listed in National Register and/or Canadian Register?** No  Yes

**If the program under accreditation review is not your primary work site, please provide name of primary work site/institution, position title, and type of setting here:** Department of Psychiatry, Division of Medical Psychology

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**Role(s) in program under accreditation review (consistent with what is reported in Table 3(a):** Research: Research Mentorship, Clinical service delivery: Clinical supervision, Administration (Chief of Division of Medical Psychology in Psychiatry)

**If instruction for students in program is part of your role, briefly describe competence and credentials to oversee learning and/or to teach in this area(s):** Psychological Treatment and Psychological Testing

**Professional Honors & Recognition** (*Member/Fellow of Professional or Scientific Society, etc.*):

Dissertation Mentor Award for Department of Clinical and Health Psychology at the University of Florida, 2006  
Manchester Who's Who in Medicine and Health Care, 2011-2012

**Selected Presentations to Professional/Scientific Groups in Last 7 Years** (*List chronologically using APA format for bibliographic citations*):

**Geffken, G.R.** & Storch, E.A. (September, 2011). An Analysis of the Therapeutic Alliance in the Evidence-Based Psychological Treatment of Childhood Obsessive compulsive Disorder. Presentation at the World Congress of Psychiatry. Munich, Germany.

**Geffken, G.**, & Storch, E.A. (September, 2011). *CBT in pediatric OCD*. In E.A. Storch (Chair) *Advances in Pediatric Obsessive-Compulsive Disorder*. Symposium presentation at the 15th World Congress of Psychiatry, Buenos Aires, Argentina.

Balkhi, A.M., Olsen, B., Lazaroe, L., Silverstein, J. & **Geffken, G.R.** (August, 2014). Managing Diabetes Online: A Clinic Based Prevalence Study of Internet Use in Parents of Children with Type 1 Diabetes. Poster Presented at the 2014 American Psychological Association Annual Conference in Washington, D.C.

**Selected Publications in Last 7 Years** (*List chronologically using APA format for bibliographic citations*):

Storch, E.A., Murphy, T.K., Goodman, W.K., **Geffken, G.R.**, Lewin, A.B., Henin, A., Micco, J.A., Sprich, S., Wilhelm, S., Bengtson, M., & Geller, D.A. (2010). A Preliminary Study of D-Cycloserine Augmentation of Cognitive-Behavioral Therapy in Pediatric Obsessive-Compulsive Disorder. *Biological Psychiatry*,68(11), 1073-1076.

Balkhi, A.M., Reid, A.M., McNamara, J.P.H., & **Geffken, G. R.** (2014). The Diabetes Online Community: The Importance of Forum Use in Parents of Children with Type 1 Diabetes. *Pediatric Diabetes*. 15 (6): 408-415.

**Selected Funded Research Grants or Training Contracts in Last 7 Years**

5U01MH078594-03 NIH/NIMH, SSRI-Induced Activation Syndrome in Pediatric OCD	01/01/09-5/31/11 \$950,000 (direct)	.10 calendar Investigator
Florida Department of Health Telehealth Behavior Therapy for Children with Type 1 Diabetes	07/01/08-06/30/10 \$210,000	.20 calendar PI

**Other Professional Activities in Last 7 Years (Include leadership activities/roles in state/provincial, regional or national professional organizations):**

- 1) American Psychological Association
  - (a) Site Visitor for Committee on Accreditation
- 2) Florida Psychological Association
  - (a) President, 1997
- 3) University of Florida
  - (a) Dual appointment in Pediatrics
  - (b) Dual appointment in Clinical and Health Psychology
  - (c) Affiliate appointments in Psychology and School Psychology

**CoA Abbreviated Curriculum Vitae**

**Name:** Robert Thomas Guenther, Ph.D., ABPP(RP)

**Academic rank:** Full Professor  Associate Professor  Assistant Professor  Other:

**Tenured:** Yes  No  Does not apply  **Year of appointment:** Hired as associate professor 09/20/1999, advanced to full clinical professor 07/01/2008.

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**Highest Degree Earned:** Ph.D.  Psy.D.  Ed.D.  Other:

**Date of Degree:** 1988 **Institution/Program Name:** University of Arizona, Department of Psychology **Area of Degree (e.g., Clinical):** Clinical Psychology Program

**APA/CPA Accredited:** No  Yes  N/A

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**Psychology Internship Completed:** No  Yes  N/A  **Year:** 1988-1989

**Name of Program:** Baylor College of Medicine, Department of Psychiatry, Psychology Internship Program, Texas Medical Center, Houston **Type of Setting:** Medical **APA/CPA Accredited:** No  Yes

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**Psychology Postdoctoral Residency Completed:** No  Yes  N/A  **Year:** 1989-1990

**Name of Program:** University of Missouri School of Medicine-Columbia, Department of Physical Medicine and Rehabilitation, Rehabilitation Psychology and Neuropsychology Fellowship Program **Type of Setting:** Medical **Area of Emphasis:** Neuropsychology, rehabilitation psychology, and health psychology.

**APA/CPA Accredited:** No  Yes

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**Psychology Licensure:** No  Yes  **State(s)/Province(s):** Florida

**Board Certified by ABPP:** No  Yes  **Specialty:** Rehabilitation Psychology

**Currently listed in National Register and/or Canadian Register?** No  Yes

**If the program under accreditation review is not your primary work site, please provide name of primary work site/institution, position title, and type of setting here:**

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**Role(s) in program under accreditation review (consistent with what is reported in Table 3(a):** Didactic instruction, Clinical service delivery, Clinical supervision, Research supervision (student committees)

**If instruction for students in program is part of your role, briefly describe competence and credentials to oversee learning and/or to teach in this area(s):** Doctoral degree from accredited program, ABPP Board Certification

**Research:** None.

**Research Mentorship:** serve as member of occasional masters and dissertation committees.

**Didactic Instruction:** Co-Instructor for graduate course, Psychological Treatment I for all

graduate students per doctoral training in clinical psychology and advanced skill acquisition in psychotherapy service provision across a very broad range of conditions.

**Clinical Service Delivery:**

Director of Inpatient Consultation and Liaison Services, 2005 to present, consistent with training in delivery of psychological services to grievously injured and seriously ill hospital inpatients during internship and post-doctoral fellowship, enhanced by years of service to inpatient rehabilitation patients with TBI and SCI from neurotrauma, orthopaedic injuries, burns, MS, gunshot wounds, stab wounds, Lupus, and other conditions.

Director of Transplant Psychology, 2007 to June 2012, consistent with history of delivering psychological services to patients with end-stage conditions over many years plus additional supervision from James Rodrigue, Ph.D., former UF CHP Director of Transplant Psychology.

Ethics Consultant on rotation to UFHealth Shands Inpatient Services, October 2013 to present, consistent with prior intensive training in bioethics, serving as ethics consultant and Chair of Ethics Committee, Rehabilitation Institute of Michigan, Detroit Medical Center.

Psychologist to the UF Health Science Center Adult Acute Inpatient Neurotrauma Service for TBI and SCI, June 2012 to present, consistent with training in delivery of psychological services to grievously injured and seriously ill hospital inpatients during internship and post-doctoral fellowship, enhanced by years of service to inpatient rehabilitation patients with TBI and SCI from neurotrauma, orthopaedic injuries, burns, MS, gunshot wounds, stab wounds, Lupus, and other conditions; diplomate in Rehabilitation Psychology by the American Board of Professional Psychology.

**Clinical Supervision:**

Provide supervision to inpatient and outpatient psychotherapy cases conducted by graduate students, interns and post-doctoral fellows for late teen and adult cases with affective, behavioral and neurocognitive symptoms, per doctoral training in clinical psychology and advanced skill acquisition in psychotherapy service provision across a broad range of conditions.

**Administration:**

Health Psychology Area Head, 2009 to 2012.

Director of Continuing Education, 2010 to present.

**Professional Honors & Recognition:** (*Member/Fellow of Professional or Scientific Society, etc.*): None.

Selected Presentations to Professional/Scientific Groups in Last 7 Years (*List chronologically using APA format for bibliographic citations*): None.

**Selected Publications in Last 7 Years:**

Rodrigue, J.R., Guenther, R., Kaplan, B., Mandelbrot, D.A., Pavlakis, M., Howard, R.J. (May 2008). Measuring the Expectations of Kidney Donors: Initial Psychometric Properties of the Living Donation Expectancies Questionnaire. Transplantation, 85(9), 1230-1234.

**Selected Funded Research Grants or Training Contracts in Last 7 Years:** None.

**Other Professional Activities in Last 7 Years:** None.

**CoA Abbreviated Curriculum Vitae**

**Name:** Shelley C. Heaton, Ph.D.

**Academic rank:** Full Professor  Associate Professor  Assistant Professor  Other:  
Clinical Associate Professor

**Tenured:** Yes  No  Does not apply  **Year of appointment:** 2003

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**Highest Degree Earned:** Ph.D.  Psy.D.  Ed.D.  Other:

**Date of Degree:** 9/2001 **Institution/Program Name:** UCSD/SDSU Joint Doctoral Psychology Program **Area of Degree (e.g., Clinical):** Clinical Psychology

**APA/CPA Accredited:** No  Yes  N/A

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**Psychology Internship Completed:** No  Yes  N/A  **Year:** 2001

**Name of Program:** University of Florida **Type of Setting:** University Medical Center  
**APA/CPA Accredited:** No  Yes

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**Psychology Postdoctoral Residency Completed:** No  Yes  N/A  **Year:** 2002

**Name of Program:** University of Florida **Type of Setting:** University Medical Center **Area of Emphasis:** Pediatric Neuropsychology

**APA/CPA Accredited:** No  Yes

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**Psychology Licensure:** No  Yes  **State(s)/Province(s):** FL

**Board Certified by ABPP:** No  Yes  **Specialty:**

**Currently listed in National Register and/or Canadian Register?** No  Yes

**If the program under accreditation review is not your primary work site, please provide name of primary work site/institution, position title, and type of setting here:**

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**Role(s) in program under accreditation review (consistent with what is reported in Table 3(a):** Research mentorship, Didactic instruction, Clinical service delivery, Clinical supervision

**If instruction for students in program is part of your role, briefly describe competence and credentials to oversee learning and/or to teach in this area(s):** Doctoral degree in Clinical Psychology, Postdoctoral Fellowship in Pediatric Neuropsychology, and practicing Licensed Psychologist.

**Professional Honors & Recognition:** International Neuropsychological Society, American Psychological Association

### **Selected Presentations to Professional/Scientific Groups in Last 7 Years:**

- **Heaton** S, Hannay HJ, Papa L, Tyner C, Hayes R, Robertson C, Schmalfuss I, Wang KKW, Robicsek S. UCH-L1 and MAP-2 biomarkers improve 6-month functional outcome prediction in severe TBI. Nat Neurotrauma Soc, Phoenix, AZ, July 22-25, 2012.
- Watson, W., Hannay, H.J., Sirinek, J., Schmalfuss, I., Gabrielli, A., Robicsek, S. & **Heaton**, S.C. (2011, February). Replication & Extension of a Prognostic Model in Severe TBI. Poster presentation at the 39th Annual Meeting of the International Neuropsychological Society, Boston, Massachusetts.
- Jordan, L. & **Heaton**, S. (2011, February). The relationship between measures of executive function and academic achievement in childhood TBI. Poster Presentation at the Thirty-Ninth Annual Meeting of the International Neuropsychological Society. Boston, Massachusetts.

### **Selected Publications in Last 7 Years:**

- Cohen, M., **Heaton**, S.C., Ginn, N., & Eyberg, S. (2011). Parent-Child Interaction Therapy as a Family-Oriented Approach to Behavioral Management Following Pediatric Traumatic Brain Injury: A Case Report. *Journal of Pediatric Psychology*. doi: 10.1093/jpepsy/jsr086
- Donovan, N.J., **Heaton**, S.C., Kimberg, C.I., Wen, P., Waid-Ebbs, K., Coster, W., Singletary, F., & Velozo, C.A. (2011). Conceptualizing Functional Cognition in Traumatic Brain Injury Rehabilitation. *Brain Injury*, 25(4): 348-64.
- Papa, L., Akinyi, L., Liu, M.C., Pineda, J.A., Tepas, J.J., Oli, M.W., Zheng, W., Robinson, G., Robicsek, S.A., Gabrielli, A., **Heaton**, S.C., Hannay, J., Demery, J.A., Brophy, G.M., Layon, J., Robertson, C., Hayes, R.L. and Wang, K.W. (2010) Ubiquitin C-terminal hydrolase is a novel biomarker in humans for severe traumatic brain injury. *Critical Care Medicine*, 38(1): 138-144.
- Preston, A.S., **Heaton**, S.C., McCann, S.J., Watson, W.D., Selke, G. (2009). The role of multidimensional attentional abilities in academic skills of children with ADHD. *Journal of Learning Disabilities*, 42(3): 240-249.
- Donovan, N. J., Kendall, D.L., **Heaton**, S. C., Kwon, S., Velozo, C.A., & Duncan, P.W. (2008). Conceptualizing Functional Cognition in Stroke. *Neurorehabilitation and Neural Repair*, 22(2), 122-135.

### **Selected Funded Research Grants or Training Contracts in Last 7 Years:**

- **2009-Current** Funding Agency: The State of Florida (40% effort)  
Clinical Contract: UF Multidisciplinary Diagnostic & Treatment & ADHD Multidisciplinary Programs  
Project Type: Clinical Contract (ongoing) Role: Program Neuropsychologist (Directors: Drs. Siddiqi & Slinger)
- **2009-Current** Project Title: Chronic Kidney Disease in Children (CKiD) Prospective Cohort Study  
NIH Epi. Study Project Type: Grant Role: Consultant (PI: Dr. Dharmidharka)
- **2006-2012** Funding Agency: National Institute of Neurological Disorders and Stroke (NINDS)  
Project Title: Biochemical Markers of Traumatic Brain Injury  
Project Type: NIH-R01 Total Funding: \$5.8 mill. Role: Investigator (PI: Dr. Robicsek)
- **2008-2009** Funding Agency: The Blue Foundation for a Healthy Florida  
Clinical Research Contract Project Title: Improving Patient Care: Providing Psychology Services to Pediatric Pulmonary Families Project Type: Clinical Contract (1/07-12/09) Total Funding: \$99,797 Role: PI
- **2006-2008** Funding Agency: Glaxo SmithKline (GSK)  
Project Title: Developing a Computerized Adaptive Cognitive Measure for Stroke  
Project Type: Contract Role: Investigator (PIs: Drs. Velozo/Duncan)
- **2004-2008** Funding Agency: National Institute of Child Health & Human Development (NICHD)  
Project Title: Developing a Computer Adaptive TBI Cognitive Measure  
Project Type: R21 Total Funding: \$254,410 Role: Co-PI (w/ Dr. Velozo)

### **Other Professional Activities in Last 7 Years:**

#### Professional Service

- 2008-2011 Chair, APA Division 40 PIAC Chair of Div 40 Public Interest Advisory Committee (PIAC) Appointed by APA Division 40 President (Dr. Hammeke)
- 2005-2008 Liaison, APA Division 40 Liaison Div 40 Liaison to APA Committee on Youth, Families, & Children (CYF) Appointed by APA Division 40 President (Dr. Yeates)

#### Editorial Activities

- Consulting Editor (2006 – current): Child Neuropsychology (CN; Previously served as invited reviewer 2002-06)
- Invited Book Reviewer (2010 & 2012): Journal of the International Neuropsychological Society (JINS)
- Invited Peer Reviewer (2002 - current): Journal of Clinical & Experimental Neuropsychology (JCEN), The Clinical Neuropsychologist (TCN), Archives of Physical Medicine & Rehabilitation (APMR), Journal of Pediatric Psychology (JPP), Journal of International Neuropsychological Society (JINS), Journal of Abnormal Child Psychology (JACP)

## CoA Abbreviated Curriculum Vitae

**Name:** David M. Janicke, PhD

**Academic rank:** Full Professor  Associate Professor  Assistant Professor  Other:  
**Tenured:** Yes  No  Does not apply  **Year of appointment:** 2003 (tenured 2009)

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**Highest Degree Earned:** Ph.D.  Psy.D.  Ed.D.  Other:  
**Date of Degree:** May 2001 **Institution/Program Name:** Virginia Polytechnic and State University **Area of Degree (e.g., Clinical):** Clinical

**APA/CPA Accredited:** No  Yes  N/A

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**Psychology Internship Completed:** No  Yes  N/A  **Year:** 2000-2001  
**Name of Program:** Children's Mercy Hospital **Type of Setting:** Hospital **APA/CPA Accredited:** No  Yes

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**Psychology Postdoctoral Residency Completed:** No  Yes  **Year:** 2001-2003  
**Name of Program:** Cincinnati Children's Hospital Medical Center. **Type of Setting:** Academic Medical Center **Area of Emphasis:** Pediatric Psychology

**APA/CPA Accredited:** No  Yes

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**Psychology Licensure:** No  Yes  **State(s)/Province(s):** Florida  
**Board Certified by ABPP:** No  Yes  **Specialty:**  
**Currently listed in National Register and/or Canadian Register?** No  Yes

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**If the program under accreditation review is not your primary work site, please provide name of primary work site/institution, position title, and type of setting here:**

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Role(s) in program under accreditation review (consistent with what is reported in Table 3(a):  
Research, Research mentorship, Didactic instruction, Clinical service delivery, Clinical supervision, Administration (Head of Clinical Child Area; Interim Chair 2014-2015)

**If instruction for students in program is part of your role, briefly describe competence and credentials to oversee learning and/or to teach in this area(s):** Doctoral degree from accredited program; internship and post-doctoral training in pediatric psychology, extramural grant support and publications in pediatric psychology

**Professional Honors & Recognition (Member/Fellow of Professional or Scientific Society,**  
APA Fellow (Division 54 –Society of Pediatric Psychology) August, 2011  
College Doctoral Mentor of the Year - University of Florida 2014  
University of Florida Research Foundation Professorship Award 2011-2014

**Selected Presentations to Professional/Scientific Groups in Last 7 Years (List chronologically using APA format for bibliographic citations):**

1. **Janicke, D.M.**, Sallinen, & B., Perri, M., Lutes, L.D., & Silverstein, J. *Weight and Cost Outcomes from Project STORY (Sensible Treatment of Obesity in Rural Youth)*. Presented at the Society for Behavioral Medicine Conference, Montreal, Canada – April, 2009.
2. Palermo, T., **Janicke, D.M.**, McQuiad, E., Mullins, L., Robins, P. & Wu, Y. (2014). The maturation of pediatric psychology training: 2013 SPP Task Force recommendations and panel discussion. Presented at Society of Pediatric Psychology Annual Conference, Philadelphia, PA
3. **Janicke, D.M.** (2014). Health Care Reform: Policy and Training Implications for Clinical Child Psychology. Presented at the National Conference on Clinical Child and Adolescent Psychology, Lawrence, KA – Oct., 2014.

**Selected Publications in Last 7 Years (List chronologically using APA format for bibliographic citations):**

1. **Janicke, D.M.** , Sallinen, B.J., Perri, M.G., Lutes, L.D., Silverstein, J.H., Huerta, M., & Brumback, B. (2008). Comparison of Parent-Only versus Family-Based Interventions for Overweight Children in Underserved Rural Settings: Outcomes from Project STORY. *Archives of Pediatrics and Adolescent Medicine*, 162, 1119-1125.
2. **Janicke, D.M.**, Harman, J., Kelleher, K., & Zhang, J. (2009). The Association Among Psychiatric Diagnoses, Service Utilization and Expenditures in Children with Obesity-Related Health Conditions. *Journal of Pediatric Psychology*, 34, 79-88.
3. **Janicke, D.M.**, Lim, C.S., Perri, M.G., Mathews, A., Bobroff, L., Silverstein, J.H., Brumback, B., & Dumont-Driscoll, M. (2010). Extension Family Lifestyle Intervention Project (E-FLIP for Kids): Design and Methods. *Contemporary Clinical Trials*, 32, 50-58.
4. **Janicke, D.M.**, Harman, J., Jamoom, E., Simon, S., Zhang, J., & Dumont-Driscoll, M. (2010). The Relationships Among Child Weight Status, Psychosocial Functioning, and Pediatric Health Care Expenditures in a Medicaid Population. *Journal of Pediatric Psychology*, 35 883-891.
5. **Janicke, D.M.**, Lim, C.S., Mathews, A.E., Shellnut, K., Boggs, S.R., Silverstein, J.H., & Brumback, B.A. (2012). The Community-based Healthy-lifestyle Intervention for Rural Preschools (CHIRP) Study: Design and Methods. *Contemporary Clinical Trials*, 34, 187-195
6. Rozensky, R.H., & **Janicke, D.M.** (2012). Health care reform and psychology's workforce: Preparing for the future of pediatric psychology. *Journal of Pediatric Psychology*, 37, 359-368.

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**Selected Funded Research Grants or Training Contracts in Last 7 Years**

Sept 1, 2014- Aug 30, 2016	Title: <b>Cognitive Behavioral Treatment for Improving Sleep in Overweight and Obese Youth</b>
	Role: Principal Investigator (Multiple PI with Christina McCrae, PhD)
	Source: National Heart, Lung, and Blood Institute (R21HL121432)
	Costs: \$384,321
July 1, 2012 - June 30, 2015	Title: <b>Community-based Healthy-lifestyle Intervention for Rural Preschoolers (CHIRP STUDY)</b>
	Role: Principal Investigator
	Source: National Institute of Diabetes & Digestive & Kidney Diseases (R21DK095269)
	Award: \$398,202
Aug, 2009 - 2014	Title: <b>Extension Family Lifestyle Intervention Project (E-FLIP for July 31, Kids)</b>
	Role: Principal Investigator
	Source: National Institute of Diabetes & Digestive & Kidney Diseases (R18DK082374)
	Award: \$2,661,164

**Other Professional Activities in Last 7 Years**

American Psychological Association - Division 54	2013-2015
<b>Member-at-Large for Student/Trainee Development</b>	
Journal of Pediatric Psychology	2005 – Current

## CoA Abbreviated Curriculum Vitae

**Name:** Cynthia R. Johnson, Ph.D.

**Academic rank:** Full Professor  Associate Professor  Assistant Professor  Other

**Tenured:** Yes  No  Does not apply  **Year of appointment:** 2015

**Highest Degree Earned:** Ph.D.  Psy.D.  Ed.D.  Other:

**Date of Degree:** 1989 **Institution/Program Name:** University of South Carolina **Area of Degree (e.g., Clinical):** School / Child

**APA/CPA Accredited:** No  Yes  N/A

**Psychology Internship Completed:** No  Yes  N/A  **Year:** 1989

**Name of Program:** Children's Village **Type of Setting:** Organization **APA/CPA Accredited:** No  Yes

**Psychology Postdoctoral Residency Completed:** No  Yes  N/A  **Year:** 1990

**Name of Program:** Johns Hopkins / Kennedy-Krieger Institute **Type of Setting:** Medical School **Area of Emphasis:** Child Psychology / Applied Behavior Analysis

**APA/CPA Accredited:** No  Yes

**Psychology Licensure:** No  Yes  **State(s)/Province(s):** Pennsylvania, FL in process

**Board Certified by ABPP:** No  Yes  **Specialty:**

**Currently listed in National Register and/or Canadian Register?** No  Yes

**If the program under accreditation review is not your primary work site, please provide name of primary work site/institution, position title, and type of setting here:**

Role(s) in program under accreditation review (consistent with what is reported in Table 3(a): Research, research mentorship, clinical supervision

If instruction for students in program is part of your role, briefly describe competence and credentials to oversee learning and/or to teach in this area(s): Not to date

### **Professional Honors & Recognition**

AMERICAN PSYCHOLOGICAL ASSOCIATION	1988-Present
INTERNATIONAL SOCIETY FOR AUTISM RESEARCH	2005 -Present
SOCIETY FOR RESEARCH IN CHILD DEVELOPMENT	1997-Present

### **Selected Presentations to Professional/Scientific Groups in Last 7 Years:**

**Johnson, CR.** (2009, Nov). Development of a parent training program for children with PDD & disruptive behaviors. Symposium at the Annual Convention of the Association for Behavioral & Cognitive Therapy, New York, NY.

**Johnson, CR.,** Handen, B.L., Dahl, R., Sacco, K. & Turner, K.L. (2010, May). Pilot testing of a sleep training program for children with ASD. Presented to the International Society for Autism Research, Philadelphia, PA.  
**Butter, E., Johnson, CR.,** Handen, BL. (2010, May). Development and implementation of the RUPP Parent Training Program for Children with Autism Spectrum Disorders. Presented to the International Society for Autism Research, Philadelphia, PA.

Farmer, C., Lecavalier, L., Yu, S., Arnold, L., McDougle, C., Scahill, L., Handen, B., **Johnson, CR.,** & Aman, M. (2011, May). Predictors and Moderators of Parent Training for Children with Autism Spectrum Disorders and Serious Behavioral Problems. Presented at the International Meeting for Autism Research, San Diego, California.

James, S.J.; Pauly, M., Melnyk, S, Stewart, P, Schmidt, B., Lemcke, N., Reynolds, A., Malloy, C., **Johnson, C.** et al. (established by the IOM. 2011, May). Dietary choline intake by children with autism is below the recommended Reynolds, A., Molloy, C., James, J. **Johnson, C.,** Clemons, T. & Hyman, S. (2011, May) Iron status in children with ASD. Presented at the International Meeting for Autism Research, San Diego, California

### **Selected Publications in Last 7 Years**

**Johnson, C.R.** Handen, B.L., Butter, E. , Wagner, A., Mulick, J., Sukhodolsky, D.G., et al. (2007). Development of a Parent Management Training Program for Children with Pervasive Developmental Disorders. Behavioral Interventions, 22, 201-221. DOI: 10.1002/bin.237.

**Johnson, C.R.**, Butter, E.M., Handen, B.L., Sukhodolsky, D.G., Mulick, J., Lecavalier, L., Aman, M.G. et al. (2009). Standardized observation analogue procedure (SOAP) for assessing parent and child behavior in clinical trials. Journal of Intellectual and Developmental Disability, 34, 1-9. DOI:10.1080/13668250903074471.

**Johnson, C.R.**, Handen, B.L., Zimmer, M., & Sacco, K. (2010). Polyunsaturated fatty acid supplementation in young children with autism. Journal of Developmental and Physical Disabilities, 22, 1-10.

**Johnson, C.R.**, Handen, B.L., Zimmer, M., Sacco, K., & Turner, K. (2011). Effect of gluten free / casein free diet in young children with autism: A pilot study. Journal of Developmental and Physical Disabilities, 23, 213-225. DOI: 10.1080/13668250903074471.

**Johnson, C.R.**, Turner, K., Foldes, E., Malow, B. & Wiggs. L. (2012). Comparison of sleep questionnaires in the assessment of sleep disturbances in children with autism spectrum disorders. Sleep Medicine, 13, 795-801.

**Johnson, C.R.**, Turner, K.S., Foldes, E., Brooks, M.M., et al. (2013). Behavioral parent training to address sleep disturbances in young children with autism spectrum disorder: A pilot trial. Sleep Medicine, 14, 995-1004.

**Johnson, C.R.**, Turner, K., Stewart, P., Shui, A., Macklin, E., James, J., Johnson, S. Manning Courtney, P., Hyman, S.L. (2014). Relationship between feeding problems, behavioral characteristics, and nutritional quality in children with ASD. Journal of Autism and Developmental Disorders. 44, 2175–2184

**Selected Funded Research Grants or Training Contracts in Last 7 Years:**

<b>Title</b>	<b>Role</b>	<b>Years</b>	<b>Source</b>	<b>Amount</b>
Treatment of Feeding Problems in Children with Autism	Principal Investigator	2013-2016	NIMH	\$450,000
Treatment of Feeding Problems in Young Children with Autism	Principal Investigator	2012-2014	Children's Hospital	\$53,400
Autism Treatment Network	Co-Principal Investigator	2008-present	Autism Speaks	\$160,000/yr
Randomized Trial of Parent Training for Young Children with Autism	Principal Investigator	2010-2015	NIMH	\$750,000
Treatment of Sleep Disturbance in Young Children with Autism	Principal Investigator	2009-2012	NIMH	\$500,000
Autism Intervention Research Network – Physical Health	Site Principal Investigator	2009-2012	MCHB	\$4,000,000
LEND Program University of Pittsburgh	Co-Director - Autism Expansion	2009-2015	MCHB	\$456,493
Precursors of Theory of Mind in Young Children with Autism	Co-Investigator	2008-2010	NICHHD	\$100,000
Autism Specialization in Early Intervention	Co-Investigator	2008-present	US Dept, of Education	\$800,000

**Other Professional Activities in Last 7 Years**

Professional Advisory Member, Advisory Board on Autism and Related Disorders

## CoA Abbreviated Curriculum Vitae

Name: Peter J. Lang, Ph.D.

Academic rank: Full Professor  Associate Professor  Assistant Professor  Other:  
Tenured: Yes  No  Does not apply  Year of appointment: 1982

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Highest Degree Earned: Ph.D.  Psy.D.  Ed.D.  Other:  
Date of Degree: 1958 Institution/Program Name: University of Buffalo/Psychology Area of Degree (e.g., Clinical):  
APA/CPA Accredited: No  Yes  N/A

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Psychology Internship Completed: No  Yes  N/A  Year:  
Name of Program: Type of Setting: APA/CPA Accredited: No  Yes

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Psychology Postdoctoral Residency Completed: No  Yes  N/A  Year:  
Name of Program: Type of Setting: Area of Emphasis:  
APA/CPA Accredited: No  Yes

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Psychology Licensure: No  Yes  State(s)/Province(s): Previously licensed in Wisconsin  
Board Certified by ABPP: No  Yes  Specialty:

Currently listed in National Register and/or Canadian Register? No  Yes

If the program under accreditation review is not your primary work site, please provide name of primary work site/institution, position title, and type of setting here:

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Role(s) in program under accreditation review (consistent with what is reported in Table 3(a): Research, Research mentorship, Didactic instruction, Administration (Director, Center for the Study of Emotion and Attention)

If instruction for students in program is part of your role, briefly describe competence and credentials to oversee learning and/or to teach in this area(s): Over 50 years of research and teaching experience, doctoral degree in clinical psychology.

### Professional Honors & Recognition:

1975 Honorary Doctorate, Uppsala University, Sweden, Social Science  
1978 Honorary Doctorate, University of Tübingen, Germany, Social Science  
1993 Distinguished Scientific Contribution Award from the American Psychological Association  
1996 Distinguished Scientist Lecturer appointed by the American Psychological Association  
2007 Honorary Doctorate, University of Granada, Spain, Psychology  
2008 Honorary Doctorate, University Jaume I Spain, Psychology

### Selected Presentations to Professional/Scientific Groups in Last 7 Years:

Lang, P. J. (2011, February). *The psychophysiology of emotion*. Invited address presented at the Affective Regulation and the Neuroscience of Emotion (ARNE) meeting, Stockholm, Sweden.

Cuthbert, B. N., Sanislow, C., Lang, P. J., Ford, J. M., Patrick, C. J., Hamm, A. O., & Richter, J. (2014, September). *NIH Research Domain Criteria (RDoC)*. Workshop presented at the Society for Psychophysiological Research 54<sup>th</sup> Annual Meeting, Atlanta, GA.

### Selected Publications in Last 7 Years:

Lang, P. J., & McTeague, L. M. (2009). The anxiety disorder spectrum: Fear imagery, physiological reactivity, and differential diagnosis. *Anxiety, Stress & Coping*, 22, 5-25.  
McTeague, L. M., Lang, P. J., Laplante, M-C., Cuthbert, B. N., Strauss, C. C., & Bradley, M. M. (2009). Fearful imagery in social phobia: Generalization, comorbidity, and physiological reactivity. *Biological Psychiatry*, 65, 374-382.

Lang, P. J. (2010). Emotion and motivation: Toward consensus definitions and a common research purpose. *Emotion Review*, 2, 229-233.

Lang, P. J., & Bradley, M. M. (2010). Emotion and the motivational brain. *Biological Psychology*, 84, 437-450.

McTeague, L. M., Lang, P. J., Laplante, M-C., Cuthbert, B. N., Shumen, J. Ro., & Bradley, M. M. (2010). Aversive imagery in posttraumatic stress disorder: Trauma recurrence, comorbidity, and physiological reactivity. *Biological Psychiatry*, *67*, 346-356.

Lang, P. J., & McTeague, L. M. (2011). Discrete and recurrent traumatization in PTSD: Fear vs. anxious misery. *Journal of Clinical Psychology in Medical Settings*, *18*, 207-209.

Lang, P. J., Wangelin, B. C., Bradley, M. M., Versace, F., Davenport, P. W., & Costa, V. D. (2011). Threat of suffocation and defensive reflex activation. *Psychophysiology*, *48*, 393-396.

McTeague, L. M., & Lang, P. J. (2012). The anxiety spectrum and the reflex physiology of defense: From circumscribed fear to broad distress. *Depression and Anxiety*, *29*, 264-281.

McTeague, L. M., Lang, P. J., Wangelin, B. C., Laplante, M-C., & Bradley, M. M. (2012). Defensive mobilization in specific phobia: Fear specificity, negative affectivity, and diagnostic prominence. *Biological Psychiatry*, *72*, 8-18.

Lang, P. J., & Bradley, M. M. (2013). Appetitive and defensive motivation: Goal-directed or goal-determined. *Emotion Review*, *5*, 230-234.

Lang, P. J. (2014). Emotion's response patterns: The brain and the autonomic nervous system. *Emotion Review*, *6*, 93-99.

Lang, P. J., McTeague, L. M., & Bradley, M. M. (2014). Pathological anxiety and function/dysfunction in the brain's fear/defense circuitry. *Restorative Neurology and Neuroscience*, *32*, 63-77.

Bradley, M. M., Costa, V. D., Ferrari, V., Codispoti, M., Fitzsimmons, J. R., & Lang, P. J. (in press). Imaging distributed and massed repetitions of natural scenes: Spontaneous retrieval and maintenance. *Human Brain Mapping*.

**Selected Funded Research Grants or Training Contracts in Last 7 Years:**

Interdisciplinary Behavioral Science Center for Mental Health (CSEA) (PI); NIMH P50 MH-72850; 2005-2011

Attention Capture in Fear, Anxiety, and Depression (PI); NIMH R21 MH082701; 2009-2010  
Hypervigilance vs. perceptual avoidance in social phobia (Co-PI); NIMH MH084932; 2009-2012  
Anxiety, comorbidity, negative affect, and fear circuit activation (PI); NIMH R01 MH094386; 2012-2017

From fear to anxious misery: Developing a defense circuit dimensional classifier (PI); NIMH R01 MH098078; 2012-2016

**Other Professional Activities in Last 7 Years:**

2012-2015, Member, Outreach Committee, Society for Psychophysiological Research

2014-2017, Member, Archives Committee, Society for Psychophysiological Research

Advisory Council, Center for Exercise Science, Department of Exercise Science, UF

Advisory Board, Advance Magnetic Resonance Imaging and Spectroscopy (AMRIS), UF

Advisory Council, Psychological Clinical Science Accreditation System (PCSAS)

Consultant, NIMH Center on Neurocognition and Emotion in Schizophrenia, UCLA

Editorial Board, *Emotion Review*

Executive Director, Fear and Anxiety Disorders Clinic, Clinical and Health Psychology, UF

**CoA Abbreviated Curriculum Vitae**

**Name:** Michael Marsiske, Ph.D.

**Academic rank:** Full Professor  Associate Professor  Assistant Professor  Other:

**Tenured:** Yes  No  Does not apply       **Year of appointment:** 2000

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**Highest Degree Earned:** Ph.D.  Psy.D.  Ed.D.  Other:

**Date of Degree:** 1992    **Institution/Program Name:** Pennsylvania State University    **Area of Degree (e.g., Clinical):** Human Development and Family Studies (HDFS)

**APA/CPA Accredited:** No  Yes  N/A

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**Psychology Internship Completed:** No  Yes  N/A       **Year:**

**Name of Program:**              **Type of Setting:**              **APA/CPA Accredited:** No  Yes

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**Psychology Postdoctoral Residency Completed:** No  Yes  N/A       **Year:**

**Name of Program:**              **Type of Setting:**              **Area of Emphasis:**

**APA/CPA Accredited:** No  Yes

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**Psychology Licensure:** No  Yes       **State(s)/Province(s):**

**Board Certified by ABPP:** No  Yes       **Specialty:**

**Currently listed in National Register and/or Canadian Register?** No  Yes

**If the program under accreditation review is not your primary work site, please provide name of primary work site/institution, position title, and type of setting here:**

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**Role(s) in program under accreditation review (consistent with what is reported in Table 3(a):**  
Research, Research mentorship, Didactic instruction, Administration (Associate Chair for Research)

**If instruction for students in program is part of your role, briefly describe competence and credentials to oversee learning and/or to teach in this area(s):** My HDFS degree involved 21 graduate credits in data analysis and methodology, and my major was in “aging” (including funding as a National Institute on Aging T32 trainee in aging). Thus, in our program, I teach four courses in data analysis and methodology, and one in aging.

**Professional Honors & Recognition** (*Member/Fellow of Professional or Scientific Society, etc.*):  
Fellow, Gerontological Society of America (2002); Recipient, Springer Early Career Award, Division 20, American Psychological Association(1987), Membership in American Psychological Association (since 1987), Association for Psychological Science (since 1992), Gerontological Society of America (since 1988). Recipient of University of Florida Doctoral Mentorship Award (2013), University of Florida Research Foundation Professorship (2012-2015), Research Mentorship Award, Institute for Learning in Retirement, Gainesville (2010), and Audrey Schumacher Classroom Teaching Award (2003, 2005, 2006, 2009, 2011, 2012) and Research Mentor Award (2008, 2009) from Department of Clinical and Health Psychology

**Selected Presentations to Professional/Scientific Groups in Last 7 Years** (*List chronologically using APA format for bibliographic citations*): **(from 43)**

Marsiske, M. (2008, March). *Intervening with late life cognition: Lessons from the ACTIVE Study*. American Society on Aging/Metropolitan Life Foundation/Archstone Foundation Mind Alert Lecture, Washington,

Marsiske, M. (2014, February). *Older adults: Restore (optimize) until you can't?* Invited Debate, International Neuropsychological Society 42nd Annual Meeting, Seattle, WA

**Selected Publications in Last 7 Years** (*List chronologically using APA format for bibliographic citations*): **(from 60)**

Belchior, P., Marsiske, M., Sisco, S. M., Yam, A., & Mann, W. , (2012), Older adults' engagement with a video game training program, *Older adults' engagement with a video game training program, Activities Adaptation and Aging, 36(4)*, , 269-279, PMID: 23504652.

Marsiske, M., Dzierzewski, J. M., Thomas, K. R., Kasten, L., Jones, R., Johnson, K., Willis, S. L., Ball, K., & Rebok, G. W. (2013), Race-related Disparities in Five-year Cognitive Change in Untrained ACTIVE Participants, *Race-related Disparities in Five-year Cognitive Change in Untrained ACTIVE Participants, Journal of Aging and Health, 25*, 103S-127S, PMID: 24385632.

Rebok, G. W., Ball, K., Guey, L. T., Jones, R. N., Kim, H. Y., King, J. W., Marsiske, M., Morris, J. N., Tennstedt, S. L., Unverzagt, F. W., Willis, S. L. (2014), Ten year effects of the Advanced Cognitive Training for Independent and Vital Elderly cognitive training trial on cognition and everyday functioning in older adults, *Ten year effects of the Advanced Cognitive Training for Independent and Vital Elderly cognitive training trial on cognition and everyday functioning in older adults, Journal of the American Geriatrics Society, 62*, 16-24, PMID: 24417410.

**Selected Funded Research Grants or Training Contracts in Last 7 Years** (*Include funding source, duration of funding, total direct costs*): **(from 4 as PI, 3 as mentor, 6 as co-I)**

Title	Role	Dates	Source	Total direct costs
<i>Physical, Cognitive and Mental Health in Social Context</i>	PI	5/1/2003-4/30/2018	National Institute on Aging	\$1,142,088 (2003-2018)
<i>ACTIVE Phase III: UFWSU Field Site</i>	PI	10/1/1997-3/31/2013	National Institute on Aging	\$890,157 (2008-2013)

**Other Professional Activities in Last 7 Years** (*Include leadership activities/roles in state/provincial, regional or national professional organizations*):

1995-2014 – Executive Board Member, Division 20, American Psychological Association

## CoA Abbreviated Curriculum Vitae

Name: Deidre B. Pereira, Ph.D.

Academic rank: Full Professor  Associate Professor  Assistant Professor  Other:

Tenured: Yes  No  Does not apply  Year of appointment: 2003 (Tenured 2011)

Highest Degree Earned: Ph.D.  Psy.D.  Ed.D.  Other:

Date of Degree: 1999 Institution/Program Name: University of Miami Area of Degree (e.g., Clinical):

Clinical Psychology

APA/CPA Accredited: No  Yes  N/A

Psychology Internship Completed: No  Yes  N/A  Year: 1999

Name of Program: University of Miami Counseling Center Type of Setting: Counseling Center APA/CPA

Accredited: No  Yes

Psychology Postdoctoral Residency Completed: No  Yes  N/A  Year: 2000

Name of Program: University of Miami Type of Setting: Department of Psychology Area of Emphasis:

Clinical Health Psychology

APA/CPA Accredited: No  Yes

Psychology Licensure: No  Yes  State(s)/Province(s): Florida

Board Certified by ABPP: No  Yes  Specialty:

Currently listed in National Register and/or Canadian Register? No  Yes

If the program under accreditation review is not your primary work site, please provide name of primary work site/institution, position title, and type of setting here: n/a

Role(s) in program under accreditation review (consistent with what is reported in Table 3(a):

Research, Research mentorship, Didactic instruction, Clinical service delivery, Clinical supervision, Administration (Health Psychology Area Head)

If instruction for students in program is part of your role, briefly describe competence and credentials to oversee learning and/or to teach in this area(s): My doctoral training in Clinical Psychology included instruction in psycho-oncology, psychoneuroimmunology, and women's health. I have taught in these areas at the undergraduate and graduate levels since 1999. In addition, I have an externally funded program of research that informs my instruction in these areas.

Professional Honors & Recognition (*Member/Fellow of Professional or Scientific Society, etc.*):

- Recipient, Research Mentorship Award, Department of Clinical and Health Psychology, University of Florida (2013)
- Recipient, Excellence Award for Assistant Professors, University of Florida (2011)

Selected Presentations to Professional/Scientific Groups in Last 7 Years (*List chronologically using APA format for bibliographic citations*):

Fox, R. A., Kacel, E., Telepak, L., Esparza-Duran, D., Wong, S., Morgan, L.S., & Pereira, D. B. (2014, February). *Pre-operative inflammation (IL-6) and sensory pain experience in women with suspected gynecologic cancers*. Poster session presented at the meeting of the American Psychosocial Oncology Society, Tampa, FL.

Nightingale, C.L., Esparza-Duran, D., Telpak, L., Fox, R., Wong, S., & Pereira, D.B. (2014, February). *Sleep quality as a predictor of cortisol diurnal rhythm in gynecological cancer patients*. Paper presented at the 11th Annual American Psychosocial Oncology Society Conference, Tampa, FL.

Telepak, L.C., Kacel, B.L., Patidar, S.M., Morgan, L.S., & Pereira, D.B. (2014, February). *Pre-operative Physical Well-Being a Predictor for Complications Following Surgery for Suspected Gynecologic Cancer*. Poster presented at the 11<sup>th</sup> annual meeting of the American Psychosocial Oncology Society, Tampa, FL.

Telepak, L.C. & Pereira, D.B. (2014, February). *When Serious Mental Illness (SMI) Meets Cancer: A Case Study Examining the Barriers to Care for Patients Living With SMI During Cancer Treatment*. Poster presented at the 11<sup>th</sup> annual meeting of the American Psychosocial Oncology Society, Tampa, FL.

Esparza-Duran, D., Telepak, L., Fox, R., Wong, S., & Pereira, D. B. (2014, February). *The Relationship Between Neighborhood Crime Rates and Emotional Well-Being in Women with Gynecological Cancer*. Poster session presented at the meeting of the American Psychosocial Oncology Society, Tampa, FL.

**Selected Publications in Last 7 Years (List chronologically using APA format for bibliographic citations):**

- Price, C.C., Pereira, D.B., Garvan, C. W., Nguyen, P., Herman, M., Seubert, C. (2014). Prospective Pilot Investigation: Pre-Surgical Depressive Symptom Severity and Anesthesia Response in Women Undergoing Surgery for Gynecologic Mass Removal. *International Journal of Behavioral Medicine*. Advance online publication. doi: 10.1007/s12529-014-9451-1
- Nightingale, C.L., Cranley, N.M., Kacel, E., Wong, S., Pereira, D.B., & Carnaby, G. (In Press). A review of music interventions during end-of-life care. *OA Alternative Medicine*.
- Keen, L 2<sup>nd</sup>, Pereira, D., & Latimer, W. (2014). Self-reported lifetime marijuana use and interleukin-6 levels in middle-aged African Americans. *Drug and Alcohol Dependence*, 140, 156-160. doi:pii: S0376-8716(14)00837-0. 10.1016/j.drugalcdep.2014.04.011. PubMed PMID: 24799289.
- Telepak, L.C., Jensen, S.E., Dodd, S.M., Morgan, L.S., & Pereira, D.B. (2014). Psychosocial factors and mortality in women with early stage endometrial cancer. *British Journal of Health Psychology*, 19(4), 737-750. doi: 10.1111/bjhp.12070. PubMed PMID: 24152380
- Sannes, T.S., Jensen, S.E., Dodd, S.M., Smith, S.G., Patidar, S.M., Kneipp, S., Marsiske, M.M., Lutgendorf, S.M., Morgan, L.S., & Pereira, D.B. (2013). Depressive symptoms and cortisol variability prior to surgery for suspected endometrial cancer. *Psychoneuroendocrinology*, 38(2), 241-249. PubMed PMID: 22762895; PubMed Central PMCID: PMC3473116.
- Jensen, S.E., Pereira, D.B., Whitehead, N.E., Buscher, I., McCalla, J., Andrasik, M., Rose, R., & Antoni, M.H. (2013). Cognitive-behavioral stress management and psychological well-being in HIV+ racial/ethnic minority women with human Papillomavirus. *Health Psychology*, 32(2), 227-230. PubMed PMID: 22545977; PubMed Central PMCID: PMC3670138.
- Pereira, D.B., Christian, L., Patidar, S., Bishop, M.M., Dodd, S.M., Athanason, R., Wingard, J., & Reddy, V.S. (2010). Spiritual absence and one-year mortality after hematopoietic stem cell transplant. *Biology and Blood and Marrow Transplantation*, 16, 1171-1179. PubMed PMID: 20227510.
- Pereira, D.B., Sannes, T., Dodd, S.M., Jensen, S.E., Morgan, L.S., & Chan, E. (2010). Life stress, negative mood states, and antibodies to heat shock protein 70 in endometrial cancer. *Brain, Behavior, and Immunity*, 24(2), 210 – 214. PubMed PMID: 19716411; PubMed Central PMCID: PMC2818111.

**Selected Funded Research Grants or Training Contracts in Last 7 Years (Include funding source, duration of funding, total direct costs):**

Cognitive Behavioral Effects on Sleep, Pain, and Cytokines in Gynecologic Cancer (5R01CA138808)  
08/20/2009 – 08/19/2015  
Principal Investigator (30% effort)  
National Institutes of Health/National Cancer Institute  
Direct Costs: \$1,194,990

Psychoneuroimmunologic Relations Among Women with Endometrial Cancer During the Perioperative Period (R03 CA117480-01A1)  
09/01/2006 – 08/01/2008 (No cost extension until 08/01/2009)  
Principal Investigator (18% effort)  
National Institutes of Health/National Cancer Institute  
Direct Costs: \$100,000

**Other Professional Activities in Last 7 Years (Include leadership activities/roles in state/provincial, regional or national professional organizations):**

- Ad Hoc Member, Peer Review Committee for Cancer Control and Prevention: Psychosocial and Behavioral Research, American Cancer Society (2015)
- Elected Member, Nominating Committee, American Psychosomatic Society (APS) (2014 – 2016)
- Member, Special Emphasis Panel/Scientific Review Group 2014/10 ZAT1 SM (33) L, National Center for Complementary and Alternative Therapy, National Institutes of Health (2014)
- Member, American Psychosocial Oncology Society (APOS) (2006 – Present)
- Member, American Psychosomatic Society (1998 – Present)
- Member, Society of Behavioral Medicine (1995 – Present)

## CoA Abbreviated Curriculum Vitae

Name: William M. Perlstein, Ph.D.

Academic rank: Full Professor  Associate Professor  Assistant Professor  Other:

Tenured: Yes  No  Does not apply  Year of appointment: 1998

Highest Degree Earned: Ph.D.  Psy.D.  Ed.D.  Other:

Date of Degree: 1998 Institution/Program Name: University of Delaware Area of Degree (e.g., Clinical): Clinical

APA/CPA Accredited: No  Yes  N/A

Psychology Internship Completed: No  Yes  N/A  Year: 1998

Name of Program: University of Pittsburgh/WPIC Type of Setting: Medical School APA/CPA Accredited: No  Yes

Psychology Postdoctoral Residency Completed: No  Yes  N/A  Year: 1998

Name of Program: University of Pittsburgh/WPIC Type of Setting: Medical School Area of Emphasis: Training in Psychiatry Research (NIH T32)

APA/CPA Accredited: No  Yes

Psychology Licensure: No  Yes  State(s)/Province(s): FL/PA (inactive)

Board Certified by ABPP: No  Yes  Specialty:

Currently listed in National Register and/or Canadian Register? No  Yes

If the program under accreditation review is not your primary work site, please provide name of primary work site/institution, position title, and type of setting here:

Role(s) in program under accreditation review (consistent with what is reported in Table 3(a):  
*Research*: Conduct research on cognitive neuroscience of traumatic brain injury and post-traumatic stress disorder; *Research Mentorship*: Research mentorship to graduate students in my clinical-cognitive neuroscience laboratory; *Didactic instruction*: Didactic instruction in the Cognitive Bases of Behavior graduate course offered to students across a number of UF graduate programs; *Clinical service delivery*: Co-conduct the general mental health assessment rotation in the department's Psychology Clinic; *Clinical supervision*: Provide extensive clinical supervision of treatment to students and pre-doctoral interns in our department.

Professional Honors & Recognition (*Member/Fellow of Professional or Scientific Society, etc.*):

1995-98 NIMH T32 Postdoctoral Fellowship Award, Clinical Research Training in Psychiatry

1996-98 NARSAD Young Investigator Award

1995-98 Scottish Rite Schizophrenia Research Program, Investigator Award

2001-03 NARSAD Young Investigator Award

2001 Research Mentor Award, UF Department of Clinical and Health Psychology

2000-05 NIMH K01, Mentored Research Scientist Development Award

2012 Dean's Citation Paper Award to acknowledge innovation and excellence in research

### **Selected Presentations to Professional/Scientific Groups in Last 7 Years:**

Dotson, V.M., Kirton, J.W., Sozda, C.N., Perlstein, W.M., Anton, S. & Manini, T. (2013). An fMRI study of sex differences in memory encoding and working memory in older adults. Paper to be presented at the 2013 Society for Neuroscience conference in San Diego, CA.

Szymkowicz, S.M., Kirton, J.W., Sozda, C.N., **Perlstein, W.M.** & Dotson, V.M. (2013). Effect of aerobic exercise on memory encoding in older adults with a history of depression: An fMRI pilot study. Poster to be presented at the 2013 Society for Neuroscience conference in San Diego, CA.

### **Selected Publications in Last 7 Years:**

Markley, T.L., Larson, M.J., Bigler, E.D., Good, D.A., & **Perlstein, W.M.** (in press). Structural and functional changes of the cingulate gyrus following traumatic brain injury (TBI): Relation to attention and executive skills. *Journal of the International Neuropsychological Society*.

- Dotson, V.M., Sozda, C.N., Marsiske, M.M., & **Perlstein, W.M.** (2012). Within-session practice eliminates age differences in cognitive control. *Aging, Neuropsychology, and Cognition: A Journal of Normal and Dysfunctional Development* [epub ahead of print].
- Craggs, J.G., Staud, R., Robinson, M.E., **Perlstein, W.M.**, & Price, D.D. (2012). Effective connectivity among brain regions associated with slow temporal summation of C-fiber-evoked pain in fibromyalgia patients and healthy controls. *Journal of Pain*, 13(4), 390-400.
- Robinson, M.E., Craggs, J.G., Price, D.D., **Perlstein, W.M.**, & Staud, R. (2011). Gray matter volumes of pain-related brain areas are decreased in fibromyalgia syndrome. *Journal of Pain*, 12(4), 436-443.
- Perlstein, W.M.**, & Larson, M.J. (2011). Psychophysiology and brain imaging of cognition and affect following traumatic brain injury: An overview of the special issue. *International Journal of Psychophysiology*, 82(1), 1-3.

**Selected Funded Research Grants or Training Contracts in Last 7 Years:** (Selected from among 7 on-going projects)

**Ongoing Research Support**

**W81XWH-11-1-0454** Mann, W. (PI), Perlstein W.M. (subproject PI) 9/13/13 – 3/02/15  
DOD/USAMRC/TATRC

Florida Trauma Rehabilitation Center for Returning Military Personnel. Subproject title: Dissociating Functional Brain Activity in Blast-Related Traumatic Brain Injury and Post-Traumatic Stress Disorder  
The major goals of this project are to employ functional magnetic resonance imaging in the context of novel affective and cognitive tasks to dissociate brain activity associated with blast-induced mild traumatic brain injury and post-traumatic stress disorder, in conjunction with multiple measures of cognitive, affective, and symptomological functioning.

**Role: Subproject PI**

**F31 MH102089** Gravano, J.T. (PI) 08/16/13-08/15/15  
NIH/NIMH

Dissociating mTBI and PTSD brain activity at rest

This research uses resting-state fMRI to dissociate mild TBI and PTSD in Veterans of the OEF/OIF conflicts.

**Role: Mentor on predoctoral fellowship**

**F31 AT007898** Letzen, J. (PI) 09/12/14-09/12/16  
NIH/NCCAM

The Effects of Mood and Functional Brain Connectivity in Low Back Pain Patients During Rest

The overall goal of this research is to further our knowledge about the neural mechanisms of chronic pain, through examination of resting-state brain activity acquired using fMRI in the context of positive and pain-related negative mood induction paradigms.

**Role: Co-Mentor on predoctoral fellowship**

**Other Professional Activities in Last 7 Years** (Include leadership activities/roles in state/provincial, regional or national professional organizations):

-Oversee grant (MERIT/SPIRE) submission process for NF/SG Brain Rehabilitation Research Center (BRRRC) in my role as a Health Research Scientist at the BRRRC, including presenting proposals to the NF/SG Scientific Projects Committee.

-Program Committee Member for the 2014 Annual Meeting of the International Neuropsychological Society, Seattle, Washington.

-Peer reviewer for 13 different scientific journals.

## CoA Abbreviated Curriculum Vitae

**Name: Catherine Price, Ph.D., ABPP**

**Academic rank:** Full Professor  Associate Professor  Assistant Professor  Other:  
**Tenured:** Yes  No  Does not apply  **Year of appointment:** 2004

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**Highest Degree Earned:** Ph.D.  Psy.D.  Ed.D.  Other:  
**Date of Degree:** 2002 **Institution/Program Name:** Drexel University **Area of Degree (e.g., Clinical):** Clinical Psychology

**APA/CPA Accredited:** No  Yes  N/A

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**Psychology Internship Completed:** No  Yes  N/A  **Year:** 2001-2002  
**Name of Program:** University of Florida **Type of Setting:** University Hospital **APA/CPA Accredited:** No  Yes

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**Psychology Postdoctoral Residency Completed:** No  Yes  N/A  **Year:** 2002-2004

**Name of Program:** University of Florida **Type of Setting:** Clinical Research Setting **Area of Emphasis:** Neuropsychology

**APA/CPA Accredited:** No  Yes

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**Psychology Licensure:** No  Yes  **State(s)/Province(s):** Florida  
**Board Certified by ABPP:** No  Yes  **Specialty:** Clinical Neuropsychology  
**Currently listed in National Register and/or Canadian Register?** No  Yes

**If the program under accreditation review is not your primary work site, please provide name of primary work site/institution, position title, and type of setting here:**

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**Role(s) in program under accreditation review (consistent with what is reported in Table 3(a):** Research, Research Mentorship, Clinical Service Delivery, Clinical Supervision, Didactic Instruction.

**If instruction for students in program is part of your role, briefly describe competence and credentials to oversee learning and/or to teach in this area(s):** I am able to provide this mentorship/ training – due to my doctoral training, internship, and post-doctoral experiences.

### **Selected Recent Professional Honors & Recognition**

2014 UF Research Foundation (UFRF) Professorship Award  
2014 First Paul Satz Term Professorship in Clinical Neuropsychology  
2013 UF Provost's Assistant Professor of Excellence Award  
2012 UF Faculty - Research Mentorship Award  
2011 Associate Editor to the Journal of the International Neuropsychological Society  
2010-12; 2013 NIH Loan Repayment Recipient; NIH Loan Ambassador

### **Selected Presentations to Professional/Scientific Groups in Last 7 Years**

Price, C., Garrett, K.D., Jefferson, A.L., Cosentino, S. Bettcher, B.M., Giovannetti, T., Penney, D.L., Swenson, R. and Libon, D.J. (2007). Symposium: When does leukoaraiosis (LA) indicate a subcortical dementia? Comparison of LA groups to Huntington's disease on a list-learning paradigm. 3<sup>rd</sup> biannual meeting of the International Society for Vascular Behavioural and Cognitive Disorders, San Antonio, TX.

Price, C., Brumback, B., Towler, S., Tanner, J., Mitchell, S., Lamar, M., Giovannetti, T., Schmalfluss, I., Heilman, K., Libon, D. J. (2011). Symposium: Re-Examination of the 25%

Threshold for Symptomatic Leukoaraiosis. Journal of the International Neuropsychological Society, 17(S1), 280. 39<sup>th</sup> Annual meeting for the International Neuropsychological Society, Boston, Mass.

\*Tanner, Nguyen, Triplett, Mareci, Price (2012). Symposium: Fiber tracking Alexander, Delong & Strick circuits: Considerations for reliability and applications to neurodegenerative diseases. Journal of the International Neuropsychological Society, 18(S1), 115. 40<sup>th</sup> Annual meeting for the International Neuropsychological Society, Montreal, Canada.

### **Selected Publications in Last 7 Years**

Price, C. C., Wood, M. F., Leonard, C. M., Towler, S., Ward, J., Montijo, H., Kellison, I., Bowers, D., Monk, T., Newcomer, J. C., Schmalfluss, I. (2010). Entorhinal cortex volume in older adults: reliability and validity considerations for three published measurement protocols. Journal of the International Neuropsychological Society, 16(5), 846-855. PMID: 20937164.

Price, C. C., Mitchell, S. M., Brumback, B., Tanner, J. J., Schmalfluss, I., Lamar, M., Giovannetti, T., Heilman, K. M., Libon, D. J. (2012). MRI leukoaraiosis (LA) threshold and the phenotypic expression of dementia. Neurology, 79(8), 734-740. PMID: 22843264

Price, C. C., Tanner, J. J., Schmalfluss, I., Garvan, C., Gearen, P., Dickey, D., Heilman, K., McDonagh, D., Libon, D. J., Leonard, T., Bowers, D., Monk, T. (2014). A pilot study evaluating pre-surgery neuroanatomical biomarkers for postoperative cognitive decline after total knee arthroplasty in older adults. Anesthesiology, 120(3), 601-13. PMID: 24534857.

Price, C., Pereira, D. B., Andre, R., Garvan, C.W., Nguyen, P., Herman, M., Seubert, C. (2014, November, epub ahead of print). Prospective pilot investigation: Pre-surgical depressive symptom severity and anesthesia response in women undergoing surgery for gynecologic mass removal. International Journal of Behavioral Medicine.

### **Selected Funded Research Grants or Training Contracts in Last 7 Years** (Include funding source, duration of funding, total direct costs):

R01 N5082386-01 (PI, Price;) NIH NINDS Title: White Matter Connectivity and PD Cognitive Phenotypes	04/01/13 to 03/30/18 \$365,086 (first year direct cost)	3.4 calendar
R01 NR014810-01 (PI, Price) NIH NINR Title: Neuroimaging Biomarkers for Post-Operative Cognitive Decline in Older Adults	09/27/12 – 06/30/17 \$348,478 (first year direct cost); total 2.3million	3.4 calendar
Supplement to R01NS082385-01A1 (Price/Levy) Title: Research Supplement to Promote Diversity in Health-Related Research (Admin Supplement) to White Matter Connectivity and PD Cognitive Phenotypes	07/01/13-06/30/15	0.0 calendar

### **Other Selected Professional Activities in Last 7 Years:**

National: Association for Doctoral Education in Clinical Neuropsychology (ADECN) Member at Large; Department and College Committees: 03/2014-present: UF Faculty Council; Neuropsychology Post-Doctoral Search Committee (09/12-present); 10/08-07/10 College of Public Health and Health Profession's Research Committee;

**CoA Abbreviated Curriculum Vitae**

**Name:** Michael E. Robinson, Ph.D.

**Academic rank:** Full Professor  Associate Professor  Assistant Professor  Other:

**Tenured:** Yes  No  Does not apply  **Year of appointment:** 1998

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**Highest Degree Earned:** Ph.D.  Psy.D.  Ed.D.  Other:

**Date of Degree:** 1988 **Institution/Program Name:** Bowling Green State University **Area of Degree (e.g., Clinical):** Clinical

**APA/CPA Accredited:** No  Yes  N/A

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**Psychology Internship Completed:** No  Yes  N/A  **Year:** 1988

**Name of Program:** Duke University Medical Center **Type of Setting:** Medical Center  
**APA/CPA Accredited:** No  Yes

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**Psychology Postdoctoral Residency Completed:** No  Yes  N/A  **Year:**

**Name of Program:** **Type of Setting:** **Area of Emphasis:**

**APA/CPA Accredited:** No  Yes

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**Psychology Licensure:** No  Yes  **State(s)/Province(s):** FL

**Board Certified by ABPP:** No  Yes  **Specialty:**

**Currently listed in National Register and/or Canadian Register?** No  Yes

**If the program under accreditation review is not your primary work site, please provide name of primary work site/institution, position title, and type of setting here:**

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Role(s) in program under accreditation review (consistent with what is reported in Table 3(a):  
Research, Research mentorship, Didactic instruction.

**If instruction for students in program is part of your role, briefly describe competence and credentials to oversee learning and/or to teach in this area(s):** I have taught research design and statistics, as well as advanced writing. Supporting credentials include doctoral degree in Clinical Psychology, over 300 peer reviewed publications, and continuous Federal grant funding for over 20 years.

**Professional Honors & Recognition (Member/Fellow of Professional or Scientific Society, etc.):**

**Selected Presentations to Professional/Scientific Groups in Last 7 Years:** over 150

**Selected Publications in Last 7 Years:** Selected from over 150.

Gay, C., Horn, M., Bishop, M., Robinson, M., & Bialosky, J. (2014). Investigating dynamic pain

- sensitivity in the context of the fear- avoidance model. *European Journal of Pain*.
- Heft, M. W., & Robinson, M. E. (2014). Age differences in suprathreshold sensory function. *Age*, 36(1), 1-8.
- Bialosky, J. E., George, S. Z., Horn, M. E., Price, D. D., Staud, R., & Robinson, M. E. (2014). Spinal Manipulative Therapy–Specific Changes in Pain Sensitivity in Individuals With Low Back Pain (NCT01168999). *The Journal of Pain*, 15(2), 136-148.
- Nisenzon, A. N., George, S. Z., Beneciuk, J. M., Wandner, L. D., Torres, C., & Robinson, M. E. (2014). The Role of Anger in Psychosocial Subgrouping for Patients With Low Back Pain. *The Clinical Journal of Pain*, 30(6), 501-509.
- Staud, R., Weyl, E., Bartley, E., Price, D., & Robinson, M. (2014). Analgesic and anti-hyperalgesic effects of muscle injections with lidocaine or saline in patients with fibromyalgia syndrome. *European Journal of Pain*, 18(6), 803-812.
- Craggs, J. G., Price, D. D., & Robinson, M. E. (2014). Enhancing the placebo response: fMRI Evidence of Memory and Semantic Processing in Placebo Analgesia. *The Journal of Pain*.
- Wandner, L. D., Heft, M. W., Lok, B. C., Hirsh, A. T., George, S. Z., Horgas, A. L., . . . Robinson, M. E. (2014). The impact of patients' gender, race, and age on health care professionals' pain management decisions: An online survey using virtual human technology. *International journal of nursing studies*, 51(5), 726-733.

**Selected Funded Research Grants or Training Contracts in Last 7 Years (Selected Current Funding)**

R01 AT001424 NIH/NCCAM 04/01/2003 - 11/30/2015 \$1,250,000  
Brain Imaging and Pain: Analysis of Placebo Analgesia  
Role PI

R01 CA138808 NIH/NCI 08/20/2009 - 05/31/2016 \$1,250,000  
Cognitive-Behavioral Effects on Sleep, Pain, and Cytokines in Gynecologic Cancer  
Role: Co-I

R01 AT006334 NIH/NCAAM 08/01/2011 - 07/31/2017 \$1,250,000  
Central Mechanisms of Body Based Intervention for Musculoskeletal Low Back Pain  
The goal of this project is to investigate neural mechanisms of manual therapy for low back pain, using sensory psychophysics and functional brain imaging.  
Role: Co-I

R01 CA 167554 NIH/NCI 09/23/2013-08/31/2015 I \$130,500  
Role: Co-Inv  
Swallow Function and Oral Morbidities in RT Treated Head/Neck Cancer Survivors

R01MD008931 NIH 07/01/2014-06/30/2019 \$850,000  
Role: Co-I Virtual Perspective Taking to reduce Race and SES Disparities in Pain Care

**Other Professional Activities in Last 7 Years (Include leadership activities/roles in state/provincial, regional or national professional organizations):**

## CoA Abbreviated Curriculum Vitae

**Name:** Ronald H. Rozensky, Ph.D., ABPP

**Academic rank:** Full Professor  Associate Professor  Assistant Professor  Other:

**Tenured:** Yes  No  Does not apply  **Year of appointment:** 1998

**Highest Degree Earned:** Ph.D.  Psy.D.  Ed.D.  Other:

**Date of Degree:** 1974 **Institution/Program Name:** University of Pittsburgh **Area of Degree (e.g., Clinical):** Clinical

**APA/CPA Accredited:** No  Yes  N/A

**Psychology Internship Completed:** No  Yes  N/A  **Year:** 1974

**Name of Program:** Butler VA Hospital **Type of Setting:** General medical/surgical hospital **APA/CPA Accredited:** No  Yes

**Psychology Postdoctoral Residency Completed:** No  Yes  N/A  **Year:**

**Name of Program:** **Type of Setting:** **Area of Emphasis:**

**APA/CPA Accredited:** No  Yes

**Psychology Licensure:** No  Yes  **State(s)/Province(s):** Florida

**Board Certified by ABPP:** No  Yes  **Specialties:** Clinical and Clinical Health Psychology

**Currently listed in National Register and/or Canadian Register?** No  Yes

**If the program under accreditation review is not your primary work site, please provide name of primary work site/institution, position title, and type of setting here:**

**Role(s) in program under accreditation review (consistent with what is reported in Table 3(a):** Didactic instruction, Clinical service delivery, Clinical supervision, Administration (Associate Dean for International Programs 2006-2010; IRB, 2014-15)

**If instruction for students in program is part of your role, briefly describe competence and credentials to oversee learning and/or to teach in this area(s):** I teach the graduate seminar in Behavioral Medicine (have published in this area and am ABPP in Clinical Health Psychology). I teach the Advanced Psychotherapy Seminar (I am ABPP in Clinical Psychology).

### **Professional Honors & Recognition**

2014 *Nathan W Perry, Jr. Award for Career Service to Health Psychology* (APA Division 38, Health Psychology)

2013 *APA Award for Distinguished Career Contributions to Education and Training in Psychology*

2013 *American Board of Professional Psychology (ABPP) Award for Distinguished Service and Contributions to Professional Psychology*

2012 *APA Board of Educational Affairs Education Advocacy Distinguished Service Award*

2011 *APA Award for Distinguished Professional Contributions to Institutional Practice*

2010 *The Joseph D. Matarazzo Award for Distinguished Contributions to Psychology in Academic Health Centers* presented by the Association of Psychologists in Academic Health Centers

2007 Appointed by the U.S. Secretary of Health and Human Services to the Advisory Committee on Interdisciplinary, Community-Based Linkage of the Bureau of Health Professions, HRSA. Vice Chair, 2009; Chair, 2010.

Fellow American Psychological Association; Division 1, General Psychology; Division 12, Clinical Psychology; Division 29, Psychotherapy; Division 38, Health Psychology; Division 31, State Psychological Associations; Division 42, Independent Practice

### **Selected Presentations to Professional/Scientific Groups in Last 7 Years**

Rozensky, R.H. (2009, August). Psychology's Specialties and Proficiencies and Hospital's Credentialing and Privileging: Using Similar Definitions to Identify Day-to-Day Practice Competencies. In W. Robiner (Chair). *Credentialing and Privileging of Psychologists in hospitals: Where Are We Going in the Era of Competencies?* Symposium Conducted at the Annual Meeting of the American Psychological Association, Toronto, Canada.

Rozensky, R.H. (2009, August). Specialization: The Wave of the Future is Now. In N. Masoth (Chair). *Evolution of Specialties in Professional Psychology*. Symposium conducted at the Annual Meeting of the American Psychological Association, Toronto, Canada.

- Rozenky, R. H. (2010, August). *The Impact of a New "Taxonomy for Professional Psychology" on Education, Training, and Practice: Common Terms for a Shared Future*. Symposium conducted at the Annual Meeting of the American Psychological Association, San Diego, CA.
- Rozenky, R.H. (2011, August). *Ethics in Specialization and the Future of Practice*. Symposium conducted at the Annual Meeting of the American Psychological Association, Washington, D.C.
- Rozenky, R.H. (2012, August). Impact of the New Education and Training Guidelines—A Taxonomy. Symposium conducted at the Annual Meeting of the American Psychological Association, Orlando, FL.
- Rozenky, R.H. (2012, August). Implications of the Affordable Care Act & Accountable Care on Specialty Training and Practice in Professional Psychology. Symposium conducted at the Annual Meeting of the American Psychological Association, Orlando, FL.
- Rozenky, R.H. (2012, August). Presidential Program—Assessment of Mental & Behavioral Health Across the Life Span in Primary Care Settings. Discussant in symposium conducted at the Annual Meeting of the American Psychological Association, Orlando, FL.
- Rozenky, R.H. & McCrae, C.S. (2013, June). Implications of the Patient Protection and Affordable Care Act for Behavioral Sleep Medicine. Paper presented at the Society of Behavioral Sleep Medicine Annual Meeting, Baltimore, MD.
- Rozenky, R.H., Bannasar, M.C., Rosenthal, S., Jacobs, S. & Nutt, R. (August, 2013). Ethical Practice and Implications of the *Patient Protection & Affordable Care Act* for Specialties and Proficiencies. Symposium Chaired and Presentation at The APA Annual Convention, Honolulu, Hawaii.
- Rozenky, R.H. Arnold, K. & Carlson, C. (August, 2013). New Education and Training Guidelines: A Taxonomy for Education and Training in Professional Psychology Health Service Specialties. Symposium Chaired and Presentation at The APA Annual Convention, Honolulu, Hawaii.

#### **Selected Publications in Last 7 Years**

- Rozenky, R. H. (2011). The Institution of the Institutional Practice of Psychology: Health Care Reform and Psychology's Future Workforce. *American Psychologist*, 66, 794-808. doi: 10.1037/a0024621
- Rozenky, R. H. (2012). Health Care Reform: Preparing the Psychological Workforce. *The Journal of Clinical Psychology in Medical Settings*, 19, 5-11 doi: 10.1007/s10880-011-9287-7
- Rozenky, R.H. (2012). Psychology in Academic Health Centers: A True Healthcare Home. *The Journal of Clinical Psychology in Medical Settings*, 19, 1-11, DOI: 10.1007/s10880-012-9312-5.
- Rozenky, R.H. (2013). Quality Education in Professional Psychology: Flowers Blooming, Flexner and the Future. *American Psychologist*, 68, 701-716. doi: 10.1037/a0033771
- Rozenky, R.H. (2014). Implications of the *Affordable Care Act* for Education and Training in Professional Psychology. *Training and Education in Professional Psychology*, 8, 1-12. doi: 10.1037/tep0000021
- Rozenky, R.H. (2014). Implications of *The Patient Protection and Affordable Care Act*: Preparing the Professional Psychology Workforce for Primary Care. *Professional Psychology: Research and Practice*, 200-211. Doi: 10.1037/a0036550
- Rozenky, R.H., Celano, M., & Kaslow, N. (2013). Implications of the Affordable Care Act for the Practice of Family Psychology. *Couples and Family Psychology: Research and Practice*, 2, 163-178. doi: 10.1037/cfp0000009

#### **Selected Funded Research Grants or Training Contracts in Last 7 Years n/a**

#### **Other Professional Activities in Last 7 Years:**

- US Department of Health and Human Services -- Advisory Committee on Interdisciplinary, Community-Based Linkage of the Bureau of Health Professions, HRSA. Vice Chair, 2009; Chair, 2010.
- The Carter Center, Atlanta, Georgia (October, 2010). Participant in Health Education Summit resulting in "Five Prescriptions for Ensuring the Future of Primary Care."  
[http://cartercenter.org/resources/pdfs/news/health\\_publications/mental\\_health/HealthEdSummitProceedings.pdf](http://cartercenter.org/resources/pdfs/news/health_publications/mental_health/HealthEdSummitProceedings.pdf).
- APA Commission for the Recognition of Specialization and Proficiencies in Professional Psychology (Chair, 2010, 2011 & 2012; Vice Chair 2008; 2008-2010; 2011-2013).
- APA Board of Directors (2007)
- Vice Chair, APA Good Governance Project (2010–2013).

**CoA Abbreviated Curriculum Vitae**

**Name:** Glenn E Smith, Ph.D. ABPP

**Academic rank:** Full Professor  Associate Professor  Assistant Professor  Other:

**Tenured:** Yes  No  Does not apply  **Year of appointment:** 2015

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**Highest Degree Earned:** Ph.D.  Psy.D.  Ed.D.  Other:

**Date of Degree:** 1988 **Institution/Program Name:** University of Nebraska-Lincoln **Area of Degree (e.g., Clinical):** Clinical

**APA/CPA Accredited:** No  Yes  N/A

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**Psychology Internship Completed:** No  Yes  N/A  **Year:** 1987

**Name of Program:** UCLA **Type of Setting:** Medical **APA/CPA Accredited:** No  Yes

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**Psychology Postdoctoral Residency Completed:** No  Yes  N/A  **Year:** 1994

**Name of Program:** Mayo Clinic **Type of Setting:** Health/Medical **Area of Emphasis:** Neuro

**APA/CPA Accredited:** No  Yes  No system existed then, setting is now accredited

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**Psychology Licensure:** No  Yes  **State(s)/Province(s):** MN, FL pending

**Board Certified by ABPP:** No  Yes  **Specialty:** Clinical Neuropsychology

**Currently listed in National Register and/or Canadian Register?** No  Yes

**If the program under accreditation review is not your primary work site, please provide name of primary work site/institution, position title, and type of setting here:**

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Role(s) in program under accreditation review (consistent with what is reported in Table 3(a):  
Research, Administration (Department Chair)

If instruction for students in program is part of your role, briefly describe competence and credentials to oversee learning and/or to teach in this area(s): N/A

**Professional Honors & Recognition:**

2006, Fellow, APA

2007 & 2012, Teacher of the Year-Mayo Medical Psychology Fellowship

**Selected Presentations to Professional/Scientific Groups in Last 7 Years:**

'Can we Prevent Dementia? Progress and Challenges', Plenary presentation. Annual Meeting of the American Psychological Association, Toronto, August 7, 2015.

'Can we Prevent Dementia?', International Symposium on Aging, Hong Kong, June 22-26, 2015.

"Primary and Secondary Dementia Prevention". Invited Symposiast. International Congress on Alzheimers Disease (ICAD) July 17, 2011. Paris.

"Neuropsychological approaches for early detection and characterization of AD". Plenary

Session of the International Congress on Alzheimers Disease (ICAD) July 13, 2010.  
Honolulu.

Clinical Neuropsychology as Translational Science. Division 40 Presidential Address, August, 8,  
2008. Toronto.

### **Selected Publications in Last 7 Years:**

- Ferman TJ, Smith GE, Dickson DW, Graff-Radford NR, Lin, SC, Wszolek Z, Van Gerpen J, Uitti R, Knopman DS, Petersen RC, Parisi, JE, Silber, MH, Boeve BF. Abnormal daytime sleepiness in dementia with Lewy bodies compared to Alzheimer's disease using the multiple sleep latency test. *Alzheimer's Research & Therapy*. 2014, 16, 76. doi:10.1186/s13195-014-0076-z.
- Stewart CA, Auger R, Enders FT, Felmlee-Devine D, Smith GE. The effects of poor sleep quality on cognitive function of patients with cirrhosis. *J Clin Sleep Med*. 2014 Jan 15; 10(1):21-6. PMID:24426816. PMCID:3869064. DOI:10.5664/jcsm.3350.
- Bondi MW, Smith GE. Mild cognitive impairment: a concept and diagnostic entity in need of input from neuropsychology. *J Int Neuropsychol Soc*. 2014 Feb; 20(2):129-34. Epub 2014 Feb 04. PMID:24490866. DOI:10.1017/S1355617714000010.
- Ferman TJ, Smith GE, Kantarci K, Boeve BF, Pankratz VS, Dickson DW, Graff-Radford NR, Wszolek Z, Van Gerpen J, Uitti R, Pedraza O, Murray ME, Aakre J, Parisi J, Knopman DS, Petersen RC. Nonamnestic mild cognitive impairment progresses to dementia with Lewy bodies. *Neurology*. 2013 Dec 3; 81(23):2032-8. Epub 2013 Nov 08. PMID:24212390. PMCID:3854825. DOI:10.1212/01.wnl.0000436942.55281.47.
- Greenaway MC, Duncan NL, **Smith GE**. The memory support system for mild cognitive impairment: randomized trial of a cognitive rehabilitation intervention. *Int J Geriatr Psychiatry*. 2013 Apr; 28(4):402-9. Epub 2012 Jun 07. PMID:22678947. DOI:10.1002/gps.3838.
- Greenaway MC, Duncan NL, Hanna S, **Smith GE**. (2012). Predicting functional ability in mild cognitive impairment with the Dementia Rating Scale-2. *International Psychogeriatrics*. 24:987-93.
- Fields JA, Ferman TJ, Boeve BF, **Smith GE** (2011) Neuropsychological assessment of patients with dementing illness. *Nature Reviews Neurology*. 7:677-87. Epub 2011 Nov 01. PMID:22045270. DOI:10.1038/nrneurol.2011.173.
- Negash S, Smith GE, Pankratz S, Aakre J, Geda YE, Roberts RO, Knopman DS, Boeve BF, Ivnik RJ, Petersen RC. Successful aging: definitions and prediction of longevity and conversion to mild cognitive impairment. *Am J Geriatr Psychiatry*. 2011 Jun; 19(6):581-8. PMID:21606901. DOI:10.1097/JGP.0b013e3181f17ec9.

### **Selected Funded Research Grants or Training Contracts in Last 7 Years:**

- 7/14-6/17 Principal Investigator 'Comparative Effectiveness of Behavioral Interventions to Prevent or Delay Dementia'-(CER-1306 0189) .2 FTE. \$2.1 million. Patient Centered Outcomes Research Institute (PCORI).
- 5/10-11/13 Site Principle Investigator. 'A Multicenter Rehabilitation Intervention for Amnestic Mild Cognitive Impairment.' (NR12419) \$121,722 .10 FTE
- 7/11-6/16 Co-Investigator . Mayo 'Center for the Clinical and Translational Science' UL1TR 000135 .4FTE, \$ 52.8 million, National Center for Advancement of Translational Science.

**Other Professional Activities in Last 7 Years:** Chair, American Psychological Association Committee on Aging (2015- ), Chair, Clinical Neuropsychology Synarchy (2015- ), 2008-2009: President, Division of Clinical Neuropsychology, American Psychological Association.

**CoA Abbreviated Curriculum Vitae**

**Name:** Lori B. Waxenberg, Ph.D., ABPP

**Academic rank:** Full Professor  Associate Professor  Assistant Professor  Other:  
Clinical Professor

**Tenured:** Yes  No  Does not apply  **Year of appointment:** 2012

**Highest Degree Earned:** Ph.D.  Psy.D.  Ed.D.  Other:

**Date of Degree:** 8/5/1999 **Institution/Program Name:** University of Kentucky/Clinical  
Psychology **Area of Degree (e.g., Clinical):** Clinical Health Psychology

**APA/CPA Accredited:** No  Yes  N/A

**Psychology Internship Completed:** No  Yes  N/A  **Year:** 1999

**Name of Program:** Medical College of Georgia/Augusta VA **Type of Setting:** Consortium:  
Academic Medical Center, VA Hospital **APA/CPA Accredited:** No  Yes

**Psychology Postdoctoral Residency Completed:** No  Yes  N/A  **Year:** 2000

**Name of Program:** University of Florida Department of Clinical & Health Psychology/Shands  
Hospital **Area of Emphasis:** Chronic Pain

**APA/CPA Accredited:** No  Yes

**Psychology Licensure:** No  Yes  **State(s)/Province(s):** FL

**Board Certified by ABPP:** No  Yes  **Specialty:** Clinical Health Psychology

**Currently listed in National Register and/or Canadian Register?** No  Yes

**If the program under accreditation review is not your primary work site, please provide  
name of primary work site/institution, position title, and type of setting here:**

**Role(s) in program under accreditation review (consistent with what is reported in Table  
3(a):** Didactic instruction, Clinical service delivery, Clinical supervision

**If instruction for students in program is part of your role, briefly describe competence  
and credentials to oversee learning and/or to teach in this area(s):** I have a doctoral degree  
in Clinical Psychology from an accredited program and am ABPP Board Certified. I co-teach the  
Introduction to Psychological Treatment course and my years of experience of assessing and  
treating patients have given me a wealth of material to share with students. High ratings from  
students and peer observers speak to my competence.

**Professional Honors & Recognition:**

Member of American Psychological Association, Society of Behavioral Medicine & American  
Pain Society

**2011** Selected as a member of the 2011 class for the American Psychological  
Association Leadership Institute for Women in Psychology

**2011** Awarded Specialty Board Certification in Clinical Health Psychology by the American  
Board of Clinical Health Psychology

**2010** Nominated for Hugh C. Davis Award for Dedication to and Excellence in Psychotherapy

Supervision, University of Florida

### **Selected Presentations to Professional/Scientific Groups in Last 7 Years**

**Waxenberg, LB** (2013, April). *The Internship Interview: Strategies for Success*. Invited to present at symposium at Society of Behavioral Medicine, San Francisco, CA.

**Waxenberg, LB** (2012, December). *Clinical Health Psychology in the Management of Patients with Chronic GI Disorders*. Presented at the Division of Gastroenterology, Hepatology & Nutrition State of the Art Conference, University of Florida.

**Waxenberg, LB** (2011, April). *The Internship Interview: Strategies for Success*. Invited to present at a Pre-Conference Workshop at Society of Behavioral Medicine, Washington, D.C.

**Waxenberg, LB** (2010, November). *Securing a Health Psychology Clinical Internship*. Presented as a national conference call to APA Division 38 trainees as part of the Conference Call Series on Topics in Health Psychology.

**Waxenberg, LB** (2009, November). *Practicing Psychology in the US: Daily adventures in the American Health Care System*. Presented to the Oxford Doctoral Course in Clinical Psychology, Oxford University, Headington, Oxford, England.

**Waxenberg, LB** (2008, April). *Coping with Chronic Pain*. Presented at the 2nd Annual Autoimmunity Symposium, University of Florida.

### **Selected Publications in Last 7 Years**

O'Brien, EM, **Waxenberg, LB**, Atchison, JW, Gremillion, HA, Staud, RM, McCrae, CS & Robinson, ME. (2011). *Intraindividual variability in daily sleep and pain ratings among chronic pain patients: Bi-directional association and the role of negative mood*, *Clinical Journal of Pain*, 27(5), 425-33.

Roditi, D, **Waxenberg, LB**, and Robinson, ME. (2010). *Frequency and perceived effectiveness of coping define important subgroups of patients with chronic pain*, *Clinical Journal of Pain*, 26(8), 677-82.

O'Brien, E M, **Waxenberg, LB**, Atchison, J.W. Gremillion, HA, Staud, R M, McCrae, CS& Robinson, ME, (2010). *Negative Mood Mediates the Effect of Poor Sleep on Pain Among Chronic Pain Patients*. *Clinical Journal of Pain*, 26, 310–319.

### **Selected Funded Research Grants or Training Contracts in Last 7 Years**

**September, 2012 – September 2015**: *Affiliation to Expand Interprofessional Internship; Training with the Underserved* (M01HP25183); Direct costs: \$248,332.00

**Role**: Program Director; **Source**: Health Resources and Services Administration

**June 2008 – June 2011**: *Sleep and Pain Interventions in Fibromyalgia: Hyperalgesia and Central Sensitization* (R01 AR055160); Direct costs: \$1,463,123

**Role**: Co-Investigator (PI: Christina McCrae, Ph.D.); **Source**: National Institutes of Health

### **Other Professional Activities in Last 7 Years:**

**2010 – 2013** University Faculty Senate Elected Representative for College of Public Health and Health Professions, University of Florida

**2010 – 2013**: Member, Technology Committee; Association of Psychology Postdoctoral and Internship Centers (APPIC)

**2008 – Present** University of Florida Department of Clinical and Health Psychology Representative to the Association of Psychology Postdoctoral and Internship Centers (APPIC)

## CoA Abbreviated Curriculum Vitae

Name: Nicole Ennis Whitehead, Ph.D.

Academic rank: Full Professor  Associate Professor  Assistant Professor

Tenured: Yes  No  Does not apply  Year of appointment: 2012

Highest Degree Earned: Ph.D.  Psy.D.  Ed.D.  Other:

Date of Degree: 2001 Institution/Program Name: Kent State University Area of Degree: Clinical

APA/CPA Accredited: No  Yes  N/A

Psychology Internship Completed: No  Yes  N/A  Year: 2001

Name of Program: University of Miami/Jackson Memorial Type of Setting: Academic Medical Center

APA/CPA Accredited: No  Yes

Psychology Postdoctoral Residency Completed: No  Yes  N/A  Year: 2003

Name of Program: University of Miami Behavioral Medicine T32 Type of Setting: Academic Medical Center

Area of Emphasis: Health Psychology APA/CPA Accredited: No  Yes

Psychology Licensure: No  Yes  State(s)/Province(s): Florida

Board Certified by ABPP: No  Yes  Specialty: n/a

Currently listed in National Register and/or Canadian Register? No  Yes

If the program under accreditation review is not your primary work site, please provide name of primary work site/institution, position title, and type of setting here: n/a

Role(s) in program under accreditation review (consistent with what is reported in Table 3(a):

Research, Research Mentorship, Didactic Instruction, Clinical Service Delivery & Clinical Supervision

If instruction for students in program is part of your role, briefly describe competence and credentials to oversee learning and/or to teach in this area(s): My current research program has two aims. First, using community based participatory methods, my work aims to understand factors that influence inequities in health outcomes for low income and minority populations. Second, to apply this knowledge in the development and dissemination of effective interventions. Students have the opportunity to learn research methodology and intervention development in the context of research. As a Licensed Psychologist I have over 14 years of experience working with chronically ill and underserved patients. I serve as an Attending Psychologist for the Medical/Health Service at the UF/Shands Psychology Clinic. My primary role is to supervise pre-and-post-doctoral students in the psychological evaluation and treatment of patients with chronic or life limiting illness.

Professional Honors & Recognition (Member/Fellow of Professional or Scientific Society, etc.):

Member, American Psychological Association; Member, American Public Health Association

Presentations to Professional/Scientific groups in last 7 years- 10 out of 18 selected (\* Designates Mentee)

Bryant\*, V.E., Whitehead, N.E., Cook, R.L., Cohen, R.A. (June, 2014). *History of problem drinking is related to learning, memory and global deficits as a function of HIV and hepatitis C status*. Poster presented at the Research Society on Alcoholism conference, Bellevue, WA.

Wheeler\*, P., Whitehead, N.E., Hearn, L.E., Burrell II, L. E., & Bryant, V.E. (June 2014). *Knowledge about the transmission of HIV and HCV: A comparison between injection and non-injection drug users*. Paper presented at the College of Problems on Drug Dependence, San Juan, Puerto Rico.

Burrell II\*, L.E., Whitehead, N.E., Hearn, L.E., Bryant, V.E., Diggins, A., & Latimer, W.W. (April 2014). *Transactional Sex and Executive Functioning are Associated with Sexually Transmitted Infections in Men*. Poster presentation at the Public Health and Health Professions Conference, Gainesville, Florida.

Hearn\*, L.E., Wheeler, P.B., Whitehead, N.E., Burrell, L.E., & Bryant, V.E. (January 2014). *Predictors of heavy drinking among HIV+ African American adults age 50 and older: A discriminant function analysis*. Poster presentation at the Southern HIV & Alcohol Research Consortium Conference, Miami, FL.

Bryant\*, V.E., Whitehead, N.E., Burrell, L.E. II, Hearn, L.E., Cook, R.L., Cohen, R.A. (January, 2014). *Depression, apathy and alcohol dependence: Possible prognostic indicators for HAND?* Poster session presented at the Southern HIV Alcohol Research Consortium conference, Miami, FL.

Hearn\*, L.E., Whitehead, N.E., Dunne, E.M., & Latimer, W.W. (2014, April). *Age and chronic drug use may increase susceptibility to Trichomonas vaginalis among middle age and older adults*. Poster presentation at Society of Behavioral Medicine Annual Meeting, Philadelphia, PA.

Whitehead, N.E., Trenz, R., Keen, L., Rose, J., & Latimer, W. (October, 2013). *Race by age crossover effect: Substance use among mid life and older African Americans*. Paper Presented at the American Public Health Association Annual Meeting, Boston, MA.

Whitehead, N. E., Hearn, L. E., Marsiske, M., Khan, M., & Latimer, W. (October, 2013). *Awareness of Biologically Confirmed HCV in a Community Residing Sample of Drug Users*. Poster Presented at the American Public Health Association Annual Meeting, Boston, MA.

- Hearn\*, L., **Whitehead**, N.E., Khan, M., & Latimer, W. (2013, June). *The association between incarceration history and HIV-related drug risk behaviors*. Poster presented at The College on Problems of Drug Dependence Annual Meeting, San Diego, CA.
- Whitehead**, N.E., Keen, L., Trenez, R., Rose, J., & Latimer, W. (June, 2013). *An examination of aging and differences in drug use patterns and HCV outcomes among African American Adult Drug Users*. Poster Presented at the College on Problems of Drug Dependence Annual Meeting, San Diego, CA.
- Selected Publications in Last 7 Years: 14 of 16 in the last 7 years** (\* Designates Mentee)
- Hearn\*, L.E., **Whitehead**, N.E., Dunne, E.M., & Latimer, W.W. (In Press). Chronic drug use may increase susceptibility to *Trichomonas vaginalis* among middle age and older adults. *Sexually Transmitted Diseases*.
- Hearn\*, L.E., **Whitehead**, N.E., Khan, M.R., & Latimer, W.W. (2014). Time since release from incarceration and HIV risk behaviors among women: The potential protective role of committed partners during re-entry. *AIDS & Behavior*. doi: 10.1007/s10461-014-0886-9
- Whitehead**, N.E., Hearn, L.E., Trenez, R., Burrell, L., & Latimer, W. (2014). Age Cohort Differences in Illicit Drug Use and HCV among African American Substance Users. *Journal of Addictive Diseases*, 33(4):314-21. doi: 10.1080/10550887.2014.969605.
- Keen\* II, L., **Whitehead**, N., Clifford, L. Rose, J., Latimer, W. (In Press) Differences in Barriers to Substance Use Treatment Engagement between African American Men and Women. *Journal of Psychoactive Drugs*.
- Whitehead**, N.E., Hearn, L. E., Burrell, L. E. (2014). Depressive Symptoms and Anger Influence Support Resources among Underserved HIV+ Older Adults. *AIDS Patient Care and STDs*, 28(9):507-12.
- Whitehead**, N.E. & Hearn, L. E. (2014). Psychosocial Interventions Addressing the Needs of Black Women Diagnosed with Breast Cancer: A Review of the Current Landscape. *Psycho-Oncology*.
- Lechner, S., **Whitehead**, N.E., Vargas, S., Annane, D., Robertson, B., Carver, C., Kobetez-Kerman, & Antoni, M. (2014). Does a community-based stress management intervention affect psychological adaptation among underserved Black breast cancer survivors? *Journal of the National Cancer Institute*. 2014 (50): 315-322. doi: 10.1093/jncimonographs/lgu032
- Keen II, L., Dyer, T., **Whitehead**, N.E., Rose, J. and Latimer, W. (2014) Binge Drinking and Stimulant Use Associated with HIV Status in Heterosexual African American Men. *Addictive Behaviors*, 39(9):1342-5. doi: 10.1016/j.addbeh.2014.04.006.
- Whitehead**, N.E., Trenez, R., Keen, L., Rose, J., & Latimer, W. (2014). Younger Versus Older African American: Patterns and Prevalence of Illicit Drug Use. *Journal of Ethnicity in Substance Use*, 13, 126-138 doi: 10.1080/15332640.2014.883581.
- Whitehead**, N.E., Hearn, L.E., Marsiske, M., Kahn, M., & Latimer, W. (2014). Awareness of Biologically Confirmed HCV Diagnosis Among a Community Residing Sample of Drug Users in Baltimore City. *Journal of Community Health*, 39(3):487-93. doi: 10.1007/s10900-013-9782-x.
- Lopez, C. R., Antoni, M. H., Seay, J., Potter, J., O'Sullivan, M., Fletcher, M. A. Pereira, D.B., **Whitehead**, N. (2013). Stress Management, Depression and Immune Status in Women Co-infected with HIV and HPV. *Journal of Applied Behavioral Research*, 18(1), 37-57.
- Lechner, S. C., **Whitehead**, N. E., Robertson, B. R., Annane, D. W., Vargas, S., Carver, C. S., & Antoni, M. H. (2013). Adaptation of a Psycho-Oncology Intervention for Black Breast Cancer Survivors: Project CARE. *The Counseling Psychologist*, 41(2), 286-312.
- Jensen, S.E., Pereira, D.B., **Whitehead**, N., Marion, I., McCalla, J., Andrasik, M., Rose, R., & Antoni, M.H. (2013). Cognitive-behavioral stress management effects on psychosocial well-being in HIV+ women with Human Papillomavirus infection. *Health Psychology*, 32, 227-230.
- Antoni, M.H., Pereira, D.B., Marion, I., **Ennis**, N., Andrasik, M.P., Rose, R., McCalla, J., Simon, T., Fletcher, M.A., Efantis-Potter, J., and O'Sullivan, M.J. (2008). Stress Management Effects on Perceived Stress and Cervical Intraepithelial Neoplasia in Low-Income HIV Infected Women. *Journal of Psychosomatic Research*, 65(4), 389-401, 10.1016/j.jpsychores.2008.06.002.

**Selected Funded Research Grants or Training Contracts in Last 7 Years-2 of 5 in the last 7 years**

- \*R25 MH080665-NIMH** Whitehead (UF site PI) 11/01/2012-06/30/2015  
**Title:** Social Support, Depression and Health Behavior Outcomes in HIV+ African Americans 50+  
**Role:** Principal Investigator **UF Total Funding:** \$20,000
- \*U24 AA022002** Cook (PI) 09/01/2012-08/31/2017  
**Title:** Southern HIV Alcohol Research Center (SHARC) Admin and Research Support Core  
**Role:** Co-Investigator **Total Funding:** \$2,493,604

**CoA Abbreviated Curriculum Vitae**

**Name:** Brenda Wiens, Ph.D.

**Academic rank:** Full Professor  Associate Professor  Assistant Professor  Other:

**Tenured:** Yes  No  Does not apply  **Year of appointment:** 2003

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**Highest Degree Earned:** Ph.D.  Psy.D.  Ed.D.  Other:

**Date of Degree:** 2003 **Institution/Program Name:** Southern Illinois University at Carbondale  
**Area of Degree (e.g., Clinical):** Clinical (Child Specialization)

**APA/CPA Accredited:** No  Yes  N/A

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**Psychology Internship Completed:** No  Yes  N/A  **Year:** 2000

**Name of Program:** University of Florida Department of Clinical and Health Psychology **Type of Setting:** Academic Health Center **APA/CPA Accredited:** No  Yes

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**Psychology Postdoctoral Residency Completed:** No  Yes  N/A  **Year:**

**Name of Program:** **Type of Setting:** **Area of Emphasis:**

**APA/CPA Accredited:** No  Yes

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**Psychology Licensure:** No  Yes  **State(s)/Province(s):** Florida

**Board Certified by ABPP:** No  Yes  **Specialty:**

**Currently listed in National Register and/or Canadian Register?** No  Yes

**If the program under accreditation review is not your primary work site, please provide name of primary work site/institution, position title, and type of setting here:** n/a

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Role(s) in program under accreditation review (consistent with what is reported in Table 3(a):  
Research, Research mentorship, Didactic instruction, Clinical service delivery, Clinical supervision, Administrative (Area Head, Child/Pediatric)

**If instruction for students in program is part of your role, briefly describe competence and credentials to oversee learning and/or to teach in this area(s):** I co-teach our Lifespan Psychopathology course, focusing on child and adolescent psychopathology. I specialized in clinical child psychology in my graduate and internship training.

**Professional Honors & Recognition:** American Psychological Association, APA Division 53, APA Division 54

**Selected Presentations to Professional/Scientific Groups in Last 7 Years:**

- 1) **Wiens, B. A.**, Stacciarini, J. R., Garvan, C., Smith, R., & McBroom, J. (2014, October). *Psychometrics of a short form of the Family Environment Scale in Immigrant Latino Families*. Poster presented at the National Conference in Clinical Child and Adolescent

Psychology, Lawrence, KS.

- 2) Stacciarini, J. M. R., Smith, R. & **Wiens, B.** (2013, August). *Social environment, social isolation and mental health in rural Latino adolescents*. Poster presented at the 6th Annual Clinical and Translational Science Award National Conference, Bethesda, MD.
- 3) Rozensky, R. H., & **Wiens, B. A.** (2012, August). *Training the next generation of psychologists in interprofessional practice*. Poster presented at the American Psychological Association Annual Convention, Orlando, FL.
- 4) **Wiens, B.**, Radunovich, H., & Stern, M. (2011, April). *Student perceptions of a school random drug testing program across time*. Poster presented at The National Conference in Pediatric Psychology, San Antonio, TX.
- 5) **Wiens, B.**, Stacciarini, J., Coady, M., Davis, E., Page, V., Perez, A., LaFlam, M., Locke, B., & Schwait, A. (2010, October). *Cultural considerations for measuring depression and self-concept in immigrant Latino children: Findings from a rural community*. Poster presented at The Kansas Conference in Clinical Child and Adolescent Psychology, Lawrence, KS.
- 6) Stacciarini, J. R., Bernardi, K., Page, V., **Wiens, B.**, Coady, M., Alvarez, M., Locke, B., LaFlam, M., Schwait, A., Perez, A., Pogue, T., & Ortiz, M. (2009, October). *Community-based participatory research: Depression among rural Latinos*. Poster presented at the American Psychiatric Nurses Association 23<sup>rd</sup> Annual Conference, Charleston, SC.

#### **Selected Publications in Last 7 Years**

- 1) Stacciarini, J. M. R., Smith, R., Garvan, C. W., **Wiens, B.**, & Cottler, L. B. (in press 2014). Rural Latinos' mental wellbeing: A mixed-methods pilot study of family, environment and social isolation factors. *Community Mental Health Journal*.
- 2) Toledano, S., Werch, B. L., & **Wiens, B. A.** (in press 2014). Examining relations among self-concept domains and peer aggression. *Journal of School Violence*.
- 3) Radunovich, H. L., & **Wiens, B.** (2012). Providing mental health services for children, adolescents, and families in rural areas. In K. B. Smalley, J. C. Warren & J. P. Rainer (Eds.), *Rural Mental Health* (pp. 281-295). New York, NY: Springer Publishing Company.
- 4) Stacciarini, J. R., **Wiens, B.**, Coady, M., Schwait, A. B., Perez, A., Locke, B., ... Bernardi, K. (2011). CBPR: Building partnerships with Latinos in rural areas for a wellness approach to mental health. *Issues in Mental Health Nursing*, 32, 486-492.
- 5) **Wiens, B. A.**, Haden, S. C., Dean, K., & Sivinski, J. (2010). The impact of peer victimization and aggression on substance use in rural adolescents. *Journal of School Violence*, 9, 271-288.
- 6) **Wiens, B. A.**, & Dempsey, A. (2009). Bystander involvement in peer victimization: The value of looking beyond aggressors and victims. *Journal of School Violence*, 8, 206-215.
- 7) Evans, G. D., Radunovich, H. L., Cornette, M. M., **Wiens, B. A.**, & Roy, A. (2008). Implementation and utilization characteristics of a rural, school-linked mental health program. *Journal of Child and Family Studies*, 17, 84-97.

#### **Selected Funded Research Grants or Training Contracts in Last 7 Years:**

- 1) Co-PI, *Social Isolation Among Latinos: An Intervention Development*. University of Florida Opportunity Fund, 05/12-08/14, \$61,687.
- 2) PI, *Evaluation of Project CARES*. Department of Education/Safe Schools Healthy Students (lead agency, Columbia County School District), 8/08-7/12, \$360,000.
- 3) PI, *Evaluation of Project CLEA<sup>2</sup>R: Columbia Linking Efforts for Alcohol Awareness and Responsibility*. Department of Education (lead agency, Columbia County School District), 8/05-7/09, \$364,208.

**Other Professional Activities in Last 7 Years:** University of Florida Counseling Resource Network (member)

## CoA Abbreviated Curriculum Vitae

**Name:** Stephen Anton, Ph.D.

**Academic rank:** Full Professor  Associate Professor  Assistant Professor  Other:

**Tenured:** Yes  No  Does not apply  **Year of appointment:** 2014

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**Highest Degree Earned:** Ph.D.  Psy.D.  Ed.D.  Other:

**Date of Degree:** 2003 **Institution/Program Name:** University of Florida/Department of Clinical and Health Psychology  
**Area of Degree (e.g., Clinical):** Clinical/Health Psychology

**APA/CPA Accredited:** No  Yes  N/A

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**Psychology Internship Completed:** No  Yes  N/A  **Year:** 2002-2003

**Name of Program:** Medical University of South Carolina **Type of Setting:** Academic Medical Center **APA/CPA Accredited:** No  Yes

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**Psychology Postdoctoral Residency Completed:** No  Yes  N/A  **Year:** 2003-2007

**Name of Program:** Pennington Biomedical Research Center **Type of Setting:** Research Institute **Area of Emphasis:** Health Psychology, Health Promotion, Obesity, Aging

**APA/CPA Accredited:** No  Yes

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**Psychology Licensure:** No  Yes  **State(s)/Province(s):** Florida

**Board Certified by ABPP:** No  Yes  **Specialty:**

**Currently listed in National Register and/or Canadian Register?** No  Yes

**If the program under accreditation review is not your primary work site, please provide name of primary work site/institution, position title, and type of setting here:** Dept. of Aging and Geriatric Research, Univ of Florida

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**Role(s) in program under accreditation review (consistent with what is reported in Table 3(a):** Research, Research mentorship, Didactic instruction, Clinical service delivery, Clinical supervision, Administration (Chief, Division of Clinical Research, Dept. of Aging and Geriatric Research, College of Medicine)

**If instruction for students in program is part of your role, briefly describe competence and credentials to oversee learning and/or to teach in this area(s):** Expert in health psychology and health promotion, numerous grants and publications in this area, doctoral degree from accredited program

### **Professional Honors & Recognition (Member/Fellow of Professional or Scientific Society, etc.):**

Associate Editor, *Obesity*. 2013

Member of Editorial Board, *Experimental Gerontology*, 2013

Member of Editorial Board, *Journal of Integrative Medicine*. 2013

Member of Editorial Board, *Eating and Weight Disorders*. 2013

Ad-Hoc Member of two Study Sections for the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). 2012

-Thomas H. Maren Junior Investigator Award Recipient, Awarded each year to one

Assistant Professor in the College of Medicine, University of Florida, Gainesville, FL. 2009

-Outstanding Young Alumni Honoree, College of Public Health and Health Professions, University of Florida. 2009

### **Selected Publications in Last 7 Years (from 70 during this period):**

Hausenblas, H.A., Saha, D., Dubyak, P.J., & Anton, S.D. Saffron (*Crocus sativus* L.) and major depressive disorder: a meta-analysis of randomized clinical trials (2015). *Journal of Integrative Medicine*, 11(6), 377-378.

Fitzgerald, J.D., Johnson, L., Hire, D.G., Ambrosius, W.T., Anton, S.D., Dodson, J.A., Marsh AP, McDermott MM, Nocera JR, Tudor-Locke C, White DK, Yank V, Pahor M, Manini TM, Buford TW, the LIFE Study Research

- Group. (2015) Association of Objectively Measured Physical Activity With Cardiovascular Risk in Mobility-limited Older Adults. *J Am Heart Assoc*, 4(2): pii e001288. PMID: 25696062, PMCID: PMC4345863.
- Botosaneanu, A., Ambrosius, W.T., Beavers, D.P., de Rekeneire, N.D., **Anton, S.D.**, Church, T., Folta, S.C., Goodpastor, B.H., King, A.C., Nicklas, B.J., Spring, B., Wang, X., Gill, T.M., LIFE Study Groups. (2015). Prevalence of Metabolic Syndrome and Its Association with Physical Capacity, Disability, and Self-Rated Health among Lifestyle Interventions and Independence for Elders (LIFE) Study Participants. *Journal of the American Geriatrics Society*, 63(2), 222-32. PMID: 25645664, PMCID: PMC4333053.
- Thomas, D.M., Ivanescu, A.E., Martin, C.K., Heymsfield, S.B., Marshall, K., Bodrato, V.E., Williamson, D.A., **Anton, S.D.**, Sacks, F.M., Ryan, D., Bray, G.A. (2015) Predicting successful long-term weight loss from short term weight loss outcomes: New insights from a dynamic energy balance model (The POUNDS Lost Study). *American Journal of Clinical Nutrition*, 101(3), 449-454. PMID: 25733628, PMCID: PMC4340057.
- Cunningham, G.R., Stephen-Shields, A.J., Rosen, R.C., Wang, C., Ellenberg, S.S., Matsumoto, A., Bhasin, S., Molitch, M.E., Farrar, J.T., Cella, D., Berrett-Connor, E., Cauley, J.A., Cifelli, D., Crandall, J.P., Ensrud, K.E., Fluharty, L., Gill, T.M., Lewis, C.E., Pahor, M., Resnick, S.M., Storer, T.W., Serdloff, R.S., **Anton, S.**, Basaria, S., Diem, S., Tabatabaie, Hou Xiaoling, & Snyder, P.J. (2015). Association of sex hormones with sexual function, vitality and physical function of symptomatic older men with low testosterone levels at baseline in the testosterone trials. *Journal of Clinical Endocrinology and Metabolism*, 100(3), 1146-55. PMID: 25548978, PMCID: PMC4333035.
- Anton, S.D.**, Embry, E., Marsiske, M., Lu, X., Doss, H., Leeuwenburgh, C., and Manini, T.M. (2014). Safety and metabolic outcomes of resveratrol supplementation in older adults: results of a twelve-week, placebo- controlled pilot study. *Experimental Gerontology*. 57, 181-87. PMID: 24866496, PMCID: PMC4149922
- Anton, S.D.**, Heekin, K., Simkins, C., Acosta, A. (2013). Differential effects of adulterated versus unadulterated forms of linoleic acid on cardiovascular health. *Journal of Integrative Medicine*, 11(1), 2-10. PMID: 23464640.
- Anton, S.D.**, Karabetian, C., Naugle, K., and Buford, T. (2013). Obesity and diabetes as accelerators of functional decline: can lifestyle interventions maintain functional status in high risk older adults? *Experimental Gerontology* 48(9), 888-97. PMID:23832077, PMCID: PMC3817488.
- Anton, S.D.**, & Leeuwenburgh, C.L. (2013). Fasting or caloric restriction for healthy aging? *Experimental Gerontology* 48(10), 1003-5. PMID: 23639403, PMCID: PMC3919445.
- Middleton, K.R., **Anton, S.D.**, & Perri, M.G. (2013). Long-term adherence to health behavior change. *American Journal of Lifestyle Medicine* 7(6), 395-404. <http://ajl.sagepub.com/content/7/6/395>.

**Selected Funded Research Grants or Training Contracts in Last 7 Years (Include funding source, duration of funding, total direct costs):**

2013 PI: Anton, S.D. (1,500,000) 1 R01 AT007564-01 09/01/2013-05/31/2017  
REVIVE - Resveratrol to Enhance Vitality and Vigor in Elders (REVIVE)

2013 PI: Anton, S.D. (\$205,000) NIA/NIH  
*Role of low-dose methotrexate in Improving Cognitive and Physical Function in Older Adults with Elevated Levels of Inflammation*

2012 PI: Anton, S.D. (\$180,000) 09/01/2013 – 08/31/2014  
Osato Research Institute  
*Efficacy of Fermented Papaya Preparation (FPP) on Markers of Systemic Inflammation*

2010 1 U01 AG022376 (Pahor, M) NIH/NIA 12/1/08 – 11/30/14  
NIH/NIA  
*Physical Exercise to Prevent Disability*

**Other Professional Activities**

Session Chair: Preventive Cardiovascular Medicine-II. Target Meeting's 3rd World Cardiovascular Online Conference. September 17, 2013.

Invited Reviewer for Qatar Research Foundation: National Priorities Research Program (NPRP). 2013

Invited Reviewer for Limited Competition for the Continuation of Look AHEAD (Action for Health in Diabetes) Consortium (UO1) – National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). 2013

Ad-Hoc Member of two Study Sections for the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). 2012

## CoA Abbreviated Curriculum Vitae

**Name:** Margaret M. Bradley

**Academic rank:** Full Professor  Associate Professor  Assistant Professor  Other:

**Tenured:** Yes  No  Does not apply  **Year of appointment:** 2000

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**Highest Degree Earned:** Ph.D.  Psy.D.  Ed.D.  Other:

**Date of Degree:** 1985 **Institution/Program Name:** University of Wisconsin-Madison **Area of Degree (e.g., Clinical):** Experimental (Cognitive) Psychology

**APA/CPA Accredited:** No  Yes  N/A

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**Psychology Internship Completed:** No  Yes  N/A  **Year:**

**Name of Program:** **Type of Setting:** **APA/CPA Accredited:** No  Yes

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**Psychology Postdoctoral Residency Completed:** No  Yes  N/A  **Year:**

**Name of Program:** **Type of Setting:** **Area of Emphasis:**

**APA/CPA Accredited:** No  Yes

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**Psychology Licensure:** No  Yes  **State(s)/Province(s):**

**Board Certified by ABPP:** No  Yes  **Specialty:**

**Currently listed in National Register and/or Canadian Register?** No  Yes

**Role(s) in program under accreditation review (consistent with what is reported in Table 3(a):** Research, Research Mentorship

**Professional Honors & Recognition (Member/Fellow of Professional or Scientific Society, etc.):**

2011, Award for Distinguished Contributions to Psychophysiology, *Society for Psychophysiological Research*

### **Selected Presentations to Professional/Scientific Groups in Last 7 Years**

**Bradley, M. M.** (2008, September). **Emotion and attention: Orienting and defense.** Keynote Address, Spanish Psychophysiology Society, **Castellon, Spain.**

**Bradley, M. M.** (2009, August). **Natural selective attention and motivation.** Invited speaker, 13th annual Spielberger EMPathy Symposium on Emotion, Motivation, and Personality. Annual meeting of the American Psychological Association, **Toronto, Canada.**

**Bradley, M.M.** (2010, June). **Emotion, attention, and memory.** Invited address, Biological Psychology Section of the German Society of Psychology and the Society of Psychophysiology, **Greifswald, Germany.**

**Bradley, M.M.** (2011, February). **Novelty and significance: repeated exposure to emotional cues.** Invited address, Affective Regulation & Neuroscience of Emotion (ARNE), **Stockholm, Sweden.**

**Bradley, M.M.** (2013, October). **Faces and scenes: Perception and learning,** Invited Speaker, Society for Psychophysiological Research, **Firenze, Italy.**

### **Selected Publications in Last 7 Years (2 per year listed; > 65 overall)**

**Bradley, M. M., Miccoli, L., Escrig, M. A., & Lang, P. J.** (2008). The pupil as a measure of emotional arousal and autonomic activation. *Psychophysiology*, *45*, 602-607.

**Bradley, M. M., Silakowski, T., & Lang, P. J.** (2008). Fear of pain and defensive activation. *Pain*, *137*, 156-163.

**McTeague, L. M., Lang, P. J., Laplante, M-C., Cuthbert, B. N., Strauss, C. C., & Bradley, M. M.** (2009) Fearful imagery in social phobia: Generalization, comorbidity, and physiological reactivity. *Biological Psychiatry*, *65*, 374-382.

**Bradley, M. M.** (2009). Natural selective attention: orienting and emotion. Presidential Address. *Psychophysiology*, *46*, 1-11.

**Costa, V. D., Lang, P. J., Sabatinelli, D., Versace, F., & Bradley, M. M.** (2010). Emotional imagery:

- Assessing pleasure and arousal in the brain's reward circuitry. *Human Brain Mapping*, 31, 1446-1457.
- Ferrari, V., **Bradley**, M. M., Codispoti, M., Lang, P. J. (2010). Detecting novelty and significance. *Journal of Cognitive Neuroscience*, 22, 404-411.
- Bradley**, M. M., Houbova, P., Miccoli, L., Costa, V. D., & Lang, P. J. (2011). Scan patterns when viewing natural scenes: Emotion, complexity, and repetition. *Psychophysiology*, 48, 1544-1553.
- Dietz, J., **Bradley**, M. M., Okun, M. S., & Bowers, D. (2011). Emotion and ocular responses in Parkinson's disease. *Neuropsychologia*, 49, 3247-3253.
- Bradley**, M. M., Keil, A., & Lang, P. J. (2012). Orienting and emotional perception: Facilitation, attenuation, and interference. *Frontiers in Psychology*, 3, 1-16.
- Wangelin, B., **Bradley**, M. M., Kastner, A., & Lang, P. J. (2012). Affective engagement for facial expressions and emotional scenes: The influence of social anxiety. *Biological Psychology*, 91, 103-110.
- Lang, P. J., & **Bradley**, M. M. (2013). Appetitive and defensive motivation: Goal-directed or goal-determined? *Emotion Review*, 5, 230-234.
- Deweese, M. M., **Bradley**, M. M., Lang, P. J., Andersen, S. K., Müller, M. M., & Keil, A. (2014). Snake fearfulness is associated with sustained competitive biases to visual snake features: hypervigilance without avoidance. *Psychiatry Research*, 219, 329-335.
- Bradley**, M. M., Sabatinelli, D., & Lang, P. J. (2014). Emotion and motivation in the perceptual processing of natural scenes. In K. Kverage & M. Bar (Eds.), *Scene Vision*. Cambridge: MIT Press.
- Sege, C. T., **Bradley**, M. M., & Lang, P. J. (2014). Startle modulation during emotional anticipation and perception. *Psychophysiology*, 51, 977-981.
- Bradley**, M. M., Costa, V. D., Ferrari, V., Codispoti, M., Fitzsimmons, J. R., & Lang, P. J. (in press). Imaging distributed and massed repetitions of natural sense: Spontaneous retrieval and maintenance. *Human Brain Mapping*.

#### **Selected Funded Research Grants or Training Contracts in Last 7 Years**

- NIMH R01 MH094386; 2012-2017  
Anxiety, comorbidity, negative affect, and fear circuit activation, Co-PI,
- NIMH R01 MH098078; 2012-2016  
From fear to anxious misery: Developing a defense circuit dimensional classifier, Co-PI,
- NRSA NINDS NS079767; 2012-2015  
Emotion, regulation, executive function, and Parkinson disease, Co-PI
- European Union: Madame Curie International Staff Exchange (IRSES), 2012-2014  
Emotional learning and extinction, PI.
- NIMH MH072850 2005-2010  
Attention to threat: Motivation and memory, PI.
- NIMH MH072850 2005-2010  
CSEA Media Core, PI

#### **Selected Other Professional Activities in Last 7 Years**

- 2008, NIMH Fellowship Study Section (F12B), Member
- 2009-2013 Society for Psychophysiological Research, Convention Sites Committee, Chair.
- 2014 NIMH, Board of Scientific Counselors Review, Adhoc Member, Washington, DC.
- 2015 NCI, National Cancer Institute Affect and Decision-making in Cancer Control, Reviewer.

**CoA Abbreviated Curriculum Vitae**

**Name:** Regina Bussing, MD, MSHS, DFAPA, DFAACAP

**Academic rank:** Full Professor  Associate Professor  Assistant Professor  Other:

**Tenured:** Yes  No  Does not apply  **Year of appointment:** 1994

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**Highest Degree Earned:** Ph.D.  Psy.D.  Ed.D.  Other: MD

**Date of Degree:** 1981 **Institution/Program:** Justus Liebig University, Giessen, Germany **Area of Degree (e.g., Clinical):**

**APA/CPA Accredited:** No  Yes  N/A

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**Psychology Internship Completed:** No  Yes  N/A  **Year:**

**Name of Program:** **Type of Setting:** **APA/CPA Accredited:** No  Yes

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**Psychology Postdoctoral Residency Completed:** No  Yes  N/A  **Year:**

**Name of Program:** **Type of Setting:** **Area of Emphasis:**

**APA/CPA Accredited:** No  Yes

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**Psychology Licensure:** No  Yes  **State(s)/Province(s):**

**Board Certified by ABPP:** No  Yes  **Specialty:**

**Currently listed in National Register and/or Canadian Register?** No  Yes

**If the program under accreditation review is not your primary work site, please provide name of primary work site/institution, position title, and type of setting here:**

**Primary work site:** Department of Psychiatry, College of Medicine, University of Florida  
**Position titles:** Interim Chair, Dept. of Psychiatry, Acting Chief, Division of Child and Adolescent Psychiatry, Professor, Division of Child and Adolescent Psychiatry, Dept. of Psychiatry, Dept. of Pediatrics, and Dept. of Clinical and Health Psychology  
**Type of setting:** University

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**Role(s) in program under accreditation review (consistent with what is reported in Table 3(a):**  
Research, Research mentorship

If instruction for students in program is part of your role, briefly describe competence and credentials to oversee learning and/or to teach in this area(s):

**Professional Honors & Recognition (Member/Fellow of Professional or Scientific Society, etc.):**

**Distinguished Fellow:** American Psychiatric Assn; Florida Psychiatric Assn; AACAP;  
**Member:** International Society for Research in Child and Adolescent Psychopathology; Assn for Behavioral and Cognitive Therapies; Dept. of Juvenile Justice Psychiatric Services Workgroup; Scientific Program Committee, AACAP; Workgroup on Quality Issues AACAP; 60<sup>th</sup> Anniversary Program Committee AACAP; Examiner, Child and Adolescent Psychiatry Examination, American Board of Psychiatry and Neurology; Child and Adolescent Maintenance Certification Examination Committee, American Board of Psychiatry and Neurology. **President:** North Central Florida Council of the AACAP  
**Chair:** International Development Task Force, Parent-Child Interaction Therapy

**Selected Presentations to Professional/Scientific Groups in Last 7 Years (List chronologically using APA format for bibliographic citations): Out of 55**

- Bussing R.** (2014). Adherence Rates to a National ADHD Quality Measure in a Large Managed Care. Symposium presentation for AACAP 61<sup>st</sup> Annual Meeting, Oct. 20-25, San Diego, CA,
- Bussing R, Boggs SR, Garzarella-Colon L, Donnelly R, Jaccard J, Eyberg SM.** (2013). Clinical Perspectives: Post-treatment Data and One-Year Follow-up of Parent-Child Interaction Therapy for Preschoolers with ADHD. AACAP Scientific Proceedings of the 60<sup>th</sup> Annual Meeting, October 22-27, Orlando, FL
- Bussing R, Meyer J, Zima B, Mason D, Gary FA, Garven CW.** (2014). Parental social networks and mental health services use associated with ADHD in adolescence. 21<sup>st</sup> World Congress of IACAPAP, August 11-15, Durban, South Africa
- Bussing R and Nelson M.** (2015). "Parent Child Interaction Therapy (PCIT): Defining Features and Evidence Base." Presentation for the Fogarty Annual Symposium and Chaos Assessment Workshop, January 13-16, Bangalore, India

**Selected Publications in Last 7 Years (List chronologically using APA format for bibliographic citations): Out of 40**

- Bussing R, Mason D, Bell L, Porter P, Garvan C.** Adolescent outcomes of childhood attention-deficit/hyperactivity disorder in a representative community sample. *J Am Acad Child Adolesc Psychiatry.* 2010; 49(6):595-605.
- Bussing R, Zima B, Mason D, Porter P, Garvan C.** (2011) Receiving treatment for attention deficit/hyperactivity disorder: Do the perspectives of adolescents matter? *J Adolesc Health.* 49, 7-14
- Bussing R, Koro-Ljungberg M, Gagnon J, Mason D, Teeter Ellison PA, Noguchi K, Garvan CW, Albarracin D.** Feasibility of School-based ADHD Interventions: A Mixed Methods Study of Perceptions by Adolescents and Adults. (2014) *J Atten Disord.* [Epub ahead of print] PMID 24448222 doi:10.1177/1087054713515747
- Bussing R, Reid AM, McNamara JPH, Meyer JM, Guzak A, Mason DM, . . . Murphy TK.** (2015) A pilot study of actigraphy as an objective measure of SSRI activation symptoms; results from a randomized placebo controlled psychopharmacological treatment study. *Psychiatry Research.* 225, 440-445. doi: 10.1016/j.psychres.2014.11.070

**Selected Funded Research Grants or Training Contracts in Last 7 Years (Include funding source, duration of funding, total direct costs):**

US Department of Education, Office of Special Education and Rehabilitative Services, Office of Special Education Programs, Division of Educational Services 84.326C: "Outreach Project for Children and Young Adults who are Deaf-Blind" Funding Dates: 10/1/13 - 9/30/18  
Total cost: \$1,960,135.00 20% FTE

AHRQ Scalable Partnering Network (SPAN) for Comparative Effectiveness Research (CER) R01HS019912; PI: John Steiner; Matthew F. Daley; Role: Co-Investigator (20% FTE); Funding Dates: 9/1/11-9/29/13. Cost: \$7,160,146.00 (Direct)

**CoA Abbreviated Curriculum Vitae**

**Name:** Ronald A. Cohen, Ph.D., ABPP

**Academic rank:** Full Professor  Associate Professor  Assistant Professor  Other:

**Tenured:** Yes  No  Does not apply  **Year of appointment:** 2012

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**Highest Degree Earned:** Ph.D.  Psy.D.  Ed.D.  Other:

**Date of Degree:** 1982 **Institution/Program Name:** Louisiana State University **Area of Degree (e.g., Clinical):** Psychology/Clinical

**APA/CPA Accredited:** No  Yes  N/A

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**Psychology Internship Completed:** No  Yes  N/A  **Year:** 1982

**Name of Program:** UCLA Neuropsychiatric Institute **Type of Setting:** Academic Medical Center **APA/CPA Accredited:** No  Yes

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**Psychology Postdoctoral Residency Completed:** No  Yes  N/A  **Year:** 1983

**Name of Program:** University of Florida **Type of Setting:** Academic Medical Center **Area of Emphasis:** Neuropsychology

**APA/CPA Accredited:** No  Yes

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**Psychology Licensure:** No  Yes  **State(s)/Province(s):** Florida, Rhode Island

**Board Certified by ABPP:** No  Yes  **Specialty:** Clinical Neuropsychology

**Currently listed in National Register and/or Canadian Register?** No  Yes

**If the program under accreditation review is not your primary work site, please provide name of primary work site/institution, position title, and type of setting here:** Director, Cognitive Aging and Memory Program, McKnight Institute on Aging

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**Role(s) in program under accreditation review (consistent with what is reported in Table 3(a):**  
Research, Research mentorship

**If instruction for students in program is part of your role, briefly describe competence and credentials to oversee learning and/or to teach in this area(s):** Doctoral degree from accredited program, ABPP Board Certification, over 30 years of publication and grant support in the specialty

**Professional Honors & Recognition:**

Diplomate, American Board of Professional Psychology/American Board of Clinical Neuropsychology 1995

**Selected Presentations to Professional/Scientific Groups in Last 7 Years: over 100 since 2009**

**Selected Publications in Last 7 Years:** (268 total; 149 since 2008)

Alosco ML, Spitznagel MB, Strain G, Devlin M, Cohen R, Crosby RD, Mitchell JE, Gunstad J. Improved serum leptin and ghrelin following bariatric surgery predict better postoperative cognitive function. *J Clin Neurol.* 2015 Jan;11(1):48-56. doi: 10.3988/jcn.2015.11.1.48. Epub 2015 Jan 2. PubMed PMID: 25628737; PubMed Central PMCID: PMC4302179.

Anderson AM, Harezlak J, Bharti A, Mi D, Taylor MJ, Daar ES, Schifitto G, Zhong J, Alger JR, Brown MS, Singer EJ, Campbell TB, McMahon DD, Buchthal S, Cohen R, Yiannoutsos C, Letendre SL, Navia BA; for the HIV Neuroimaging Consortium. Plasma and cerebrospinal fluid biomarkers predict cerebral injury

in HIV-infected individuals on stable combination antiretroviral therapy. *J Acquir Immune Defic Syndr.* 2015 Jan 23. [Epub ahead of print] PubMed PMID: 25622053.

Daiello LA, Gongvatana A, Dunsiger S, Cohen RA, Ott BR; Alzheimer's Disease Neuroimaging Initiative. Association of fish oil supplement use with preservation of brain volume and cognitive function. *Alzheimers Dement.* 2015 Feb;11(2):226-35. doi: 10.1016/j.jalz.2014.02.005. Epub 2014 Jun 18. PubMed PMID: 24954371.

Alosco ML, Gunstad J, Beard C, Xu X, Clark US, Labbe DR, Jerskey BA, Ladino M, Cote DM, Walsh EG, Poppas A, Cohen RA, Sweet LH. The synergistic effects of anxiety and cerebral hypoperfusion on cognitive dysfunction in older adults with cardiovascular disease. *J Geriatr Psychiatry Neurol.* 2015 Mar;28(1):57-66. doi: 10.1177/0891988714541871. Epub 2014 Jul 9. PubMed PMID: 25009160; PubMed Central PMCID: PMC4289129.

Liu W, Luo X. Fast and Adaptive Sparse Precision Matrix Estimation in High Dimensions. *J Multivar Anal.* 2015 Mar 1;135:153-162. PubMed PMID: 25750463; PubMed Central PMCID: PMC4347526.

Alosco ML, Spitznagel MB, Cohen R, Sweet LH, Hayes SM, Josephson R, Hughes J, Gunstad J. Decreases in daily physical activity predict acute decline in attention and executive function in heart failure. *J Card Fail.* 2015 Apr;21(4):339-46. doi: 10.1016/j.cardfail.2014.12.010. Epub 2015 Jan 5. PubMed PMID: 25573830; PubMed Central PMCID: PMC4395530.

Clark US, Walker KA, Cohen RA, Devlin KN, Folkers AM, Pina MJ, Tashima KT. Facial emotion recognition impairments are associated with brain volume abnormalities in individuals with HIV. *Neuropsychologia.* 2015 Apr;70:263-71. doi: 10.1016/j.neuropsychologia.2015.03.003. Epub 2015 Mar 3. PubMed PMID: 25744868.

Galioto R, Alosco ML, Spitznagel MB, Strain G, Devlin M, Cohen R, Crosby RD, Mitchell JE, Gunstad J. Glucose regulation and cognitive function after bariatric surgery. *J Clin Exp Neuropsychol.* 2015 Apr 15:1-12. [Epub ahead of print] PubMed PMID: 25875124.

**Selected Funded Research Grants or Training Contracts in Last 7 Years (active only):**

1R01DK09933401A1 (Ronald Cohen, PI)	09/30/14-8/30/19
"Obesity and Type-2 Diabetes: Bariatric Surgery Effects on Brain Function"	
35% effort	
5 R01 MH074368-05 (Ronald Cohen, PI)	09/30/06–08/31/13
"Age Effects on HIV-Associated Brain Dysfunction" \$473,069	
20% effort	
5 P01 AA019072-02 (Peter Monti, PI)	09/30/10-08/31/15
"Alcohol and HIV: Biobehavioral Interactions and Intervention" \$193,009	
Role: Principal Investigator of Substudy 20% effort	
R01 NS080655 Thompson (PI)	8/1/2012-7/31/2016
Predicting Brain Changes in HIV/AIDS 1.20 CM NINDS \$35,337	

**Other Professional Activities in Last 7 Years**

Editorial Board, *The Clinical Neuropsychologist*, *Journal of the International Neuropsychological Society*, *Brain Imaging and Behavior*, *Stroke*

National Investigational Review Groups: NIH HIV-Aging IRG (2012-2013), NIH BMIO Study Section (2007-2012), Alzheimer's Association (1999)

Reviewer for 14 journals (Neurology, JINS, JCEN, Brain, Stroke, Neuroimage, etc.)

**CoA Abbreviated Curriculum Vitae**

**Name:** Julius A Gylys, Ph.D.

**Academic rank:** Full Professor  Associate Professor  Assistant Professor  Other:  
Clinical Assistant Professor

**Tenured:** Yes  No  Does not apply  **Year of appointment:** 2000

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**Highest Degree Earned:** Ph.D.  Psy.D.  Ed.D.  Other:

**Date of Degree:** 3/2000 **Institution/Program Name:** Ohio University **Area of Degree (e.g., Clinical):** Clinical

**APA/CPA Accredited:** No  Yes  N/A

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**Psychology Internship Completed:** No  Yes  N/A  **Year:** 1997-1998

**Name of Program:** University of Florida Health Science Center **Type of Setting:** Academic Health Center **APA/CPA Accredited:** No  Yes

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**Psychology Postdoctoral Residency Completed:** No  Yes  N/A  **Year:** 2000

**Name of Program:** Dept of Clinical & Health Psychology, UF **Type of Setting:** Public Health Department Clinics **Area of Emphasis:** Rural Primary Care

**APA/CPA Accredited:** No  Yes

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**Psychology Licensure:** No  Yes  **State(s)/Province(s):** Florida

**Board Certified by ABPP:** No  Yes  **Specialty:**

**Currently listed in National Register and/or Canadian Register?** No  Yes

**If the program under accreditation review is not your primary work site, please provide name of primary work site/institution, position title, and type of setting here:** North Florida/South Georgia Veterans Health System; Program Manager, Behavioral Health Service Line

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**Role(s) in program under accreditation review (consistent with what is reported in Table 3(a):** Clinical supervision, Research supervision (student committees)

**If instruction for students in program is part of your role, briefly describe competence and credentials to oversee learning and/or to teach in this area(s):** Doctoral Degree in accredited clinical psychology program; training and expertise in primary care psychology

**Professional Honors & Recognition:**

2014 Hugh Davis Award for Excellence in Clinical Supervision

University of Florida, Department of Clinical and Health Psychology

2008-13 North Florida/South Georgia VAMC Outstanding Rating Award-2008-2013

**Selected Presentations to Professional/Scientific Groups in Last 7 Year:**

Kuhn, T., R. Bauer, **Gyls, J.A.**, Harman, J. & Ewigman, N.L. (February, 2012). Virtual Mental Health Center for the Underserved. Society of Student-Run Free Clinics Annual Conference, Long Beach, CA.

**Gyls, J.A.** (2009, February 10). Primary Care-Behavioral Health Integration: Recent Developments at Veterans Affairs Medical Centers. Invited address to the annual Florida Council for Community Mental Health meeting, Tallahassee, FL.

**Gyls, J.A.**, Hershberger, A., Lancer, K., & Landes, A. (2008, August 17). Development and implementation of a Collocated Primary Care Behavioral Health Service. Panel presentation at the 116<sup>th</sup> meeting of the American Psychological Association, Boston, MA.

**Gyls, J.A.** (2008, April). Primary Care Behavioral Health Integration: Bringing the Biopsychosocial Model to the Frontlines at the VA. Invited presentation in symposium, "Primary Care Integrated Mental Health Initiatives" at the annual conference of the Association of VA Psychologist Leaders, Dallas, TX.

**Selected Publications in Last 7 Years:**

Ewigman, N.L., Harman, J.S., & Gyls, J.A. (2013). The Diagnosis of Anger as a Presenting Complaint in Outpatient Medical Settings. Psychiatric Services, 64, 921-24.

Tsao, J. C. I., Dobalian, A., Wiens, B. A., **Gyls, J. A.**, Clawson, A., & Brooks, R. (2006). PTSD and substance abuse: Unrecognized sequelae of bioterrorism in rural primary care providers. Southern Medical Journal, 99, 817-822.

Tsao, J. C. I., Dobalian, A., Wiens, B. A., **Gyls, J. A.**, & Evans, G. D. (2006). Posttraumatic stress disorder in rural primary care: Improving care for mental health following bioterrorism. The Journal of Rural Health, 22, 78-82.

Tsao, J. C. I., Dobalian, A., Wiens, B. A., **Gyls, J. A.**, De Leon, J. M., & Menendez, S. M. (2005). Educational intervention to improve rural primary care providers' knowledge of PTSD after bioterrorism. Depression and Anxiety, 22, 242-243.

**Selected Funded Research Grants or Training Contracts in Last 7 Years**

*September 2009*. PPHP Model Program Demonstration Project  
"Implementation of a Technology Mental Health Center Targeted at Local Underserved Populations"

Principle Investigator: Russell Bauer, Ph.D.

**Role:** Co-Investigator

Budget: \$15,989

**December 2006**

Department of Veterans Affairs, Veterans Health Administration

"Mental Health Services for Primary Care Settings"

Agency Award Recipient: North Florida/South Georgia Veterans Health System

**Role: Conceptualized, Authored, and Submitted Proposal; hired as Program Director**

Collaborators: Psychology, Primary Care, and Psychiatry Services

Budget: \$1,113,534 annual funding, 7 Psychologist FTEE and 2 Psychiatrist FTEE

**Other Professional Activities in Last 7 Years:** VA/DOD Primary Care Mental Health Integration (2011); Annual Conference, Association for Veterans Affairs Psychology Leaders, 2008, 2010

**CoA Abbreviated Curriculum Vitae**

**Name:** Joseph McNamara, Ph.D.

**Academic rank:** Full Professor  Associate Professor  Assistant Professor  Other:

**Tenured:** Yes  No  Does not apply  **Year of appointment:** 2009

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**Highest Degree Earned:** Ph.D.  Psy.D.  Ed.D.  Other:

**Date of Degree:** Ph.D **Institution/Program Name:** University of Florida **Area of Degree (e.g., Clinical):** Counseling (also completed Developmental program)

**APA/CPA Accredited:** No  Yes  N/A

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**Psychology Internship Completed:** No  Yes  N/A  **Year:**

**Name of Program:** University of Florida – Clinical & Health Psychology **Type of Setting:** Hospital and outpatient services **APA/CPA Accredited:** No  Yes

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**Psychology Postdoctoral Residency Completed:** No  Yes  N/A  **Year:** 2008-2009

**Name of Program:** University of Florida Dept. of Psychiatry – Division of Medical Psychology **Type of Setting:** Hospital outpatient clinic **Area of Emphasis:** OCD

**APA/CPA Accredited:** No  Yes

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**Psychology Licensure:** No  Yes  **State(s)/Province(s):** Florida

**Board Certified by ABPP:** No  Yes  **Specialty:**

**Currently listed in National Register and/or Canadian Register?** No  Yes

**If the program under accreditation review is not your primary work site, please provide name of primary work site/institution, position title, and type of setting here:** Division of Medical Psychology, Assistant Professor & Program Director, outpatient clinic

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**Role(s) in program under accreditation review** (consistent with what is reported in Table 3(a): Research, Research mentorship, Didactic instruction, Clinical service delivery, Clinical supervision, Administration (specify role): I collaboratively work with Dr. Geffken to supervise the research of graduate students and serve as a clinical supervisor.

If instruction for students in program is part of your role, briefly describe competence and credentials to oversee learning and/or to teach in this area(s): Doctoral and postdoctoral training in relevant areas from accredited programs.

**Professional Honors & Recognition** (*Member/Fellow of Professional or Scientific Society, etc.*): Member of Society for Research in Child Development

Member of the International Obsessive Compulsive Disorder Foundation

**Selected Presentations to Professional/Scientific Groups in Last 7 Years**

Barthle, M. A., Flores, C., Reid, A., Olsen, B., McNamara (chair), J. P. (2014, July). Perinatal and postpartum onset of OCD: Current research and future directions. Symposium conducted at the annual conference for the International OCD Foundation (IOCDF), Los Angeles, California.

**Selected Publications in Last 7 Years**

- Bussing, R.; Murphy, T. K., Storch, E. A., McNamara, J. P., Reid, A. M., Garvan, C. W., Goodman, W. K. (2013). Psychometric properties of the treatment-emergent activation and suicidality assessment profile (TEASAP) in youth with OCD. *Psychiatry Research*. 205, 253-261.
- McNamara, J. P. H., Wang, J., Holiday, D., Young, J., Paradoa, Balkhi, A. M., M., Fernandez-Baca, J., & McCrae, C. S. (2013). Sleep disturbances associated with cigarette smoking: Results from the 2005-06 National Health and Nutrition Examination Survey. *Psychology, Health & Medicine*, 19, 410-419.
- Meyer, J. M., McNamara, J. P., Reid, A. M., Storch, E. A., Geffken, G. R., Mason, Buss D. M., ... & Bussing, R. (2014). Prospective Relationship Between Obsessive–Compulsive and Depressive Symptoms During Multimodal Treatment in Pediatric Obsessive–Compulsive Disorder. *Child Psychiatry & Human Development*. (Corresponding Author) 45, 163-172.
- Balkhi, A. M., Reid, A. M., McNamara, J. P. H., & Geffken, G. R. (2014). The Diabetes Online Community: The Importance of Forum Use in Parents of Children with Type 1 Diabetes. *Pediatric Diabetes*. 15, 408-415.
- McNamara, J. P. H., Reid, A. M., Balkhi, A. M., Bussing, R., Storch E. A., Murphy, T. K., Graziano, P. A., Guzick, A., & Geffken, G. R. (2014). Self-Regulation and Other Executive Functions Relationship to Pediatric OCD Severity and Treatment Outcome. *Journal of Psychopathology and Behavioral Assessment*. 36, 432-442.
- Reid, A. M., Graziano, P. A., Balkhi, A. M., McNamara, J. P. H., Cottler, L., Meneses, E. & Geffken, G. R. (2015). Frequent non-prescription stimulant use and risky behaviors in college students: the role of effortful control. *Journal of American College Health*. 63, 23-30.

**Selected Funded Research Grants or Training Contracts in Last 7 Years (Include funding source, duration of funding, total direct costs):**

Completed Research Support  
5U01MH078594-03                      01/01/09-12/31/11                      .25 calendar  
NIH/NIMH                              \$950,00 (direct)                      Role: Co-Investigator  
SSRI-Induced Activation Syndrome in Pediatric OCD

Other Professional Activities in Last 7 Years (Include leadership activities/roles in state/provincial, regional or national professional organizations): NA

### CoA Abbreviated Curriculum Vitae

Name: Michael G. Perri, Ph.D., ABPP

Academic rank: Full Professor  Associate Professor  Assistant Professor  Other:  
Tenured: Yes  No  Does not apply  Year of appointment: 1990

Highest Degree Earned: Ph.D.  Psy.D.  Ed.D.  Other:  
Date of Degree: 1978 Institution/Program Name: University of Missouri, Columbia Area  
of Degree (e.g., Clinical): Clinical Psychology  
APA/CPA Accredited: No  Yes  N/A

Psychology Internship Completed: No  Yes  N/A  Year:  
Name of Program: University of Minnesota Type of Setting: University Medical Center  
APA/CPA Accredited: No  Yes

Psychology Postdoctoral Residency Completed: No  Yes  N/A  Year:  
Name of Program: Type of Setting: Area of Emphasis:  
APA/CPA Accredited: No  Yes

Psychology Licensure: No  Yes  State(s)/Province(s): Florida  
Board Certified by ABPP: No  Yes  Specialty: Clinical Psychology  
Currently listed in National Register and/or Canadian Register? No  Yes

If the program under accreditation review is not your primary work site, please provide  
name of primary work site/institution, position title, and type of setting here: n/a

Role(s) in program under accreditation review (consistent with what is reported in Table  
3(a): Research, Research mentorship, Clinical supervision, Administration (Dean)

If instruction for students in program is part of your role, briefly describe competence  
and credentials to oversee learning and/or to teach in this area(s): n/a

#### **Professional Honors & Recognition:**

Member, American Psychological Association (APA)  
Fellow, Society of Clinical Psychology (Div. 12)  
Fellow, Division of Health Psychology (Div. 38)  
Fellow, Society of Behavioral Medicine (SBM)  
Fellow, The Obesity Society (formerly the North American Association for the Study of Obesity)

#### **Selected Presentations to Professional/Scientific Groups in Last 7 Years:**

Alabduljabbar, M., Medina, K. E., Hoover, V. J., Lespinasse, D. L., Minski, S. A.,  
Maurer, S. N., Laitner, M. H., Degener, R. T., von Castel-Roberts, K. M., &  
Perri, M. G. (2014). *Effects of a low-dose behavioral treatment for obesity*.  
Poster presented at the American Psychological Science conference, San  
Francisco, CA.

Ariel, A. H., Lespinasse, D. M., Maurer, S. N., Minski, S. A., Alabduljabbar, M, Degener, R. T.,  
Laitner, M. H., & Perri, M. G. (2014). *Impact of weight regain on depressive symptoms after  
a behavioral weight loss program*. Presentation at the Society of Behavioral Medicine  
meeting, Philadelphia, PA.

Laitner, M. H., Lespinasse, D. M., Maurer, S. N., Minski, S. A., Alabduljabbar, M, Degener, R.  
T., Ariel, A. H., & Perri, M. G. (2014). *Self-monitoring as a mechanism for success following  
behavioral weight loss treatment*. Presentation at the Society of Behavioral Medicine  
meeting, Philadelphia, PA.

Minski, S. A., Laitner, M. H., & Perri, M.G. (2014). *Accuracy of self-reported height and weight among an obese, rural population*. Presentation at the SEC Obesity conference, Atlanta, GA.

**Selected Publications in Last 7 Years:**

- Dutton, G. R., Nackers, L. M., Dubyak, P. J., Rushing, N. C., Huynh, T. T., Tan, F., Anton, S. D., & Perri, M. G. (2014). A randomized trial comparing weight loss treatment delivered in large versus small groups. *International Journal of Behavioral Nutrition and Physical Activity*, 11:123.
- Perri, M. G., Limacher, M. C., von Castel-Roberts, K., Daniels, M. J., Durning, P. E., Janicke, D. M., Bobroff, L. B., Radcliff, T. A., Milson, V. A., Kim, C., & Martin, A. D. (2014). Comparative effectiveness of three doses of weight-loss counseling: Two-year findings from the Rural LITE trial. *Obesity* 22(11):2293-300.
- Peterson, N. D., Middleton, K. R., Nackers, L. M., Medina, K. E., Milsom, V. A, & Perri, M. G. (2014). Dietary self-monitoring and long-term success with weight management. *Obesity*22(9):1962-7.
- Middleton, K. R., & Perri, M. G. (2014). A randomized trial investigating the effect of a brief lifestyle intervention on freshman year weight gain. *Journal of American College Health*, 62(2), 101-9.
- Perri, M. G. (2014). Effects of behavioral treatment on long-term weight loss: Lessons learned from the look AHEAD trial. *Obesity*, 22(1), 3-4. doi: 10.1002/oby.20672. PMID: 24415676 [PMCID in progress].
- Kiernan, M., Brown, S. D., Schoffman, D. E., Lee, K., King, A. C., Taylor, C. B., Schleicher, N. C., & Perri, M. G. (2013). Promoting healthy weight with "Stability Skills First": A randomized trial. *Journal of Consulting and Clinical Psychology*, 81, 336-46. doi: 10.1037/a0030544. PMID 23106759 [PMCID in progress]
- Middleton, K. R., Anton, S. D., & Perri, M. G. (2013). Long-term adherence to health behavior change. *American Journal of Lifestyle Medicine* 7(6):395-404.

**Selected Funded Research Grants or Training Contracts in Last 7 Years:**

*Rural Lifestyle Eating and Activity Program (Rural LEAP)*, 2013-2018, NIH/National Heart Lung and Blood Institute (R18 HL112720), \$2,495,621 (direct costs). Role: Principal Investigator

*Rural Lifestyle Intervention Treatment Effectiveness Trial (Rural LITE)*, 2008-2014, NIH/National Heart, Lung, and Blood Institute (R18 HL 087800), \$2,421,620 (direct costs). Role: Principal Investigator

**Other Professional Activities in Last 7 Years:**

Consultant, 2014-present, HHS, Office of Disease Prevention and Health Promotion, 2015 Dietary Guidelines Advisory Committee.

Associate Editor, 2010-2012, *Journal of Consulting and Clinical Psychology*

Chair, 2010-present, NIH/NHLBI Data and Safety Monitoring Board for the "EARLY Weight Loss Trials."

## APPENDIX K

### Faculty Review Activities (2008-2015)

**Faculty Activity Reports indicate that Program Faculty provided peer review for the following scientific and professional journals:**

Addictive Behaviors  
AIDS  
AIDS & Society  
American Journal of Cardiology  
American Journal of Clinical Nutrition  
American Journal of Epidemiology  
American Journal of Preventive Medicine  
American Journal of Psychiatry  
American Psychologist  
Annals of Behavioral Medicine  
Annals of Neurology  
Appetite  
Archives of Clinical Neuropsychology  
Archives of General Psychiatry  
Archives of Internal Medicine  
Archives of Neurology  
Archives of Pediatric and Adolescent Medicine  
Archives of Physical Medicine and Rehabilitation (APMR)  
Assessment  
Autism  
Autism Research and Treatment  
Behavior Modification  
Behavior Therapy  
Behavioral and Brain Science  
Behavioral Assessment  
Biological Psychiatry  
Biological Psychology  
BMC Psychiatry  
Brain  
Brain and Cognition  
Brain Imaging and Behavior  
Buros Institute Mental Measurements Yearbook  
Childhood Obesity  
Children's Health Care  
Clinical Behavior Therapy Review  
Clinical Psychology in Medical Settings  
Clinical Psychology Review  
Cognition and Emotion  
Cognitive Therapy and Research  
Cognitive, Affective, and Behavioral Neuroscience  
Comprehensive Psychiatry  
Computers in Human Behavior  
Cortex  
Developmental Review  
Disasters: The Journal of Disaster Policy, Studies and Management

Eating and Weight Disorders  
Electroencephalography and Clinical Neurophysiology  
Emotion  
European Journal of Pain  
Experimental Aging Research  
Experimental Gerontology  
Families, Systems, & Health  
Health and Quality of Life Outcomes  
Health Psychology  
Human Brain Mapping  
International Journal of Aging and Human Development  
International Journal of Behavioral Development  
International Journal of Behavioral Medicine  
International Journal of Geriatric Psychiatry  
International Journal of Obesity  
International Journal of Pediatric Obesity  
International Journal of Psychophysiology  
International Journal of STD and AIDS  
JAMA  
Journal of Abnormal Child Psychology (JACP)  
Journal of Abnormal Psychology  
Journal of Alzheimer's Disease  
Journal of Anxiety Disorders  
Journal of Applied Behavioral Analysis  
Journal of Applied Developmental Psychology  
Journal of Applied Social Psychology  
Journal of Asthma  
Journal of Autism and Developmental Disorder  
Journal of Behavior Therapy and Experimental Psychiatry  
Journal of Behavioral Health Services Research  
Journal of Behavioral Medicine  
Journal of Cardiopulmonary Rehabilitation  
Journal of Cerebral Blood Flow and Metabolism  
Journal of Clinical and Experimental Neuropsychology  
Journal of Clinical Psychology in Medical Settings  
Journal of Clinical Psychopharmacology  
Journal of Cognitive, Affective, and Behavioral Neuroscience  
Journal of Community Psychology  
Journal of Consulting and Clinical Psychology  
Journal of Counseling Psychology  
Journal of Experimental and Clinical Hypnosis  
Journal of Experimental Psychology  
Journal of General Internal Medicine  
Journal of Geriatric Psychiatry and Neurology  
Journal of Health Psychology  
Journal of Integrative Medicine  
Journal of Intellectual and Developmental Disabilities  
Journal of Mental Health Research in Intellectual Disabilities  
Journal of Neuropsychiatry and Clinical Neuroscience  
Journal of Neurovirology

Journal of Pain  
Journal of Pediatric Psychology  
Journal of Personality and Social Psychology  
Journal of Personality Assessment  
Journal of Physical and Developmental Disabilities  
Journal of Psychopathology and Behavioral Assessment  
Journal of Rural Health  
Journal of the International Neuropsychological Society  
Journals of Gerontology: Psychological Sciences  
Journals of Gerontology: Social Sciences, Aging and Cognition  
Lancet  
Medical Care  
Medicine and Science in Sports and Exercise  
Movement Disorders  
Neurobiology of Aging  
Neurocase  
Neuroimage  
Neurology  
Neuropsychologia  
Neuropsychology  
Neuropsychopharmacology  
Neuroscience Letters  
New England Journal of Medicine  
Obesity  
Obesity Research  
Pain  
Pain Medicine  
Physical Therapy  
Parkinsonism and Related Disorders  
Pediatric Blood & Cancer  
Pediatric Pulmonology  
Pediatrics  
Physiology and Behavior  
Preventive Medicine  
Professional Psychology Research and Practice  
Progress in Community Health Partnerships: Research, Education, and Action  
Psychological Bulletin  
Psychological Review  
Psychology and Aging  
Psycho-Oncology  
Psychophysiology  
Psychosomatic Medicine  
Psychosomatics  
Psychotherapy: Theory, Research, & Practice  
School Psychology Review  
Sleep  
Sleep Medicine  
Southern Medical Journal  
Stroke  
Substance Use and Misuse

The Behavior Therapist  
The Clinical Neuropsychologist  
The Gerontologist  
The Journal of Neuroscience  
The Journal of Rural Health  
The Lancet – Respiratory Medicine  
Training and Education in Professional Psychology  
Trends in Cognitive Science

## APPENDIX L REPRESENTATIVE STUDENT AWARDS

This Appendix contains a noncomprehensive list of recent student awards from external sources. Many additional students have won internal travel awards for scientific and professional meetings that are not listed here.

<b>Student</b>	<b>Year</b>	<b>Award Description</b>
A	2014	<b>-APA/APAGS Distinguished Graduate Student in Professional Psychology</b>
		<b>-International OCD Foundation Travel Award</b>
	2013	<b>-University of Florida I3 Graduate Student Mentoring Award.</b> Award given to a graduate student at UF in recognition of superior mentoring of undergraduates
B	2014	<b>Poster Finalist, 142<sup>nd</sup> Annual Meeting of the American Public Health Association, New Orleans, LA, Nov 15-19, 2014.</b>
C	2014	<b>Society of Pediatric Psychology Division 54 Diversity Poster Award</b>
D	2015	<b>Florida Society of Neurology Research Award</b>
E	2014	<b>Benton-Meier Neuropsychology Scholarship, American Psychological Foundation, (2014, \$2,500)</b> <b>Scholarship Recipient, Advanced Psychometrics Methods Workshop in Cognitive Aging at the University of Washington Friday Harbor Laboratories, (2014, \$800)</b>
F	2015	<b>Special mention abstract, "Behavioral predictors of pro-inflammatory serum IL-6 concentrations in women undergoing surgery for suspected gynecologic cancer." 2015 Meeting of the American Psychosomatic Society.</b>
G	2014	<b>APA Society for Clinical Neuropsychology Early Career Pilot Study Award</b>
H	2014	<b>RICE Honorable Mention Award, 2014 Association of Psychological Science, San Francisco, CA</b> <b>Oustanding Research Award, 2013 PPHP Research Day</b>
J	2014	<b>-UF &amp; Shands Cancer Center Research Poster Day – Pre-doctoral Award for Pre-operative Inflammation (IL-6) and Sensory Pain Experience in Women with Suspected Gynecologic Cancers (2014)</b> <b>-PPHP Poster Day – Top 8 Abstracts for Pre-op Inflammation(IL-6) and Sensory Pain Experience in Suspected Gynecologic Cancers (2014)</b>
K	2015	<b>-Society of Pediatric Psychology Student Poster Award</b> <b>-Society of Pediatric Psychology Gastrointestinal Special Interest Group Poster Award</b> <b>-University of Florida Public Health and Health Professions Research Day Graduate Student Poster Award</b>
L	2013	<b>-Principal Investigator: Dissociating mTBI and PTSD Brain Activity at Rest. NIH 1-F31-NS-083235-01 (2013-2015)</b> <b>-Principal Investigator: An Investigation of Structural Connectivity in PTSD, mTBI, and PTSD/mTBI. National</b>

		Institutes of Health (NIH) and National Center for Research Resources (NCRR) CTSA grant UL1 TR000064, 2013
M	2015	- <b>Poster Award, Society of Pediatric Psychology Annual Conference (Spring 2015)</b> - <b>Obesity SIG Poster Award, Society of Pediatric Psychology Annual Conference (Spring 2015)</b> - <b>Poster Award, College of Public Health and Health Professions, University of Florida (Spring 2014)</b>
N	2014	- <b>Outstanding Research Award, PPHP Research Day, College of Public Health and Health Professions, University of Florida (2014)</b>
O	2013-2014	- <b>A Place for Mom Senior Care Innovation Scholarship Winner (\$1000)</b> Essay Topic: Technology to improve quality of life for both caregivers and patients - <b>Outstanding Poster Presentation in Aging Award, Student Research-on-Aging Exposition, Institute for Learning in Retirement at the University of Florida/Oak Hammock</b>
P	2015	- <b>Poster Award, Society of Pediatric Psychology Annual Conference (Spring 2015)</b> - <b>Co-author on 2013 Robert Wood Johnson Foundation 2012 Year in Research: Top 5 Most Influential Research Articles Award</b>
Q	2013	- <b>Outstanding Abstract, Society for Behavioral Medicine Obesity and Eating Disorders SIG</b>
R	2015	- <b>Division 54 Pediatric Psychology Student Travel Award</b>
	2015	- <b>Division 54 Pediatric Psychology Obesity Special Interest Group Award</b>
	2014	- <b>Division 54 Pediatric Psychology Diversity Award, APA</b>
	2013	- <b>Society of Pediatric Psychology Marion and Donald Routh Student Research Grant Recipient</b>
	2013	- <b>Outstanding Poster Award at The National Conference of Pediatric Psychology</b>
	2013	- <b>Division 54 Pediatric Psychology Diversity Award</b>
	2012	- <b>Division 54 Pediatric Psychology Student Poster Award, APA</b>
	2011	- <b>Highly Meritorious Student Paper Abstract, Society of Behavioral Medicine</b>
	2010	- <b>Highly Meritorious Poster Abstract, International Congress of Behavioral Medicine</b>
S	2013	- <b>University of Florida College of Public Health and Health Professions Research Fair, Outstanding Research Award</b>
	2014	- <b>University of Florida College of Public Health and Health Professions Research Fair. Outstanding Research Award</b>
	2014	- <b>Society of Behavioral Medicine meeting, Philadelphia, PA. Obesity &amp; Eating Disorders Special Interest Group Best Graduate Student Research Abstract Award.</b>
	2015	- <b>Society of Behavioral Medicine meeting, San Antonio, Texas. Obesity &amp; Eating Disorders Special Interest Group Best Graduate Student Research Abstract Award.</b>
T	2015	<b>Winner, Poster Competition, Sports Neuropsychology Society, Atlanta Georgia, May, 2015</b>

## **ANNUAL INTERNAL AWARDS PROGRAM**

A number of departmental awards are available to students. These awards are voted on by either the general faculty or the relevant faculty subgroups and are announced at the annual Fall Research Symposium.

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).

## APPENDIX M: STUDENT LETTER EXAMPLES

### EXAMPLE LETTER FOR RISING SECOND YEAR STUDENT (THIS IS THE FIRST YEARLY EVALUATION LETTER)

DATE

STUDENT NAME/ADDRESS BLOCK

Dear NAME:

The faculty in the Doctoral Program in Clinical Psychology met on DATE to perform its yearly evaluation of student progress. The progress review takes into account the student's academic activities, and progress and accomplishments in research and clinical training activities. The faculty also considers data from your yearly student activity report, which additionally sets forth your goals for the coming year. I am writing to provide you with the results of your evaluation.

You have maintained a GPA of XX in your classroom work. MENTOR NAME, your research mentor, rates your overall research progress as ADJECTIVE, and indicates that you have demonstrated SPECIFIC SKILLS AND PROFICIENCIES. . The faculty did not perform an evaluation of clinical performance because, at the time of the yearly review, you were just starting your clinical rotations. Your first formal review of practicum progress will take place at the end of Fall Semester YEAR. I note in your student activity report that you have SPECIFIC DATA FROM PUBLICATIONS, PRESENTATIONS, AND OTHER ACHIEVEMENTS. I also note that you belong to PROFESSIONAL ORGANIZATIONS. Membership in such organizations is valuable, keeps you abreast of developments in the field and facilitates contacts and networking with peers and professionals at and beyond the UF community.

The coming year will be important as you will present your First-Year Project at the upcoming Fall Symposium, which will become the basis of your M.S. Thesis, to be completed and defended in Spring YEAR. You will also complete the core practicum training sequence and most remaining core courses. At the end of the second year, you will make the transition to more advanced work.

The faculty extends its congratulations on a successful first year in the doctoral program. If I can be of assistance to you as you complete the important tasks of the second year, please don't hesitate to call upon me.

Sincerely,

Russell M. Bauer, Ph.D., ABPP/Cn  
Professor and Director  
Doctoral Program in Clinical Psychology  
Associate Chair for Academic Affairs

xc: MENTOR NAME  
Student file

**EXAMPLE LETTER TO RISING THIRD YEAR STUDENT AFTER MS COMPLETION**

DATE

STUDENT NAME/ADDRESS BLOCK

Dear STUDENT NAME:

The faculty in the Doctoral Program in Clinical Psychology met on DATE to perform its yearly evaluation of student progress. The progress review takes into account the student's academic activities, and progress and accomplishments in research and clinical training activities. The faculty also considers data from your yearly student activity report, which additionally sets forth your goals for the coming year. I am writing to provide you with the results of your evaluation.

You are to be congratulated on a very successful year. You have maintained a GPA of NUMBER in your classroom work. RESEARCH MENTOR rated your overall research progress as ADJECTIVE, ADDITIONAL COMMENTS ABOUT RESEARCH ACHIEVEMENTS. You are to be congratulated on the successful completion of your Master's Thesis on DATE and attainment of the M.S. degree in DATE. ADDITIONAL COMMENTS ABOUT RESEARCH ACHIEVEMENTS, PRESENTATIONS, ETC.

The Clinical Progress Committee has reviewed faculty evaluations of your clinical performance and notes that your overall clinical progress is ADJECTIVE. Your summary ratings were ADJECTIVE in assessment activities and ADJECTIVE in intervention. ADDITIONAL COMMENTS

The coming year will be important as you make the transition to more advanced work. The Faculty expects that you will appoint a doctoral committee and begin work toward completion of your Qualifying Examination. You will formally declare your intended Area of Concentration by the end of DATE.

The faculty extends its congratulations on another successful year in the doctoral program. ADDITIONAL SPECIFIC COMMENTS RELEVANT TO THE STUDENT'S SITUATION. If I can be of assistance to you, please don't hesitate to call upon me.

Sincerely,

Russell M. Bauer, Ph.D., ABPP/Cn  
Professor and Director  
Doctoral Program in Clinical Psychology  
Associate Chair for Academic Affairs

xc: MENTOR  
Student file

## EXAMPLE YEARLY LETTER FOR RISING FOURTH YEAR STUDENT

DATE

STUDENT NAME/ADDRESS BLOCK

Dear STUDENT NAME:

The faculty of the Department of Clinical and Health Psychology recently met to perform its yearly review of student progress and performance. I am writing to inform you of the results of your review. As you know, the faculty reviews research progress, clinical activity, class work, based on grades and performance evaluations conducted by faculty supervisors and mentors. Other relevant data including community service and professional involvement evident in your annual activity reports are also considered.

This has been a(n) ADJECTIVE year. Your research progress was rated as ADJECTIVE by MENTOR NAMEi, and you are to be congratulated on SPECIFIC ACHIEVEMENTS AND MILESTONES REACHED. This year, you OTHER ADVANCEMENTS SUCH AS COURSE OR PRACTICUM COMPLETION, INCLUDING PUBLICATION AND PRESENTATION DATA AVAILABLE IN THE SAR. The Clinical Progress Committee rates your overall clinical progress as ADJECTIVE, with ADJECTIVE performance in assessment, ADJECTIVE performance in intervention, and ADJECTIVE performance in consultation. It is noted that you may need TRAINING NEEDS FROM SAR. You should CLINICAL AND RESEARCH GOALS EXPLICATED HERE, ALONG WITH SPECIFIC FACULTY RECOMMENDATIONS.

In the coming year you will ANTICIPATED MILESTONES AND NEXT STEPS. The Clinical Progress Committee must certify your readiness for internship training and will be performing their review in the next month. I will let you know of the outcome of their review. Let me know how I can be of help to you in completing these important tasks.

Sincerely,

Russell M. Bauer, Ph.D., ABPP/CN  
Professor and Director  
Doctoral Program in Clinical Psychology  
Associate Chair for Academic Affairs

xc: FACULTY MENTOR  
Student file

## **EXAMPLE LETTER FOR ADVANCED STUDENT HEADED FOR INTERNSHIP**

DATE

Dear STUDENT NAME:

The Faculty in the Department of Clinical and Health Psychology met on DATE to perform its annual review of student performance. I am writing to inform you of the results of your evaluation. The annual review takes into account your performance and achievements in research, clinical practica, didactic coursework and other professional and community activities.

You have had another DESCRIPTIVE PHRASE year. MENTOR, your primary research mentor, gives you a DESCRIPTIVE PHRASE evaluation, and I note that SPECIFIC ACHIEVEMENTS FROM STUDENT ACTIVITY REPORT. Your yearly activity report reveals NUMBER published articles in peer reviewed sources, NUMBER other publications such as chapters and non-peer-reviewed articles, NUMBER published abstracts from national presentations and NUMBER presentations at UF. I would encourage you to move forward with ONGOING WORK AND GOALS. In the past year you SPECIAL ACHIEVEMENTS AND AWARDS. The Clinical Progress Committee felt that your overall clinical progress was DESCRIPTIVE PHRASE and that you displayed DESCRIPTIVE PHRASE performance in both assessment and intervention. You are clearly ready for NEXT STAGE OF TRAINING AND PROFESSIONAL DEVELOPMENT.

Finally, you are to be congratulated on successfully obtaining an internship placement for the XXXX-XXXX year. The internship year is the “capstone” of your professional education and training. I will, of course, be in contact with your internship director periodically in order to follow your progress. Please feel free to contact me at any time should issues arise that you would like to discuss. The faculty and I send all good wishes for a successful year, and have every confidence that you will successfully complete the internship, your final remaining requirement for the Ph.D. in Psychology.

Sincerely,

Russell M. Bauer, Ph.D., ABPP/CN  
Professor and Director  
Doctoral Program in Clinical Psychology  
Associate Chair for Academic Affairs

xc: FACULTY MENTOR  
student file

## EXAMPLE LETTER TO A STUDENT WITH CONCERNS

DATE

NAME/ADDRESS BLOCK

Dear STUDENT NAME:

The departmental faculty met on DATE to conduct a practicum review and evaluation of all students enrolled in clinical practicum activities during SEMESTER, DATE. I am writing to inform you of the results of your evaluation.

Based on all faculty comments and written evaluations, you will receive a "Satisfactory" grade for the semester, with some concerns raised about your performance. You have obtained supervision from multiple faculty members, which is the norm for practicum students at your level, and most of these evaluations were fully satisfactory. The evaluation by FACULTY NAME, which covered your NAME PRACTICUM ROTATION, while satisfactory, identified some important dimensions of your performance that need your immediate attention so that they can be improved. Specifically:

- 1) CONCERN 1
- 2) CONCERN 2
- 3) CONCERN 3

You are doing quite well in all other aspects of the program, so this feedback does not reflect a generalized concern about your skills and performance. You are doing quite well in your research and many of your therapy supervisors give you fully satisfactory ratings.

It is expected that you will address these concerns directly with your supervisors and that you will strive to improve your performance in ways that are observable and measureable in future practicum rotations. Your faculty mentor and supervisors will guide you through this process. The faculty will evaluate your progress, as we do for all enrolled practicum students, at our next practicum evaluation meeting at the end of DATE.

If I can be of assistance to you in addressing these concerns, please don't hesitate to call on me. Sincerely,

Russell M. Bauer, Ph.D., ABPP  
Professor and Director  
Doctoral Program in Clinical Psychology

[open all](#) | [close all](#) | [refresh](#)



**WELCOME Bauer,Russell M!**

**PROF & CHAIR**

**Reporting Year: (7/1/2013-6/30/2014)**

*Please use the menu options to fill in all relevant sections. Please return a signed copy of the report to the chair's office.*

This data is used to provide information about your activities for:

1. Annual Activity Report
2. Tenure and Promotion packet
3. Incentive plan
4. CEPH accreditation process

On the left hand side, you will see main menu which contains three entries - "Reports", "Current Fiscal Year" and "Professional". Click on the '+' adjacent to the folders to expand them.

**Reports:** This menu option can be used to generate a formatted report once all data has been input. Because the system maintains a history of all data entered, you will be able to generate reports by fiscal year.

**Current Fiscal Year:** This folder contains information pertinent to THIS FISCAL YEAR ONLY (7/1/2013-6/30/2014). Each of the menu items, when clicked, will open up a summary data pane with controls at the bottom to 'Add', 'View', 'Change', 'Copy' or 'Delete' information. Please provide entries to each ONLY if you have material to add; do not type 'NONE' or 'NA!' Data may be pasted into the text boxes or typed. For example, you can copy and paste directly from your CV. Click on the 'More' option if you have more than 1 line item to enter. It is important that you add new records for separate line items and not paste them all into one record (this will help us run an automated item count).

**Pre-loaded sections:** The following sections are pre-loaded for you each fiscal year:

- Courses Taught
- Course Evaluations
- Assignment

**Grants:**

Your grants information (Applied, Awarded and Ongoing) can be retrieved from the PHHP maintained grant database by clicking on the "**Retrieve Data**" button available on the

- [Presentations & Abstracts](#)
- [Continuing Education](#)
- [Case Conference Presentations](#)
- [Clinical Income](#)
- [Honors Received](#)
- [Other](#)
- [Goals](#)
  - [Reflection on Set Goals](#)
  - [Goals for Next Year](#)
- [Professional](#)
  - [Education](#)
  - [Previous Employment](#)
  - [Current Employment](#)

page. **Please note that data entry is disabled in this section.** Please contact your grants manager if you have any questions regarding data in this section.

**Professional:** This folder contains information that is relatively permanent (not annual). They need to be entered only once.

You can enter the data in one sitting, or you can come and go as you please. Be sure to save your work after you complete each page to avoid information loss. Once all the data is in, click on the "Reports" menu item to generate a final activity report.

PLEASE REMEMBER TO 'VERIFY' YOUR FAR BY CLICKING ON THE LINK ON THE BOTTOM FOOTER AFTER FILLING IN ALL SECTIONS.



**COLLEGE OF PUBLIC HEALTH & HEALTH PROFESSIONS  
PEER REVIEW OF TEACHING PROCESS  
CLASSROOM OBSERVATION FORM**

Date: \_\_\_\_\_ Number of Students Present: \_\_\_\_\_

Faculty Observed: \_\_\_\_\_ Length of Observation: \_\_\_\_\_

Course Title: \_\_\_\_\_ Name of Observer: \_\_\_\_\_

Directions for Observer: Please complete the information at the top of this form. Circle a response for every question below: 1=poor; 2=below average; 3=average; 4=good; 5=excellent; NA=not applicable. Provide comment in each section to support and elaborate your ratings. A below average rating should be explained. Return completed forms to the faculty member you have observed within one week. Thanks for taking the time to observe.

<b>Classroom Organization</b>	Poor					Excellent
1. Is prepared for class	1	2	3	4	5	NA
2. Maintains effective classroom pace	1	2	3	4	5	NA
3. Presents clear goals and objectives for the class	1	2	3	4	5	NA
4. Maintains focus on the goals and objectives of class	1	2	3	4	5	NA

Please comment:

<b>Presentation</b>	Poor					Excellent
5. Maintains students' attention/ interest	1	2	3	4	5	NA
6. Uses audiovisual aids appropriately; varies format of presentation	1	2	3	4	5	NA
7. Conveys enthusiasm and interest	1	2	3	4	5	NA

Please comment:

<b>Rapport</b>	Poor			Excellent		
8. Seems respectful of students	1	2	3	4	5	NA
9. Facilitates students' participation in class	1	2	3	4	5	NA

Please comment:

<b>Credibility</b>	Poor			Excellent		
10. Conveys competence in presenting material	1	2	3	4	5	NA
11. Responds to questions & alternative viewpoints constructively & nondefensively	1	2	3	4	5	NA

Please comment:

<b>Content</b>	Poor			Excellent		
12. Integrates readings into instruction	1	2	3	4	5	NA
13. Uses a variety of learning techniques	1	2	3	4	5	NA
14. Presents materials & assignments understandably	1	2	3	4	5	NA
15. Applies concepts to real-life examples	1	2	3	4	5	NA

Please comment:

<b>Laboratory Teaching, if Applicable</b>	Poor			Excellent		
16. Clearly explains & demonstrates tasks	1	2	3	4	5	NA

Laboratory Teaching, if Applicable	Poor					Excellent	
	1	2	3	4	5		
17. Ensures safety & provides careful supervision	1	2	3	4	5	NA	
18. Provides sufficient time for practice, discussion, & cleanup	1	2	3	4	5	NA	
19. Integrates information from field trips or site visits into class	1	2	3	4	5	NA	

Please comment:

For completion by faculty member who was rated on this form:

Please review the classroom evaluation feedback provided on this form. The feedback is meant to be constructive and to assist you in setting goals for your teaching effectiveness. In the spaces below, please feel free to respond to the reviewer's ratings and/or comments, and include a statement of your goals for improving/enhancing your teaching in the future. (If these goals have already been specified on another rating form, please state this.)

**PLEASE RETURN COMPLETED FORMS TO DEPARTMENT CHAIR**

## Directions for the 20xx Student Activity Report (SAR)

**PLEASE READ AND FOLLOW THESE DIRECTIONS VERY CAREFULLY, AS YOU ARE ENTERING INFORMATION FOR YOUR YEARLY ACTIVITY REPORT. THESE DATA ARE USED TO PROVIDE INFORMATION ABOUT YOUR ACTIVITIES FOR THE APA ANNUAL REPORT, THE “END OF YEAR” STUDENT EVALUATION MEETING, AND YOUR ANNUAL LETTER DOCUMENTING YOUR PROGRESS IN THE PROGRAM. THE REPORT SHOULD BE COMPLETED ON-LINE.**

This report covers activity taking place between July 1, 20xx and June 30<sup>th</sup>, 20yy. The deadline for completing this report is by the end of the day on Friday July X<sup>th</sup>. All information regarding publications, “in press” papers and chapters, and conference presentation data should be provided in APA format *and under the proper headings*. Please do not list non published items under “Publications”, items not accepted for publication under “In Press” or UF presentations under the “Professional Presentations” heading.

- 1) Access the student activity report entry system by going to the following URL <http://chp.php.ufl.edu/intranet/sar>, clicking on “Student Activity Report 2012) in the lower right portion of the screen and authenticating with your Gatorlink username and password. You can also access the SAR by going to the intranet on the department website and clicking on *Student Activity Report* under the *Graduate Student’s Only* heading. Note that you can have your CV open in a separate word processing program window and can cut and paste from that, or you can enter information directly by typing into the provided fields.
- 2) You will see a Welcome message (on the right) and the Main Menu Screen (on the left), which contains two entries: “My Folder”, and “Reports”. Click on ‘My Folder’ to expand it. You will see 16 menu items, starting with “Reviewed Journal Articles” and ending with “Miscellaneous”. Each of these menu items, when clicked, will open up an entry window (right side of screen). You should provide entries to each of these menu items only if you have material to add; do not type “none”.
- 3) Click on “Reviewed Journal Articles”. This section is for **peer-reviewed** journal articles that are **already published** (*you will have an opportunity to enter “in press” articles and chapters later – Papers that are simply “in preparation” should be listed under the “Miscellaneous” heading*). When you click, this will open up a horizontal panel of buttons on the right side of the screen. Click “Add” to add an entry in this field. After you have pasted or typed information for the first article, click “More” if you have more articles to enter, or “Save” if you are done entering articles. After clicking “More” or “Save”, you will see your entries listed above the panel of buttons. If you want to edit any entry, click on the radio button to the left of the entry you want to edit, and click the appropriate button (“View”, “Change”, “Copy”, or “Delete”). Clicking “Change” will allow you to edit the field.
- 4) Repeat Step 3 for “Other Publications”. This section is for other **published works** such as book chapters, published abstracts, or articles in non-peer-reviewed journals. Be sure to list everything on which you were an author.
- 5) Repeat Step 3 for any **works “in press”**. This includes peer-reviewed articles, book chapters, or other printed publication that have been accepted for publication but are not yet published.

6) The next section, “Professional Presentations” is to be used for presentations (paper or poster) at national, international, state, and local professional meetings. If the presentation is also associated with a published abstract, make sure it is also listed as an abstract in “Other Publications” above. Note that various “UF Presentations” should be listed in the next section rather than here.

7) In “UF Presentations” list any lecture, research meeting presentation or other oral presentation you gave at UF. **Do not include class presentations or first-year-project presentations.**

8) Click on “Prof Society Memberships”, and then “Add” to list the professional organizations (APA, INS, SBM, SRC, etc.) you belong to. Please spell out the organizations (e.g., “Society for Awesome People”, rather than (SAP). Continue clicking “More” until you’ve listed them all, then click “Save”.

9) For the next three items, list Community, Departmental, and University Service. Type or paste the information in. Remember to list one item per entry, clicking “More” until done, then “Save”.

10) List your Honors and Awards, one item per entry, clicking “More” until done, then “Save”.

11) List research education and training needs. What needs for education and training in research do you have for the next year? Repeat for clinical education and training needs. Continue clicking “More” until done, then “Save”.

12) List your Research Goals for the coming year (e.g., Defend master’s, publish two papers, etc.). Continue clicking “More” until done, then “Save”. Repeat for Clinical Goals.

13) In “Other Information”, use pull-down menus to provide needed information. Regarding the “Area of Concentration” pull down, select “Not Yet Declared” if you have not officially declared your area of concentration. This is typically done no later than the Fall of the 3<sup>rd</sup> year. In “Grant Supported Research”, select ‘yes’ if you were involved in any way with research that was supported by a grant, and ‘no’ if you were not. If you have questions, ask your mentor. For “Involved in Teaching?” pull down the check-box menu and check all that apply. For “Research Society Member”, select ‘yes’ if you belong to any research society, and ‘no’ if you do not. This may overlap with your answers to 8 above; APA is not a research society. For “APA Member”, select ‘yes’ if you are a student/associate member of APA, and ‘no’ if you are not. *The final three fields in the “Other Information” category ask you to list hours spent in clinical activities. This is required for APA accreditation reporting.* In “Total Face to Face Assessment/Tx”, enter the number of hours you actually spent interacting with patients. In “Total Support”, enter the number of hours you spent writing reports, scoring tests, attending case conference, or engaging in other activities (e.g., literature reading) that DIRECTLY support your clinical work. In “Total Supervision”, enter the number of hours of supervision you received, summed across assessment and therapy activities. Count individual and group supervision equally (e.g., 1 hour of group supervision should be counted as 1, even though your case received only 20 minutes of attention). **Note.** *If you have been involved in providing non-practicum related assessment and/or treatment services to patients as part of your assistantship, list this information under the “Miscellaneous” heading (#14, below). Use the same criteria for intervention, assessment, supervision, and support hours as is described above. Supervision hours should relate to*

supervision of these clinical activities and not simply supervision of the research aspects of the assistantship.

14) In “Miscellaneous”, add whatever additional information you feel is important but is not covered in the previous entries. This section would include papers that are “in preparation”, but not yet submitted or published, among other relevant items (e.g. clinical activities related to assistantship duties, as noted above)

You can enter the data in one sitting, or you can come and go as you please. *Be sure to save your work after you complete each page to avoid information loss.* Once all the data is in click on the “Report” menu item to generate a final activity report. Then print the report.

### **IMPORTANT**

**You should arrange to review your activity report with your mentor, especially as it relates to your clinical, research, and other training goals for the coming year. A hard copy of the activity report should be signed prior to your turning it in to the Graduate Program Office. Reports will not be accepted without a faculty mentor signature.**

**Signed activity reports are due in the Program Office by 5:00 PM, Friday, July 6.**

**Be sure and print a copy of the report for your records!**

[open all](#) | [close all](#) | [refresh](#)

-  Main Menu
-  Reports
  -  View
-  My Folder
  -  Reviewed Journal Articles
  -  Other Publications
  -  Works in Press
  -  Professional Presentations
  -  UF Presentations
  -  Prof. Society Membership
  -  Community Service
  -  Dept. Service
  -  University Service
  -  Honors/Awards
  -  Rsrch Ed & Trng needs
  -  Clin Ed & Trng needs
  -  Research Goals
  -  Clinical Goals
  -  Other Information
  -  Miscellaneous

(2014)

## WELCOME Student Name!

**Please use the menu options to complete all relevant sections**



*IMPORTANT: Please 'logout' when done.*

# CHP Student Activity Reporting System

open all | close all | refresh

- Main Menu
- Reports
  - View
- My Folder
  - Reviewed Journal Articles
  - Other Publications
  - Works in Press
  - Professional Presentations
  - UF Presentations
  - Prof. Society Membership
  - Community Service
  - Dept. Service
  - University Service
  - Honors/Awards
  - Rsrch Ed & Trng needs
  - Clin Ed & Trng needs
  - Research Goals
  - Clinical Goals
  - Other Information
  - Miscellaneous

**Student Name: Student X**  
**Fiscal Year : 2014**  
**Report Date : 5/14/2015**  
[Print report](#)

Area of Concentration	Not Declared
Involved in Grant Supported Research?	Y
Involved in Teaching?	Y
Paid TA?	N
Volunteer TA?	N
Supervised Teaching?	Y
>1 Guest Lecture?	Y
Research Society Member?	Y
APA Member?	Y
Face to Face Assessment Hours	10
Support Hours	5
Supervision Hours	6

**Peer-reviewed Journal Articles**

- article

**Presentations at Professional Meetings**

- presentation

**Presentations at UF**

- presentation

**Research/Professional Societies**

ASSOCIATION NAME	POSITION HELD
Society of X	OFFICER
Society of Y	MEMBER

**Department Service**

POSITION HELD	DESCRIPTION
Member	X Committee

**University Service**

POSITION HELD	DESCRIPTION
Member	Student X committee

**Community Service**

POSITION HELD	DESCRIPTION
volunteer	Gave talk to Alzheimer's association

**Honors/Awards Received**

- Honor 1

#### RESEARCH EDUCATION AND TRAINING NEEDS

Learn more statistics  
Develop clinical trials expertise  
Learn how to write fundable grants

#### CLINICAL EDUCATION AND TRAINING NEEDS

More experience with X  
See more patients with Y  
Develop skills and competencies with Z

#### RESEARCH GOALS

Finish subject recruitment on Ph.D. dissertation  
Submit two manuscripts  
Defend dissertation

#### CLINICAL GOALS

More X,Y,Z  
Learn how to administer X intervention and Y assessment

Last updated: Wed Jun 8, 2011



**PRACTICUM TRAINING LOG  
INTERVENTION**

Name: \_\_\_\_\_

Class: 1 2 3 4 5 Rotation: Year \_\_\_\_\_ Fall Spr Sum

Case #/ Source	Patient Information				Service Information				Supervision Information		
					Intervention						
	Age/ Sex	Diversity	SES	Problem	Type of Treatment	Theoretical Orientatio n	Special Procedures	Contact Hours	Supervisor	# Individ. Hours	# Group Hours

---

**USE SEPARATE LOG FOR ASSISTANTSHIP** Total Contact Hrs. \_\_\_\_\_ T otal Supervision Hrs. \_\_\_\_\_

## APPENDIX O: SURVEYS OF CURRENTLY ENROLLED STUDENTS AND PROGRAM GRADUATES

### Default Question Block

What year did you enroll in the program?

Enter year here  ▼

**PART 1: FOR EACH ACTIVITY LISTED BELOW, PLEASE RATE HOW SATISFIED YOU ARE WITH THE QUALITY OF EDUCATION AND TRAINING YOU HAVE RECEIVED THUS FAR IN THE PROGRAM. USE 'NA' IF YOU HAVE NOT YET HAD EXPERIENCE WITH A PARTICULAR ACTIVITY.**

**Direct Clinical Service: Overall, how satisfied are you with training in assessment, intervention, and consultation?**

	Very Dissatisfied	Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Satisfied	Very Satisfied	NA
6.23 Assessment	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>				
5.08 Intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.21 Consultation with other Professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Research: Overall, how satisfied are you with the following aspects of your research training?**

	Very Dissatisfied	Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Satisfied	Very Satisfied	NA
6.11 Training to perform independent research	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>				
5.73 Training in multidisciplinary research/team science	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>				
5.91 Development of your conceptual skills as a researcher	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>				

5.63	Development of technical laboratory skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.15	Training in publication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.79	Training in grant-writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.67	Access to your mentor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Supervision: Overall, how satisfied are you with the following aspects of supervision and supervision training?

	Very Dissatisfied	Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Satisfied	Very Satisfied	NA
5.86	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.47	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.28	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Didactic Classroom Instruction: How satisfied are you with the quality of the classroom instruction you have received in the following areas?

	Very Dissatisfied	Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Satisfied	Very Satisfied	NA
5.43	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.44	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.69	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>				

3.68	Psychology Core (cognitive, social, developmental, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.68	Public Health coursework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.13	Other Advanced Electives outside CHP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PART 2: LISTED BELOW ARE A NUMBER OF POPULATIONS. PLEASE INDICATE, COMPARED TO YOUR IDEAL, HOW MUCH EXPOSURE YOU HAVE HAD TO THESE POPULATIONS IN THE COURSE OF YOUR CLINICAL TRAINING. IT IS RECOGNIZED THAT STUDENTS EARLIER IN THE PROGRAM MAY NOT HAVE HAD AS MUCH EXPOSURE AS THOSE LATER IN THE PROGRAM, AND YOU SHOULD TAKE THAT INTO ACCOUNT WHEN MAKING YOUR RATINGS. THIS ITEM ASKS YOU TO RATE YOUR EXPERIENCES BASED ON YOUR EXPECTATIONS FOR EXPOSURE AT THIS POINT IN YOUR TRAINING.

	Far too Little	Too Little	About Right	Too Much	Far too Much	NA
Toddlers	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adolescents	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adults	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aged	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Persons with disabilities	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ethnic Minorities	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gay, Lesbian, Bisexual, Transgender	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Men	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rural	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inner City	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upper SES	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Middle SES	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lower SES	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inpatients	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatients	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seriously Mentally Ill	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Persons with terminal illness	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## RATE THE AMOUNT OF EXPERIENCE YOU HAVE HAD IN THE FOLLOWING AREAS.

	Far too Little	Too Little	About Right	Too Much	Far too Much
Experiences that build knowledge of APA Ethical Principles	<input type="radio"/>	<input type="radio"/>	X <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities to apply ethical principles to real-life examples	<input type="radio"/>	<input type="radio"/>	X <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities to acquire knowledge of Clinic policies and procedures	<input type="radio"/>	<input type="radio"/>	X <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities to develop psychometric concepts and skills	<input type="radio"/>	<input type="radio"/>	X <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training in the range of available statistical analysis techniques	<input type="radio"/>	<input type="radio"/>	X <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training in how to independently run and report a statistical analysis	<input type="radio"/>	<input type="radio"/>	X <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training in how to plan an intervention - linking assessment results to interventions	<input type="radio"/>	<input type="radio"/>	X <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Experiences that help me develop basic helping skills	<input type="radio"/>	<input type="radio"/>	X <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training in how to implement and conduct an intervention	<input type="radio"/>	<input type="radio"/>	X <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training in how to evaluate the progress of treatment	<input type="radio"/>	<input type="radio"/>	X <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presenting a patient at interprofessional rounds or meetings	<input type="radio"/>	<input type="radio"/>	X <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing knowledge in the scientific foundations of professional practice	<input type="radio"/>	<input type="radio"/>	X <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to take the lead in writing a manuscript	<input type="radio"/>	<input type="radio"/>	X <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to take the lead in writing a grant	<input type="radio"/>	<input type="radio"/>	X <input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Making an independent research presentation

**PART 3: LISTED BELOW ARE SOME CLINICAL PROBLEMS/ISSUES. RATE THE QUALITY OF THE TRAINING YOU HAVE RECEIVED IN WORKING WITH PATIENTS AFFECTED BY THESE PROBLEMS**

	Poor	Fair	Good	Very Good	Excellent	NA
3.4 Developmental disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.5 Chronic mental illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.9 Chronic medical illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.0 Crisis intervention	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.8 Health promotion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.8 Substance abuse	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.7 Victimization/abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.9 Couples issues	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.2 Family problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.2 Inpatient psychiatric	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.7 Neurologically impaired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.3 Anxiety disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4.1 Affective disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3.2 Personality disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.0 Eating disorders	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.4 Program development and evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.0 Public policy	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.3 Chronic disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.3 Emotional adjustment to stressor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4.0 Impact of medical/surgical interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.3 Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.7 Employee Assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.8 Compliance/adherence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**PART 4: PLEASE RATE HOW SATISFIED YOU ARE WITH EACH OF THE FOLLOWING ITEMS**

Very  Somewhat  Somewhat  Very

	Dissatisfied	Dissatisfied	Dissatisfied	Neutral	Satisfied	Satisfied	Satisfied
5.7 Your relationship with your mentor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	X <input type="radio"/>	<input type="radio"/>
5.5 The quality of the research mentorship you've received	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	X <input type="radio"/>	<input type="radio"/>
5.6 Role modeling by faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	X <input type="radio"/>	<input type="radio"/>
6.1 The opportunity to obtain supervision from multiple faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	X <input type="radio"/>
5.8 Student-faculty relations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	X <input type="radio"/>	<input type="radio"/>
4.8 How your clinical performance and productivity is evaluated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	X <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.2 How your research performance and productivity is evaluated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	X <input type="radio"/>	<input type="radio"/>
4.5 The amount of feedback you receive about your activity and progress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	X <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.5 Support you receive from other students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	X <input type="radio"/>
5.7 Support you receive from faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	X <input type="radio"/>	<input type="radio"/>
5.8 Support you receive from program administrators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	X <input type="radio"/>	<input type="radio"/>
5.2 Clinical Facilities and space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	X <input type="radio"/>	<input type="radio"/>
5.4 Research Facilities and space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	X <input type="radio"/>	<input type="radio"/>
5.5 Computer resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	X <input type="radio"/>	<input type="radio"/>
5.6 How well you are trained to integrate theory, research, and practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	X <input type="radio"/>	<input type="radio"/>
3.9 The process by which therapy cases are assigned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	X <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.8 The process by which you select your major research focus and projects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	X <input type="radio"/>	<input type="radio"/>
3.9 The Qualifying Exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	X <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.8 The FYP/Master's thesis process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	X <input type="radio"/>	<input type="radio"/>
5.2 Training in how to write reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	X <input type="radio"/>	<input type="radio"/>
Training in how to conduct							

5.5	diagnostic interviews	<input type="radio"/>	X	<input type="radio"/>	<input type="radio"/>				
5.2	Training in how to operate on an interprofessional team	<input type="radio"/>	X	<input type="radio"/>	<input type="radio"/>				
5.5	Financial support (stipend/tuition/healthcare)	<input type="radio"/>	X	<input type="radio"/>	<input type="radio"/>				
4.7	Opportunity to obtain travel funds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	X	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.7	Opportunity to write grants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	X	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.3	Opportunity to write manuscripts for publication	<input type="radio"/>	X	<input type="radio"/>	<input type="radio"/>				
6.0	The reputation of CHP in the Health Science Center and University	<input type="radio"/>	X	<input type="radio"/>					
6.1	The reputation of CHP nationally	<input type="radio"/>	X	<input type="radio"/>					
5.7	Access to research collaborators	<input type="radio"/>	X	<input type="radio"/>					
5.4	Training in APA Ethical principles	<input type="radio"/>	X	<input type="radio"/>	<input type="radio"/>				



What experiences during your tenure in the program have been MOST helpful to your current functioning as a psychologist-in-training? Be as specific as possible.

What experiences during your tenure in the program have been the LEAST helpful to your current functioning as a psychologist-in-training? Be as specific as possible.

Is there any body of knowledge or skills that you wish was a part of the curriculum but is not currently available?

Yes (specify)

No

If you wish to comment on any of your answers or on any additional topic, please type your comments here.

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## 2014-2015 Anonymous Student Survey Comments

### What experiences have been particularly helpful to you?

Diversity of cases in both assessment and therapy; well-rounded clinical training; creating long lasting supervision experiences with multiple faculty

Qualifying exams (in terms of learning more about my subject area & preparing for dissertation); first year symposium; core rotation (wide variety of patients and assessments)

Having older students that I can go to for help, advice, or knowledge however an official buddy system would be even more helpful

Working with a multidisciplinary medical team.

The opportunity to function independently on the advanced rotations, including presenting at interdisciplinary consensus meetings.

Access to a very student-oriented, and nationally successful mentor with decades of experience and expertise. Exposure to multiple faculty orientations and styles which has aided in case conceptualization.

Advanced practicum experiences; ability to develop own unique dissertation idea

The ability to access university affiliated resources outside of the department, i.e. collaboration with other students in public health and health professions, the ability to take courses in health administration and public health, the flexibility to obtain faculty mentors from other departments throughout health sciences.

First Year Presentations; Quality mentorship clinically and in research

The collegiality of the program, the focus of clinical faculty on adequate training and gradual exposure,

Students in my lab and in the program have by far been my most valuable asset.

Variety of practicum experiences and supervisors available.

The ability to learn from older students and interns. Some faculty are intimidating and one may feel somewhat discouraged to ask "stupid" questions.

- 1) The variety of practica experiences.
- 2) The training in statistics.
- 3) Clinical assessment supervision

My specific relationship with my mentor and committee; my co-therapy experience with other trainees; working closely with Dr. Waxenberg and Dr. Durning in treatment planning; My assessment at FADC and on Neuro (with Dr. Bowers)

My experiences in assessment across multiple populations (due to core and advanced rotations) has been the most helpful. Any where I work in the future, I can say I've had experience with health psych, child, neuro, and GMH.

Research opportunities leading to publications (the clinical-research emphasis was helpful in allowing a concentration on research). The NP assessment rotations were excellent.

(In no particular order) 1. Advanced NP course with Dr. Bowers 2. Advanced Pracs 3. Qualls reading and experience 4. opportunity to run studies independently 5. diss proposal process

Early exposure and involvement in research & case presentations (e.g., neuropsych brown bag)

Statistics classes, first year project, talking about specific therapy cases with professors (e.g. in psychopathology classes)

Having come from very little formal background/training specific to psychology, everything has been incredibly important and helpful. Direct patient interaction and being able to conceptualize cases with clinical faculty helped me figure out my own biases or tendencies in a diagnostic context.

Getting feedback from live supervision and from the videotapes; Advanced Psychotherapy class with Dr. Rozensky

My core rotations and advanced practica have been the richest learning experiences so far.

I have had a lot of opportunities to present research both in publications and conferences, and I feel my research productivity gets acknowledged and praised

Specific supervisors, Core assessment year, supportive/collaborative student environment

I believe that working with many supervisors has been helpful so as to learn various styles of supervision.

Completing the first year project and master's thesis. Starting CORE practicum.

Mentorship from older graduate students in my lab, support from supervisors to gain experiences I seek out

The requirement of the core clinical rotations in the second year.

wide variety of clinical experiences

1. Watching the one CBT video in assessment class. 2. Observing supervisors give verbiage to patients directly (e.g. observing a supervisor complete an intake before doing it ourselves). 3) observing my peers do assessments/therapy. 4) Watching my therapy tape with Dr. Rozensky and having him pause the video to comment on what's going on. 6) having an older student as a "peer supervisor" - someone who watches all my tapes, practices how to explain things to patients with me. 7) OVERALL: observing before doing!!!!!!! Whether that be observing other students or (ideally) observing supervisors - it REALLY speeds up the learning curve in terms of figuring out how to set up sessions/intakes/expectations. I have especially appreciated Dr. Waxenberg's approach of setting up supervision/intakes by first talking about what her expectations are of me, how I can conceptualize what the goal of each therapy session is, and then more specifics of what to do. I also appreciate Dr. Waxenberg's developmental approach and the fact that she gives more direction/guidance now, as we are just beginning therapists.

Really, pretty much all of the practical clinical and research experiences that I've done have been great.

My mentorship experience has been excellent so far!

The intervention experiences I've gotten through research have been very helpful for my career trajectory.

There are specific faculty members who have been exceptionally supportive and helpful in challenging me and supporting me as a trainee! I think the relationships with faculty as mentors and role-models matter more than the specific content of research or coursework in developing ourselves as young professionals.

The opportunity to work with multiple faculty to explore my research interest is most beneficial

I had a fantastic clinical supervision experience that I think every student should have for at least one case. It's time-intensive, but extremely

helpful. It involved tiered supervision, meeting 1/2 hour per week with an intern and 1/2 hour per week with both the intern and the clinical supervisor. I think the people that make up this program are our biggest asset - the office staff are so friendly and helpful, the faculty are very willing to consult with students and offer advice, and students really want to help each other out.

core rotations; seeing therapy patients; preparing for fall symposium;

Development of a broader understanding of physical health conditions and the effective use of EMR. Exposure to patients with complex physical and mental health concerns. Supervision from a variety of therapeutic orientations.

Theoretical foundations and evidenced-based assessment and treatment across the lifespan, while allowing for an area of concentration/focus. live clinical supervision; mentors who facilitate social networking for students with other faculty within UF and outside of UF at conferences

Our ability to work on interdisciplinary teams, receive training in a variety of different environments offered through the program and seek help from other students in the program has been a very important part of my training thus far. My research training has been a wonderful experience, and I feel that I have received very good support, time with my mentor and access to the necessary tools for conducting my research. The process set in place for FYP/Masters made it very easy to complete my masters thesis on time, and prepared me for the milestones I was expected to meet in my second year. Clinically, having understanding advisers and helpful higher level students made the learning process while on clinic less stressful.

I think the collaborative and supportive nature of our student body has been invaluable as an incoming first year.

faculty collaboration

Experience doing mock interviews and continuing dialogue with faculty members and older students.

Exposure to a variety of supervisors and clinics has been excellent and gives us a chance to begin tailoring our clinical experiences to our interests

Assessment rotations and statistics courses have been the most helpful so far.

The collaborative atmosphere among trainees, as well as faculty, makes the learning environment more supportive. I am able to reach out to other trainees for peer supervision when faculty are not as available. In addition, faculty members in my area have made themselves available to me to help with clinical supervision, research mentorship, and professional issues.

**What experiences have you found the least helpful?**

The time spent on coursework is preposterous by the end of 3rd year. Especially classes outside of our department that are not entirely vetted by our faculty (history of psychology, physiological psych, social, developmental). So much emphasis on coursework is the opposite of what we are driven to do by mentors and faculty, which is to publish and see patients.

The amount of child assessment work (as an adult-focused student); several neuro-based classes (as a non-neuro student)

The slow start during year one. There has got to be a way to integrate students smoother so there isn't this need to have a steep learning curve on so many various activities during second year.

Cognitive Neuroscience with Perlstein. Core classes like social psych, dev. psych, hx of psych.

The clinical evaluation process has not be helpful. I feel that the comments from the clinical progress committee are often random and simply seem out-of-touch with my clinical goals/needs.

Difficulty in obtaining therapy patients, general ambiguity in administrative and program-related processes. Didactic training has been of limited utility. The program emphasizes conducting research and therapy without enough emphasis (didactic and otherwise) on the theoretical and conceptual foundations (philosophy of science, different clinical orientations, etc).

Some non-CHP courses (e.g., History) are not helpful and create an overburden (e.g., expectation to read and memorize 1000+ textbook pages of material 3x/semester without class notes or structure)

The required courses outside of the department that are not tailored to the needs of CHP students (developmental psychology). I am most disappointed with the lack of substance use, group therapy and family therapy training I received in the program.

The inability to travel to conferences due to finances

Lack of feedback/guidance on research projects at several junctures during my early training, some difficulty getting supervision for therapy cases (supervisor-specific), not getting feedback on some clinical assessment practica deliverables (reports/clinical progress) or not getting until after the rotation is over

Courses outside our department (history of psychology), lack of co-therapy/shadowing therapy during first year

Outside CHP core classes (social, developmental, cognitive, epi, ect.), Public Health, IFH

Theoretical orientation of supervisors should be more diverse or at least, inclusive. CBT is pushed for most patients and this is not always the best course of action. I don't feel that we get training in any other orientation except CBT.

Public health requirements.

Our clinical training both for individual intervention and interprofessional teams is poor. We need more experience watching faculty do therapy, watching older students do therapy, seeing faculty work on teams, and doing co therapy. Right now, most students feel "tossed in" to their first therapy experiences.

Psychology core classes (social, developmental, history) were of little value (I took all those classes in undergrad), however since they are APA required it was nice that they were minimally burdensome.

changes in administrative staff have been disruptive and cause unnecessary stress; the qualifying exam process should be completely revamped so that there is a product that comes out of the process (publication, EPPP, etc.)

non-CHP psychology classes (e.g. social, developmental),

IFH course

More organized administrative would be helpful!

IFH

Developmental Psychology taught by Psych Bldg was not an informative class

Courses. Except for a select few advanced courses taught by CHP faculty and the first-year clinical workshop course, the coursework required for the program has been taught in a very uninspiring fashion. Three hour powerpoints and multiple choice exams don't actually teach us much of anything about being scientists or clinicians, and many of them don't move beyond undergraduate level topics. I had expected graduate-level coursework to include a lot more independent information-seeking, group discussion, critical thinking and creative integration of psychological theories, concepts and methods.

My greatest concern with the program is the quality of supervision. I perceive that faculty are significantly overwhelmed and although all are willing to help, it is the prerogative of the student to badger or insist that faculty engage in either live supervision or watch video tapes. This should be standard procedure, especially for young trainees. This is particularly true for inpatient experiences, where we have a wealth of

opportunity but could use significantly more guidance.

Therapy supervision could be much better from some supervisors, limited classes on therapy

I wish that our program was more hands on about providing resources to students for therapy. Being given information about manuals before receiving therapy patients would have been very helpful for conceptualization. In addition, it was frustrating that attempts to learn about career paths other than academia are discouraged and taboo to discuss. We also need more diversity training and would benefit from a class on it.

My funding source isn't really tied to my development as a psychologist (though I know this is pretty anecdotal; most of my peers are on grants that are related to their area of interest)

Some of the required general courses were unhelpful and irrelevant (e.g. History of Psychology)

general classes such as social psych, history of psych

1) Beginning supervision (or a new clinical rotation) without explaining what is expected of us (how we should prepare for supervision, what we are expected to say during supervision). Also in supervision - asking us what happened during the session, as this is simply our perceptions of what happened. 2) Assuming that we can learn a treatment by reading a manual (that we are not exposed to during first year, and are expected to read and know within a week of getting assigned a case). 3) constantly changing supervisors so there is no continuity and no one supervisor can observe my growth over time.

I have found course work to generally be lacking and taking away from practical experiences. I didn't really learn much except for my area-specific courses. The assessment course definitely needs to be improved.

IFH has been least helpful...

It would be great if Treatment class focused more on how to deliver certain types of treatment. For example, have students read about the research behind the treatments for homework and then spend class time teaching practical skills (e.g., how to explain CBT to a patient, how to work through ELVES, how to deliver CBT for depression, etc.)

Taking the assessment class so many months before starting clinic ... I forgot a lot of what I had learned. Having the assessment course taught by two professors who appear to not like each other or the teaching of the course. The variability in support received prior to beginning a new Core rotation. While some supervisors were very directive and clear in their expectations, others offered little guidance and then were tough

on students for not knowing what was expected of them.

None at this early junction

The biggest issue that comes up for me is the lack of feedback received for both clinical and research work. The yearly letter that reviews my research progress is always vague and not specific to me. It would be enormously helpful to know more directly what areas I can focus on to improve. For my clinical work, it seems like most supervisors avoid giving "constructive criticism" and instead give generic positive comments. Real recommendations, as opposed to "Get more experience working with X population," would be so helpful!!

I think it would be helpful to have more thorough training for non-neuropsychology students in preparing for neuropsych core rotation. The videos online cover very few tests and the only real way to learn is to practice. It may help to have a system in place where an older student helps a younger student or where all students attend a workshop. Also, we would benefit from a more structured training for operating in the clinic (NERVE, how to send letters and faxes, release forms, TARs, routing reports, etc.) at the start of 2nd year core (not at the beginning of 1st year - too early, everything is forgotten by the time core starts).

assessment course; ethics course;

The amount of required coursework makes it difficult to incorporate advanced electives.

Inconsistent or limited feedback on reports and testing scoring/accuracy.

current format of quals, thesis, and dissertation do not often readily translate to scientific product (i.e., publication)

The way in which therapy cases are assigned has been a point of significant stress during my time here. Having random cases assigned out of the blue makes it difficult to plan and schedule, especially when other areas of the program become more time-intensive. Because therapy patients are sometimes a very long-term commitment, having cases that are not expected or in the area (age/gender/diagnosis) in which I am hoping to get more experience or hours treating, it makes it difficult to take on more patients when I know that they are not in the area I need experience treating. As a student, it is difficult to turn down new cases, but it is also difficult to take on new cases when they are essentially the same type (age, gender and diagnosis) as multiple patients I already have for therapy. Having a system where students can select therapy patients/the assigned cases are tracked so very similar cases are not assigned to the same student would be very nice. Also, having a co-

therapist/higher level student helping to plan and advise on the case would be very helpful. Although our therapy class was useful to setting the foundation for therapy skills, I would have liked to have more directly supervised (during the appointment time) opportunities to learn how to conduct specific interventions for especially complex cases. Having more experience/support would make the initial therapy experience much less stressful, and would help build confidence for new therapists. Similarly, having the opportunity to take Neuroanatomy before starting 1st year would be really helpful, as it would be helpful to have this background before starting on research and on my neuro rotation.

I don't feel that the online Public Health course added anything to my education.

IFH

Interdisciplinary Family Health

I feel that the initial therapy training we receive is inadequate. While the summer therapy class is helpful, I think our initial training cases should involve more intensive instruction. For example, perhaps the supervisors can watch part of the session and provide feedback to the therapist before the session is over on style, content, process, etc. This could be required for the first few cases but then tapered as the trainee gains more experience.

Limited training in treatment methods (such as use of manuals, instruction in when and how to implement specific techniques, etc.)  
Clinical supervision is at times lacking. There needs to be significantly more opportunities for students to observe licensed psychologists in assessment, intervention, and consultation activities before performing them independently. In addition, use of new video equipment should be utilized more frequently for more effective supervision.

**What Content is not Covered in the Curriculum that you would find helpful?**

I would like to see training evaluating cost effectiveness, as this is becoming important to 'show our worth.' Many students have no idea how billing works or how we would even go about doing this

Psychopharmacology, More therapy classes

training in other kinds of therapy such as ACT or MI

Training in basic behavioral principles and learning; Theoretical bases of therapy

A CHP-run Marsiske-style neuroimaging statistics course would be amazing!

Eating Disorders

Death, dying, spirituality and health

Keep psychotherapy with older adults! Also, imaging training for neuropsychologists?

Cultural competency in therapy

scientific writing

Increased learning opportunities for therapeutic interventions.

An introductory course to prepare students for Core Rotations

instruction in manualized treatments

Psychopharmacology

**Please make any other comments you would like to make here.**

I think we have more opportunities than similar programs in terms of patients but the patient load is not distributed in a way to ensure a variety of cases and equal distribution among students (in terms of types of patients and cases as well as supervisor variety). I wish I had received/was receiving more research mentoring especially in terms of learning how to write manuscripts and grants and being included on publications.

More Med/Health electives would be greatly appreciated (could be made possible by focusing on hiring more health faculty to replace some recent departures).

Therapy patient assignment is not always based on skill and when first starting out, it would be helpful to start with a more straightforward case (i.e. manualized) so you don't feel completely and hopelessly lost during your sessions-- at least until you get 1 or 2 patients in.

The lifespan psychopathology course focuses on DSM, which we are told is agnostic with regard to etiology. This doesn't mean we have to be. I think it would greatly benefit future students if more information is included on the psychological theories (in addition to the mostly psychiatric views) of the etiology of these conditions, specifically those that would help us conceptualize a treatment plan. When I took the class, it was a class on memorizing the DSM as a classification system. I was first formally introduced to some of these concepts while teaching, through supervision experiences (depending on orientation), and some on the intervention course. 2) I also think that all clinics should provide a structured overview of the relevant procedures and policies to every trainee when starting a rotation, without relying so much on past trainees or older word documents to pass on this information. 3) It seems like the therapy assignment procedures can be improved. I don't know how, exactly, but it appeared idiosyncratic rather than driven by our training needs. If it is driven by our training needs, perhaps communicating that in the assignment emails would be helpful. The interplay between formal assignments and "black market" assignments needs to be clarified or legitimized so that students know the best way to request certain types of cases or experiences.

Please reform our clinical training. If you offer to hold an open discuss about clinical training concerns, I am convinced that students would appear and give you feedback. It is about so much more than therapy assignment. Therapy assignment is the least of our problems.

One thing I wish I had a better handle on is statistics; I went through all the classes, but it was at such a high speed that I was always struggling to keep up. I think this prevented me from fully understanding the material and becoming confident in my ability to perform different analyses. That is one thing I look back on and wish were different in my training.

My research experiences were lab specific and has little to do with the training structure (except for stats/research classes, which are excellent).

I have been impressed with Dr. Bauer and Dr. Janicke's leadership as they have stepped into unexpected roles and done so with grace

With regards to some of the lower ratings on the clinical population related questions, that is a reflection of my own current experience and not any kind of indictment on the program in general. I believe that access to all of those populations is available and the experience can be gained within the program.

I would also like to gain feedback on my clinical and research performance generally compared to typical students in my graduating year and area of study. This is more of a checklist to ensure that I am "on track" for internship and post-doc positions prior to graduation. It is not for lack of collective brilliance and dedication that CHP has fallen short of my expectations and left me unsatisfied with my training. I feel very lucky to have the opportunity to work with all of CHP's amazing faculty, students and staff each day. I just think we are due for a shift in the way we mentor and develop students. Grad students are highly capable, hard-working and intelligent, but we are also insecure, exhausted, and very new to all of this. We also get conflicting messages about what is expected of us, which not only stresses us out, but leads to a lot of missed opportunities and wasted potential. For example, if we are expected to come up with creative research ideas, why are so few students co-

mentored? Why is there so much pressure to complete all our milestones and leave for internship “on-time” (4 or 5 years), leading many to choose dissertation topics that are “feasible” rather than compelling? If we are expected to be go-getters who seek out new opportunities for funding, why does the department offer so few opportunities for training in grant writing? Why are the students who get that experience by working on their advisor's grants often still expected to fulfill all their other responsibilities simultaneously? Additionally, we spend the majority of 1st and 2nd year listening to lectures and filling in scantrons, but when symposium and defense rolls around, we are suddenly expected to eloquently present and defend our independent research ideas to an audience of our superiors. Fast forward to Quals, and we are required to practically withdraw into solitude in order to memorize a giant stack of articles, theoretically integrate and apply it for 6 hours in a total vacuum, and then, like a butterfly emerging from its cocoon, stand in front of a jury of experts we admire/fear (all of whom have at least 10 years more experience than we do) and confidently defend our reasoning with detail, clarity, and humility. I don't think I'm the only student to feel like I'm constantly navigating a thin line between arrogantly overstepping the bounds of my inexperience and sounding like an unmotivated idiot.

Overall my experience at UF has been fantastic. I have seen a range of patients and had a wealth of opportunities. I think more devoted clinical faculty would be helpful (be it dedicated post-docs or other) as this would improve the quality of our clinical training. The support from the faculty overall is fantastic.

My rankings may seem very harsh, but I tried to be as honest as possible. I see a lot of great changes happening in the past couple of months, and I really appreciate all the work all the faculty (and particularly Dr. Bauer) are doing to start a conversation with students and assess where our strengths are, and where we feel we need more support. We have SO many wonderful opportunities here, which is such an outstanding strength of our program. I worry about the emphasis on quantity over quality and am concerned that I might make it out of the program without ever having a solid basis in skills, without ever having been observed and had my in-person therapy skills assessed and deemed appropriate by my supervisors.

I feel very lucky to have gotten into my first choice PhD program, but there are a very areas that I think could benefit from some changes. For example, I have been somewhat dissatisfied in the formality of student-professor relationships; I had hoped for a culture where true relationships (e.g., going out to coffee with professors) are the norm, but I think our professors are so busy with the pressures of a Research 1 environment that there is minimal time for informal mentoring.

I think we should think about the way Core assignments are determined and should figure out a way to take into account individual coursework schedules and things like master's thesis as well as Area. Although no sequences of rotations will make everyone perfectly happy, there are some rotations at some points during the second year which create very unhealthy conditions for students.

Some of my clinical training and courses were great, some were not as much. The above responses are an average. Overall, I think the program does a great job providing resources for students.

I'm very pleased with the program thus far. My two recommended areas of improvement are: how therapy cases are assigned, and assistance with planning course trajectory (we need more reliable information, as far ahead of time as possible, regarding which courses will be offered when. The course handbook is not very helpful for this)

it would be helpful to have goals in place from the beginning with the plan of study that are actually followed up on throughout the program. this is done automatically every year on the SAR but nothing actually happens with the goals that students enter to my knowledge. may be useful for mentors/students to actually discuss them and follow up on them on a regular basis to check on scientific and clinical progress and to provide more consistent feedback throughout the year.

Overall, this program has been wonderful. I feel that I am getting great training and have the opportunity to learn and grow independently in areas that are of specific interest to me. However, I would really like to see a higher level of support for newer therapists, either with co-therapists/higher level students who can help plan and conceptualize sessions and possible questions that may arise on more complex cases or with observing more cases prior to starting with my own patients. The cases I do have have been a great learning experience - I just feel that I would be a better, more confident therapist if I had more support in the process.

As a first year, I don't yet have clinic experiences to comment on so I had to skip many of those questions.

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## 2014 Clinical & Health Psychology Alumni Survey

### Default Question Block

SECTION 1: CONTACT INFORMATION. Please provide all information with which you are comfortable. IF YOU WOULD PREFER NOT TO PROVIDE SPECIFIC INFORMATION, TYPE "N/A", but please provide at least one means of contacting you (e-mail, phone)

First Name

Middle Initial

Last Name

Preferred e-mail

Office Phone

Cell Phone

If you had another name when you were enrolled in the Ph.D. Program, enter it here

SECTION 2: ENROLLMENT DATA. Please answer each question below.

Year of Initial Enrollment into the UF Ph.D. Program in Clinical Psychology

Select Year

Month, Year (e.g, December, 2014) of Graduation (NOTE: "Year" cannot be selected until "Month" is selected)

Month

Year

What was your major area of concentration while you were enrolled in the program?

- Clinical Health Psychology
- Clinical Neuropsychology
- Clinical Child/Pediatric Psychology
- Emotion Neuroscience

Who was the Chair/Primary Mentor of your M.S. Committee? (Note: You can enter multiple names if there was a Co-Chair arrangement.)

Who was the Chair/Primary Mentor of your Ph.D. Committee? (Note: You can enter multiple names if there was a Co-Chair arrangement.)

SECTION 3: INTERNSHIP AND POSTDOCTORAL TRAINING INFORMATION. Please answer each question below.

### Internship Program

Name of Program

Location (city, state)

Start Date (mm/dd/yyyy)

End Date (mm/dd/yyyy)

Which of the following setting descriptors best describes your INTERNSHIP setting? (check all that apply)

- Community Mental Health Center 8.7%
- Health Maintenance Organization 0.0%

- |   |       |
|---|-------|
| <input type="checkbox"/> Medical Center                   | 58.7% |
| <input type="checkbox"/> Military Medical Center          | 0     |
| <input type="checkbox"/> Private General Hospital         | 1.9%  |
| <input type="checkbox"/> General Hospital                 | 6.7%  |
| <input type="checkbox"/> Veterans' Affairs Medical Center | 41.3% |
| <input type="checkbox"/> Private Psychiatric Hospital     | 3.8%  |
| <input type="checkbox"/> State/County Hospital            | 1.9%  |
| <input type="checkbox"/> Prison/Correctional Facility     | 0     |
| <input type="checkbox"/> School District/System           | 2.8%  |
| <input type="checkbox"/> University Counseling Center     | 2.8%  |
| <input type="checkbox"/> Medical School                   | 20.1% |
| <input type="checkbox"/> Consortium                       | 28.8% |
| <input type="checkbox"/> Other (specify)                  |       |

Postdoctoral Program (IF "NONE" ENTER "None" under "Name of Facility")

Name of Facility	<input type="text"/>
Location (City,State)	<input type="text"/>
Start Date (mm/dd/yyyy)	<input type="text"/>
End Date (mm/dd/yyyy)	<input type="text"/>

Which of the following setting descriptors best describes your POST-DOCTORAL FELLOWSHIP setting? (click all that apply)

- |  |       |
|--|-------|
| <input type="checkbox"/> Community Mental Health Center  | 3.8%  |
| <input type="checkbox"/> Health Maintenance Organization | 0.9%  |
| <input type="checkbox"/> Medical Center                  | 44.2% |
| <input type="checkbox"/> Military Medical Center         | 1.0%  |
| <input type="checkbox"/> Private General Hospital        | 1.9%  |
| <input type="checkbox"/> General Hospital                | 2.8%  |

O24

<input type="checkbox"/> Veterans' Affairs Medical Center	18.2%
<input type="checkbox"/> Private Psychiatric Hospital	0
<input type="checkbox"/> State/County Hospital	2.9%
<input type="checkbox"/> Prison/Correctional Facility	0
<input type="checkbox"/> School District/System	0
<input type="checkbox"/> University Counseling Center	1.0%
<input type="checkbox"/> Medical School	24.0%
<input type="checkbox"/> Consortium	2.9%
<input type="checkbox"/> Did not do a post-doctoral fellowship	3.8%
<input type="checkbox"/> Other(specify)	13.4%

SECTION 4: POST-GRADUATION LICENSURE AND CERTIFICATION. Please answer each question below.

Are you currently licensed to practice psychology in any state?

- Yes 86% of eligible graduates
- No 14%

In what state do you currently hold your license?

36 states

Year you first became licensed to practice Psychology in any State.

Enter Year

If you are not currently licensed, were you previously licensed at any time?

- No 89%
- Yes (provide years and location/state) 11%

OPTIONAL: How many times did you take the EPPP before becoming licensed?

- Once 77%
- Twice 1%
- Three times or more 0%

These are totals of all graduates; 26 did not answer

OPTIONAL: If you are comfortable in doing so, enter your EPPP score below

Are you Board Certified by ABPP or any other specialty Board?

- Yes 4
- No

If you are Board-Certified, enter the name of the Board and date of initial certification.

SECTION 5: EMPLOYMENT ACTIVITIES. Please answer each question below.

After graduation, what was your initial job title? (can include post-doctoral associate).

After graduating, what was your initial (first) employment setting? (If your first post-graduation position was a post-doc, this will be partly redundant with the question answered above, but be sure to click all that apply)

- Community Mental Health Center 2.9%
- Health Maintenance Organization 0
- Medical Center 45.2%

O26

Medical Center	
<input type="checkbox"/> Military Medical Center	1.0%
<input type="checkbox"/> Private General Hospital	2.8%
<input type="checkbox"/> Public General Hospital	1.0%
<input type="checkbox"/> Veterans' Affairs Medical Center	26.9%
<input type="checkbox"/> Private Psychiatric Hospital	1.0%
<input type="checkbox"/> State/County Hospital	2.9%
<input type="checkbox"/> Prison/Correctional Facility	1.0%
<input type="checkbox"/> School District/System	0.0%
<input type="checkbox"/> University Counseling Center	1.0%
<input type="checkbox"/> Academic Teaching Position	1.9%
<input type="checkbox"/> Doctoral Program	3.8%
<input type="checkbox"/> Master's Program	1.0%
<input type="checkbox"/> 4-year College	2.9%
<input type="checkbox"/> 2-year College	0.0%
<input type="checkbox"/> Adjunct Faculty	1.0%
<input type="checkbox"/> Clinical Service Position	7.6%
<input type="checkbox"/> Independent Practice	1.0%
<input type="checkbox"/> Academic Non-Teaching Position	2.9%
<input type="checkbox"/> Medical School (check this if your primary appointment is in a school/college of Medicine)	27.9%
<input type="checkbox"/> Consulting (specify)	0.0%
<input type="checkbox"/> Student	0.0%
<input type="checkbox"/> Not Currently Employed	0
<input type="checkbox"/> Other (specify)	8.6%

#### What is your current employment status?

- |  |     |
|--|-----|
| <input type="radio"/> Employed full time in a Psychology field     | 86% |
| <input type="radio"/> Employed full time in a non-psychology field | 4%  |
| <input type="radio"/> Employed part-time in a Psychology field     | 7%  |

- Employed part-time in a non-psychology field 0
- Not presently in work force, by personal choice 0
- Looking for employment/between jobs 0
- Other (specify) 1% maternity leave  
2% did not answer

What is your CURRENT job title?

What is your current employment setting (click all that apply)

- Community Mental Health Center 1.9%
- Health Maintenance Organization 1.0%
- Medical Center 37.5%
- Military Medical Center 1.0%
- Private General Hospital 3.8%
- Public General Hospital 2.8%
- Veterans' Affairs Medical Center 19.2%
- Private Psychiatric Hospital 0
- State/County Hospital 0
- Prison/Correctional Facility 1.9%
- School District/System 0
- University Counseling Center 0
- Academic Teaching Position 7.7%
- Doctoral Program 8.6%
- Master's Program 4.8%
- 4-year College 5.8%
- 2-year College 0
- Adjunct Faculty 2.9%
- Clinical Service Position 8.7%
- Independent Practice 10.6%





Conduct program evaluation or outcome assessment	<input type="checkbox"/> 37.5%	<input type="checkbox"/> 10.6%	<input type="checkbox"/> 51.9%
Author/coauthor of one or more published articles in professional or scientific journals	<input type="checkbox"/> 52.9%	<input type="checkbox"/> 25.9%	<input type="checkbox"/> 21.2%
Author/coauthor of one or more book chapters in edited texts	<input type="checkbox"/> 25.0%	<input type="checkbox"/> 18.3%	<input type="checkbox"/> 56.7%
Author/coauthor of one or more papers at professional meetings	<input type="checkbox"/> 45.2%	<input type="checkbox"/> 26.9%	<input type="checkbox"/> 27.9%
Submitted grant proposals to support research	<input type="checkbox"/> 40.4%	<input type="checkbox"/> 12.5%	<input type="checkbox"/> 47.1%
Served as a research/evaluation consultant to other professionals or agencies	<input type="checkbox"/> 18.3%	<input type="checkbox"/> 10.5%	<input type="checkbox"/> 71.2%
Served as a peer-reviewer of grant proposals for any agency	<input type="checkbox"/> 8.7%	<input type="checkbox"/> 6.7%	<input type="checkbox"/> 84.6%
Served as peer reviewer of manuscripts for scholarly journals	<input type="checkbox"/> 47.1%	<input type="checkbox"/> 18.3%	<input type="checkbox"/> 34.6%
Served on the editorial board of a scholarly journal	<input type="checkbox"/> 11.5%	<input type="checkbox"/> 4.8%	<input type="checkbox"/> 83.7%
Enter and describe other activities, if you wish <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Listed below are several practice and clinical service activities. Please indicate whether you have performed any of these activities (a) in the past year, and (b) at any time since you obtained your Ph.D.

	Within the past year	At any point since Ph.D.	Neither
Used some form of empirical assessment to track quality or outcomes of your services	<input type="checkbox"/> 58.7%	<input type="checkbox"/> 15.3%	<input type="checkbox"/> 26.0%
Provided supervision to trainees or professionals on evidence-based assessments or	<input type="checkbox"/> 66.3%	<input type="checkbox"/> 13.5%	<input type="checkbox"/> 20.2%

## treatments

Supervised trainees in the application of basic research evidence to clinical practice

50.0%       15.4%       34.6%

Used research to inform consultant or clinical work

80.8%       13.4%       5.8%

Served as a clinical administrator (e.g., direct a unit in a clinic or hospital)

12.5%       4.8%       82.7%

Delivered professional presentations/workshops that are evidence-based or informed by research

58.7%       19.2%       22.1%

Applied evidence-based or empirically-supported treatments

71.2%       15.3%       13.5%

Applied evidence-based or empirically-supported assessments

73.1%       17.3%       9.6%

Testified as an expert witness in a legal case

5.8%       6.7%       87.5%

Consulted the research literature to guide assessment or treatment planning

78.8%       13.5%       7.7%

Developed and tested an assessment tool or therapy approach for clinical practice

19.2%       14.5%       66.3%

Enter other activities, if you wish

Listed below are several teaching and mentorship activities. Please indicate whether you have performed any of these activities (a) in the past year, and (b) at any time since you obtained your Ph.D.

	In the past year	At any point since Ph.D.	Neither
Taught an undergraduate course	<input type="checkbox"/> 8.7%	<input type="checkbox"/> 17.3%	<input type="checkbox"/> 74.0%
Taught a graduate course	<input type="checkbox"/> 13.5%	<input type="checkbox"/> 10.5%	<input type="checkbox"/> 76.0%
Taught a community-			

based psychology course	<input type="checkbox"/> 3.8%	<input type="checkbox"/> 6.8%	<input type="checkbox"/> 89.4%
Provided research supervision/mentorship to undergraduates	<input type="checkbox"/> 27.9%	<input type="checkbox"/> 20.2%	<input type="checkbox"/> 51.9%
Provided research supervision/mentorship to graduate students	<input type="checkbox"/> 31.7%	<input type="checkbox"/> 15.4%	<input type="checkbox"/> 52.9%
Provided research supervision/mentorship to post-docs, medical students, or residents	<input type="checkbox"/> 25.0%	<input type="checkbox"/> 8.7%	<input type="checkbox"/> 66.3%
Provided clinical supervision/mentorship to post-doctoral associates	<input type="checkbox"/> 25.0%	<input type="checkbox"/> 10.6%	<input type="checkbox"/> 64.4%
Served as a member of a graduate thesis or dissertation committee	<input type="checkbox"/> 8.7%	<input type="checkbox"/> 8.6%	<input type="checkbox"/> 82.7%
Developed curricula or coursework that incorporated the current body of knowledge in psychology	<input type="checkbox"/> 18.3%	<input type="checkbox"/> 12.5%	<input type="checkbox"/> 69.2%
Describe other teaching or mentorship activities if you wish <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Listed below are additional activities. Please indicate whether you have performed any of these activities (a) in the past year, and (b) at any time since you obtained your Ph.D.

	In the past year	At any point since Ph.D.	Neither
Donated professional time pro bono or at a reduced rate	<input type="checkbox"/> 26.9%	<input type="checkbox"/> 8.7%	<input type="checkbox"/> 64.4%
Was/am a member of a professional society or organization	<input type="checkbox"/> 79.8%	<input type="checkbox"/> 14.4%	<input type="checkbox"/> 5.8%
Served as an officer or board member in a professional organization	<input type="checkbox"/> 16.3%	<input type="checkbox"/> 7.7%	<input type="checkbox"/> 76.0%
Involved in advocacy or public policy activities for professional issues	<input type="checkbox"/> 9.6%	<input type="checkbox"/> 11.6%	<input type="checkbox"/> 78.8%
Served on a departmental or	<input type="checkbox"/> 39.4%	<input type="checkbox"/> 8.7%	<input type="checkbox"/> 51.9%

institutional committee

Served as member of a licensing or certification board

3.8%

4.9%

91.3%

Attended regional, national, or international professional conferences

61.5%

25.0%

13.5%

Subscribed to at least 1 professional or scientific journal

62.5%

20.2%

17.3%

Gave interviews for lay audiences (magazines, newspapers, TV, etc.)

15.4%

17.3%

67.3%

Appeared on radio or TV as a professional

5.8%

11.5%

82.7%

Describe other activities if you wish

Have you attained Fellow status in any scientific or professional organization?

- No
- Yes (list organization(s) below in the text box) 4

If you have held any leadership positions in professional or scientific organizations related to your work as a clinical psychologist, describe them here.

If you offered pro-bono services as a psychologist, describe them here.

Please upload a copy of your current Curriculum Vitae or Resume.

If you or your professional organization has a publicly available website, enter the URL here:

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**APPENDIX P  
PROGRAM OUTCOMES**

**Goal 1: Broad and General Foundational Knowledge**

Goals/Objectives	How met operationally	How assessed	Outcomes
<b>PROXIMAL DATA (CURRENT PROGRAM ENROLLEES)</b>			
1(a) Foundational Knowledge in Psychology	1(a) Students take required coursework in biological, cognitive, affective, social, and developmental aspects of behavior	1(a) Grades in relevant coursework	1(a) From 2012-1015, 98% of students achieved passing grades (B- or better)
1(b) Foundational Knowledge in Public Health	1(b) Students take required coursework in Public Health Concepts and Epidemiology with in our College that is accredited as a Public Health College	1(b) Grades in relevant coursework	1(b) From 2012-2015, 100% of students achieved passing grades (B- or better)
1(c) Application of Foundational Concepts to Clinical and Research Problems	1(c) Assessment of competence in applying foundational concepts in student's clinical and research work	1(c) Practicum and research evaluations	1(c) From 2008-2015, 98% of students achieved grade of "S" on formal research evaluation; 98% of qualifying examinations passed
<b>DISTAL DATA (PROGRAM GRADUATES 2008-2014)</b>			
1(a) Foundational Knowledge in Psychology	1(a) Students demonstrate foundational knowledge through external assessments	1(a) EPPP Scores (Data presented is from 2007-2012; N=70)	1(a) 97.14% pass rate on EPPP (2012 data; [76.4] is average for designated/accredited doctoral programs) -82.7% correct biological bases [68.9] -81.53% correct cognitive/affective [69.1] -75.60% social/cultural [69.7] -78.55% developmental [68.3]
1(b) Foundational Knowledge in Public Health;1(c) Application of Foundational Concepts	1(b,c) N/A for program graduates	1(b,c) Not separately assessed for program graduates	1(b,c) N/A for program graduates

**Goal 2: Research and Scholarship**

Goals/Objectives	How met operationally	How Assessed	Outcomes
<b>PROXIMAL OUTCOMES (CURRENT PROGRAM ENROLLEES)</b>			
<p>2(a) Students develop research aptitudes</p> <p>2(b) Students recognize and apply research findings in guiding clinical practice</p> <p>2(c) Students contribute to body of knowledge through publications, presentations, or innovative grant proposals</p>	<p>2(a)-1 Successful performance in research design/methods courses and in master's advanced, and doctoral research</p> <p>2(a)-2 Successful performance, analysis, and writeup of M.S. and Ph.D. projects</p> <p>2(a)-3 Successful demonstration of research-relevant skills and aptitudes</p> <p>2(b) Evidence of the ability to integrate science and practice</p> <p>2(c) Successful production of research products that are disseminated to the scientific community; submission/receipt of research grants</p>	<p>2(a)-1 Course grades in research design/methods, and research coursework; laboratory performance</p> <p>2(a)-2 Oral presentation evaluation form for presentation at Fall Symposium; committee approval of M.S. and Ph.D.thesis defenses (transmittal form)</p> <p>2(a)-3 Formal research evaluation by faculty mentor; performance on integrative qualifying examination</p> <p>2(b) Items assessing science-practice integration on practicum evaluation form; performance on integrative qualifying examination</p> <p>2(c)-1 Publication and presentation counts on annual Student Activity Report (SAR)</p>	<p>2(a)-1. From 2013-2015, 100% of currently enrolled students passed relevant coursework</p> <p>2(a)-2. From 2010-2015, 100% of students successfully presented their FYP/M.S. thesis at fall symposium and obtained M.S. degree during the 5<sup>th</sup> semester; 98% successfully defended their dissertation proposals on first try</p> <p>2(a)-3. From 2010-2015, 98% of students achieved grade of "S" on formal research evaluation; 98% of qualifying examinations passed</p> <p>2(b) From 2010-2015, 96% of students achieved satisfactory rating of science-practice integration on practicum evaluations; 98% of qualifying examinations passed</p> <p>2(c)-1. In 2013-2014, 33 (43%) published in peer reviewed journals (1.8 per publishing student);            -24 (32%) had published chapters or abstracts;            -47 (61%) had either a peer-reviewed journal article or chapter;            -42% reported an in-press journal article            -64 (83%) of students had a presentation at a scientific or professional meeting (2.5 per presenting student)            -2015 Intern-bound class (N=15) had average of 5.9 pubs and 18 scientific presentations (medians = 4, 17).</p> <p>2(c)-2. From 2008-2015, 6 NIH F31 Awards, 2</p>

		2(c)-2 Number of student-initiated grants awarded	UF CTSI pilot awards, 5 APA Dissertation Research Awards, 1 VA Research award
<b>DISTAL OUTCOMES (PROGRAM GRADUATES 2008-2014)</b>			
2(a) Students develop research aptitudes	2(a)-1 Graduates engage in research activity as part of their professional duties	2(a)-1 Activity descriptions from Alumni Survey	2(a)-1. 67% of 2008-2014 graduates are engaged in research activity (average FTE = 0.37)
	2(a)-2 Graduates occupy professional roles requiring research aptitude	2(a)-2 Current occupation data from Alumni Survey	2(a)-2. 46% of 2008-2014 graduates (post-doctoral fellows excluded) have research titles (Assistant, Associate, Full Professor, Associate Professor, Research Scientist, etc.)
	2(a)-3 Graduates score well on external measures of research aptitude	2(a)-3 EPPP Data	2(a)-3. 79% correct in Research Methods and Statistics section of EPPP (2012 data)
2(b) Students recognize and apply research findings in guiding clinical practice	2(b) Graduates utilize scientific literature in planning, implementing, or evaluating clinical services	2(b) Science-practice data from Alumni Survey	2(b) In the past year, of all 2008-2014 graduates, -80% used research to inform clinical work -58% gave a workshop on an evidence-based practice -71% applied an evidence-based treatment -78% applied an evidence based assessment
2(c) Students contribute to body of knowledge through publications, presentations, or innovative grant proposals, or other activities	2(c)-1 Scientific and professional contributions in which graduate is an author or co-author	2(c)-1 Publication and presentation counts, other research contributions from Alumni Survey;	2(c)-1 Of 2008-2014 graduates, -74% have published in a peer-reviewed journal (52% in past year; additional 22% since graduation) -40% have published a book chapter (25% in past year, additional 15% since graduation) -78% have presented at national or international scientific or professional conference (45% in past year, additional 23% since graduation) -84% have collaborated on original research (66% in past year, additional 18% since

			<p>graduation)</p> <ul style="list-style-type: none"><li>-22% have been PI on research grant (20% in past year, additional 2% since graduation)</li><li>-15% have performed peer review for a granting agency</li><li>-61% have performed peer review for a scientific or professional journal</li><li>-12% have served on a journal editorial board</li></ul>
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**Goal 3: Knowledge and Skills in Health Service Psychology**

<b>Goals/Objectives</b>	<b>How met operationally</b>	<b>How assessed</b>	<b>Outcomes</b>
<b>PROXIMAL OUTCOMES (CURRENT PROGRAM ENROLLEES)</b>			
3(a) Develop broad base of competencies in clinical work/health service psychology	3(a) Broad practicum training in assessment and intervention in clinical psychology and major area of study	3(a) Practicum evaluation form	3(a)-1. 98% of students achieved satisfactory ratings on Practicum Evaluation Form  3(a)-2. 2015 Intern-bound students (N=15) averaged 570 intervention hours, 219 assessment hours, 377 supervision hours, and 986 support hours.
3(b) Successful placement in APA accredited internships	3(b) Students receive education and training as well as support for selecting and applying for internships	3(b) Internship placement statistics	3(b) From 2011-2015, 90% match rate (range 78%-100%); 100% of internship placements are paid and APA accredited
3(c) Provide background knowledge/skills needed for successful attainment of licensure	3(c) Meet exit criteria for pre-internship readiness (didactic, research, clinical)	3(c) Attainment of program requirements and successful completion of internship	3(c) 100% successful completion of internship with no remedial steps
<b>DISTAL OUTCOMES (PROGRAM GRADUATES 2008-2014)</b>			
3(a) Develop broad base of competencies in clinical work/health service psychology	3(a) Broad practicum training in assessment and intervention in clinical psychology and major area of concentration leading to strong knowledge base	3(a) Performance on relevant sections of EPPP	3(a) EPPP percent correct statistics in health service areas (2012): -78.2% Assessment/Diagnosis [66] -79.4% Treatment/Intervention [72.4] -79.8% Ethical/Legal/Professional [73.7]
3(b) Successful placement in APA accredited internships	3(b) N/A for program graduates – see 3(b,c) above	3(b) N/A for program graduates	3(b) N/A for program graduates
3(c) Provide background knowledge/skills leading to successful attainment of licensure	3(c): Meet all program requirements including internship; apply for licensure	3(c): Licensure rates among eligible graduates	3(c): 73% of 2008-2014 graduates are currently licensed (86% when post-docs are excluded)

**Goal 4: Make Specialty-Specific Contributions in a Defined Major Area of Study**

Goals/Objectives	How met operationally	How assessed	Outcomes
<b>PROXIMAL OUTCOMES (CURRENT PROGRAM ENROLLEES)</b>			
<p>4(a) Development of knowledge-based, clinical and research competencies in a major area of study that conforms to a CRSP- defined specialty</p>	<p>4(a) Student develops curriculum plan that includes didactic instruction, clinical practica, and research activity in a major area of study (MAS). Identification with a MAS typically exists through student's enrollment in the program. Organization of faculty around the MAS concept enables student to work with multiple supervisors both within and across MAS</p>	<p>4(a)-1 Performance in area-specific didactic coursework</p> <p>4(a)-2 Satisfactory completion of advanced practicum requirements in defined MAS, as evident in practicum evaluations</p> <p>4(a)-3 Satisfactory completion of at least one (but typically two; M.S., Ph.D.) empirical research projects in MAS, as evident by transmittal (approval) forms</p>	<p>4(a)-1: Since last self-study, 100% of students have passed (B- or better) major area of study coursework</p> <p>4(a)-2: Since last self-study, 100% of students have received timely satisfactory ratings on advanced practicum evaluation forms in their MAS</p> <p>4(a)-3: Since last self study,                      -98% of students have successfully defended M.S. thesis by 5<sup>th</sup> semester of matriculation in their MAS                      -98% of students have successfully completed qualifying examination on first try; 100% on second try                      -98% of students have successfully defended their dissertation proposal in timely fashion (in time to apply for internship) and on the first try                      -85% of students have successfully defended their completed dissertation in their MAS in timely fashion (before completion of internship) and on the first try</p> <p>4(a)-4. Since last self-study, 100% of students have received both clinical and research supervision by multiple faculty within a major area of study. As part of our broad and general training students have core practica in APA recognized specialty areas, Clinical (general mental health), Clinical Health Psychology, Clinical Neuropsychology, and Clinical Child and Adolescent Psychology</p>

**DISTAL OUTCOMES (PROGRAM GRADUATES 2008-2014)**

<b>Goals/Objectives</b>	<b>How met operationally</b>	<b>How assessed</b>	<b>Outcomes</b>
4(a) Development of knowledge-based, clinical and research competencies in a major area of study that conforms to a CRSP- defined psychological specialty	4(a) After graduation, we track alumni achievements in teaching, research, service, and program administration. The majority of these contributions are within a defined specialty area	4(a) Alumni Survey, publicly available contributions to the various specialty areas	4(a)-1. Four program graduates are board certified by specialty boards of ABPP 4(a)-2. 17% report leadership or board activities in professional organizations 4(a)-3. 79% report membership in professional societies

**Goal 5: Individual and Group Sources of Diversity**

<b>Goals/Objectives</b>	<b>How Met Operationally</b>	<b>How Assessed</b>	<b>Outcomes</b>
<b>PROXIMAL OUTCOMES (CURRENT PROGRAM ENROLLEES)</b>			
5(a) Provide students with assessment and intervention experiences with diverse population	5(a) Provide ongoing tracking and monitoring of caseload via logs and Practicum Evaluations/Clinical Competency Assessment Tool and adjust accordingly	5(a) Practicum logs, practicum evaluations/FTF hour counts	5(a)-1. Racial/ethnic diversity of student caseloads comparable to Alachua County demographic statistics (28-32% racial/ethnic minorities) 5(a)-2. Intern bound students report clinical work with an average of 30 patients with physical disability, 1 blind, 3 deaf, 22 patients with learning/cognitive disorders, 8 with developmental disability, and 11 with serious mental illness (AAPI)
5(b) Provide experiences that allow students to infuse knowledge and awareness of individual/cultural diversity in clinical service work	5(b) Provide ongoing tracking and monitoring of performance via Practicum Evaluations/Clinical Competency Assessment Tool; set future goals to assess needed development	5(b) Relevant items on Practicum Evaluations/Clinical Competency Assessment Tool; satisfactory performance required for successful practicum comp	5(b) 98% of practica completed successfully; two students needed to remediate for reasons other than diversity knowledge/awareness; eventually 100% successful completion
5(c) Multicultural awareness reflected in student mastery of academic and research topics	5(c) Expose students to relevant guidelines for working with diverse populations and assess, where relevant, multicultural knowledge and awareness in classroom and research settings	5(c) Research evaluations, course grades	5(c) No student found deficient in relevant knowledge areas
<b>DISTAL OUTCOMES (PROGRAM GRADUATES 2008-2014)</b>			
5(a) Provide students with assessment and intervention experiences with diverse population	5(a) N/A for program graduates	5(a) N/A for program graduates	5(a) N/A for program graduates
5(b) Provide experiences that allow students to infuse knowledge and awareness of individual/cultural diversity in clinical service work	5(b) Students complete required CE and professional activities reflecting diversity awareness	5(b) Alumni Surveys	5(b)-1. 25% of program graduates involved in advocacy services 5(b)-2. All licensed students, with opportunity to renew, have done so

5(c) Multicultural awareness reflected in student mastery of academic and research topics	5(c) N/A for program graduates	5(c) N/A for program graduates	5(b)-3. 39% of program graduates have provided pro-bono services to low SES clients  5(c) N/A for program graduates
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**Goal 6: Ethical Conduct in Clinical and Research Activities**

<b>Goals/Objectives</b>	<b>How Met Operationally</b>	<b>How Assessed</b>	<b>Outcomes</b>
<b>PROXIMAL OUTCOMES (CURRENT PROGRAM ENROLLEES)</b>			
<p>6(a) Students exposed to APA Ethical Guidelines and relevant state statutes</p> <p>6(b) Students can translate knowledge of ethical and legal standards in practice in clinical and research settings</p>	<p>6(a) Completion of content contained in student handbook, coursework, and assigned readings in the course of research and clinical work</p> <p>6(b) Students demonstrate ethical decision-making in relevant contexts, as revealed through observed behavior</p>	<p>6(a) Records of content completion</p> <p>6(b) Ratings of ethical/legal knowledge and application on Practicum Evaluations/Clinical Competency Assessment Tool, research evaluations, and other products</p>	<p>6(a)-1. 100% of students signed form recording review of relevant APA ethical standards and legal guidelines</p> <p>6(a)-2. 100% of students successfully complete relevant NIH or equivalent research ethics training</p> <p>6(a)-3. 100% of students successfully completed yearly HIPAA training and confidentiality agreements</p> <p>6(b)-1. 100% of students obtained satisfactory faculty ratings on these dimensions on Practicum Evaluation/Clinical Competency Assessment Tool</p> <p>6(b)-2. 100% of students obtained satisfactory faculty ratings on these dimensions on yearly Research Evaluations</p> <p>6(b)-3. Successful completion of qualifying examination and dissertation products reflects appropriate knowledge and integration of ethical and legal concepts in these domains</p>
<b>DISTAL OUTCOMES (PROGRAM GRADUATES 2008-2014)</b>			
<p>6(a) Students exposed to APA Ethical Guidelines and relevant state statutes</p>	<p>6(a) Continued training of students on these dimensions in APA accredited internships and in post-doctoral placements</p>	<p>6(a) Successful completion of internship and post-doctoral training programs</p>	<p>6(a) 100% of students completed APA accredited internships and, upon graduation, completed post-doctoral training programs without any instances of poor performance or need for remediation</p>

<p>6(b) Students can translate knowledge of ethical and legal standards in practice in clinical and research settings</p>	<p>6(b) Students complete career-appropriate assessments of knowledge and application of ethical/legal standards</p>	<p>6(b) AAPI scores on Ethics and Professional issues</p>	<p>6(b)-1. 79.8% correct on Ethics/Professional issues section of EPPP [73.7]</p> <p>6(b)-2. 73% of 2008-2014 graduates are licensed (86% when postdocs excluded); licensure requires EPPP passage plus additional state exam</p>
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**Goal 7: Communication of Psychological Knowledge and Concepts to Academic, Scientific, Interprofessional, and Community Audiences**

Goals/Objectives	How Met Operationally	How Assessed	Outcomes
<b>PROXIMAL OUTCOMES (CURRENT PROGRAM ENROLLEES)</b>			
7(a) Students show activity and competence in teaching	7(a) Provide opportunities for students to teach	7(a) Yearly activity reports; student teaching evaluations	7(a) 31% of students involved in teaching, all received teaching evaluations at or above relevant department means
7(b) Students show activity and competence in presenting their research or clinical knowledge at professional or scientific, interprofessional, or community based meetings	7(a) Programmed opportunities for presenting work at professional and scientific conferences, participating in medical review boards, providing inservice training, etc.	7(b) Yearly activity reports; ARO data, anonymous student survey	7(b)-1. 83% of students presented at least one paper at a scientific conference 7(b)-2. 58% of students presented at case conference or provided other formal presentations at the local level
<b>DISTAL OUTCOMES (PROGRAM GRADUATES 2008-2014)</b>			
7(a) Students show activity and competence in teaching	7(a) Program provides students skills and attitudes that support the ability to teach in their professional careers	7(a) Alumni survey	7(a)-1. 2008-2014 graduates spent 14% effort in teaching, 12% effort in clinical supervision, and 9% effort as research mentor (35% total) 7(a)-2. 24% taught an undergraduate course 7(a)-3. 25% taught a graduate course 7(a)-4. 7% taught a course at a 2-year college 7(a)-5. 58% mentored undergraduate research 7(a)-6. 59% mentored graduate research 7(a)-7. 40% mentored resident/medical student research 7(a)-8. 41% supervised postdoctoral associates 7(a)-9. 15% served on thesis or dissertation committees 7(a)-10. 20% reported other professional teaching duties
7(b) Students show activity and competence in presenting	7(b) Program provides students skills and attitudes that	7(b) Alumni Survey	7(b)-1. Of 2008-2014 graduates: -66% have presented at

<p>their research or clinical knowledge at professional or scientific, interprofessional, or community based meetings</p>	<p>support their ongoing contributions to science and practice through presentation at conferences, workshops, and other venues</p>		<p>professional scientific conference since graduation (44% in past year)  7(b)-2. 75% have presented evidence-based workshops to clinical audiences (58% in last year)  7(b)-3. 10% have testified in court  7(b)-4. 30% have given media interviews (TV, print) on topics related to their research or clinical expertise</p>
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DESIGNATED DOCTORAL PROGRAMS IN PSYCHOLOGY				EPPP PERFORMANCE		PERCENT CORRECT BY CONTENT AREA							
JURISDICTION	SCHOOL	DEPARTMENT	PROGRAM	*Num = 4 or fewer **Num = 5 to 9		Biological Bases of Behavior	Cognitive-Affective Bases of Behavior	Social and Cultural bases of Behavior	Growth and Lifespan Development	Assessment and Diagnosis	Treatment/ Intervention	Research Methods and Statistics	Ethical/Legal/ Professional Issues
				NUM	PASSRATE								
	Gallaudet U. George Washington U. Howard U.	Dept of Psych Center for Prof Psych Dept of Psych Dept of Psych Dept of PsychoEduc Studies	Clinical-PhD Clinical-PsyD Clinical-PhD Clinical-PhD Counseling-PhD	26 192 34 36 28	61.54% 87.50% 88.24% 61.11% 32.14%	64.93% 71.24% 69.74% 66.40% 54.23%	64.89% 71.61% 70.30% 64.78% 53.91%	62.86% 72.92% 72.19% 64.29% 57.08%	64.49% 72.07% 69.03% 60.06% 54.69%	62.37% 67.92% 69.40% 59.83% 55.99%	66.36% 73.54% 75.37% 68.05% 53.79%	56.04% 60.22% 68.81% 63.60% 47.21%	72.52% 77.10% 74.12% 70.16% 64.83%
DE	U. of Delaware	Dept of Psych	Clinical-PhD	15	100.00%	74.78%	81.49%	78.57%	82.77%	82.19%	85.59%	86.19%	83.32%
FL	Argosy U. - Tampa Carlos Albizu U./ Miami Florida Institute of Techn Florida State U. Nova Southeastern U. U. of Central Florida U. of Florida U. of Miami U. of South Florida	School of Prof Psych Dept of Psych School of Psych Dept of Ed Psych & Learning Dept of Psych School of Psych Dept of Psych Dept of Clinical & Health Psych Dept of Educ Psych Dept of Psych Dept of Educ & Psych Studies Dept of Psych Dept of Psych & Soc Found	Clinical-PsyD General Clinical-PsyD Clinical-PsyD Counseling/School-Ph Clinical-PhD Clinical-PhD Clinical-PsyD Clinical-PhD School-PhD Counseling-PhD Counseling-PhD Clinical-PhD Clinical-PhD School-PhD	111 262 91 38 34 100 388 19 70 18 28 32 59 33 10	76.58% 38.93% 72.53% 86.84% 94.12% 86.00% 74.74% 94.74% 97.14% 88.89% 92.86% 84.38% 98.31% 90.91% 100.00%	69.13% 60.46% 66.30% 66.39% 74.20% 74.97% 68.95% 73.35% 82.74% 71.18% 73.47% 69.70% 77.82% 73.70% 68.59%	67.25% 55.64% 65.80% 69.98% 81.16% 72.31% 66.41% 77.59% 81.53% 78.32% 77.67% 69.65% 80.92% 76.44% 77.88%	68.73% 57.07% 66.98% 69.65% 77.96% 71.73% 67.15% 76.63% 75.60% 72.54% 77.66% 73.64% 77.82% 73.72% 73.06%	66.21% 57.38% 64.90% 67.25% 78.74% 70.76% 67.71% 72.70% 78.55% 76.71% 75.58% 70.35% 76.23% 71.39% 72.60%	61.78% 54.41% 63.56% 70.13% 78.60% 69.06% 63.66% 72.35% 78.20% 74.02% 74.75% 67.45% 76.66% 73.14% 70.39%	71.23% 58.91% 71.35% 74.05% 80.41% 74.79% 70.89% 79.94% 79.41% 72.68% 77.20% 71.53% 82.07% 75.71% 75.75%	53.59% 43.70% 56.41% 66.38% 82.03% 66.14% 51.80% 74.84% 78.81% 70.51% 77.45% 67.58% 82.81% 78.32% 77.14%	73.52% 64.50% 74.15% 73.84% 79.52% 76.22% 72.51% 76.09% 79.83% 76.99% 80.39% 75.60% 77.98% 78.99% 74.62%
GA	Argosy U. - Atlanta Emory U. Georgia State U. U. of Georgia	Georgia School of Prof Psych Dept of Psych Dept of Couns & Psych Services Dept of Psych Dept of Couns & Human Development S Dept of Educ Psych Dept of Psych	Clinical-PsyD Clinical-PhD Counseling-PhD School-PhD Clinical-PhD Counseling-PhD School-PhD Clinical-PhD	190 20 30 ** 39 53 18 27	80.53% 90.00% 83.33% 100.00% 92.31% 66.04% 94.44% 100.00%	69.93% 74.69% 65.31% 64.66% 77.94% 62.60% 73.34% 78.30%	68.79% 79.07% 71.35% 71.59% 77.43% 62.85% 75.41% 80.96%	68.40% 77.66% 71.07% 74.03% 73.95% 70.54% 72.77% 80.06%	68.79% 73.43% 69.36% 66.95% 76.03% 64.66% 77.46% 77.57%	65.20% 76.61% 64.67% 66.67% 74.33% 62.46% 74.26% 79.26%	72.49% 77.85% 72.50% 70.00% 77.56% 67.96% 73.78% 83.71%	56.66% 78.32% 65.84% 65.48% 77.35% 58.38% 74.33% 85.02%	73.63% 77.71% 72.19% 74.44% 77.54% 72.93% 76.08% 80.97%
HI	Argosy U. - Hawaii U. of Hawaii - Manoa	Amer School of Prof Psych Dept of Psych	Clinical-PsyD Clinical-PhD	260 25	55.38% 100.00%	63.65% 79.56%	61.27% 82.41%	65.30% 77.98%	62.03% 77.29%	56.93% 77.64%	68.79% 83.05%	45.91% 78.29%	69.11% 78.34%
IA	Iowa State U. U. of Iowa	Dept of Psych Dept of Psych Dept of Psych & Quant Foundations	Counseling-PhD Clinical-PhD Counseling-PhD School-PhD	26 14 34 22	92.31% 100.00% 94.12% 50.00%	70.72% 76.40% 73.07% 58.57%	78.04% 84.38% 74.58% 59.09%	78.94% 77.95% 72.04% 61.46%	72.71% 78.42% 71.56% 58.20%	70.83% 81.41% 70.03% 60.90%	73.52% 84.86% 80.36% 65.70%	75.68% 86.66% 72.14% 54.77%	78.93% 77.69% 77.71% 65.22%
ID	Idaho State U.	Dept of Psych	Clinical-PhD	29	93.10%	67.43%	77.81%	74.27%	72.75%	68.57%	76.30%	71.98%	76.96%
IL	Adler School of Prof Psych Argosy U. - Chicago Argosy U. - Schaumburg Chicago School of Prof Psych	School of Prof Psych Illinois School of Prof Psych Illinois School of Prof Psych Psychology	Clinical-PsyD Clinical-PsyD Clinical-PsyD Clinical-PsyD	247 433 202 445	53.44% 65.82% 55.45% 75.51%	63.73% 65.05% 63.46% 68.03%	61.77% 63.10% 61.68% 67.01%	63.80% 65.02% 64.03% 69.04%	63.89% 64.21% 62.78% 67.36%	58.15% 60.50% 58.66% 63.54%	66.00% 68.33% 67.26% 71.26%	44.96% 49.60% 49.78% 55.31%	69.65% 70.21% 68.94% 73.08%

## APPIC MATCH RATES BY DOCTORAL PROGRAM: 2000 - 2010

University and Program	Match Year	Registered Applicants	Percent Matched	Percent Not Matched	Percent Withdrawn
	2000	5	100.0%	0.0%	0.0%
	2001	3	100.0%	0.0%	0.0%
	2002	4	100.0%	0.0%	0.0%
	2003	5	100.0%	0.0%	0.0%
	2004	9	88.9%	11.1%	0.0%
	2005	5	100.0%	0.0%	0.0%
	2006	8	87.5%	12.5%	0.0%
	2007	5	100.0%	0.0%	0.0%
	2008	6	66.7%	0.0%	33.3%
	2009	5	40.0%	60.0%	0.0%
	2010	14	85.7%	14.3%	0.0%
<hr/>					
<b>SCHOOL</b>	<b>2000 - 2010</b>	<b>1.0 / yr</b>	<b>Not Reported</b>		
	<b>2005 - 2010</b>	<b>1.0 / yr</b>	<b>Not Reported</b>		
	2010	1	Not Reported		

### UNIVERSITY OF DETROIT MERCY

<b>CLINICAL</b>	<b>2000 - 2010</b>	<b>7.6 / yr</b>	<b>71.4%</b>	<b>23.8%</b>	<b>4.8%</b>
	<b>2000 - 2004</b>	<b>8.8 / yr</b>	<b>75.0%</b>	<b>18.2%</b>	<b>6.8%</b>
	<b>2005 - 2010</b>	<b>6.7 / yr</b>	<b>67.5%</b>	<b>30.0%</b>	<b>2.5%</b>
	2000	10	70.0%	20.0%	10.0%
	2001	13	69.2%	23.1%	7.7%
	2002	7	100.0%	0.0%	0.0%
	2003	7	85.7%	14.3%	0.0%
	2004	7	57.1%	28.6%	14.3%
	2005	8	87.5%	12.5%	0.0%
	2006	4	25.0%	75.0%	0.0%
	2007	4	75.0%	25.0%	0.0%
	2008	3	33.3%	66.7%	0.0%
	2009	12	66.7%	33.3%	0.0%
	2010	9	77.8%	11.1%	11.1%

### UNIVERSITY OF FLORIDA

<b>CLINICAL</b>	<b>2000 - 2010</b>	<b>12.6 / yr</b>	<b>95.0%</b>	<b>4.3%</b>	<b>0.7%</b>
	<b>2000 - 2004</b>	<b>11.2 / yr</b>	<b>91.1%</b>	<b>7.1%</b>	<b>1.8%</b>
	<b>2005 - 2010</b>	<b>13.8 / yr</b>	<b>97.6%</b>	<b>2.4%</b>	<b>0.0%</b>
	2000	13	76.9%	15.4%	7.7%
	2001	10	100.0%	0.0%	0.0%
	2002	12	83.3%	16.7%	0.0%
	2003	12	100.0%	0.0%	0.0%
	2004	9	100.0%	0.0%	0.0%
	2005	8	87.5%	12.5%	0.0%
	2006	17	100.0%	0.0%	0.0%
	2007	15	93.3%	6.7%	0.0%
	2008	13	100.0%	0.0%	0.0%

# APPIC MATCH RATES BY DOCTORAL PROGRAM: 2011 - 2014

## Combined Results for Phase I and Phase II

University & Program	Match Year	Registered Applicants	Percent (n) Matched	Percent (n) Not Matched	Percent (n) Withdrawn	Percent (n) of Matched Applicants who Matched to:	
						Accredited Internship	Non-Accredited Internship
<b>UNIVERSITY OF FLORIDA (GAINESVILLE, FL)</b>							
<b>CLINICAL (PhD)</b>							
	<b>2011-2014</b>	<b>14.5 / yr</b>	<b>88%</b>	<b>12%</b>	<b>0%</b>	<b>100%</b>	<b>0%</b>
	2011	13	92% (12)	8% (1)	0% (0)	100% (12)	0% (0)
	2012	18	78% (14)	22% (4)	0% (0)	100% (14)	0% (0)
	2013	15	100% (15)	0% (0)	0% (0)	100% (15)	0% (0)
	2014	12	83% (10)	17% (2)	0% (0)	100% (10)	0% (0)
<b>COUNSELING (PhD)</b>							
	<b>2011-2014</b>	<b>6.3 / yr</b>	<b>92%</b>	<b>4%</b>	<b>4%</b>	<b>100%</b>	<b>0%</b>
	2011	4	75% (3)	25% (1)	0% (0)	100% (3)	0% (0)
	2012	7	100% (7)	0% (0)	0% (0)	100% (7)	0% (0)
	2013	6	83% (5)	0% (0)	17% (1)	100% (5)	0% (0)
	2014	8	100% (8)	0% (0)	0% (0)	100% (8)	0% (0)
<b>SCHOOL (PhD)</b>							
	<b>2011-2014</b>	<b>3.8 / yr</b>	<b>67%</b>	<b>20%</b>	<b>13%</b>	<b>90%</b>	<b>10%</b>
	2011	4	75% (3)	0% (0)	25% (1)	67% (2)	33% (1)
	2012	4	75% (3)	25% (1)	0% (0)	100% (3)	0% (0)
	2013	4	50% (2)	50% (2)	0% (0)	100% (2)	0% (0)
	2014	3	67% (2)	0% (0)	33% (1)	100% (2)	0% (0)

**NOTE:** Please see the introduction to this report for important interpretive information.

## APPENDIX Q



# UF Department of Clinical and Health Psychology

College of Public Health and Health Professions

## Student Admissions, Outcomes, and Other Data

### Student Admissions, Outcomes, and Other Data

Data contained on this page is provided in an attempt to allow fuller disclosure about operations and outcomes of our educational endeavors. We are continually evaluating our program, and will likely provide additional data in the future.

#### Time to Completion for all students entering the program

Outcome	Year in which Degrees were Conferred															
	2008-09		2009-10		2010-11		2011-12		2012-13		2013-14		2014-15		Total	
Total number of students with doctoral degree conferred on transcript	14		16		8		14		11		14		11		80	
Mean number of years to complete the program	6		5.9		5.6		5.9		5.9		5.8		5.9		5.86	
Median number of years to complete the program	6		6		5		6		6		6		6		6	
<b>Time to Degree Ranges</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
Students in less than 5 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Students in 5 years	4	29	5	63	5	63	6	43	5	45	3	30	4	57	32	40
Students in 6 years	8	57	2	25	2	25	5	36	6	55	7	70	2	29	33	41
Students in 7 years	0	0	1	13	1	13	2	14	6	55	0	0	0	0	11	14
Students in more than 7 years	2	14	0	0	0	0	1	7	0	0	0	0	1	14	4	5

### Program Costs

Description	2015-2016 1 <sup>st</sup> -year Cohort Cost
Tuition for full-time students (in-state)	528.41 / credit hour
Tuition for full-time students (out-of-state)	1253.13 / credit hour
Tuition per credit hour for part-time students (if applicable)	NA
University/institution fees or costs	79.68 / credit hour
Additional estimated fees or costs to students (e.g. books, travel, etc.)	1700

### Internship Placement – Table 1

Outcome	Year Applied for Internship													
	2008-09		2009-10		2010-11		2011-12		2012-13		2013-14		2014-15	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Students who obtained APA/CPA-accredited internships	13	100	13	100	12	92	14	78	15	100	11	92	15	100
Students who obtained APPIC member internships that were not APA/CPA-accredited (if applicable)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Students who obtained internships conforming to CDSPP guidelines that were not APA/CPA-accredited (if applicable)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Students who obtained internships conforming to CDSPP guidelines that were not APA/CPA-accredited (if applicable)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Students who obtained other internships that were not APA/CPA-accredited (if applicable)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Students who obtained any internship	13	100	13	100	12	92	14	78	15	100	11	92	15	100
Students who sought or applied for internships including those who withdrew from the application process	13	100	13	100	12	92	14	78	15	100	11	92	15	100

### Internship Placement – Table 2

Outcome	Year Applied for Internship													
	2008-09		2009-10		2010-1		2011-12		2012-13		2013-14		2014-15	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Students who sought or applied for internship	13	100	13	100	12	92	14	78	15	100	12	92	15	100

including those who  
withdrew from application  
process

Students who obtained paid internships	13	100	13	100	12	100	14	100	15	100	12	100	15	100
Students who obtained half-time internships* (if applicable)	0	0	0	0	0	0	0	0	0	0	0	0	0	0

### Attrition

Variable	Year of First Enrollment													
	2008-09		2009-10		2010-11		2011-12		2012-13		2013-14		2014-15	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Students for whom this is the year of first enrollment (i.e. new students)	15	–	15	–	15	–	16	–	17	–	13	–	12	–
Students whose doctoral degrees were conferred on their transcripts	9	60	6	40	0	0	0	0	0	0	0	0	0	0
Students still enrolled in program	6	40	7	60	15	100	15	94	17	100	13	100	12	100
Students no longer enrolled for any reason other than conferral of doctoral degree	0	0	0	0	0	10	1	6	0	0	0	0	0	0

### Licensure

Outcome	2002-2003 to 2009-2010
The total number of program graduates (doctoral degrees conferred on transcript) between 2 and 10 years ago	135
Total number of these graduates (between 2 and 10 years ago) who became licensed psychologist in the past 10 years	105
Licensure percentage	77%

### Minority Fellowships

Additional funding sources for graduate school at the University of Florida include various minority fellowships.

Further information concerning resources for minority students can be obtained from the Office of Graduate Minority Programs, 115 Grinter Hall, 352-392-6444; E-mail: [OGMP@ufl.edu](mailto:OGMP@ufl.edu); Homepage: <http://graduateschool.ufl.edu/student-life-and-support/diversity-programs>

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## Upcoming CHP Events

*No events currently scheduled.*

*No events currently scheduled.*

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APPENDIX R. COLLECTIVE BARGAINING AGREEMENT

Agreement

Between

University of Florida Board of Trustees

And

Graduate Assistants United  
United Faculty of Florida

2014-2017

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**Article 1**  
**RECOGNITION**

1.1 Bargaining Unit. Pursuant to the certification of the Florida Public Employees Relations Commission, certification No. 1488 dated June 18, 1980, of the United Faculty of Florida (UFF) as the exclusive representative, solely for the purpose of collective bargaining pursuant to Section 447.389, Florida Statute for all employees in the bargaining unit described in said certification, the University Board of Trustees has entered into this agreement. The bargaining unit is described in the certification, but for convenience may be described as employees in the following titles at the University of Florida:

Graduate Research Assistant  
Graduate Research Associate  
Graduate Teaching Assistant  
Graduate Teaching Associate  
Graduate Assistant

1.2 Exceptions. Nothing contained in this agreement shall be construed to prevent the university from meeting with any individual or organization or hear views on any matter, provided however that as to any such matter which is a proper subject of collective bargaining and covered by a term of this agreement, any changes or modifications shall be made only through negotiations and agreement with UFF.

**Article 2**  
**RESERVED RIGHTS**

- 2.1 **Reservation of Rights.** The UFBOT retains and reserves to itself all rights, powers, and authority vested in it, whether exercised or not, including but not limited to the right to plan, manage, and control the University of Florida and in all respects carry out the ordinary and customary functions of management.
- 2.2 **Limitations.** All such rights, powers, and authority are retained by the UFBOT subject only to those limitations expressly imposed by this agreement. Only violations of such limitations shall be subject to Article 22, Grievance Procedure.

**Article 3**  
**CONSULTATION**

- 3.1 Consultation. The president or designee shall meet with UFF-UF-GAU representatives to discuss matters pertinent to the implementation or administration of this agreement, university actions affecting terms and conditions of employment, or any other mutually agreeable matters.
  
- 3.2 Consultations shall occur as needed upon the request of either party. The parties understand and agree that such meetings shall not constitute or be used for the purpose of collective bargaining.

**Article 4**  
**APPOINTMENTS, REAPPOINTMENTS, AND TERMINATIONS**

- 4.1 Letter of Appointment. The university shall make appointments on standard letters of appointment signed by a representative of the university and the appointee. The letter of appointment shall be sent to the appointee within ten (10) days after the conditions necessary for the appointment to have been met. No salary shall be paid in the absence of a signed letter of appointment properly on file with the university. The letter shall contain the following elements as a minimum:
- (a) Date;
  - (b) Professional classification system title and job code, if any;
  - (c) Employment unit (e.g., department, college, institute, area, center, etc.);
  - (d) Length of appointment;
  - (e) Special conditions of employment including a description of duties;
  - (f) Name of supervisor;
  - (g) A statement that the employee's signature shall not be deemed a waiver of the right to process a grievance with respect to the appointment in compliance with Article 22, Grievance Procedure;
  - (h) Percent of full-time effort (FTE) assigned; and
  - (i) Salary rate and bi-weekly stipend.
- 4.2 Length of Appointment. Appointments may be for any period of time up to one calendar year.
- 4.3 Upon written request, the UFF-UF-GAU shall be provided written information regarding established guidelines for teaching assistant appointments. When appointed, employees shall be provided with criteria concerning reappointment.
- 4.4 No appointment shall create any right, interest, or expectancy in any other appointment beyond its specific term.
- 4.5 Reappointment Notice. Employees eligible for reappointment shall receive written notification of continuation or non-continuation of employment on the following schedule:
- (a) 9-month appointments: by May 15 for the following academic year
  - (b) 12-month appointments: 90 days prior to expiration of existing appointment
  - (c) One semester appointments: 45 days prior to expiration of existing appointment
- 4.6 The parties recognize that last minute appointments or reappointments may result from such things as grants received, the resignation of a bargaining unit member and a

resulting appointment, or the need to add teaching sections because of enrollment growth. Such appointments shall be made in as timely a matter consistent with the spirit of the language in this article.

4.7 Changes in Appointment.

- (a) Any appointment may be curtailed, diminished, or terminated at any time only by reason of any one of the following:
  - 1. Continued failure to perform duties as specified in the letter of appointment after written notification
  - 2. Failure of the employee in the academic judgment of the university to maintain satisfactory student status or to make appropriate progress toward the degree
  - 3. Incompetence or misconduct of the employee which is documented
  - 4. Completion of degree requirements
  - 5. Lack of funds as a result of adverse financial conditions
- (b) In case of 4.7 (a)(5), the university shall provide three weeks' notice if practicable, and make every effort to reassign the affected employee. The notice shall include a statement which indicates that this action is grievable under the provisions of this collective bargaining agreement.
- (c) When the university has reason to believe that the employee's presence on the job will adversely affect the operation of the university, the university may immediately place the employee on leave with pay pending investigation. However such leave with pay shall not extend beyond the semester in which the action by the university was taken.

4.8 When a graduate assistant's current appointment is curtailed, diminished, or terminated, the university will provide the graduate assistant with a letter detailing the reasons including relevant dates. This letter shall inform the graduate assistant that the action may be grievable under Article 22 of this collective bargaining agreement and include a reference to the UFF-UF-GAU website.

**Article 5**  
**EMPLOYMENT PERFORMANCE EVALUATION**

- 5.1 Policy. The job performance of each employee whose term of employment is one semester or longer, shall be evaluated in writing once during each such appointment. The employment evaluation shall include evaluation of assigned duties and other responsibilities as are appropriate to the assignment. Personnel decisions shall take such employment evaluations into account provided that personnel decisions need not be based solely on written employment performance evaluations.
- 5.2 Procedures. The employment evaluation shall be discussed with the employee at which time any deficiencies shall be specifically noted and suggestions for improvements made. A reasonable schedule shall be given to accomplish the necessary improvements. Such evaluations shall be placed in the employee's evaluation file. The employment evaluation shall be signed by the person who performed the evaluation and shall be shown to the employee who shall be given the opportunity to sign it. A copy of the employment evaluation shall be given to the employee. The employee may attach a concise comment to the evaluation. Written student comments or evaluations need not be signed to be used for evaluation purposes.
- 5.3 Observations and Visitations. Observations or visitations for the purpose of evaluating employee performance may be either announced or unannounced.
- (a) Within two (2) weeks after an observation or visitation, the employee shall have an opportunity to meet and to discuss the observation or visitation with the observer.
  - (b) If a written comment by the observer regarding the observation or visitation is prepared, it shall be placed in the evaluation file. A copy of the comment shall be given to the employee no later than two (2) weeks following the observation. Such comment shall not be grievable; however the employee shall have the right to respond in writing and shall have the response attached. The employee shall have the right, to be exercised with three (3) working days after the meeting with the observer, to request in writing an additional observation or visitation by a different observer. Such additional observation or visitation shall be accomplished prior to the end of the semester and shall be placed in the evaluation file. The employee shall have the right to respond to this observation also and have the response attached.

5.4 Criteria.

- (a) Performance evaluations pursuant to Article 5.1 shall be based upon assigned duties and shall consider the nature of the assignment and, where applicable, in terms of:
1. Teaching effectiveness including effectiveness in presenting knowledge, information, and ideas by means or methods such as lecture, discussion, assignment and recitation, demonstration, and laboratory exercise, practical experience, and direct consultation with students. The evaluation shall include consideration of effectiveness in imparting knowledge and skills and effectiveness in stimulating students' critical thinking and/or creative abilities, and adherence to accepted standards of professional behavior in meeting responsibilities to students.
  2. Contribution to the discovery of new knowledge, development of new educational techniques, and other forms of creative activity. The evaluation shall include consideration of the employee's productivity including the quality and the quantity of what has been done during the year, of the employee's research and other creative programs and contributions, and recognition by the academic or professional community of what is done.

**Article 6**  
**EMPLOYEE EVALUATION FILE**

- 6.1 Policy. There shall only be one employee evaluation file in which all written materials used to evaluate employee performance are maintained so that when evaluations and personnel decisions are made, the only documents which may be used are those contained in that file. A copy of the employee's performance evaluation shall be given to the employee in accordance with Article 5.2.
- 6.2 Access. An employee may examine the employee evaluation file upon reasonable advance notice during the regular business hours of the office in which the file is kept, normally within the same business day as the employee requests to see it and under such conditions as are necessary to insure its integrity and safekeeping. Upon request an employee may paginate with successive whole numbers the material in the file and may attach a concise statement in response to any item therein. Upon request and the payment of a reasonable fee for photocopying, an employee may obtain copies of any materials in the evaluation file. A person designated by the employee may examine that employee's evaluation file with the written authorization of the employee concerned and subject to the same limitations on access that are applicable to the employee.
- 6.3 Indemnification. UFF-UF-GAU agrees to indemnify and hold UFBOT and the university and their officials, agents, and representatives harmless from and against any and all liability for any improper, illegal, or unauthorized use by UFF of information contained in such employee evaluation file.
- 6.4 Use of Evaluative Material. In the event that a grievance proceeds to arbitration, the UFBOT, UFF, the arbitrator, and the grievant shall have the right to use copies of the materials from the grievant's evaluation file in the arbitration proceedings.
- 6.5 Anonymous Material. No anonymous material shall be placed in an employee evaluation file except for student evaluations which are part of a regular evaluation procedure of classroom instruction.
- 6.6 Materials in Evaluation File. Evaluative materials or summaries thereof prepared as part of a regular employee evaluation system may be placed in an employee evaluation file when signed.
- 6.7 Materials shown to be contrary to fact shall be noted in the file. Any grievance resolution that impacts materials in the file shall be added to the file. Employees have the right to append objections to disputed material in the file.

6.8 The evaluation file is one component of the personnel file. The official university personnel file is maintained in the Office of Human Resources. Other repositories of employee file are maintained in the Graduate School and the department of the employee. Employees shall have access to these files under the same conditions as the evaluation file.

**Article 7**  
**WORKLOAD**

- 7.1 Assignment of Responsibilities. No employee shall be assigned employment responsibilities during a semester that exceeds an average of ten (10) hours per week for one-fourth time, thirteen and one-third (13.3) hours per week for one-third time, twenty (20) hours per week for a one-half time appointment, or thirty (30) hours per week for a three-quarter time appointment. The same proportional relationship applies to all other FTEs.
- 7.2 Grievability. In the event that an employee has reason to believe that the assignment exceeds the guidelines described in Article 7.1, the employee may file a grievance pursuant to the procedures in Article 22.

**Article 8**  
**LEAVES OF ABSENCE**

- 8.1 An employee shall not be required to perform assigned duties when:
- (a) Disabled or otherwise unable to perform them because of injury, illness (physical or mental), jury duty, required U.S. military service, or when unable to perform because the employee's presence is required elsewhere because of injury, illness, or death in the immediate family. Immediate family shall consist of mother, father, spouse, sister, brother, child, domestic partner, a person in a legal dependent relationship with the employee, or other relative living in the employee's household. The employee shall notify the supervisor as soon as possible of the inability to serve.
  - (b) The university is closed for a state holiday or a declared emergency unless the special conditions of the appointment require the employee to perform duties at these times. These days shall not be held against the employee with regard to permitted days of leave pursuant to Article 8.2.
  - (c) Taking examinations for professional licensing related to the degree or qualifying examinations required by the university. These days shall not be held against the employee with regard to permitted days of leave pursuant to Article 8.2.
  - (d) Traveling to conferences or other events for professional development. UFBOT and the UFF-UF-GAU encourage supervisors to facilitate professional development and approval of attendance at such events shall not be unreasonably denied. These days shall not be held against the employee with regard to permitted days of leave pursuant to Article 8.2.
- 8.2 Personal time under this article shall be with pay for up to five (5) days per semester appointment. Each employee shall be credited with five (5) days at the beginning of each semester and shall use leave in increments of not less than one day. For example, an employee scheduled to work six (6) hours on Monday and three (3) hours on Tuesday, who is unable to perform assigned duties on these days for any of the reasons described above, would be charged with two (2) days of personal time regardless of FTE appointment or number of work hours scheduled. The personal time provided under the article shall not be cumulative.
- 8.3 Unpaid Leave.
- (a) Graduate assistants shall be entitled to six (6) weeks of unpaid leave during any 12-month period for one or more of the following reasons:
    - 1. The birth of a child and in order to care for that child;
    - 2. The placement of a child with a graduate assistant for adoption or foster care;

3. The care of a spouse, domestic partner, mother, father, sister, brother, child, legal dependent, or a relative living in the graduate assistant's household;
  4. A serious health condition of the graduate assistant which makes the GA unable to perform his or her duties.
- (b) The graduate assistant shall provide the university with written notice not less than thirty (30) days prior to the date of the requested leave if practicable. In the case of an emergency, the graduate assistant must give verbal notice within twenty-four (24) hours of taking leave. In the case of a serious health condition, the university may request medical verification from a health care provider. The university may also require the GA to see a health care provider of the university's choice and at the university's expense.
  - (c) The graduate assistant may request an extension of the leave which the university at its sole discretion may provide.
  - (d) The GA is entitled to return to the same or similar position at the conclusion of the leave. This return provision does not apply if the return date is after the completion of an employment contract.
  - (e) The university shall continue to pay the health care premiums during the duration of the GA's leave. If applicable the university tuition waiver shall be maintained.
  - (f) A GA must be in at least a second semester of employment as a graduate assistant to be eligible for this leave provision.

**Article 9**  
**ACADEMIC FREEDOM**

- 9.1 It is the policy of the UFBOT and UFF-UF-GAU to encourage graduate assistants, in fulfillment of their assigned teaching responsibilities, to give their own interpretation of instructional materials used by them, whether self-chosen or prescribed by the teaching unit, within the bounds of knowledge and methodologies appropriate to the disciplinary field under the guidance of the employing department or unit. When the graduate assistant is primarily responsible for the course, the graduate assistant shall determine grades in accordance with UFBOT, college, and departmental policies, if any.
- 9.2 In fulfilling assigned research duties, graduate assistants will be encouraged to exercise creativity and sound judgment in carrying out the theoretical, conceptual, and methodological design of the research under the guidance of the research supervisor.

**Article 10**  
**STIPENDS**

- 10.1 Minimum Stipend. Each nine-month (9) employee on a .50 FTE appointment shall be guaranteed a minimum stipend of \$13,000. Appointments greater or less than .50 FTE shall be paid at a stipend rate representing a proportion of this minimum as determined by the fractional FTE appointment and the budgeted weeks of activity.
- 10.2 Fee Deferral. For the purposes of this section, “fees” is defined to include the Capital Improvement Trust Fund Fee, the Student Financial Aid Fee, the Technology Fee, the Activity and Service Fee, the Athletic Fee, the Health Fee, the Transportation Fee, and any other non-tuition charge assessed on a per credit hour basis. Such fees shall be paid by the due dates as follows:
- Fall Semester: November 1
  - Spring Semester: March 15
  - Summer A: June 7
  - Summer B: July 15
  - Summer A and B: July 15
- 10.3 Each continuing employee shall receive a raise of 3.25 percent for 2014-2015. After the raises in 10.3 are applied, any employee below the minimum in 10.1 shall have his or her stipend increased to meet the provisions on 10.1.
- 10.4 Initial Payment. Each employee shall receive the first paycheck of a new appointment within six (6) weeks of receipt by the Office of Human Resources of the properly completed appointment papers.
- 10.5 Nothing contained herein shall prevent the university or its units from providing salary increases beyond the increases specified above.
- 10.6 Fee Relief. In addition to the above, the university will provide each employee with a \$40 per year raise for 2014-2015.

**Article 11**  
**TUITION PROGRAM**

- 11.1 Policy. The UFBOT and UFF-UF-GAU agree that payment by the university for tuition for graduate assistants, including non-resident charges for all out of state graduate assistants, is highly desirable in order to attract and retain high quality graduate students to the University of Florida and to improve the quality of education.
- 11.2 Waivers. Tuition waivers shall be for at least the minimum number of credit hours required to hold the employee's graduate assistant appointment. If sufficient waivers are not available to provide all graduate assistants such waivers, first consideration for receipt of these waivers shall be given to graduate assistants who were employed and were receiving a waiver for at least one semester during the prior academic year and who are students in good standing.

**Article 12**  
**HEALTH INSURANCE**

- 12.1 Health Insurance Policy. The university agrees to provide health care coverage for free of any premium for graduate assistants appointed at .25 FTE or greater. The current provider is GatorCare that is operated by the University of Florida.
- 12.2 Health Insurance Committee. In the event that the university rebids the graduate assistant health coverage, the rebid process will be advised by a committee. UFF-UF-GAU will appoint one employee to serve on the committee. Such representation shall not be construed as a waiver of UFF-UF-GAU's right to negotiate any changes to the terms of said health coverage.
- 12.3 Health Insurance Benefits. For informational purposes, a summary of benefits of the 2014-2015 graduate assistant health coverage is provided in Appendix F.
- 12.4 The university also provides dental coverage for members of the bargaining unit. That program is described in Appendix G.
- 12.5 Employees may enroll eligible dependents in the health coverage. Premiums for such additional enrollees shall be paid by the employee.

**Article 13**  
**UNLAWFUL DISCRIMINATION**

- 13.1 Policy. Neither the UFBOT nor UFF shall discriminate against or harass any employee based upon race, color, sex, religious creed, national origin, age, veteran status, disability, political affiliation, sexual orientation, or marital status. Personnel decisions shall be based on job-related criteria and performance.
- 13.2 Sexual Harassment.
- (a) Sexual harassment as defined by federal law is a prohibited form of sex discrimination.
  - (b) The university strictly prohibits sexual harassment. Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, or verbal or physical conduct of a sexual nature when:
    - 1. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment.
    - 2. Submission or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual.
    - 3. Such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.
- 13.3 Neither the university nor UFF shall abridge any rights of employees related to union activity granted under Chapter 447, Florida Statutes, including but not limited to the right to assist or refrain from assisting UFF.

**Article 14**  
**COPYRIGHTS AND PATENTS**

- 14.1 Disclosure. An employee shall disclose all patentable inventions and technological developments which the employee may develop or discover while an employee of the university. With respect to discoveries or inventions made during the course of approved outside employment, the employee may delay such disclosure for no more than one hundred-eighty (180) days when necessary to protect the outside employer's interests until the decision has been made whether to seek a patent.
- 14.2 Waiver of Rights. While an employee may, in accordance with Article 15, Outside Activity/Conflict of Interest, engage in outside employment pursuant to a consulting agreement, the Office of Academic Affairs and the Office of Research must approve any requirement by the outside employer that the employee waive the employee's/university's rights to any patentable inventions or discoveries which arise during the course of such outside employment. An employee who proposes to engage in outside employment shall furnish a copy of the university's patents policy to the outside employer prior to or at the time the consulting agreement is executed.
- 14.3 Federal Sponsorship. If the employee's activities involve inventions or discoveries conceived under federal sponsorship or supported by university funds or resources, then the Office of Academic Affairs and the Office of Research shall not grant permission to waive patent rights.
- 14.4 Reporting Procedures. The employee shall report to the president or designee the nature of the discovery or new invention together with an outline of the project and the conditions under which it was done. If the university wishes to assert its interest in the patent, the president or designee shall inform the employee within a maximum of one hundred thirty-five (135) days. It is understood that every effort shall be made at appropriate administrative levels to expedite the decision-making process to minimize the time involved. The division of proceeds between the university and the employee generated by the licensing of patent rights or trade secrets shall be negotiated and reflected in a written contract between the university and the employee. All such agreements shall comply with and satisfy any preexisting commitments to outside sponsoring agencies, but the employee shall not commit any act which would tend to defeat the university's interest in the matter, and the university shall take any necessary steps to protect such interest.

## **Article 15**

### **OUTSIDE ACTIVITIES AND FINANCIAL CONFLICT OF INTEREST**

- 15.1 Policy. Outside employment or other activities that the university can show interfere with an employee's obligation to the university or that constitute a conflict of interest is prohibited. No employee who engages in outside employment or other activity shall claim to be an official university representative in connection with an outside employment or other activity. No employee may use university personnel, equipment, or facilities in connection with the outside employment or activity without prior approval of the university. Approval for the use of university facilities, equipment, or services may be conditioned upon reimbursement for the use thereof.
- 15.2 Report of Outside Activity. Any employee who proposes to engage in any outside activity or who has a financial interest which the employee should reasonably conclude may create a conflict of interest, shall report to the employee's supervisor, in writing, the details of such proposed activity prior to engaging therein. The report shall include, where applicable, the name of the employer or other recipient of services, the funding source, the location where such activity shall be performed, and the nature and extent of the activity.

**Article 16**  
**USE OF FACILITIES**

- 16.1 University Facilities. UFF-UF-GAU shall have the right to use university facilities for meetings and all other services on the same basis as they are generally available to other university-related organizations.
- 16.2 Bulletin Boards. UFF-UF-GAU may post bulletins and notices relevant to its position as the collective bargaining representative of the employees on one bulletin board in each department in which employees work. The university shall notify the UFF-UF-GAU of the location of said bulletin boards by the first day of class in the fall semester. Materials placed on designated bulletin boards may not be used for election campaigns for public office or for exclusive representative campaigns.
- 16.3 UFF-UF-GAU Leaves of Absence.
- (a) At the request of UFF-UF-GAU in writing, leaves of absence of at least one semester shall be considered to a maximum of three (3) employees for the purpose of carrying out UFF-UF-GAU's obligation in representing employees and administering to this agreement. Such leave shall be for the employee's FTW rate.
  - (b) No more than one employee from a single department need be given such leave.
  - (c) UFF-UF-GAU shall reimburse the university for the employee's salary and benefits.
  - (d) The employee shall have all other rights of employees and shall be eligible for stipend increases on the same basis as other employees.
  - (e) The university or the UFBOT shall not be liable for the acts or omissions of said employees in furtherance of union activity during the leave, and UFF-UF-GAU shall hold the university harmless for any such acts or omissions.
  - (f) An employee on such leave shall not be evaluated for this activity.
  - (g) UFF-UF-GAU shall transmit requests for such leave to the university no later than June 1 for leaves in the following academic year.
- 16.4 Released Time.
- (a) The university agrees to provide up to 1.33 FTE units of released time per semester during the academic year and 1.0 FTE unites of released time to be divided between Summer A and Summer B to employees designated by the UFF-UF-GAU for the purpose of carrying out the UFF-UF-GAU's obligations in representing employees subject to the following conditions:
    - 1. No more than one employee per department may be granted released time at any one time except for departments with more than one hundred (100)

graduate assistants. A second employee may be granted released time with the approval of the chair/director.

2. No employee shall be granted more than .50 FTE released time per semester or summer term. No employee shall receive more than a total .70 FTE.
  3. An employee is eligible for only two released time appointments (Spring or Fall semester) during a two year period. The two year period shall begin at the start of the first released time appointment. Summer shall not count for eligibility unless the graduate assistant works two summer terms (a term being Summer A or Summer B) in the course of two years, in which case each two summer terms count as one appointment.
  4. The UFF-UF-GAU shall provide the university with a list of requested designees for the academic year no later than thirty (30) days prior to the first day of the academic appointment if practicable. The list shall indicate the employee's requested FTE for released time.
  5. Employees must remain students in good standing in the university during their released time appointment.
- (b) Released time shall be used for conducting university related UFF-UF-GAU business at the university or state level and shall not be used for lobbying or other political representation. Leave for lobbying or other political representation may be purchased by the UFF-UF-GAU pursuant to Article 16.3.
  - (c) Upon the failure of UFF-UF-GAU to provide a list of designees by the specified deadlines, the university may refuse to honor any of the released time requests which were submitted late.
  - (d) Employees on released time shall be eligible for stipend increases on the same basis as other employees, but their released time activities shall not be evaluated or taken into consideration by the university in making personnel decisions.
  - (e) Employees on released time shall retain all rights and responsibilities as employees but shall not be considered representatives or agents of the university or UFBOT for any activities undertaken on behalf of UFF-UF-GAU. UFF-UF-GAU agrees to hold the university and the UFBOT harmless for any claims arising from such activities, including the cost of defending against such claims.

16.5 Office Space. The university shall provide an office to UFF-UF-GAU.

**Article 17**  
**UNION DEDUCTIONS**

- 17.1 Deductions. Pursuant to the provisions of Section 447.303, Florida Statutes, the university and UFF-UF-GAU hereby agree to the deduction and remittance of UFF-UF-GAU membership dues and uniform assessments.
- 17.2 Procedure. During the term of this agreement the university agrees to deduct UFF-UF-GAU membership dues and uniform assessments, if any, in an amount established by UFF-UF-GAU and certified in writing by the UFF-UF-GAU from the pay of those employees in the bargaining unit who individually and voluntarily made such a request on a written check off authorization form as contained in Appendix B to this agreement as follows:
- (a) Commencement of Deduction. Deductions will be made beginning with the first full pay period commencing at least seven (7) full days following receipt by the university of a check off authorization. UFF-UF-GAU shall give written notice to the university of any changes in its dues or uniform assessments at least forty-five (45) days prior to the effective date of any such change.
  - (b) Remittance. The dues and uniform assessments deducted shall be remitted by the university to UFF-UF-GAU within thirty (30) days following the end of the pay period. Accompanying each remittance shall be a list of the employees from whose salaries such deductions were made and the amounts deducted.
  - (c) Termination of Deduction. The university's responsibility for deducting dues and uniform assessments from an employee's salary shall terminate automatically upon either thirty (30) days written notice from the employee to the university personnel office revoking that employee's prior check off authorization or the discontinuance of the authorizing employee's status within the bargaining unit. The university shall notify UFF-UF-GAU of all terminations of deduction prior to their effective date. Employees who have valid dues check off authorizations filed with the university whose dues check off is discontinued because of a leave without pay shall have their dues check off resumed upon return to pay status within the bargaining unit provided the absence from the unit is no longer than two (2) consecutive semesters (e.g., Fall-Spring, Spring-summer, or Summer-Fall).
- 17.3 Indemnification. UFF-UF-GAU assumes responsibility for all claims against the UFBOT and the university including the cost of defending such actions arising from their compliance with this article and for all monies deducted under the article and remitted to UFF-UF-GAU. UFF-UF-GAU shall promptly refund to the university excess monies received under this article.

- 17.4 Exceptions. The university will not deduct any UFF-UF-GAU fines, penalties, or special assessments from the pay of any employee.
- 17.5 Termination of Agreement. The university's responsibilities under this article shall terminate automatically upon decertification of UFF-UF-GAU or the suspension or revocation of its certification by the Florida Public Employees Relations Commission or revocation of UFF-UF-GAU's check off privilege by the Florida Public Employees Relations Commission.

**Article 18**  
**INSURANCE DEDUCTION**

- 18.1 The university agrees to provide one payroll deduction per employee per pay period for the UFF-UF-GAU voluntary economic services programs. It is understood that all such programs and deductions shall meet requirements of state and university rules and regulations.

**Article 19**  
**MISCELLANEOUS PROVISIONS**

- 19.1 No Strike or Lockout. The university agrees that there will be no lockout at the university during the term of this agreement. UFF-UF-GAU agrees that there will be no strike by itself or by any employees during the term of this agreement.
- 19.2 Effect of Passage of Law. Any provision of this agreement which is contrary to law but becomes legal during the term of this agreement shall take immediate effect upon the enactment of such legislation.
- 19.3 Legislative Action. The university and UFF-UF-GAU agree that neither will attempt to influence or support changes in existing statutes or legislation which would change the terms of this agreement.
- 19.4 Venue. For purposes of venue in any judicial review of an arbitrator's decision, the parties elect to submit themselves to the jurisdiction of the courts in Alachua County, Florida. In an action commenced in Alachua County, neither the university nor UFF-UF-GAU will move for a change of venue based upon the defendant's residence if other than Alachua County.
- 19.5 Copies of Agreement. The university agrees to send to the UFF-UF-GAU office one hundred (100) copies of the ratified agreement and amended articles or provisions. A link to the final agreement shall be placed in an appropriate location on the University of Florida Graduate School web page.
- 19.6 Class Titles. Whenever the university creates a new class it shall designate such class as being either within or outside the bargaining unit and shall notify UFF-UF-GAU. Further if the university revises the specifications of an existing class so that its bargaining unit designation is changed, it shall notify UFF-UF-GAU of such new designation. Within ten (10) days following such notification, UFF-UF-GAU may request a meeting with the university for the purpose of discussing the designation. If following such a discussion UFF-UF-GAU disagrees with the designation, it may request the Florida Public Employees Relations Commission resolve the dispute through unit clarification proceedings. An employee may request a review of the appropriateness of the employee's classification by the appropriate university office. The matter shall not be subject to Article 22, Grievance Procedure.
- 19.7 Report to UFF-UF-GAU. The university shall provide a report containing the following information to the UFF-UF-GAU no later than the third week of the semester if

practicable: employee name, class, title/code, hiring/academic department, pay rate, employee FTE, email address, and campus mail address. This report is in addition to the reports provided by the university pursuant to Article 11.3. The spring semester report shall include whether or not each GA is having union dues deducted.

- 19.8 Dissemination of Information. The university agrees to work with UFF-UF-GAU to disseminate information.

**Article 20**  
**OTHER EMPLOYEE RIGHTS**

- 20.1 **Work Space.** If the university requires that the assigned duties of an employee be performed in a specific on-campus location other than the computer center of the library, the university shall provide space for such assignment. If practicable, space shall be provided where private consultations with employees' students may be held. Before an employee's work space location is changed or before there is a substantial alteration to an employee's work space to a degree that impedes the employee's work effectiveness, the affected employee shall be notified if practicable at least one month prior to such change.
- 20.2 **Mail.** Employees shall be entitled to receive employment-related mail at their work location. Each employee shall be notified of a location where such mail may be collected.
- 20.3 **Safe Conditions.** The university shall make every reasonable effort to provide employees with a safe working environment. Whenever a bargaining unit employee reports a condition that he or she feels represents a potential violation of safety or health rules and regulations, the appropriate administrator shall investigate such conditions. Upon conclusion of the investigation, the appropriate administrator shall inform the employee of the findings including any actions required. No employee shall suffer an adverse employment action for making a report under this section.
- 20.4 **Limitation on Personal Liability.**
- (a) In the event that an employee is sued for an act, event, or omission which may fall within the scope of Section 768.28, Florida Statutes, the employee shall notify the university as soon as possible after receipt of the summons commencing the action in order that the university may fulfill its obligation. Failure to notify the employer promptly may affect the rights of the parties.
  - (b) For information purposes the following pertinent language of Section 768.28(9), Florida Statutes, is reproduced herein:  
No officer, employee, or agent of the state or its subdivisions shall be held personally liable in tort for any injuries or damages suffered as a result of any act, event, or omission of action in the scope of his employment or function unless such officer, employee, or agent acted in bad faith or with malicious purpose or in a manner exhibiting wanton or willful disregard of human rights, safety, or property.
- 20.5 **Access to Resources.** Employees who are assigned instructional or research duties shall be provided reasonable access to departmental laboratories, studios, computer center, photocopy services, and the like used in connection with assigned responsibilities.

20.6 Child Care Research Committee.

- (a) A committee consisting of at least one representative from UF Human Resources, the Graduate School, Baby Gator Administration, and UFF-UF-GAU shall be formed to discuss improving access of graduate assistants to on-campus child care facilities.
- (b) The committee shall begin to research options no later than September 1, 2014.
- (c) The committee shall meet as needed during Fall 2014 and Spring 2015 semesters.

**Article 21**  
**DISCIPLINE**

- 21.1 Policy. The purpose of this article is to provide a prompt and equitable procedure for disciplinary action.
- (a) Just Cause. No employee shall be subject to disciplinary action except for just cause. Just cause shall be defined as misconduct or incompetency.
  - (b) Activities that fall outside of the scope of employment shall constitute misconduct only if such activities adversely affect the legitimate and compelling interests of the university.
  - (c) Disciplinary Action other than Termination. The university retains the right to impose disciplinary action other than termination including but not limited to suspension with or without pay provided that the punishment is appropriate to the degree of misconduct. The degree of discipline may be related to behavior or actions subject to discipline.
  - (d) Admonitions, oral reprimands, letters of counseling (including recommended or mandated participation in an Employee Assistance Program), and similar criticism shall not be considered disciplinary action and shall not be subject to the grievance procedure.
  - (e) Due Process. Disciplinary action shall be imposed by the university in accordance with the principles of due process.
  - (f) No provisions in this article shall be interpreted in a manner that violates a graduate assistant's rights conferred by this agreement or by law.
- 21.2 Progressive Discipline. Outlined below are the steps for progressive discipline.
- (a) The university may combine or skip steps depending upon the facts of each situation and the nature of the conduct.
  - (b) The sanctions for disciplinary actions that may be imposed on an employee may include but are not limited to the following:
    - 1. Written reprimand containing a description of the misconduct.
    - 2. Suspension with pay for a period of time specified in writing. The written statement of suspension shall include the terms of the suspension.
    - 3. Suspension without pay for a period of time specified in writing.
    - 4. Termination.
- 21.3 Investigation. The investigation of alleged misconduct shall be conducted in as confidential manner as possible, and in the process of the investigation the alleged misconduct shall be considered in the context of the entire circumstances.

- 21.4 Notice of Discipline. If after the investigation the university believes that a written reprimand, suspension, or termination shall be imposed, the university shall provide the employee with a written notice of disciplinary action. The notice of discipline shall:
- (a) Provide notice of the discipline imposed including specific reasons for the discipline;
  - (b) Include the date on which the discipline shall become effective;
  - (c) Contain a statement that if the employee wishes to contest the discipline, the employee must file a grievance within twenty-five (25) days after receipt of the notice.
- 21.5 Employee Assistance Program. Neither an employee's participation in an Employee Assistance Program (EAP) nor information generated by participation in the program shall be used as a reason for discipline under this article. However failure to cooperate in an EAP may serve as a basis for disciplinary action.
- 21.6 Grievances and Arbitrations in Disciplinary Cases. Grievances and arbitrations in cases involving disciplinary actions shall be in accordance with the provisions in Article 22.
- 21.7 Parameters for Arbitrator's Decision or Award.
- (a) See Article 22 for more detail.
  - (b) If the arbitrator does not find that the disciplinary action was based on just cause, the discipline imposed shall be annulled. If the arbitrator concludes that just cause for any form of disciplinary action has been established, the arbitrator is not authorized to reduce the level of discipline an administrator has issued in his or her exercise of authority.
  - (c) The decision of the arbitrator shall be binding upon the university, UFF-UF-GAU, and the grievant provided that either party may appeal to an appropriate court of law.
  - (d) No further Jeopardy. Following the decision, the employee may not be disciplined again for charges arising from the same incident unless new facts or evidence materialize that were not known or reasonably available for discovery prior to the arbitrator's decision.
- 21.8 In the event that the university terminates an employee for disciplinary reasons during a semester, the tuition waiver shall be cancelled and the employee shall be responsible for paying his or her tuition for the semester from the date of termination to the end of the semester. The university shall prorate the amount of tuition owed based on how long the employee worked during the semester.

**Article 22**  
**GRIEVANCE PROCEDURE**

- 22.1 Purpose. The university and UFF-UF-GAU agree that all problems should be resolved whenever possible before filing of a grievance, and both encourage open communication between administrators and employees so that resort to the formal grievance procedure will not be necessary. The university and UFF-UF-GAU further encourage the informal resolution of grievances. At each step in the grievance process, participants are encouraged to pursue appropriate modes of conflict resolution. The purpose of the article is to promote a prompt and efficient procedure for the investigation and resolution of grievances. The procedures hereinafter set forth shall be the sole and exclusive method of resolving the grievances of employees.
- 22.2 Resorts to Other Procedures. If prior to seeking resolution of a dispute by filing a grievance hereunder or while the grievance proceeding is in progress an employee or UFF-UF-GAU seeks resolution to the matter in any other forum, whether administrative or judicial, the employer shall have no obligation to entertain or proceed further with the matter pursuant to this grievance procedure, and the grievance shall be deemed withdrawn. Further, since the parties do not intend that the grievance procedure be a device for appellate review, the president's response to a recommendation of a hearing officer or other individual or group having appropriate jurisdiction in any other procedure shall not be an act or omission giving rise to a grievance under this procedure.
- 22.3 Definitions as used herein:
- (a) The term "grievance" shall mean a dispute concerning the interpretation or application of a specific term or provision of this agreement filed pursuant to this article and subject to those exclusions appearing in other articles of this agreement.
  - (b) The term "grievant" shall mean an employee or group of employees who has filed a grievance in a dispute over a provision of this agreement.
- 22.4 Representation. UFF-UF-GAU shall have the exclusive right to represent any employee in grievances filed hereunder provided that employees may represent themselves or be represented by legal counsel. If an employee elects not to be represented by UFF, the university shall promptly inform UFF-UF-GAU in writing of the grievance. No resolution of any individually processed grievance shall be inconsistent with the terms of this agreement, and for this purpose UFF-UF-GAU shall have the right to have an observer present at all meetings called between grievants and the university for the purpose of discussing grievances and shall be sent copies of all decisions at the same time that they are sent to the other participants.

22.5 Grievance Representatives. UFF-UF-GAU shall furnish annually to the university a list of all persons authorized to act as grievance representatives and shall update the list as needed. The UFF-UF-GAU grievance representative shall have the responsibility to meet all instructional, research, and other duties and responsibilities incidental to the assigned workload. Some of these activities are scheduled to be performed at particular times. Such representatives shall have the right during times outside of the hours scheduled for these activities to investigate, consult, and prepare grievance presentations and attend grievance meetings. Should any hearings or meetings with the university necessitate rescheduling of assigned duties, the representative may, with the approval of the appropriate administrator, arrange for the rescheduling of such duties or their coverage by colleagues. Such approval shall not be unreasonably withheld.

22.6 Appearances.

- (a) When an employee participates during working hours in arbitration or in a grievance meeting between the grievant or representative and university, that employee's compensation shall neither be reduced nor increased for time spent in those activities.
- (b) Prior to participation in any such proceedings, conferences, or meetings, the employee shall make arrangements acceptable to the appropriate supervisor for the performance of the employee's duties. Approval of such arrangements shall not be unreasonably withheld. Time spent in such activities outside of regular working hours shall not be counted as time worked.

22.7 Grievance Forms. All grievances and arbitration notices must be submitted in writing within the time limits set forth in this article on forms attached to this agreement as Appendices C, D, and E, and shall be signed by the grievant. Except for the initial filing of the grievance, if there is difficulty in meeting any time limit, the UFF-UF-GAU representative may sign such document for the grievant.

#### FORMAL GRIEVANCE PROCEDURE

22.8 Filing. The filing of a written grievance shall constitute a waiver of any rights that the grievant may have under Chapter 120, Florida Statutes, or under any other university procedures with regard to the matters contained in the grievance. A grievance may be withdrawn at any time by the grievant or by the UFF-UF-GAU representative.

22.9 Step 1.

- (a) An employee having a dispute concerning the interpretation or application of a specific term or provision of this agreement may within twenty-five (25) days following the act or omission giving rise thereto, or the date on which the

employee knew or reasonably should have known of such act or omission, whichever is later, file a grievance. Prior to the deadline of filing a grievance, UFF-UF-GAU may request an extension of the filing deadline for the purposes of seeking an informal oral resolution of the complaint. The grievance shall be filed on the form contained in Appendix C of this agreement.

- (b) In advance of the Step 1 meeting, the grievant shall have the right upon request to a copy of any identifiable and currently existing documents relevant to the grievance. The university will provide such data within ten (10) days of written request.
- (c) The university shall schedule a Step 1 hearing within ten (10) days of the filing of the grievance and shall issue a written decision to the grievant and the grievant's representative, if any, within ten (10) days following the meeting.
- (d) At the Step 1 meeting, the grievant shall have the right to present any evidence in support of the grievance.

#### 22.10 Step 2.

- (a) If the grievance has not been satisfactorily resolved at Step 1, UFF-UF-GAU may upon request of the grievant and on the form contained in Appendix D, request a review of the Step 1 decision. The request shall be made within ten (10) days after receipt of the Step 1 decision and shall include a copy of the grievance form filed at Step 1 and all written responses and documents in support of the grievance.
- (b) The president's designee shall schedule a Step 2 hearing with the UFF-UF-GAU grievance representative and the grievant within ten (10) days after receipt of the request and shall issue a written decision to the grievant and to the grievant's representative within ten (10) days following any meeting.

22.11 Step 3-Arbitration. If the grievance has not been satisfactorily resolved at Step 2, UFF-UF-GAU may upon request of the grievant proceed to arbitration by filing a written notice of intent to do so on the form contained in Appendix E. Notice of intent to proceed to arbitration must be filed with the university within twenty-five (25) days after receipt of the Step 2 decision. Within fourteen (14) days after receipt of a notice of arbitration, representatives of the university and UFF-UF-GAU shall meet for the purpose of selecting an arbitrator. The parties may mutually select as the arbitrator an individual who is not a member of the arbitration panel (Article 22.24). The arbitration shall be concluded within ninety (90) days following the selection of the arbitrator or as soon thereafter as is practicable.

#### 22.12 Authority of the Arbitrator.

- (a) The arbitrator shall not add to, subtract from, modify, or alter the terms or provisions of this agreement. Arbitration shall be confined solely to the

application and or interpretation of this agreement and the precise issues submitted for arbitration. The arbitrator shall have no authority to determine any other issue. The arbitrator shall refrain from issuing any statements of opinion or conclusions not essential to the determination of the issues submitted.

- (b) If a supervisor has made a judgment involving the exercise of discretion such as decisions regarding evaluation, the arbitrator shall not substitute the arbitrator's judgment for that of the supervisor, nor shall the arbitrator review such decision except for the purpose of determining whether the decision has violated this agreement.
- (c) If the arbitrator determines that the agreement has been violated, the arbitrator shall direct the university to take appropriate action. An arbitrator may award back pay if the arbitrator determines that the employee is not receiving the appropriate compensation from the university, but the arbitrator may not award other monetary damages or penalties.
- (d) If notice that further employment will not be offered is not given on time, the arbitrator may direct the university to renew the appointment only upon a finding that no other remedy is adequate and that the notice was given so late that the employee was deprived of reasonable opportunity to seek other employment or that the employee actually rejected an offer of comparable employment that the employee otherwise would have accepted.

22.13 Burden of Proof. In all grievances except disciplinary grievances, the burden of proof shall be on the employee. In disciplinary grievances, the burden of proof shall be on the UFBOT.

22.14 Arbitrability. In any proceeding, the first matter to be decided is the arbitrator's jurisdiction to act, which decision the arbitrator shall announce. Upon concluding that the arbitrator has no such power, the arbitrator shall make no decision or recommendation as to the merits of the grievance. Upon concluding that the issue is arbitrable, the arbitrator shall normally proceed with the hearing at that time provided that either party may seek judicial review of the arbitrator's decision as to jurisdiction and have the hearing on the merits of the grievance delayed until such review is completed, pursuant to Section 682.03, Florida Statutes.

22.15 Conduct of Hearing.

- (a) The arbitrator shall hold the hearing in the city of Gainesville unless otherwise agreed upon by the parties. The hearing shall commence within twenty-five (25) days of the arbitrator's acceptance of selection or as soon thereafter as is practicable, and the arbitrator shall issue the decision within sixty (60) days of the

close of the hearing or the submission of the briefs, whichever is later unless additional time is agreed upon by the parties.

- (b) The decision shall be in writing and shall set forth findings of fact, reasoning, and provisions of the Florida Arbitration Code, Chapter 682, Florida Statutes shall not apply. Except as modified by the provisions of this agreement or by other agreement of the parties, arbitration proceedings shall be conducted in accordance with the rules and procedures of the American Arbitration Association.

22.16 Effect of Decision. The decision or award of the arbitrator shall be final and binding upon the university and the grievant, provided that either party may appeal to an appropriate court of law a decision that was rendered by the arbitrator acting outside of or beyond the arbitrator's jurisdiction, pursuant to Section 682.0, Florida Statutes.

22.17 Fees and Expenses. All fees and expenses of the arbitrator shall be divided equally between the parties. Each party shall bear the cost of preparing and presenting its own case. The party desiring a transcript of the arbitration proceedings shall provide written notice to the other party of its intention to have a transcript of the arbitration made at last one week prior to the date of the arbitration. The party desiring such transcript shall be responsible for scheduling a stenotype reporter to record the proceedings. The parties shall share equally the appearance fee of the stenotype reporter and the cost of obtaining an original transcript and one copy for the party originally requesting a transcript of the proceedings. The requesting party shall, at its expense, photocopy the copy of the transcript received from the reporter and deliver the photocopy to the other party within five (5) days after receiving the copy of the transcript from the reporter.

22.18 Time Limits. All time limits contained in this article may be extended by mutual agreement of the parties. Upon failure of the university to provide a decision within the time limits provided in this article, the grievant or UFF-UF-GAU may appeal to the next step. Upon the failure of the grievant or UFF-UF-GAU to file an appeal within the time provided in this article, the grievance shall be deemed to have been resolved by the decision at the prior step.

22.19 Notification. All grievances, requests for reviews, notices, and decisions shall be transmitted in person or by certified or registered mail, restricted delivery, or return receipt requested. In the event of a question as to the timeliness of any grievance, request for review, notice, or decision, the date of receipt shall be determinative. In the event that any action falls due on a day when the university is closed for normal business, the action will be considered timely if it is accomplished by 5:00PM the following business day.

- 22.20 Retroactivity. An arbitrator's award may or may not be retroactive as the equities of each case may demand, but in no case shall an award be retroactive to a date earlier than thirty-five (35) days prior to the date that the grievance was initially filed in accordance with this or the date on which the act or omission occurred, whichever is later.
- 22.21 Processing. The filing or pendency of any grievance or of arbitration proceedings under this article shall not operate to impede, preclude, or delay the university from taking the action complained of. Reasonable efforts including the shortening of time limits when practical shall be made to conclude the processing of a grievance prior to the expiration of the grievant's employment whether by termination or failure to reappoint. In no event shall any employee as a result of a pending grievance receive compensation following cessation of employment.
- 22.22 Reprisal. No reprisal of any kind will be made by the university, UFF-UF-GAU, or their representatives against any grievant, witness, UFF-UF-GAU representative, or any other participant in the grievance procedure by reason of such participation.
- 22.23 Records. All written materials pertinent to a grievance shall be filed separately from the evaluation file of the grievant or witnesses except decisions resulting from arbitration or settlement.
- 22.24 Selection of Arbitration Panel. Representatives of the university and UFF-UF-GAU shall meet within ninety (90) days after the execution of this agreement for the purposing of selecting a six-member arbitration panel. Selection shall be by mutual agreement or by alternately striking names from the arbitration panel list until one name remains. The winner of a coin toss shall be first to strike a name from the list.

**Article 23**  
**TOTALITY OF AGREEMENT**

- 23.1 Limitation. The parties acknowledge that during the negotiations which resulted in this agreement, UFF-UF-GAU had the unlimited right and opportunity to present demands and proposals with respect to any and all matters lawfully subject to collective bargaining and that all of the understandings and agreements arrived at thereby are set forth in this agreement, and that it shall constitute the entire and sole agreement between the parties for its duration.
- 23.2 No Obligation to Bargain. The UFBOT and UFF-UF-GAU, during the term of this agreement, voluntarily and unqualifiedly waive the right and agree that the other shall not be obligated to bargain collectively with respect to any subject matter whether or not referred to or covered by this agreement even though such subject or matter may not have been within the knowledge or contemplation of the parties at the time of negotiating or signing of this agreement.
- 23.3 Modifications. Nothing herein shall preclude the parties from mutually agreeing to alter, amend, delete, enlarge, or modify any of the provisions of this agreement in writing.

**Article 24**  
**SEVERABILITY**

24.1 In the event that any provision of this agreement (a) is found to be invalid or unenforceable by final decision of a tribunal of competent jurisdiction (b) is rendered invalid by reason of subsequently enacted legislation, (c) shall have the effect of a loss to the State of Florida or to the UFBOT of funds, property, or services made available through federal law, or (d) pursuant to Section 447.309(3), Florida Statutes, can take effect only upon the amendment of a law, rule, or regulation and the governmental body having such amendatory powers fails to take appropriate legislative action, then that provision shall be of no force or effect, but the remainder of the agreement shall continue in full force and effect. If a provision of this agreement fails for reason (a), (b), or (c) above, the parties shall enter into immediate negotiations for the purpose of arriving at a mutually satisfactory replacement for such provision.

**Article 25**  
**AMENDMENT AND DURATION**

- 25.1 Duration. The agreement shall become effective on the date it is ratified by both parties and remain in effect through June 30, 2017.
- 25.2 Article 10 (Stipends) shall be reopened each year of this agreement. This reopened shall start no earlier than January 1.
- 25.3 By mutual agreement, the parties may reopen other specific provisions of this collective bargaining agreement. Such reopeners may occur at any time.
- 25.4 Reopener negotiations under 25.2 and 25.3 shall be limited to ninety (90) days.
- 25.5 Amendments. In the event that the university and UFF-UF-GAU negotiate a mutually acceptable agreement, it shall be put in writing and become part of this agreement upon ratification by both parties.
- 25.6 Negotiations for a successor agreement shall begin no later than January 15, 2017.

**Article 26**  
**DEFINITIONS**

- 26.1 Bargaining Unit – those employees collectively represented for collective bargaining purposes of UFF-UF-GAU pursuant to the certification of the Florida Public Employees Relations Commission.
- 26.2 University Board of Trustees or UFBOT – the body established by Chapter 1001.71, Florida Statutes.
- 26.3 Days – calendar days.
- 26.4 Employee – a member of the bargaining unit.
- 26.5 Faculty Supervisor – the individual identified by the university as having immediate administrative authority over bargaining unit employees.
- 26.6 Graduate Assistant – a person employed in the bargaining unit.
- 26.7 Titles and Headings – the titles and headings of articles which precede text are inserted solely for convenience of reference and shall not be deemed to limit or affect the meaning, construction, or effect of any provision of this agreement.
- 26.8 UFF-UF-GAU – United Faculty of Florida/Graduate Assistants United at the University of Florida.
- 26.9 University – the University of Florida and its officials, representatives, and agents.

IN WITNESS THEREOF, the parties have set their signatures on this date \_\_\_\_\_

FOR THE UNIVERSITY OF FLORIDA  
BOARD OF TRUSTEES:

FOR THE GRADUATE ASSISTANTS  
UNITED/UNITED FACULTY OF  
FLORIDA:

\_\_\_\_\_  
Paula Fussell  
Vice President for Human Resources

\_\_\_\_\_  
Luis A. Caraballo-Burgos  
Co-Chief Bargainer

\_\_\_\_\_  
William Connellan  
Chief Negotiator

\_\_\_\_\_  
John Hames  
Co-President

R. Paul Duncan  
Kim Baxley

\_\_\_\_\_  
Kevin Funk  
Co-President

\_\_\_\_\_  
Candi Churchill  
Service Unit Director  
United Faculty of Florida

Mauro Caraccioli  
Daphne Douglas  
Emily McCann  
Jana Wallace  
Eunice Yacoba Yarney

APPENDIX A

UNIVERSITY OF FLORIDA BOARD OF TRUSTEES  
UNITED FACULTY OF FLORIDA-UF-GRADUATE ASSISTANTS UNITED

DUES CHECK OFF AUTHORIZATION FORM  
GRADUATE ASSISTANTS BARGAINING UNIT

Please print all information below.

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UFID #	Last Name	First Name	MI
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Home Street Address	City, State	Zip
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Campus Room, Building, Department	Office Phone	Cell
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Work or Home Email Address	Last 4 Digits of SSN#
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Please enroll me immediately as a member of the United Faculty of Florida (FEA, NEA-AFT, AFL-CIO). I hereby authorize my employer to begin bi-weekly payroll deductions for the United Faculty of Florida dues in such amount established from time to time in accordance with the constitution and bylaws of the UFF and certified in writing to the university administration (1% of my pay). This deduction authorization shall continue until revoked by me at any time upon thirty (30) days written notice to UF's payroll office and to the United Faculty of Florida.

---

Signature (for payroll deduction authorization)	Today's Date
---	--------------

APPENDIX B

UNIVERSITY OF FLORIDA BOARD OF TRUSTEES  
UNITED FACULTY OF FLORIDA-UF-GRADUATE ASSISTANTS

UNITED UFF-PAC PAYROLL DEDUCTION AUTHORIZATION FORM

I authorize the University Board of Trustees through the university to deduct from my pay starting with the first full bi-weekly pay period commencing not earlier than seven (7) days from the date that this authorization is received by the university. I also authorize contributions to the UFF Political Action Committee (PAC) in the amount of \$1.00 per pay period. I direct that that sum so deducted be paid over to the UFF.

Contributions or gifts to UFF-PAC are not tax deductible as charitable contributions for federal income tax purposes.

The above deduction authorization shall continue until either revoked by me at any time upon thirty (30) days written notice to the university personnel office and to the UFF or my transfer or promotion out of this bargaining unit for more than two consecutive semesters (e.g., Fall-Spring, Spring-Summer, or Summer-Fall).

Please print all information below.

---

UFID #	Last Name	First Name	MI
--------	-----------	------------	----

---

Home Street Address	City, State	Zip
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---

Campus Room, Building, Department	Office Phone	Cell
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Work or Home Email Address	Last 4 Digits of SSN#
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Return form to your UFF-UF-GAU chapter treasurer or to the UFF State Office at 306 East Park Avenue, Tallahassee, FL, 32301.

APPENDIX C

UNIVERSITY OF FLORIDA BOARD OF TRUSTEES  
UNITED FACULTY OF FLORIDA-UF-GRADUATE ASSISTANTS UNITED

STEP 1 GRIEVANCE FILING FORM

I. GRIEVANT

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Representative's Name	College	Department	Office Phone
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Grievant's Name	Mailing Address	Office Phone
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If grievant is represented by UFF or legal counsel, all university communications shall go to the grievant's representative as well as to the grievant.

Other address to which university mailings pertaining to grievance shall be sent:

---

II. GRIEVANCE

Provisions of agreement allegedly violated (list specific articles and sections):

---

Statement of grievance (must include date of acts or omissions complained of):

---

Remedy sought:

---

III. AUTHORIZATION

I will be represented in this grievance by:

\_\_\_\_\_ UFF; Representative's Signature \_\_\_\_\_

\_\_\_\_\_ Legal Counsel; Representative's Signature \_\_\_\_\_

\_\_\_\_\_ Myself

I UNDERSTAND AND AGREE THAT BY FILING THIS GRIEVANCE I WAIVE WHAT EVER RIGHTS I MAY HAVE UNDER CHAPTER 120 OF THE FLORIDA STATUTES WITH REGARD TO THE MATTERS I HAVE RAISED HEREIN AND UNDER ALL OTHER UNIVERSITY PROCEDURES WHICH MAY BE AVAILABLE TO ADDRESS THESE MATTERS.

This grievance was filed with the Office of Human Resources, 903 W. University Avenue on the date of \_\_\_\_\_ by:

\_\_\_\_\_ Mail (Certified or Registered)

\_\_\_\_\_ Email

\_\_\_\_\_ Personal Delivery

\_\_\_\_\_  
Signature of grievant (must be signed if grievance is to be processed)

Date received: \_\_\_\_\_

Copies of the Step 1 decision shall be sent to:  
College of Dean's Office      Grievant  
Faculty Supervisor              Human Resources  
Graduate School                  Step 1 Representative

APPENDIX D

UNIVERSITY OF FLORIDA BOARD OF TRUSTEES  
UNITED FACULTY OF FLORIDA-UF-GRADUATE ASSISTANTS UNITED

REQUEST FOR STEP 2 HEARING

---

Grievant's Name

Office Address

---

Step 1 Representative's Name

Mailing Address

Date of Step 1 Decision: \_\_\_\_\_

Provisions of agreement allegedly violated (as specified at Step 1):

---

I hereby request that the university review the attached decision made in connection with the attached grievance because:

---

Grievant received decision on the date of \_\_\_\_\_ and filed this request for review with the university on the date of \_\_\_\_\_ by:

\_\_\_\_\_ Mail (Certified or Registered)

\_\_\_\_\_ Email

\_\_\_\_\_ Personal Delivery

---

Signature of grievant

Copies of the Step 2 decision shall be sent to:

College of Dean's Office	Grievant
Faculty Supervisor	Human Resources
Graduate School	Step 1 Representative

APPENDIX E

UNIVERSITY OF FLORIDA BOARD OF TRUSTEES  
UNITED FACULTY OF FLORIDA-UF-GRADUATE ASSISTANTS UNITED

NOTICE OF ARBITRATION

The United Faculty of Florida hereby gives notice of its intent to proceed to arbitration in connection with the decision of the provost's office on the date of \_\_\_\_\_ and received by the UFF State Office on the date of \_\_\_\_\_ in the grievance of:

Name: \_\_\_\_\_

UF File Number: \_\_\_\_\_

The following statement of issue(s) before the arbitrator is proposed:

\_\_\_\_\_

The notice of arbitration was filed with Human Resources Services Employee Relations 903 W. University Avenue, Gainesville, FL 32611 on the date of \_\_\_\_\_ by:

\_\_\_\_\_ Mail (Certified or Regular)

\_\_\_\_\_ Email

\_\_\_\_\_ Personal Delivery

Date of receipt by the Office of the Vice President of Human Resources: \_\_\_\_\_

\_\_\_\_\_  
Signature of UFF

I hereby authorize UFF to proceed to arbitration with my grievance. I also authorize UFF and the University of Florida or its representatives to use during the arbitration proceedings copies of any materials in my evaluation file pertinent to this grievance and to furnish copies of the same to the arbitrator.

\_\_\_\_\_  
Signature of Grievant

## APPENDIX G

The following is for information purposes only. It is the summary of dental benefits provided under the collective bargaining agreement. This listing is the benefit package as of August 16, 2014.

### GatorGradCare Dental Care

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The following benefits are provided at UF College of Dentistry.

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#### Eligibility

- Graduate students on appointment enrolled in GatorGradCare are eligible for these services one time per year.
  - Dependents are not eligible for these services.
- 

New Patients receive the following with no out-of-pocket expense:

- A complete dental and oral health exam
  - Complete x-rays
  - Cleaning (if no signs of gum disease)
- 

Returning Patients\* receive the following with no out-of-pocket expense:

- A complete dental and oral health exam
  - Bite wing x-rays
  - Cleaning or gum disease maintenance
- 

\*Returning patients are those who have been examined in the College of Dentistry practice within the past two years.

# APPENDIX S: CLINIC POLICY AND PROCEDURE MANUAL

 DEPARTMENT OF  
CLINICAL & HEALTH PSYCHOLOGY

 COLLEGE OF HEALTH PROFESSIONS

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## 1.0 THE PSYCHOLOGY CLINIC

The Psychology Clinic is located within the University of Florida’s Health Sciences Center and is operated by the Faculty of the Department of Clinical and Health Psychology. The Department also operates in several clinics in local rural communities, various physician clinics including Magnolia Park Women's Center. The purpose of our Clinic is to provide Clinical-training opportunities for post-doctoral fellows, departmental interns and doctoral students and for the delivery of high quality psychological assessment, consultation and treatment services. In order to maintain a steady stream of teaching cases as well as meet professional standards of care, continuous services must be available.

As a teaching clinic, it is our responsibility to inform all patients of that mission. Faculty members will introduce themselves to all patients. Either the faculty member or trainee will explain to the patient that the trainee is under the direct supervision of the attending faculty member who may observe assessment or psychotherapy sessions directly or via audio or video recording. Patients should be assured of their confidentiality and of the availability of the attending faculty member as needed.

A primary mission of the Psychology Clinic is the training of graduate students and interns in clinical and health psychology. Students and interns are, at all times, assigned to specific faculty mentors who are directly responsible for each case in the clinic.

For psychological and neuropsychological assessments and psychotherapy intake evaluations, faculty members will meet each patient, be on site during the intake, assessment and any formalized testing, and be part of the feedback to those patients when the assessment is completed. Faculty members will help prepare, review, approve, and sign all assessment reports done under their immediate supervision.

For ongoing psychotherapy treatment cases, faculty members will meet patients at the outset of treatment. Patients will be appropriately informed that the faculty supervisor is available throughout the course of treatment should the patient have concerns or questions about their care. At the outset of treatment, a therapy treatment plan and problem list is jointly prepared by the therapist and faculty supervisor and co-signed by the faculty supervisor who has responsibility for the ongoing treatment. Faculty members will be responsible for each therapy session and co-sign each psychotherapy session progress note. At the conclusion of treatment, a therapy summary is jointly completed by the therapist and faculty supervisor and co-signed by the faculty supervisor thus assuring proper termination of care and/or proper disposition of the case for further treatment if required.

Patients will be asked to sign consent for audio or video recordings that are an integral component for supervision. The Psychology Clinic, and the supervision of trainees, are in accordance with both the "Ethical Principles of the American Psychological Association" and the "General Guidelines for Providers of Psychological Services of the American Psychological Association."

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## 2.0 CLINIC PERSONNEL

The Clinic Director, Dr. Glenn Ashkanazi, is a Clinical Faculty member in the Dept of CHP. He is responsible for implementation of the Clinic’s mission and to assure efficient daily operations. He coordinates the activities of the Clinic with the rest of the faculty through the “Clinical Operations Group (COG)” monthly meeting of which he is the Chair. Dr. Ashkanazi coordinates Clinic budgetary issues with the Dept of CHP’s Business Manager. Issues related to graduate student or intern training are coordinated with the Director of Graduate Student Training, Dr. Stephen Boggs, and the Internship Director, Dr. Lori Waxenberg.

Clinic personnel, involved in the day-to-day Clinic operations, include a Senior Clerk (Vera Hemphill), a Financial Assistance Counselor (Douglas Martin), and a receptionist (Daniel Postupack). Janice B. Ogwada, Front-end Office Manager, is responsible for the day-to-day operation of the Clinic "front office." Mr. Michael Sampson is the Back-end Billing Manager and oversees all clinic operations and focuses on billing and reimbursement issues. These individuals are central to the efficient operation of the Clinic as a service delivery system and perform a multitude of interrelated functions in helping faculty and trainees serve patients. These activities include serving as patient reception, taking referrals and scheduling appointments, sending packets of questionnaires for patients to complete prior to the time of their appointment, calling patients to remind them of appointments, paging providers when patients arrive, ordering medical records and psychological testing materials, ordering and managing clinic supplies, managing Clinic files including routing of information to designated recipients, copying and sending reports, interacting with patients regarding financial or scheduling issues, processing bills and monitoring the billing process, consulting with third parties regarding payment for Clinic services, and collecting and summarizing data necessary for the completion of reports regarding the functioning of the Clinic. Dr. Ashkanazi and Ms. Ogwada perform coordination and maintenance of the scheduling system. Clinic staff does not function as clerical support for trainees or faculty above and beyond the broad categories listed above.

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### 3.0 CLINIC ORGANIZATION

The Clinic is organized into two major functions; (a) assessment/consultation and (b) ongoing treatment.

#### 3.0.1 Trainee Supervision Policy

The changing and expanding roles of psychologists in health care require the rethinking and 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 typically does not meet weekly with the licensed faculty member, but receives most of the direct supervision from his/her unlicensed designee.

1) **Local Direct Supervision**. 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 supervises 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) **Remote Direct Supervision**. Local direct supervision implies that the supervisor is physically available for supervisory consultation *at the time services are rendered*. In instances where the supervisor is not officially at work at the HSC or is out of town, the supervisor will find another faculty member willing to take on the supervisory responsibilities for the case until the original supervisor returns. In these instances, the 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

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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 addition 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 (postdoctoral 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 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 supervision is in place. All supervision by post-doctoral associates is expected to conform to existing policies on billing and supervision. 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. It is also expected that the licensed faculty member meet with the patient during assessment or (for therapy cases) early in treatment so that the existing supervisory relationships that govern the patient’s care are discussed directly with the patient. It is advisable that periodic combined supervisory meetings involving the responsible faculty member, the post-doctoral associate, and the student/intern supervisees be arranged to allow for timely discussion of clinical and supervisory issues.

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### **3.0.2 Rules Regarding Initial Evaluations (For Both Inpatients and Outpatients):**

Medicare rules for initial evaluations require that the billing provider personally provide the level of service necessary to support the billed code. Our current procedure, where our faculty establishes an initial plan of care for an initial patient and establishes a "problem" that is then evaluated by the trainee, with continuing involvement of the faculty, is appropriate.

Meeting this requirement necessitates that the provider either personally perform or provide supervision when non-licensed trainees are involved with new patients. In the case of supervision, you MAY be either:

In the room with the trainee when doing an intake on a new patient, OR;

You are observing in real-time (i.e. watching the intake on a video monitor), OR;

If not in the room, or watching real-time on video monitoring equipment, you are "immediately available" (defined as being within a 5 minute travel time to provide in-person supervision) which includes being within the Health Professions, Nursing and Pharmacy building. It IS permissible to monitor more than one intake simultaneously. OR;

It is permissible to personally perform a clinically pertinent interview of the patient after there has been an interview done by the trainee (basically a repeat interview). Your interview may be abbreviated (i.e. you first look over the data collected by the trainee and then confirm the clinically pertinent information with the patient to your satisfaction). What is required here is that you feel comfortable that you have personally gathered enough information to justify saying that you performed the intake by performing the key components. Medicare does not specify length of time that you spend with the patient. The American Medical Associations CPT Manual states that a Psychiatric Diagnostic Interview (90801) consists of a history, mental status and disposition examination.

#### **Documentation Required:**

##### **Inpatient:**

In the room (Inpatient on the unit): Trainee may sign and create a note and/or a diagnostic report. A separate note must be added that states that you were:

- 1) Directly observed and participated in the evaluation, and you agree with, and are responsible for, the observations, summaries, conclusions, diagnosis and plan of care. OR;
- 2) The trainee(s) listed above participated in this evaluation, but I conducted the interview and am responsible for the conclusions, recommendations, diagnoses and plan of care contained in this report.

##### **Outpatient:**

Outpatient in our/or other Clinic: Trainee may sign and create note and/or diagnostic report. A phrase needs to be added that states that you supervised the entire evaluation, were available to immediately intervene and you agree with the observations, summaries, conclusions, diagnosis and plan of care.

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**Repeating Evaluation:** If the trainee writes a note/report, you must also write a separate note/report documenting your separate assessment, performed by you and not by the trainee. These two notes/reports will undoubtedly be duplicative.

### 3.0.3 Rules Regarding Treatment (Different for Inpatients vs. Outpatients-See below)

**Inpatient:**

Same rules apply as for the initial assessments. See below:

These rules require that real-time supervision is necessary when non-licensed trainees are involved with return patients. That is:

**“You, the licensed provider, must be present and carry out the entire treatment session, OR, Contemporaneously observe the treatment session the entire time through direct observation. “**

If these conditions are not met, no bill may be submitted

Notes should contain the phrase; Patient is being seen in follow-up pursuant to plan of care from initial assessment, or Patient is being seen in follow-up pursuant to plan of care from initial assessment as revised by Dr. \_\_\_\_\_ on [DATE].

**Outpatient:**

Our current procedures, where our faculty provides a plan of care for an established patient with an established problem that is then followed by the trainee, with continuing involvement of the faculty, are appropriate.

It does not require real-time observation. Taped supervision (time-delay) is acceptable.

Notes should contain the phrase; Patient is being seen in follow-up pursuant to plan of care from initial assessment, or Patient is being seen in follow-up pursuant to plan of care from initial assessment as revised by Dr. \_\_\_\_ on [DATE].

**Billing (Inpatients and Outpatients)**

Faculty will be required to indicate on the actual bill those portions that fall under these rules and are therefore appropriate to bill Medicare. They will further indicate (for tracking purposes) those services performed by a trainee (but which do not comply with said rules) and are therefore not billable to Medicare (i.e. Medicare does not say that you cannot use non-licensed trainees in the care of Medicare beneficiaries, however, they will not reimburse for those services). The actual edits to our current bill will be distributed at a later date.

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Faculty are expected to track those CPT codes, and time spent in the care/assessment of Medicare beneficiaries, for both themselves as the licensed provider and for non-licensed trainees. Notes can be written directly on our current bill sheet that reflects this information.

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### 3.1 Assessment and Consultation Services

Major assessment and consultation functions (including the provision of short term interventions for hospitalized medical patients) are provided by "teams" of trainees working with faculty members representing the core training areas of the Clinic (i.e. Neuropsychology, Child Psychology, Health Psychology).

Many of the faculty in the department are affiliated with the Psychology Clinic. The Neuropsychology and Child Psychology “teams” provide Clinic coverage one day per week (Monday through Friday). Health Psychology “teams” provide Clinic coverage across days.

In conjunction with their respective training directors, Neuropsychology and Child Psychology trainees (practicum students and interns) are scheduled for specific days in the Clinic and supervised by faculty members who are members of the Clinic team responsible for coverage on that day. Health Psychology trainees are scheduled across days but only in conjunction with their respective training directors and faculty supervisors.

Outpatient evaluations are scheduled Monday through Friday on a first come, first serve basis (with the exception of emergencies). Evaluations are typically scheduled for specific faculty members and are scheduled for a team based upon available trainee and faculty time and specialty.

The team “on Clinic” for a given day meets at the beginning of that day to discuss cases scheduled for that day and the nature of those resources necessary to meet Clinical demands (e.g., rooms, tests).

#### 3.1.1 Outpatient Assessments:

Outpatients who are scheduled to be seen on a given day (and inpatients that are scheduled in advance) should be seen promptly at the time they are scheduled.

##### 3.1.1.1 Billing and Supervision

All trainee conducted Clinic assessments should receive face-to-face supervision within 24 hours of service delivery. Reports for all assessment services should be completed within 48 hours of the service date. The assessment supervisor will sign the final report. It is ultimately the faculty’s responsibility to see to it that the bill is properly submitted to the Clinic for processing. There is no need to wait for a final report to be completed for a bill to be submitted. The trainee and faculty bear equal responsibility for performing this task in a timely fashion.

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### 3.1.2 Consult and Liaison Service Assessments:

Inpatient referrals are to be responded to the same day the request is received in the Clinic. However (except in the case of emergencies), if the consult is received after 4:00 p.m. the evaluation can be considered a consult for the following day. In such instances, however, it is necessary to make contact with the referral source, obtain sufficient information to determine that the consult does not constitute an emergency and arrange for the case to be seen the following day. **A note to that effect should be included with the referral information** that is passed on to the next team responsible for the consultation.

#### 3.1.2.1 Inpatient consults for Neuropsychological Assessment

All inpatient consults for Neuropsychological Assessment received by clinic staff will be reviewed by the Neuropsychology Faculty member on Clinic that day. The faculty member will contact the referring physician to determine the consult question. The faculty member will then decide if the patient can be seen the same day or moved to the next available day. Before deciding to move the patient to another day, the Neuropsychology faculty member must take into account the resources available and notify the Clinic Director of the need for coverage. Epilepsy consults will all be referred to outpatient cases.

### 3.1.3 Work Load Expectations:

For students on required practicum, interns, fellows, and residents, Clinic days are full days and can last into early evening; interns, fellows and graduate students should not schedule other appointments (e.g., therapy, supervision, classes, research meetings) on their assessment Clinic day. The intensity of this experience helps focus the new Clinician on the importance of maintaining an organized approach to patient care.

## 3.2 Ongoing Treatment Services

### 3.2.1 Clinic Treatment: Outpatient

All new outpatients that are referred (by self or other professionals) as potential therapy cases will be scheduled for a “treatment evaluation.” This means that all new referrals for treatment (including self referrals) will be scheduled for “evaluation for treatment” at the next available Clinic team opening. Professional referrals to a specific faculty member by name will be scheduled when that member’s team is on duty. If this is a problem for the referring source, then Clinic staff will consult with the referral source to discuss the scheduling of the case. Treatment evaluations may be scheduled with the explicit and prior understanding

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that, in some cases, we may be unable to provide treatment through the Clinic. In such cases, all attempts will be made to make an appropriate referral for treatment outside of the Clinic. Intake "treatment evaluations" are scheduled as an assessment and are the first contact for a patient who may become an ongoing treatment case. Many of these will occur in the "Mental Health Clinic" which are appointment slots some faculty have spread throughout the week that are for traditional mental health cases. Faculty on specialty clinic have the option of accepting these 1 hour evaluations on their normal clinic day. Cases being referred for therapy should be emailed to Dr. Duane Dede (Therapy Case Coordinator) at [therapycases@phhp.ufl.edu](mailto:therapycases@phhp.ufl.edu).

The patient financial eligibility should be determined by the front office as soon as the case is identified as a treatment case. At the very least, the patient financial status *must* be clarified prior to the first meeting with the therapist. Case assignment can be made prior to the financial assessment but the patient should be informed that treatment planning is pending the financial and insurance approvals.

A faculty member has two options; either supervising a trainee who carries out the treatment evaluation or conducting the evaluation themselves. A supervisor has the responsibility at the end of the treatment evaluation to give the patient general results and recommendations. The faculty member may also schedule treatment if he/she plans to see the patients in treatment themselves.

**3.2.1.1 Financial Assessment and Training Cases:** In some cases where the patient is unable to pay for ongoing Clinic services, the patient should **not** be informed that the Clinic will take them as a therapy case *until a training case determination is made*. Ideally, that decision should be made while the patient is in the Clinic or on the same day as the assessment. If the determination cannot be made immediately, the patient should be informed that they would be contacted regarding disposition.

**For a case to be seen without financial resources or with Medicaid that does not reimburse us for our services, it must be determined that this case will serve an important training need in the Clinic in general or for a specific trainee in need of an experience with that type of treatment case. The Supervisor and Trainee, in conjunction with other faculty members, including the Clinic Director will make that "teaching case" determination and the treatment case assignment. This is accomplished through submission of a "Fee Waiver Request Form" found in the Clinic workroom. This form includes important information to be used to make this determination. If a reduction in fees, as opposed to a total waiver, is required for the patient to be seen, than this occurs only with *permission* of the Clinic Director. These requests must occur through written request.**

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**3.2.1.2 Referral Out of Clinic:** If it is not possible for the patient to be seen in the Clinic (i.e. we do not provide the service the patient requires is the only reason to refer out), **it is imperative that an appropriate referral should be pursued** and the case is not closed to our Clinic until such a referral is given to the patient and documented in the patient chart. Prior to disposition, the patient should be informed that they may contact the Clinic in an emergency. While, as noted above, evaluation supervisors may elect to continue to see the case themselves, recommend treatment, recommend a therapist, or request to supervise the case in treatment, it is the responsibility of the faculty and the trainee to make the final therapy assignment and to follow up that the referral has been completed.

**3.2.1.3 Therapy Recommendation:** Whenever the outcome of the evaluation includes a recommendation for therapy, a THERAPIST/ SUPERVISOR ASSIGNMENT FORM (yellow sheet) must be filled out immediately by the trainee who has primary responsibility for the case (in conjunction with his/her supervisor). Therapists and other supervisors may be recommended. This THERAPIST/SUPERVISOR ASSIGNMENT FORM must also contain information regarding whether the patient has insurance that will cover therapy (plus amount of coverage and amount of co-payment required) or if the patient is not insured, the percent discount the patient qualifies for (as determined by the Clinic's sliding fee scale). This information can be obtained from the Office Manager (Janice Ogwada). *For uninsured patients who qualify for greater than a 75% discount, it will be necessary for the referring Clinician to clearly document the extent to which the case being referred for treatment represents a good case for training* (see paragraph above).

**If the Clinic is unable to see a patient in treatment** (when it has been recommended) for either a financial or Clinical reason, it will be the responsibility of the Supervisor, or his/her designee, to notify the patient and give appropriate referral information to assure adequate disposition.

**If a patient is accepted into treatment in the Clinic,** the Therapy Case Coordinator will assign a therapist and supervisor so that the patient can, in turn, be contacted as soon as possible (usually within one or two days). The faculty may request certain types of cases and/or specific students to supervise just as students may request certain types of cases and/or specific faculty to serve as supervisors. Such requests should be given to the Therapy Case Coordinator. It will often be possible to honor these requests and recommendations. Students and supervisors shall make certain that their master log of therapy cases is kept up to date, including new patients

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and terminations, so that assignments can be done with the maximum amount of information available.

**The initial treatment evaluation** will be charged at the full Clinic rate (for a minimum of one hour). As noted above, for patients entering treatment, information regarding insurance coverage or recommended charges based upon the patient’s ability to pay will be available to the supervisor and therapist prior to the first scheduled treatment session. A minimum fee of \$12.80 will be charged to all patients for each therapy session.

**3.2.1.4 Treatment case transfers:** In order to assure proper continuity of care and adequate training experiences, **the supervisor of a treatment case is responsible for the assignment of a new therapist for those cases under his or her supervision** that must be transferred [for training reasons, Clinical reasons, end of a practicum or internship experience]. **The supervisor will complete** a Yellow Therapy Assignment Form with the changes and submit that form so that the Master Therapy Log can be updated.

### **3.2.2 Clinic Treatment: Inpatients**

The range and type of treatment interventions for inpatients is great and requires different procedures from outpatients. The faculty member responding to the consult request will be responsible for brief intervention with inpatients as well as supervising any student or intern assigned to the case. When, in the opinion of the supervisor, the case becomes comparable to an outpatient case in either length or intensity, the Therapy Case Coordinator will be notified by the supervisor via the THERAPIST/SUPERVISOR ASSIGNMENT (Yellow) FORM for addition to the regular therapy data base as an ongoing treatment case.

### **3.2.3 Ongoing Treatment Services: General Information**

The therapy system will not work without the prompt input of all required information. Prompt submission of the THERAPIST/SUPERVISOR ASSIGNMENT FORM is the professional responsibility of the faculty member and trainee assigned to the evaluation case. The prompt assignment of therapist(s) and supervisor(s) to the case is the professional responsibility of the Therapy Case Coordinator. Prompt response to the patient is the professional responsibility of the assigned therapist/supervisor.

*Finally, and equally important, it is the professional responsibility of the therapist to submit a bill to the Clinic and to monitor the patient account. **It is an economic and therapy issue when the patient does not pay. Patients are expected to pay their “copays” at the reception window prior to, or after, each ongoing***

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**treatment session. Both the front window personnel and therapist have the responsibility to assure that copays are collected.** Supervisors will review trainee billing (when necessary) to make certain that the financial obligations of the patient are attended to by the trainee and discussed appropriately with the patient. It is the Financial Counselor's responsibility to report patient payment problems to trainee and supervisor.

**3.2.3.1 Supervision. All student-conducted psychotherapy sessions should receive face-to-face supervision within seven business days of service delivery.** When the student reports for therapy supervision, s/he should bring the clinic note written to document session activities for direct review by the therapy supervisor. By the end of the supervisory session, the faculty supervisor should affix their signature to the note. By the end of business on the day that supervision takes place; the student should submit the therapy note to the clinic for proper processing. In cases where the therapy note needs to be modified or edited, the student should complete revisions within 24 hours of the supervisory session and to secure faculty signature by that time. **The student and faculty bear equal responsibility for performing this task in a timely fashion.**

### 3.3 Clinic Specialty Services

The typical scenario is for each tenure-track faculty member to have a designated “training day” in the Clinic. Generally, Clinical faculty are “on clinic” most days. There are occasions, however, in which tenure-track faculty members come on for additional days to provide some specialty service not otherwise managed by their training day (e.g., WADA, Forensic Evaluations) Although these services are offered through the Psychology Clinic, these off-team Clinical activities are often relatively independent of the operations of the Clinic teams.

**3.3.1: On Call Service:** The Psychology Clinic operates a 24-hour emergency on call service for its patients throughout the year. Trainees and their supervisors can be contacted during usual business hours but the “on call” service is formally in operation when the Clinic is closed (i.e. 5pm-8am during normal business days, weekends, and holidays). The “on call” function is to provide emergency consultation/intervention in order to maintain patient, or other, safety. It is not to be used to provide routine services. It is a service for our established patients and not a general crisis hotline. For emergent calls coming from non-established patients, on call staff should refer them to the Alachua County Crisis Hotline (352-264-6785/6789)

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### **Schedule**

The service consists of one licensed faculty member and one assigned intern. The schedule for each year [July through the next June] is published in early June. A new rotation starts every Monday at 8AM. The exception to this rule is when Monday is a Holiday in which case the switch does not occur until the next business day. The schedule for the on call service can be found on the Department’s intranet website. Both faculty and interns may switch their on call service dates with others. A notification of the switch must be sent to the Clinic Director and the Clinic Office Manager at least 7 days before the switch occurs. Breaking the week up for coverage among several people is strongly discouraged.

### **Procedure**

During the week on call, both the intern and faculty must be reachable by pager by the Shands operator. Neither is allowed to travel out of town and should be prepared to respond immediately to emergent situations. The intern on call will be provided with a cell phone by the Department to be used solely for the purpose of the on call service. In addition, the intern on call will have an “On Call” book in which to document every call received. Faculty will be required to initial each documented contact in the On Call book before the book is handed over to the next on call intern. All contacts with patients should be documented in the patient’s chart in our Clinic, signed by the intern and co-signed by the faculty member on call.

**Therapy Patients:** In instances where a therapist/supervisor have a patient who may require crisis intervention during the week, it is incumbent upon them to notify the intern and supervisor on call for that week and inform them of the nature of the patient’s concerns and offer instructions on how to handle crisis calls (e.g. should the on call service contact the licensed provider or therapist trainee of record after hours).

**Types of Interventions:** The On Call team is expected to use their clinical discretion to manage the case appropriately. This can include, as appropriate, an attempt to manage the crisis via telephone by counseling, contracting, etc. Under no circumstances are crisis patients to be met in the Psychology Clinic after hours. Patients can be referred to the emergency room at Shands Hospital for evaluation or potential admission. The on call team should contact the Psychiatry resident-on-call (380-3165) and/or the Emergency Room (265-0345) with the necessary information. It is up to the clinical discretion of the on call team, and the treating therapist & supervisor if they are involved, to meet the patient in the Emergency Department.

If the clinical decision calls for a law enforcement authority to be sent somewhere to assure the patient’s, or other’s, safety you can reach the Alachua County Sheriff’s Office at 367-4000 (if the patient resides in the unincorporated regions of Alachua County) or the Gainesville Police Department’s Communications Line at 955-1818 (if the patient resides within the city limits of Gainesville) and provide them with the necessary information.

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Some patient information (e.g. home address, home telephone number, etc) may be obtained through the Shands Hospital operator (265-0111) or as necessary, the on call team has access to all information about the patient in the patient's chart in the Clinic. Practitioners who expect that their patient(s) may use the on-call service are advised to keep such information handy but in a secure place that they can access after hours.

Inpatient Consults: The on call service for the Psychology Clinic is not a routine consultation service. Our on call service is an established intervention service for our established outpatients. **There are no inpatient emergency services available.** All emergent, inpatient consultation requests will be responded to the next business day during normal hours of operation.

### **Supervision**

If the on-call contact involves simple triage (e.g., arrangement for the patient to follow up with their therapist at a later time, arranging for the patient's therapist to call the patient back), the intern should perform this action and inform their on call supervisor of the contact within a reasonable amount of time. Normally, the supervisor should be informed of the contact and triage that same day. In other cases an immediate clinical decision will need to be made. In such cases, the intern will evaluate the situation and consult immediately with the supervisor on call in order to decide on the action to be taken. The intern will then implement the action and will inform the on call supervisor of the outcome. Again, all decisions should be noted in the patient's chart and signed by intern and on call supervisor.

**3.3.3 On Call as an Educational Activity:** Interns are involved in the on call function to help provide front line assessment and interface between the on call faculty member and the patient in crisis. This is also an educational experience for the intern and the cases should be debriefed on the next business day at the time the notes are signed. This is an important teaching role for the supervisor, adds to the learning experience of the intern, and assures ongoing quality care.

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## 4.0 PATIENT CLINICAL RECORDS

**4.1 Psychological Record Contents:** The therapist will insure that the Psychological Record for each therapy case contains the following information:

1. Patient's full name;
2. Patient's address;
3. Patient's date of birth;
4. Record number;
5. Marital status;
6. Ethnic/racial status;
7. Financial code; (Appendix)
8. Telephone numbers (home and work);
9. Best time to call;
10. Permission to contact at home/work/school;
11. Person to contact in an emergency;
12. Guardian information (if applicable);
13. Faculty supervisor;
14. Referral source;
15. Employer/School;
16. Type of therapy;
17. Completed Treatment Plan/Problem List;
18. Informed consent form (Informational Handout);
19. Consent for Audio taping/Videotaping;
20. Charges per session; and
21. Diagnostic code (ICD-9-CM) (Appendix - copy of billing form).

## 4.2 Chart Organization

### 4.2.1 Chart Tabs (In order based on frequency of use)

1. Progress Notes: There should be one entry in this section for each patient contact. Each note should be dated and counter-signed (if provider is unlicensed).
2. Treatment Plans: Each patient in treatment should have a treatment plan. Each plan should be tied to the "Problem List" with dates for when plan is "opened" and when "changed/closed".
3. Assessment Reports: Formal reports generated from our Clinic should be located in this section.
4. Database: This section includes all "assessment interview" notes, social/medical history questionnaires, "Program Specific" information forms (e.g. Pain Interview forms) and reports/data from other healthcare providers (e.g. Shands medical chart information). "Raw" notes (i.e. process notes) may also be kept in this section. If kept, they must be signed and dated by the supervising faculty member.

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- a. Raw notes may be transcribed into progress notes as long as they too are dated and signed. These should be filed under the Progress Notes tab.
5. Correspondence/Consent: This section should include letters from attorneys, therapy assignment forms, fee waiver forms, consent to video, etc, letters to patient terminating treatment, and HIS appointment records
6. Test Material: Place “raw” test materials including test forms and computer scored materials

### 4.3 Problem Oriented Medical Record (POMR)

The Department officially uses the POMR method of maintaining psychological charts. An overview of the POMR method can be found in Appendix M. **All** those working in the Clinic are expected to review Appendix M and to master the use of the POMR system and the various items to be included in each section. Quarterly quality improvement AUDITS are done for adherence to the required charting practices.

The three critical pieces of the POMR are the Problem List, Treatment Plan and Progress Note.

- 4.3.1.1 Problem List: The Problem List (PL) should appear on the front page of the chart on the right side. Thus, The PL is situated before the tabs and serves as a “table of contents”. Each problem identified should be titled and dated for when started, changed and terminated. The progress notes should also refer to the PL and tie together. Trainees may, at the supervisors’ discretion, “lump” or “split” problems. “Lumping” is to group problems (e.g. Problem #1 is Depression). “Splitting” is to break problems down into smaller parts (e.g. Problem #1 is weight loss, Problem #2 is loss of sleep, Problem # 3 dysphoric mood, etc.)
- 4.3.1.2 Treatment Plan: The Treatment Plan (TP) is filed under the “Treatment Plan” tab. Each problem in the PL will have a corresponding treatment plan. Each TP will have an opening date, modification date and termination date. Trainees may use the TP form provided by the Clinic or may use their own program specific form from the supervisors. TP details and progress should be indicated in the Progress Notes.
- 4.3.1.3 Progress Notes: For each session there will be a Progress Note which will include what problem was being addressed. Each note will be dated, include session number and countersigned by a licensed psychologist.
  - 4.3.1.3.1 Each note will be written in the Subjective, Objective, Assessment and Plan (SOAP) format. Subjective includes “what I heard”. Objective includes “what I saw, what I did and how they responded”. Assessment includes “what I think”. Plan includes “what I will do next time”.

### 4.4 Transfer of Cases

- 4.4.1 Each trainee who is transferring an ongoing treatment case must write a “Transfer Summary”. Minimally this report should include what problems were addressed, brief restatement of the “subjective” and “objective” of the problem, statement of

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what occurred during treatment, assessment of what did and did not work and discharge plan.

#### **4.5 Telephone Contact With Patients**

Brief telephone contact with patients regarding scheduling does not require that a billing sheet be completed. Therapy by phone is rarely appropriate or necessary, but there are exceptions. For these relatively rare events (>15 minutes), a billing sheet is required. Phone contacts should be charted and discussed with supervisor. Confidentiality issues may arise when leaving messages on answering machines, thus permission to leave such messages should be addressed with the patient. No message should be left without prior permission of the patient.

#### **4.6 Termination of Therapy**

The Supervisor and Financial Assistance Counselor must be given the name of the patient and date of last session with each termination. A final Clinical note summarizing treatment and disposition of the case must be included at termination. (In Appendix see Sample Report - Termination Summary.) Treatment summaries should include initial complaint and diagnosis, a summary of treatment(s) provided, treatment, outcome treatment and disposition (including termination).

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## 5.0 PROCEDURES FOR ROUTING OF OUTPATIENT AND INPATIENT ASSESSMENT CASES (INCLUDES CASES SEEN FOR THERAPY EVALUATION)

**5.1 Information Needed Prior to Assessment.** The appointment letter (see Appendix for copy), sent to assessment patients prior to the time of the evaluation, will provide information regarding Clinic policy related to financial issues. Included will be information indicating that:

1. There will be a \$231 minimum initial charge (payable at the time of the evaluation) for all patients not covered by a third party payer;
2. That patients will be financially responsible for any co-payment dictated by their insurance policy;
3. That these fees must be paid at the time of the evaluation.

Patients will also be sent an insurance information form, along with the appointment notice, which is to be filled out and returned to the Clinic prior to the appointment. (This will allow the Financial Counselor to verify coverage prior to the time of the patient's initial appointment.) Patients will also be requested to bring their insurance card with them to the evaluation so coverage can be verified.

**5.1.1 At a minimum of three days before scheduled appointment,** a Clinic staff member contacts the patient. The patient will be informed of the percentage of the total charges or co-pays they will be expected to pay at the end of the evaluation.

**5.1.2 First Time Appointments.** As the patient or guardian comes to the Clinic for the first time, he/she will provide the Clinic staff with completed forms that were mailed prior to appointment. At this time the receptionist will check-in the patient by use of the scheduling software and notify supervising faculty member that the patient has arrived by paging them with a code of "999".

New patients are typically instructed to register with the hospital Outpatient Registration by phone prior to their appointment in the Psychology Clinic and to check in at the Clinic window 15 minutes prior to the time they are to be seen for assessment. (This is to allow time for the patient or their guardian to meet with the Financial Assistance Counselor and register if necessary.)

An overview of Clinic procedures involved in the registration of new patients is provided in the following sections.

If the patient is sponsored by third party payer such as Children's Medical Services or Workers Compensation which cover some of the total costs of the evaluation they will be directed to the waiting room to wait for the Clinician. If services are

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not entirely covered by a third party payer, the patient will be advised by the receptionist of the payment or co-pay due. If the patient requires additional financial information, they will be directed to the Financial Counselor.

- 5.1.3 Payment Entry.** The Financial Counselor will record and initial the percent (and/or total amount) the patient or guardian is expected to pay for the evaluation on the Financial Routing Sheet attached to the patient’s bill. (The Financial Counselor will also routinely calculate the percent discount the patient would be qualified for [non-insured patients] or the amount of insurance coverage available along with the patient’s co-payment [insured patients] should the patient enter into treatment. This information can be obtained from the Financial Counselor to include on the Therapy Referral Form at the time a recommendation for therapy is made.)
- 5.1.4 Receptionist Duties.** The receptionist will page faculty and/or trainees on the pager system when their patient has arrived. This system is in place for the convenience of the provider. **It is the trainee/faculty’s responsibility for their patient’s appointment.** At the appointment time, if you have not received a page it is **STRONGLY** recommended that you walk down to the Clinic to see if your patient has actually arrived. Other miscellaneous duties include taking messages, ordering supplies (not tests), providing HIPPA information, etc
- 5.1.5 Clinician's Duties.** The patient will be met in the waiting room by the Clinician and subsequently seen for evaluation. It is the Clinician’s responsibility to determine whether their patient has checked in and to meet the patient in the waiting room for the evaluation at the time they are scheduled.
- 5.1.6 Conclusion of Visit.** After the conclusion of the patient’s visit, the Clinician or supervisor may submit the billing for all services rendered.. Prior to the bill being submitted, **the bill must include the name of supervisor (and the name of the trainee seeing the case included as well).** The licensed psychologist name should appear at the top followed by any of the following (in order): Unlicensed Doctoral Level Psychologist, Post Doctoral Fellow, Intern, and Graduate Student. All bills must include both Diagnosis codes and CPT codes
- 5.1.7 Check Out.** **After the evaluation is completed the trainee should inform the receptionist that the patient is ready to be checked out and the patient should be directed to the Clinic registration desk where the appropriate fee for services will be collected and a next appointment (if necessary) is made.**
- 5.1.8 Medical Records.** If the patient has been seen at Shands before, the Medical Record will be available for review in the student’s workroom the day before the appointment when possible. This record will be returned to the Medical Record office the day after the patient is seen in the Clinic.

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**5.1.9 Patient's Psychology Clinic Record.** The Psychology Clinic staff prepares a file folder with referral information when an appointment notice is sent to a client. This will become the Psychological Record (see Section 8.0).

## 5.2 Special Procedures: Transplant

**5.2.1 Transplant Reports.** In order to maintain a high level of clinical quality customer service, a special procedure is needed for providing psychological information to the transplant teams.

In order for the transplant coordinators, and other team members, to receive timely information from the Department of Clinical and Health Psychology, the Transplant Reports sent to these respective teams will be of limited length (i.e., typically one-page reports). The report will begin with a very brief description of the referral question and procedures used (i.e., Data Evaluation). Finally, the report must end with a numbered listing of the action plan recommended in order to manage any barriers to successful transplantation (i.e., Treatment Plan). A copy of a sample report is attached.

**5.2.2 Routing Reports.** In order to maintain an efficient continuum of care, Transplant Reports need to be sent to the appropriate transplant coordinators within 24 hours in advance of the transplant team meeting.

Once a one-page report has been reviewed and signed by the appropriate supervisor, it is to be placed into a routing box specifically for Transplant Reports. This box will be maintained next to the routing box in the clinic used for other types of reports.

Before being placed into the box, the report must receive a date/time stamp. This machine will be located next to the routing box. If the report is placed in the box before 4PM, it will be delivered by courier to the appropriate transplant coordinator that same day. If placed after 4PM, it will be delivered the following day.

In order to assist in an efficient tracking system, a sign-up sheet will be placed beside the routing box. This sheet will indicate the transplant patient's name, the transplant service involved, and the Clinical and Health Psychology faculty supervising the report. The faculty member who is assigned the case is responsible for completing the Tracking Sheet after the morning assignments are distributed. If a consult comes into the clinic later in the day, the faculty member receiving the consult must complete the Tracking Log.

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## 5.2.A Special Procedures: Epilepsy

### Background

The Neuropsychology Service is part of a multidisciplinary team (Neurology, Neurosurgery, Neuroradiology) that evaluates epilepsy patients, both children and adults. We receive consults from Adult Neurology and Child Neurology to evaluate patients who are admitted to the Epilepsy Monitoring Unit for an intensive inpatient workup. A variety of different types of patients are seen and may include: (a) those who are seizure surgery candidates (very common); (b) those who are being evaluated for medication management; and (c) others presenting with non-epileptic seizures (also known as pseudo-seizures). Inpatients on the Epilepsy Monitoring Unit remain hospitalized for 3 to 7 days and undergo video-EEG monitoring, volumetric Magnetic Resonance Imaging (MRI), and Neuropsychological testing.

### Seizure Surgery Candidates

For seizure surgery candidates, the results of their inpatient evaluation are presented and discussed during a weekly Epilepsy Management Conference that is held every Tuesday morning at the McKnight Brain Institute. The role of neuropsychology is to provide information about: (a) laterality of findings (left versus right brain); (b) localization (frontal, temporal, etc.); (c) factors that might influence interpretation of findings (e.g., education, primary language, pain, etc); (d) mood and psychological status; and (d) other factors that might affect the patient’s well being in relationship to surgery (e.g., social support, ability to understand surgery, compliance, etc.). The neuropsychological test findings provided by our service represent one of three critical data points for making patient care decisions about seizure surgery and other treatment options.

Decisions about whether a patient moves forward with seizure surgery are based on three “independent” sources of information: EEG, MRI, and Neuropsychological Findings. Two of these three sources of data must converge if the patient is to move directly to surgery (known as a skip or Phase I patient). If there is lack of convergence among EEG, MRI, and Neuropsychology, then the patient may have to undergo additional invasive procedures. These may include placement of extradural grid electrodes over the surface of the brain, or insertion of depth electrodes into the medial temporal region (hippocampus). These procedures (grids, depths) pose additional risks to the patient, but are often necessary to fine tune lateralization/localization.

It is critical that Neuropsychology’s decisions about laterality and localization be made SOLELY on patterns of neuropsychological findings derived from our testing. Our interpretation should be made blindly and independent of knowledge about the result of EEG and MRI findings. Otherwise, our contributions to the EMC decision making process are contaminated by other streams of information. This type of approach is clearly

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different from what transpires with other types of cases in Neuropsychology Clinic, where we attempt to integrate all sources of information about our patients.

**Procedure:** The procedure below should be followed for any epilepsy inpatient (adult or child) who is being evaluated for potential seizure surgery.

1. By Monday noon of the week after the workup, place the following information in the Clinic’s Epilepsy Routing Box: (a) COMPLETED NEUROPSYCHOLOGICAL SUMMARY SHEET and (b) PINK COVER SHEET (which provides information about laterality, location, mood, social/compliance issues). The final neuropsychological report IS NOT necessary, although it is welcomed. Importantly, the neuropsychological report does not substitute for the Summary sheet and Pink Cover Sheet.

This information will be orally presented during the Epilepsy Management Conference that is held every Tuesday 8:30 AM at the McKnight Brain Institute (3<sup>rd</sup> floor Neurology Conference Room, located to the right as you emerge from the elevators). You are welcomed and encouraged to attend this meeting to see how decisions are made within a multidisciplinary context. In attendance are faculty from Neurology (Eisenschenk, Uthman, Sackellarres, Meador), Neurosurgery (Roper), Pediatric Neurology (Carney), Neuroradiology (Schmalfus, Quisling), and Neuropsychology (Bowers). The support staff for adult epilepsy service are Donna Lilly and Debra Thomas-Saltzer, both ARNP’s.

2. The final neuropsychological report on all epilepsy inpatients should be routed to the Epilepsy Monitoring Unit (PO Box 100365), the medical chart, and the referring physician. Although additional copies may be routed elsewhere, it is important to always send a copy to the EMU which maintains a backup data file on all patients who have been evaluated on the unit. A copy of the summary sheet should also be attached to the report routed to the EMU.

Finally, many patients who undergo seizure surgery will be seen for repeat neuropsychological evaluation approximately six months following their surgery. This typically occurs during an outpatient visit. The report of this post-operative neuropsychological evaluation should be compared with their presurgical workup and also routed to the EMU.

**Patients with Non-Epileptic Seizures (pseudo-seizures)**

Occasionally we receive referrals for assistance with inpatients on the EMU who have been determined, based on video-EEG monitoring, to have seizures or non-epileptic origin (aka pseudo-seizures). For these referrals, it is important to contact the epilepsy ARNP’s (Donna Lilly, Debra Salter-Johnson) or the physician consultant regarding what is specifically wanted from us. You should be aware that patients with “real” seizures can also have pseudo-seizures as well.

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### Patients being Evaluated for Medication Management

Sometimes epilepsy patients are admitted to the EMU in order to be closely monitored regarding their medication management. Although rare, an epilepsy patient may go into “status”, meaning they develop uncontrolled prolonged seizures. Such patients are usually seen emergently in the ER and admitted to the neurology service in order to be stabilized. It is less common for the Neuropsychology Service to receive consultation for neuropsychological workups on medication management cases. Should this occur, there is no “press” for you to route summary sheets, etc., as these patients will not be presented at the EMC meeting.

### Frequently Asked Questions

**1. Where is the Epilepsy Monitoring Unit?** The adult Epilepsy Monitoring Unit is located on the 6<sup>th</sup> floor of Shands Teaching Hospital. It consists of 4 inpatient rooms located on the 65 hallway and one “control” room. The control room consists of EEG and video monitors that are directly linked to each inpatient room. The pediatric Epilepsy Monitor consists of 4 inpatient rooms located on the 4<sup>th</sup> floor (pediatric floor). Children are monitored by EEG personnel from the 6<sup>th</sup> floor control room. You are free to visit the “control room”. Introduce yourself as being from the Neuropsychology Service.

**2. Where is the neuropsychological testing administered?** All testing is carried out in the patient’s hospital room. Put a sign on the door that says “testing underway”. Family members are asked to leave during testing.

**3. What if the patient has a seizure during testing?** The *goal* is for the patient to have seizures, so that the seizure focus (if present) can be localized on EEG. To facilitate this occurrence, patients are tapered or removed from their epilepsy medications as they enter the hospital. This increases the risk of seizures. If a patient should have a seizure, immediately push the red alert button. This will alert the nursing and the EMU staff who will “rush in” and possibly administer medication. While you’re waiting, make sure the patient is safe on the bed and isn’t going to fall. Otherwise, do not attempt to restrain the patient.

**4. Is there a set neuropsychology epilepsy protocol?** For Adults, there is a recommended testing protocol that was selected by the Neuropsychology Service. This protocol will take approximately 3 hours, including the interview and mood measures (STAI, BDI). Depending on the patient and any questions that arise during testing, you may wish to alter or modify this protocol. The summary sheet for the Epilepsy Protocol is located in the Neuropsychology Testing Shelves in the Clinic.

**5. Who are the epilepsy “attendings”?** For **adult epilepsy patients**, the neurology attendings are Drs. *Stephan Eisenshenk*, *George Ghacibeh*, and *Kim Meador*. These neurologists typically rotate on a monthly basis and are responsible for epilepsy inpatients on the EMU. For children, the neurology attending is Dr. *Paul Carney*, a pediatric neurologist with a primary appointment in Pediatrics. The neurosurgeons who perform

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resections or other procedures on appropriate surgical candidates are Dr. *Steve Roper* (adult) and Dr. *David Pincus* (children). Their contact information is listed below. Finally, two key individuals of the Epilepsy Team are Donna Lilly, ARNP, and Debra Thomas-Salter, ARNP. They are up to date on all patients in the program.

**Important Numbers Related to Epilepsy Consultations**

Name	Phone	Box	Pager	Fax
Eisenshenk, Stephan, M.D.	273-5550	100236	413-5050	273-5573
Ghacibeh, Georges, M.D.	273-5550	100236	413-7570	273-5573
Meador, Kim, M.D.	273-5550	100236	413-1086	273-5573
Sackelarres, Chris, M.D.	273-5550	100236	413-7555	273-5573
Uthman, Bassim, M.D.	273-5550	100236	413-6637	273-5573
Carney, Paul, M.D.	392-6442			
Roper, Steve, M.D.	392-4331	100265		392-8413
Donna Lilly, ARNP	273-5550	100236	413-9459	
Debra Thomas-Salter, ARNP	273-5550	100236	413-9460	
Epilepsy Monitoring Unit	5-0061	100236	n/a	
EEG Suite		100236	n/a	
Neurology OP Clinic	265-8408		n/a	265-8409
Neurology Office	273-5550	100236	n/a	273-5573

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### 5.3 Inpatient Services

Inpatients are usually seen on the medical unit floor on which they are hospitalized. Arrangements can often be made with unit staff for testing and consultation rooms. Bedside interviews are often required, however, patients can also be brought down to the Psychology Clinic and it is preferable if possible.

Medical inpatients that are to be seen in the Clinic may be brought by a courier who also brings the Medical Record. Psychiatric inpatients are to be seen on the 8th floor Psychiatric Unit rather than in the Psychology Clinic. (Rooms for conducting evaluations will be provided on the Psychiatric Unit.)

When an evaluation on an inpatient is completed in the Clinic, the courier service is contacted, or we escort the patient back to the floor ourselves. It is essential that the floor staff be notified that the patient has returned to the floor AND THAT THE VISIT IS DOCUMENTED IN THE MEDICAL RECORD AND RETURNED TO THE REFERRING UNIT.

### 5.4 Initiation of Therapy

When agreement has been reached after an assessment to undertake treatment, the therapist must notify the Financial Assistant Counselor of the agreed upon arrangements.

**Trainees who will be seeing patients in the Clinic rooms should check for the availability of a room before scheduling the patient for a specific day and time of therapy.** It is the trainee's responsibility to maintain the accuracy of their room use scheduling on the master listing of rooms in the Clinic.

An overview of Clinic check-in and registration procedures for ongoing therapy cases is presented in the following sections.

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## 6.0 PROCEDURES FOR ROUTING NEW OUTPATIENT THERAPY CASES

All patients seen in outpatient psychotherapy will have been seen for prior evaluation in the Clinic. Thus, information on the patient's financial status will be available from the Financial Counselor. This information will include whether the patient has insurance coverage and, if so, the amount of coverage for mental health services available and the amount of co-payment the patient would be responsible for. If some third party payer does not cover the patient, information will be available regarding the percent discount for which the patient would qualify if the patient entered into therapy. This information must be included on the Therapist/Supervisor Assignment Form when the case is referred to the Team Leader for assignment. The Therapy Assignment Form is then returned to the patient's Clinic file.

**6.1 Initial Therapy Appointment.** When the therapist calls the patient to schedule the first psychotherapy appointment he/she should communicate to the patient that it will be necessary for the patient to speak with the Clinic's Financial Counselor prior to this initial appointment if this has not been done at the time of the initial assessment. If unable to do so, the patient would be instructed to meet with the Financial Counselor fifteen (15) minutes prior to the first therapy appointment. The therapist should then communicate the time of the appointment to the Financial Counselor. (If the first session is scheduled after hours, that is, before 8:00 a.m. or after 5:00 p.m.) it will be necessary for the patient to schedule an appointment to meet with the Financial Counselor on some other occasion prior to the time of the first appointment.) Assuming that the patient is to see the Financial Counselor prior to the first therapy session, the typical sequence of events would be as follows:

**6.1.1 Check In.** At the time of the first appointment, the patient will check in at the Clinic window. The receptionist will then call the Financial Counselor to inform her that the patient is ready to be seen (if this has not already been done previously) and the patient will either be directed to the Financial Counselor's office (if she is ready to see the patient) or to the waiting room.

**6.1.2 Financial Counselor Meeting.** During the meeting with the Financial Counselor, the costs of therapy (basic cost per session, amount covered by insurance and patient co-payment, percent discount if no insurance, etc.) will be discussed with the patient or guardian and this information will be recorded on the Financial Routing Sheet. (Along with any special notes regarding individual payment plans that have been agreed upon). The patient will be told that it will be necessary that they pay their required co-payment (in the case of those who have insurance) or their fee per session (in the case of those paying for therapy themselves) at the time they are seen for each therapy session. The therapist and supervisor can request a modification of this fee. **Only the Clinic Director has the authority to actually adjust these fees.**

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**6.1.3 Waiting Room.** After this meeting, the patient will be instructed to wait in the waiting room for the therapist. **No patient is to be seen without having checked in at the Clinic front window.** EAP patients or faculty or employees wishing anonymity can make other arrangements with therapist.

**6.1.4 Conclusion of Visit.** At the conclusion of the patient visit, a bill will be completed by the therapist to indicate those therapy services rendered. The therapist should inform the Clinic staff that the patient is ready to check out and the date and time of the next scheduled therapy session (so the next appointment can be scheduled in advance). At this point, the appropriate fee will be collected. **A similar sequence will be followed on subsequent visits except that the patient will not need to see the Financial Counselor on these occasions, except in the event of a billing or other financial problem.**

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## 7.0 BILLING

**7.1 Payment.** All patients are expected to pay some portion, or their entire, bill at the point of service unless CMS, Vocational Rehabilitation, and Worker’s Compensation sponsors them or they have (100%) insurance coverage for mental health services. **(Those with insurance coverage will be expected to make any required co-payment at the time services for each session is rendered, whether this is for assessment or therapy.)** For those without sufficient third party coverage, the minimal amount of this initial payment is \$231.00 (for assessments). Self-pay therapy patients, without third party coverage, will be expected to pay for services rendered **(as determined by the percent discount they qualify for according to the Clinic’s sliding fee scale)** at the time of each treatment session. This discount will, in no case, be greater than 90%. As noted earlier, for therapy patients qualifying for discounts greater than 75% it will be necessary to document (see Appendix for form) the degree to which the case serves a significant training function.

**7.2 Using “NERVE”.** “NERVE” is the scheduling and billing software used in the Clinic. Following each patient contact a bill must be submitted that includes: the place of service, the CPT codes best describing the services rendered, the Diagnoses codes (ICD-9) that best describe the patients present status (chief complaints), the providers participating in the contact and the date services rendered. Every month, licensed providers will be provided with a monthly summary of the preceding months billing activity. Licensed providers should review these summaries and when satisfied with their accuracy submit them signed to the Back-end Office Manager (Billing Manager)

**7.2.1 Missing Charges.** The Financial Assistance Counselor and Back-end Billing Manager will review a missing charge report every few weeks. The report will identify the patient, date of service, billing provider (supervisor), scheduling provider (therapist), and missing charge.

Everyone with a missing charge will receive an email from the Clinic Director detailing his or her missing charges. Faculty will receive a copy of the report that shows them as the listed billing provider (if available). Trainees will receive a copy of the missing charges that list them as the scheduled provider.

The Back-end Office Manager will be available to discuss any concerns regarding missing charges from faculty or trainees.

The missing charges, or an explanation of why the bill cannot be submitted at this time, should be in the Clinic office within 1 week of this notification.

The Clinic Director will review the responses and account for all missing bills. The Clinic Director will seek out the trainees who have not responded first. The Clinic Director will coordinate with the Office Manager and Financial Assistance Counselor for edits to the missing charge report.

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Faculty supervisors will be kept current on the status of missing trainee bills. If necessary, chronic lateness in turning bills in will be reported to the Director of Clinical Training and the Internship Director.

- 7.3 Assessment Charges.** Charges for assessment are computed according to a standard fee for service schedule, which can be found in Appendix A. **Charges for assessment should not be discounted.** As indicated earlier, charges for therapy may be modified according to the Clinic's Sliding Fee Scale (as recommended by the Financial Assistance Counselor) or otherwise modified at the discretion of the Clinic Director. **All trainee conducted Clinic assessments should receive face-to-face supervision within 24 hours of service delivery. Reports for all assessment services should be completed within 48 hours of the service date.** It is the trainee's responsibility to see to it that the bill is properly submitted to the Clinic for processing. The trainee and faculty bear equal responsibility for performing this task in a timely fashion.
- 7.4 Billing Information.** The following information must be indicated on the billing page in NERVE for all patients:
1. Patient name;
  2. Service Type;
  3. Date seen;
  4. Service Location;
  5. Procedures (CPT);
  6. Diagnosis (ICD-9);
  7. Length of time seen;
  8. Licensed Supervisor
  9. Trainee name(s) and initials
- 7.5 Inpatient Information.** For inpatients, the billing page in NERVE needs to be completed AFTER the provider of service sees the patient.
- 7.6 Special Diagnostic Procedure Codes.** In certain cases (e.g., pre-transplant evaluations to be paid for by the Kidney Acquisition Fund) special diagnostic procedure codes are required for billing. Information regarding these codes can be obtained from the Clinic staff.
- 7.7 Discounting Bills.** No discounting on bills prior to billing commercial insurance.

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## 8.0 RECORD KEEPING

**8.1 Record Documentation.** ADEQUATE RECORD KEEPING AND DOCUMENTATION ARE ESSENTIAL. In addition to legal requirements, each patient has a right to an accurate, up-to-date record of services rendered. In the Psychology Clinic we work with two charts for each patient: (1) the Medical Record (filed in the Medical Records Department of the Shands Hospital) and (2) the Psychological Record (filed in the Psychology Clinic of the Shands Hospital).

**8.1.1 Reasons the Psychological Record is Important.** The kind of information recorded in the patient’s Psychological Record is extremely important for a number of reasons:

1. It is the primary instrument for recording the patient’s problem and the treatment planned. (If the service provider were to disappear suddenly, the record should be sufficiently detailed to permit continuation of care.)
2. It is the only real defense against malpractice and liability suits. (“In court, the medical record is the care rendered. *If it isn’t in the record, it didn’t happen.*”)
3. It is necessary to obtain reimbursement for services from third party payers. (Before bills are approved for payment, records are often scrutinized.)
4. It is a document that can be reviewed by the patient. (General guidelines for information that should and should not be in the patient’s psychological record can be found in Appendix B.)

**8.2 Filing of Records.** Records must be filed appropriately and available at all times. They should never be out of sight in drawers, etc. Medical Records must never be removed from the Health Center. **WORKING MATERIALS FROM THE PSYCHOLOGICAL RECORD MUST NEVER LEAVE THE HEALTH CENTER WITHOUT THE SUPERVISOR’S PERMISSION.** To highlight the significance of this, the following statement from the Shands Hospital Rules and Regulations is relevant: “Records may be removed from the hospital’s jurisdiction and safekeeping only in accordance with court order, subpoena or statute. All records are the property of the hospital and shall not otherwise be taken away without permission of the chief executive officer. .... Unauthorized removal of charts from the hospital is grounds for suspension of the practitioner for a period to be determined by the Executive Committee of the Medical Staff.”

1. The Medical Record for outpatients must be placed in the appropriate box in the Clinic workroom at the end of the day. These records will be available in the Clinic workroom on the day the patient is seen and will be sent back to the Medical

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Records Department on the following day. Inpatient records for patients seen on medical units should never leave the floor. Should a medical patient, accompanied by the medical record, be seen in the Clinic the appropriately documented record must accompany the patient when the patient is returned to the floor.

Faculty will make arrangements with the Medical Records Dept. (265-0479) to complete all incomplete records on their clinic day. This **MUST** be done weekly. Faculty can arrange a set time on their clinic day and the Medical Records Dept. will have all incomplete records ready for the faculty member to complete (see Appendix).

2. The Psychological Record must be filed as an open chart in the trainee’s pendoflex file, or in the Psychological Clinic files. **An “out” notice specifying where it can be found MUST replace any chart not in the Psychology Clinic master file. It should be possible for Clinic staff to find the patient’s record AT ANY TIME.**

**8.3 Class Teaching and Supervision Material.** We must be sure to discriminate teaching/supervisory material from that which is the “Psychological Record.” Class teaching and supervision material must be kept in a manner that preserves the anonymity of the patient and the confidentiality of the material and should be destroyed at the completion of the training experience. *It must be kept in the trainee’s pendoflex folder in the Clinic, but is not a part of the Psychological Record.*

**8.4 General Charting Guidelines.** The following guidelines are an attempt to integrate and comply with the Rules & Regulations of the Shands Hospital, the JCAHO Accreditation Criteria (for both medical records and ambulatory care), the Standards for Delivery of Psychological Services, Florida Statute (Chapter 21U-22) and common sense. They are minimalist in nature and thus do not in any way substitute for the supervision required in order to develop professional reports. These general guidelines apply to both the Psychological Record and the Medical Record, of which our record is a part.

1. The patient’s full name and medical record number must appear on every page in the upper right corner.
2. Write in black ink.
3. Do not skip lines.
4. Write legibly.
5. Do not use abbreviations unless they are listed on the STH List of Approved Abbreviations.

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6. Cross off errors with a single line, ensuring that the original entry is still legible. Date and initial the correction. Never obliterate an entry.
7. Write your note immediately after seeing the patient. Do not **ever** postdate notes. Note should be titled "Psychology Clinic Consultation Note" with clinic phone number listed.
8. Include date, service, signature, and title for each entry. Time of entry (24 hour time) is required for all inpatient records.
9. Choose your words carefully; the record is not the place to joust with other professionals.
10. Be specific, concise and objective.
11. All trainee entries must be countersigned by the licensed psychologist supervising the work.
12. Be sure to directly address any sensitive issues such as suicide potential, dangerousness, suspected child abuse.
13. *In addition to documenting each and every patient contact be sure to document skipped appointments, telephone calls, contacts with significant others, and consultations you have obtained as appropriate. Copies of correspondence related to the case must also be a part of the record.*
14. Mark every psychological report "CONFIDENTIAL."
15. Specifically relevant to inpatient record keeping, Shands Rules and Regulations note that non-physicians will limit their medical record entries to those within their area of expertise. While this statement is obvious and clearly part of our ethical standards, it is mentioned here, as it is part of Shands policy.
16. **Note: As it is assumed that trainees will have always discussed the case with their supervisor prior to rendering a chart note, chart notes should in all cases contain a statement indicating that the case was discussed with the supervisor (e.g., Case formulation discussed with Dr. \_\_\_\_\_). This sort of documentation is often essential to obtain reimbursement from those providing third party coverage.**
17. Include beeper number of attending on the consult sheet.
18. Using a Tertiary Code Modifier (22T Modifier) for Billing: We utilize a tertiary code modifier to indicate to the insurance company (as payer) that the clinical

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procedure or service being billed is not widely available in the community and is "tertiary" in nature. Tertiary can be defined as "not available in the community", based upon a "referral from another specialist", and/or based upon the "complicated nature" or "extraordinary nature" of the disorder, disease, or the diagnostic question at hand. It is up to the provider (the attending psychologist) to define the service as "tertiary" in order to determine the portion of the service that sets us, and this particular service, apart from the community.

We are required to designate on the claim form that such procedures and services are "tertiary" and to record the appropriate modifier (22T) under the CPT code for that procedure.

The formal assessment report or the clinic note can provide sufficient documentation of the tertiary nature of the service.

Documentation must actually state that the present care "is tertiary care". For example, "The present tertiary care evaluation of Mr. Standish, as referred by John Smith, M.D., his cardiologist, and seen as part of a multidisciplinary team approach to treatment, was carried out on July 4, 1776." Where the assessment is part of a specialized treatment approach that should be stated.

Please use the 22T modifier on all appropriate CPT codes, regardless of payer. When in doubt, utilize the modifier, as there are no penalties for using the modifier. All documentation should support the tertiary nature of the claim.

Please attach documentation (the initial assessment note) to the patient's bill when submitting it to the Clinic Front Office in order to expedite the filing of the claim.

**8.5 Consultation.** In addition to adhering to the general guidelines listed above, the following information **must** be present in each consultation report. (Formats of reports may vary, and should be discussed with the supervisor.)

1. Name of requesting attending physician;
2. Reason for consultation;
3. Evidence of a review of the patient's record;
4. Nature of assessment procedures and pertinent findings; and
5. Impressions and recommendations.

**According to Shands Hospital Medical Staff Rules and Regulations, inpatient consultations by health care professionals are to be responded to in one of the following two methods:**

**A.) The consultation form is to be completed, or**

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**B.) The consultation is to be documented in the progress notes in the patient’s medical record and labeled “Consultation.”**

Shands Rules and Regulations can be found in the Clinic and all faculty and trainees are encouraged to review that document.

**8.5.1 Follow-up consultations** must be designated as such and signed/countersigned by the consultant.

**8.6 Progress Notes.** In addition to adhering to the general guidelines listed above, *the following information must be present in each Clinic progress note.*

1. Purpose of visit. (Why the patient came to the Clinic [for assessment feedback, for ongoing psychotherapy session, etc.] )
2. Objective findings. (What you observed while they were here [nature of test findings, the major issues patient chose to deal with in therapy session, etc.] )
3. Services/interventions rendered. (What you did in the session [dealt with specific issues in therapy, continued relaxation training, etc.] )
4. Response to treatment. (How the patient reacted to what was done [responded well to interpretations, was able to successfully approach feared situation after desensitization, etc.] )
5. Plan. (What you expect to do next [see for next session in one week, terminate therapy, refer elsewhere, etc.] )

*For ongoing psychotherapy charts, there must be evidence of ongoing supervision of the case (e.g., countersignatures). Every inpatient progress note must be countersigned.*

6. Signature Block. Signatures should include name of trainee, degree and title and name of faculty, degree and title, (including Board certification and specialty).

**8.7 Time Line for outpatient consults and diagnostic evaluations..** Initial drafts of reports of outpatient consultations and diagnostic evaluations should be completed within 48 hours by trainees and be placed within the chart as final drafts at least by the next week depending on number of rewrites and supervisory needs.

**8.8 Time Line for inpatient consults.** Inpatient consultation reports can be handwritten in the progress notes section or on the consultation request form. **Copies need to be made for the Psychological Record in the Clinic.** Preliminary results must be recorded immediately. **Additional reports should be on the chart within 24 hours.** Verbal feedback does not supplant the need for a written document.

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**8.9 Final Reports.** Due to the availability of computer equipment, most reports are composed at the computer, thus eliminating the need for a Clinic typist. **When the final report is completed and placed in the chart, computer files containing the report should be erased or modified so that all identifying information is deleted.**

**8.10 Routing of Reports.** When turning in reports, be sure to complete a routing slip for each report to indicate where copies should be distributed. Be sure to include complete addresses and information for each person to whom the report is to be mailed. If a patient is sponsored by Children’s Medical Services, Vocational Rehabilitation or a Worker’s Compensation carrier, then be sure that they are mailed a copy of the written report. (For Worker’s Compensation cases, a copy of the report should automatically be routed to our Financial Assistance Counselor at the time the report is sent to the referral source.)

Transplant Reports – In order to maintain a high level of clinical quality customer service, a special procedure is needed for providing psychological information to the transplant teams.

In order for the transplant coordinators, and other team members, to receive timely information from the Department of Clinical and Health Psychology, the Transplant Reports sent to these respective teams will be of limited length (i.e. typically one-page reports). The report will begin with a very brief description of the referral question and procedures used (i.e. Data Collection). Next, the report will focus on the evaluation of the data collected and impressions gleaned (i.e. Data Evaluation). Finally, the report must end with a numbered listing of the action plan recommended in order to manage any barriers to successful transplantation (i.e. Treatment Plan). A copy of a sample report is attached.

**8.11.1 Recording of Contacts.** While every contact with a patient must be recorded, the place of recording will vary. **Every contact with *inpatients* must be noted in the inpatient Medical Record. Every contact with *outpatients* must be noted in the Psychological Record and must include information listed in Section 9.4; Purpose of visit, Objective findings, Service/interventions rendered, Response to treatment, Plan.**

**8.12 Changing or Canceling Appointments**

The support staffs are responsible for entering all initial and therapy appointments into the scheduling software (NERVE). Therapy appointments are entered by the trainee themselves or via Clinic staff via e-mail (clinicapps@phhp.ufl.edu)

Therapists may change or cancel return appointments at any time via NERVE or clinicapps@phhp.ufl.edu. Support staff must notify therapists/supervisors if patients call to cancel an appointment.

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In the information distributed to patients, it is stated that patients are expected to give 24-hour notice of cancelled appointments, except in emergency situations, or they may be billed at the therapist/supervisor’s discretion. **Therapists should re-iterate our policy to all patients.**

**When patients do not show for their appointment, and no notification is given, therapists/supervisors are required to discuss and document discussion in the patient’s chart.** Documentation should include date of no show, reason (if any) given by the patient and a specific plan to handle the no show. Patient’s chart should have documentation on therapists/supervisor’s decision to call patient, or not, and the billing decision with explanation. Documentation should occur within 24 hours for non-urgent cases and immediately for emergent, potentially emergent or actively suicidal cases.

**After two (2) consecutive recorded no shows, all therapists/supervisors MUST consider termination.** Reason for termination, or not, should be included in the patients chart. **Once the decision to terminate is made, the patient must be contacted by registered mail with a copy of the letter and receipt to be kept in the chart.**

### 8.13 Clinic Policy on Charts Transferred from HPNP to JHMHSC

The Psychology Clinic is committed to the confidentiality of the patient records we maintain. There are legitimate reasons for some patient records to move from the Psychology Clinic to the HPNP building. No patient charts with protected health information (PHI) may be kept in the HPNP building overnight. They must be transferred back to the Psychology Clinic for proper maintenance and storage.

The Psychology Clinic will manage two key-locked bags for transporting patient charts back and forth between the Psychology Clinic and the HPNP building.

The Psychology Clinic Office Manager will keep one set of keys. The Department of Clinical and Health Psychology Administrative Assistant will keep the other set.

Trainees who have charts in the HPNP building, and are leaving the building for any reason before 5:00PM, are expected to bring the charts back to the Psychology Clinic and file those charts themselves or allow staff to file them later. If the trainee is not expecting to leave the HPNP building at all before 5:00PM, then they should follow the faculty procedure below.

Faculty who have charts in the HPNP building must return those charts to the Administrative Assistant in the Department’s administrative office by no later than 4:30PM Monday through Friday. The chart **MUST** be delivered to only this person. In the event the Administrative Assistant is away from the office, the Assistant Director for Medical Health Administration (ADMHA) will be the designee. If both are absent the

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ADMHA will identify the appropriate person responsible and notify the Department via email.

When the staff member receives a chart, they must immediately place the chart in a locked bag. The bag will be located in a secure area inside the administrative office. A log sheet will be placed in the bag. Each patient chart in the bag should be listed on the log sheet.

At 4:30PM each day, the locked bag will be transported and delivered to the Clinic Front Office Manager or their designee. If there is a designee assigned for that day, the Administrative Assistant and the Director for Medical Health Administration will be notified 24 hours in advance or at the earliest possible time that the information is known. The log sheet will indicate whose charts are in the bag. The transporter and the Clinic Front Office Manager will initial the log sheet to indicate agreement on the bag's contents. An empty bag will then be taken back with them to the HPNP building.

The Clinic Office Manager will either leave the charts in the locked bag until the Clinic opens the next day or re-file the charts.

- 8.14 APA Guideline on Record Keeping  
(See CHP Intranet)

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## 9.0 EQUIPMENT INVENTORY POLICY

### 9.1 Ordering/Decaling New Equipment

- 9.1.1 Send a copy of the invoice upon receipt clearly identifying the PO#.
- 9.1.2 If Equipment is less than \$1000 and a pcard is used no PO is necessary and the PM (Anne Shirley, Property Manager) does not need to be notified.
- 9.1.3 Assets must be “received” in PeopleSoft. In this process there is a place to enter the serial number, location and user’s name. The Property Manager (PM) will then be able to pull this information from PeopleSoft.
- 9.1.4 Accessories for Equipment such as Camera’s for a Microscope etc would be considered an Add/Value item for property, thus PM must be notified of these purchases. You will need to email her the original item decal number with the added item’s PO#.
- 9.1.5 Please note the location of the equipment in the description.
- 9.1.6 Asset decals will be sent directly to PM for placement and initial scanning.
- 9.1.7 Some software items are considered assets if they cost more than \$1000. Meaning the actual software cost is \$1000 by itself without maintenance or support. Once a year the PM will confirm with the Department that the software is still in use. Property procedure above still applies to these purchases.

### 9.2 Physical Inventory

- 9.2.1 All decaled equipment must be accounted for by December 31<sup>st</sup> of each academic year. Our College is now part of the STAR program, which allows us to scan our own equipment, thus the deadline of December 31<sup>st</sup>.
- 9.2.2 PM will have the scanning of identifiable items completed by the end of the second week of October.
- 9.2.3 PM will provide a list no later than the last week of October to the department business manager of any equipment that was not located for scanning. The Business Manager or their designee must locate the missing items on the list.
- 9.2.4 PM will schedule meetings the first week of December with the Business Manager or their designee to physically scan the items that were on the missing inventory list.

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- 9.2.5 It is the department and/or PI responsibility, depending upon the originating funding source, to monitor the status of any UF equipment that a staff, student, intern, OPS or postdoctoral fellow has located in their home. If they have completed their UF-PHHP assignment it is the responsibility of the department and/or PI to make sure the equipment is returned.
- 9.2.6 Certification (Home) Letters are required for all University equipment that is being maintained at a University employee’s home. No later than the third week of October a list will be provided to the department business managers of outstanding Certification Letters. The business managers will have until the first week of December to see that the home letters are either certified or the equipment returned.
- 9.2.7 Out of Town facilities, such as Jacksonville, must have a physical scanning completed every other year. During the off year a Letter will be accepted for the Asset(s) signed by the Out of Town facilities responsible party.
- 9.2.8 When off campus equipment is returned PM must be notified of its new location so the item can be scanned. If the item is being disposed of PM will prepare the paperwork, remove any decals and, where appropriate, arrange for it’s pick-up for disposal.
- 9.3 Equipment returned, Exchanged or Traded-In
- 9.3.1 If equipment is returned to the Company for replacement with no additional costs the decal needs to be removed and submitted to PM for proper accounting.
- 9.3.2 If the equipment replacement is an upgrade with added costs you will need to email PM the additional costs, a description of the change, and the serial number. The decal will need to be removed and provided to PM.
- 9.3.3 If equipment is returned to a vendor PM will need the decal and a copy of the paperwork showing the credit. PM will complete the survey form to request that the existing asset number be deleted from the UF System.
- 9.3.4 If, when purchasing new equipment an Asset is being used as a trade in the Decal has to be removed so it can be returned to Asset Management with the paperwork reflecting the trade in Value. PM will generate the survey form and add the trade in value to the new equipment in the asset management system.

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#### 9.4 Disposal of Equipment

- 9.4.1 PM Will prepare the paperwork for all broken, damaged, or no longer needed equipment.
- 9.4.2 Stolen equipment requires a Police Report to accompany the survey report for processing by the central Asset Management unit. Lost equipment requires the Chairman's and A/O Signatures.
- 9.4.3 Out of town equipment that is broken, damaged or no longer needed will be surveyed out as "abandoned in place". PM will process this paperwork.

#### 9.5 Transfers of Equipment

- 9.5.1 Assets being transferred within UF will be processed by PM with signatures from both accountable officers', i.e. receiving and relinquishing units.
- 9.5.2 Assets being transferred to another institution must have DSR approval. PM will process, route and follow-up on all transfers.
- 9.5.3 When relocating equipment within a given unit PM must be notified prior to the move the decal and from-to room number's.

#### 9.6 Books

- 9.6.1 Any 1 volume whose unit acquisition cost is over \$250 must be issued a decal and inventoried via certification letter.

#### 9.7 Documentation

- 9.7.1 PM Must maintain full asset management documentation for the College of Public Health and Health Professions organized by each unit.

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## 10.0 GENERAL INFORMATION

- 10.1 **Phone Numbers.** Be sure to give your phone number to Clinic staff and keep this current.
- 10.2 **Messages.** Faculty and trainees are responsible for being aware of messages received by Clinic staff and should check their e-mail and voicemail on a daily basis.
- 10.3 **Travel.** If you are traveling on “comp” or your own grant dollars, you are asked to avoid your clinic day. If it is unavoidable, then a coverage plan must be submitted that explains how business/training will be covered in your absence or when cases will be rescheduled. Be sure to let the Clinic staff know when you will be away, who will be covering your clients in case of emergency and how you might be reached if we had to contact you. **Trainees are also responsible for obtaining the approval, at least three weeks in advance, from the appropriate team leader(s) when they must be absent on a day they are assigned to the Clinic** (leave forms can be obtained from the Clinic office and must be turned in at least three weeks in advance and preferably sooner in order to be considered). A request by one student and one intern (or two trainees) will ordinarily be granted, but absences beyond that number will depend upon the Clinic patient schedule. **The Faculty effected by the absence must adjust their intake schedule for these scheduled absences so that scheduling for that day will be based on trainee resources available.** Students in core practice begin in the Fall Semester and continue through the end of Summer Semester. A total of four days off clinic, with prior approval, can be obtained.
- 10.4 **Dress Code.** Clinic personnel (e.g. faculty, trainees, and staff) are expected to dress in a professional manner. Professional attire should not be designed to draw attention to oneself or one’s preferences and should never be a source of distraction from the reason why our patients are here. The dress code for the Clinic can best be described as “conservative but casual.” That is, shirts and ties — but not necessarily coats — for men; and dresses or dress pants for women. No jeans, shorts, cut-offs, t-shirts are allowed in Clinic areas. This code applies at all times, whether or not you are scheduled to see patients. The code is required by the Chief of Staff of Shands Hospital and applies to all employees, faculty and students. **Professional dress is worn to enhance provider credibility and project an image of professionalism, not to display one’s fashion sense, religious beliefs, political affiliations, sexuality, etc. Providers’ clothing should be compatible with the public’s image of a professional practitioner.**
- 10.4.1 It is possible for providers’ to encounter their clients outside of scheduled sessions. In addition, emergencies occasionally arise that require unexpected client contact. Therefore, when in the area of the Psychology Clinic regardless of whether client contact is anticipated, Clinic personnel should
- Avoid cut-offs, shorts, athletic apparel, flip-flops, t-shirts, baseball caps, tank tops, strapless shirts, or “fashionably” ripped apparel.

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- Avoid sexually provocative attire, including exposure of undergarments, plunging necklines, midriff-baring shirts, short skirts, or excessively tight clothing
- Avoid unkempt appearance or disheveled hair
- Avoid wearing excessive jewelry and exposing tattoos
- Avoid wearing jeans
- Avoid athletic shoes
- Remove visible piercings, except for earrings and those that are consistent with cultural practices
- Avoid wearing potent perfumes, colognes, lotions, shaving gels or lotions, or hair products

10.4.2 Faculty supervisors may have a stricter dress code requirement for their supervisees than this policy. When in doubt about what is appropriate for a given circumstance, trainees should consult with their faculty supervisor or with the Clinic Director.

Trainees who violate this policy may be asked to change their clothes prior to being permitted to see clients. Repeated violations will reflect poorly upon professionalism and should be expected to impact practicum grades and/or student evaluations.

- 10.5 **Clinic Supplies.** Clinic supplies and the Clinic copy machine are to be used for patient care only. Any research supplies or copies must come from other sources. All materials must be returned in a orderly fashion with accidental pencil marks erased. Trainees should let the Clinic Director or their Team Leaders know of damaged or missing test materials.
- 10.6 **Room Reservations for Therapy.** All room reservations can be conducted via NERVE
- 10.7 **Ongoing Therapy Cases.** All therapy appointments **MUST** be in NERVE prior to patient arrival.
- 10.8 **Telephone Usage.** Telephones in the Clinic are for Clinic use only, thus outgoing calls should deal with Clinic business only. Likewise, the Clinic number should not be given as a place to call for other than official Clinic business.
- 10.9 **Clinic Work Room Security.** The Clinic Work Room has been provided for use by interns, students on practicum and others working in the Clinic. In addition to providing working space, this area contains patient charts, testing materials, computers, and Clinic mailboxes for students, interns and faculty (that often contain confidential patient-related materials). It is necessary that every effort be made to insure confidentiality of patient data and to insure that other items contained in this area are safe. In this regard it is essential that this area be kept locked at all times, when unoccupied, after 5:00 p.m. and on weekends.

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**10.10 Seeing Patients After Normal Working Hours.** The hours during which the Psychology Clinic is open are from 8:00 a.m. until 5:00 p.m. (Monday, Wednesday, Thursday and Friday) and 8:00 a.m. to 8:00 p.m. Tuesday. Attempts should be made to see patients during normal working hours. In all cases patients seen after hours should be seen prior to 7:00 p.m. and in the Clinic proper as opposed to rooms located some distance from the Clinic. In any case, therapists who see patients after the Clinic office is closed must arrive their patients in NERVE the following day. Trainees **must** have onsite faculty coverage at **all times** when patients are seen.

**10.11 After Hours Call.** The Psychology Clinic provides after-hours on call services for dealing with Clinical emergencies involving Clinic patients. This service is available for patients between the hours of 5:00 p.m. and 8:00 a.m. on a daily basis and on weekends and holidays. This on call system involves interns and faculty who take call on a rotating basis for a period of one week at a time. (The current call schedule for both interns and faculty is available on the Department’s intranet Website) It is essential that the Clinic staff (including the Clinic Director) know in advance of any substitutions or other changes made in the call schedule by either interns or faculty so that the paging operator is given accurate information regarding whom to contact in case of a patient emergency. It must be possible to contact the intern (on first call) and the faculty (on back up call) by either phone or beeper at all times while on call. A separate on call schedule for carbon-monoxide poisoning cases is run by the Neuropsychology faculty during cold weather months (typically October through March). Carbon Monoxide calls during the day are handled by the Neuropsychological faculty on that clinic day. On Fridays, the intern on call will respond to Carbon Monoxide referrals during the day with one of the NP faculty supervising.

**10.11.1.1 On Call Mobile Phone:** A Department sponsored cell phone will be provided to the intern on call for the week of their call service. Each intern will pass the phone from the current on call intern to the next. Due to University regulations each call placed by this phone must be logged onto a log sheet which the Clinic will provide with the phone. This log sheet will be reconciled with the mobile phone bill every month.. Personal calls should not be made on the clinic's cell phone. Any personal calls that result in charges will be reimbursable to the University of Florida.

**10.12 Professional Demeanor.** When in the halls outside the Clinic or around the Clinic office area, please keep in mind that clients may very well be within your view or earshot. Observing the following guidelines will help you avoid inadvertently upsetting the client who may think you could be talking about them.

- Do not discuss clients or even clinical material from courses in the halls.
- Do not discuss clients in any public place.
- When you are in the clinic workroom, remember that clients may be checking in next door, and be sensitive not to yell or laugh.
- BE RESPECTFUL

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- Always place “Do Not Disturb” sign on door and remove when done
- Keep smelly garbage out of rooms
- Schedule therapy cases on the hour, not half-hour

### 10.13 **Timeliness**

Promptness in attending all Clinic meetings is expected of all Clinic staff.

- If you are ill on your clinical assessment day and cannot attend, or find that you cannot avoid being late (e.g. your car blew up, Godzilla attacked your apartment) please leave a message with the Clinic Director or faculty supervisor.
- Punctuality is also especially important in ending therapy and assessment sessions on time. Other clients or therapists may be waiting and deserve to be able to have a full session.
- Getting your reports done on time and keeping case notes up to date are often very important professional responsibilities. Failure to do so can adversely affect the client’s treatment in an emergency.
- Part of your clinical responsibility is to respond promptly to any and all memos or e-mails sent to you by Clinic staff. Please check your Clinic mailbox and e-mail at least once a day to make sure to stay current with information and questions relevant to your clinical cases.

### 10.14 **Maintain Clinic Rooms and Equipment**

Each client has the right to expect a therapeutic environment that is neat and consistent:

- It is critical to return all therapy and assessment rooms to their original condition before leaving the room. This includes moving assessment tables back where they were initially positioned, throwing away used Kleenex and other trash, etc.
- Eating and drinking in the therapy rooms is strongly discouraged. If by chance, something spills, please clean it up immediately and notify the Office Manager.
- Kleenex is an integral tool needed in the therapy process. If a sobbing client comes up empty-handed when reaching into the Kleenex box, they feel uncared for and the therapy may be negatively affected. Therefore, if you notice that Kleenex is running low, please replace the box before it is empty. Please ask Clinic Staff to obtain them for you.
- Keeping the play area in the Child Play Room neat and in order is also especially important, since child clients often depend on the stability of the sameness of the playroom. Do not let clients take toys out of the playroom and play in the hallway;

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replace blank paper if you use the last of it, etc. If you or your client undress the dolls, please put their clothes back on to assure that they present a well-groomed appearance to the next child client. If you move furniture around in the playroom, please make sure that the tables and chairs are returned to their original upright position.

- Please return all assessment material or other items borrowed immediately following their use so that others may have access to them. It is vital that all components of the assessment material be kept together and returned. There is nothing worse than reaching for the blocks for the Block Design and finding eight rather than nine.
- Note any problems with your therapy room (e.g. wall clock time is wrong, etc) and report them to the Office Manager.
- REPORT PROBLEMS IMMEDIATELY.

#### 10.15 Patients “Under the Influence of Drugs or Alcohol”

A person may arrive at the clinic without evidencing any signals of chemical effects, but these may blossom with varying degrees of intensity during the clinical session. It is assumed that reasonable judgment will be exercised in determining this, including for example closer observation, discreet second opinion, etc. In the event that a patient is suspected to be under the influence of some chemical (licit or otherwise), to such degree that it interferes with therapy and perhaps has a more serious impact (as in ability to drive), the following steps should be followed:

- If this is detected by office staff before clinician contact, the office person will inform the clinician who then takes charge of next steps. (If the person [under the influence] is not a client, the office personnel will notify the director who then takes charge of next steps.)
- Under no circumstances should any clinician or staff member wait for the affected person to “sober up” enough to drive and then let them depart. Once the judgment has been made that the person is impaired, action follows from that.
- Indicate to the person that you are observing what appears to be impairment and that you will call a family member to come and pick them up.
- If family is unavailable, call and pay for a taxi (use the “taxi” envelope in the top file drawer in the office). In both instances (family pickup or taxi), remain with the client until they are in the pickup vehicle and leaving the property.
- If the client resists these interventions (cab or family) and insists on driving themselves, do NOT attempt to grab or otherwise procure the car keys. Do NOT attempt to physically restrain the client. DO accompany them to the car if they persist,

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using best skills to calm and convince of alternative to driving. As soon as is reasonably possible once it is clear that resistance is mobilized in the client who intends proximately to drive away, inform police of the situation including car description and license plate, and also family if applicable. Indicate to the person that you are proceeding thus. A colleague, supervisor, or administrator will likely be able by this time in the team response to assist with this task as you stay with the client, but barring that, make the call yourself.

- Do consider this an “incident” within our protocols and involve other clinicians and director, other supervisors as needed and advise given the demeanor of the client (for example, it would be inadvisable to crowd the client with “adversaries” depending on their state of mind and histories...).
- Follow up with the client and family as needed within the scope of practice and propriety, decided upon with supervisor.

## 11 HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

The Clinic has a separate manual for Policies and Procedures regarding confidentiality of patients personal health information (PHI). All trainees are required to review the manual. In addition, all trainees are required to sign a Health Information Policy and Confidentiality Statement (<http://privacy.health.ufl.edu>) and complete an on-line HIPAA training test (<http://privacy.health.ufl.edu>). Both must be completed and provided to the Chair’s office before starting on Clinic.

### 11.1 Guidelines for Release of Clinic Reports for Internship/Post Doctoral/Employment Applications

APPIC applications and Post Doctoral/Employment positions often request a copy of an evaluation or treatment report. In order for students/interns/post doc clinicians to fulfill this request while maintaining compliance with HIPAA regulations, we have adopted the following policy.

A trainee may submit a clinic report with the approval of:

1. the case supervisor, and
2. the Graduate Training Director, Internship Director, or Post Doc mentor.

Their signatures on the form titled “Clinic Report Release for Internship/Post Doctoral/Employment Applications evidence this approval.” (see below)

Trainees are directed to the following procedure:

1. Consult with the clinical supervisor who supervised the report you would like to use.

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2. The supervisor will review the report and agree or disagree that this is an appropriate report for the trainee to use.
3. If the supervisor agrees that this is an appropriate report to use, the trainee will prepare a revised report that is
  - a. clearly labeled **“Modified Sample Report”** in bold print on the first page; and
  - b. de-identified in order to protect client confidentiality.

De-identifying or “sanitizing” a report may include more than changing the client’s name and disguising readily identifiable information (e.g., place of employment). HIPAA specifies an exact list of information that it considers to be identifying (see HIPAA Identifiers List). Trainees will refer to this list to de-identify the report.

4. The trainee will submit the Modified Sample Report to the supervisor for approval, and secure the supervisor’s signature on the Clinic Report Release form.

The signature of the case supervisor ensures that s/he approves of the report

- a. as an exemplar of the student’s work;
- b. as being consistent with the internship /post doctoral/employment site request; and
- c. that the report has been adequately de-identified.

5. The trainee will submit the Modified Sample Report and the Clinic Report Release form to the Graduate Training Director. The signature of the Graduate Training Director ensures that
  - a. s/he is aware that the report will be utilized for the internship/post Doctoral/Employment application process, and
  - b. that the de-identification is consistent with HIPAA requirements.

No audio or videotapes will be released from the Clinic for any applications. Trainees are advised to inform potential sites that their program will not allow such materials to be used, given the impossibility of adequately protecting client confidentiality. Violation of any of these recommended procedures for handling program/employer requests for sample reports would be considered a breach of ethical conduct and the Department would consider such a violation a very serious matter.

## Clinical Report Release for Internship/Post Doctoral/Employment Applications

APPIC applications, as well as Post Doctoral positions and potential employers, often request a copy of an evaluation or treatment report. Signatures on this form permit student clinicians to fulfill this request while maintaining compliance with HIPAA regulations.

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Trainee Name (print): \_\_\_\_\_

Signatures on this form indicate that the trainee has followed CHP Psychology Clinic policy and procedures.

Checkmarks indicate that the student has

- \_\_\_\_\_ 1. Consulted with the clinical supervisor who supervised the report;
- \_\_\_\_\_ 2. The supervisor reviewed the report and agreed that this is an appropriate report for the student to use; and
- \_\_\_\_\_ 3. The student has prepared a revised report that is
  - a. clearly labeled “**Modified Sample Report**” in bold print on the first page; and
  - b. is de-identified in order to protect client confidentiality. Trainees will refer to the HIPAA Identifiers List.
- \_\_\_\_\_ 4. The trainee has submitted the Modified Sample Report to the supervisor for approval. The signature of the supervisor ensures that s/he approves of the report
  - a. as an exemplar of the student’s work;as being consistent with the internship site/post doc/employer request; and that the report has been adequately de-identified.

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## **HIPAA DE-IDENTIFICATION LIST**

### **What is PHI?**

Protected health information (PHI) is any information in the medical record or designated record set that can be used to identify an individual and that was created, used, or disclosed in the course of providing a health care service such as diagnosis or treatment.

### **What is not PHI?**

In contrast, some research studies use data that is person-identifiable because it includes personal identifiers such as name, address, but it is not considered to be PHI because the data are not associated with or derived from a healthcare service event (treatment, payment, operations, medical records) not entered into the medical records, nor will the subject/patient be informed of the results. Research health information that is kept only in the researcher's records is not subject to HIPAA but is regulated by other human subjects protection regulations.

### **HIPAA Identifiers**

1. Names
2. ALL geographic subdivisions smaller than the state, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code, if according to the current publicly available data from the Bureau of the Census: (1) The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and (2) The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000.
3. All elements of dates smaller than a year directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;
4. Phone numbers
5. Fax numbers
6. E-mail addresses
7. Social Security numbers
8. Medical record number
9. Health plan beneficiaries/numbers
10. Any other account numbers
11. Certificate/license numbers
12. Vehicle Identification Number (VIN)
13. License Plate Numbers
14. Device identification numbers
15. Names of relatives
16. WEB URL's
17. Internet IP address numbers

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18. Biometric identifiers. The examples given in the regulations are fingerprints and voice prints – i.e., identifiers for which there is some database or comparison upon which to check (probably includes retinal scans and dental x-rays too). In other words the data is the identifier. MRIs or CTs are not in the same category for two reasons. 1) While ‘unique’ these do change over time (unlike fingerprints) and 2) unless you had the original MRI for comparison, it would be next to impossible to identify a person. So, MRIs are in the category of health information, which can be de-identified with the removal of the 18 items on the list.
19. Full face photographs or comparable images
20. Any other unique number, characteristic or code.

There are also additional standards and criteria to protect individual's privacy from re-identification. Any code used to replace the identifiers in datasets cannot be derived from any information related to the individual and the master codes, nor can the method to derive the codes be disclosed. For example, a subject's initials cannot be used to code their data because the initials are derived from their name. Additionally, the researcher must not have actual knowledge that the research subject could be re-identified from the remaining identifiers in the PHI used in the research study. In other words, the information would still be considered identifiable if there was a way to identify the individual even though all of the 18 identifiers were removed.

## 12 UNIVERSITY POLICY ON “SHADOWING” OF PATIENTS

The University of Florida Privacy Office, in partnership with Shands Health Care, agreed to change the process for student "shadowing" and patient care observation. This process applies not only to student shadowing, but also to resident applicants, visiting professors, or others who wish to observe patient care; it also applies to vendors demonstrating medical-dental equipment as part of patient treatment.

The Shands' Volunteer Office will no longer screen or train students who only wish to observe medical-dental procedures and patient care. However, student volunteers will continue to be sponsored and trained by the Shands' volunteer staff. Those individuals who wish to observe patient care will be trained by the UF Privacy Office; online training will be available to observers and visitors.

For student and other observers, the process now requires that HSC faculty members screen and sponsor the observers. Attached you will find the "Request for Permission to Observe Patient Care" form, which is to be completed by the faculty member who will be accountable for the observer's activities. The Chief of Staff for Shands at UF, will sign all requests that involve observation of patients or procedures at Shands' facilities.

While this form was designed for the UFP clinics and Shands' Health

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Care facilities, it can be amended for other HSC colleges that wish to sponsor patient care observers. The approval process for HSC Colleges, other than the College of Medicine, requires the College Dean's or designee signature. If the visitor wishes to observe procedures at Shands facilities, The Chief of Staff will also sign the form. To receive approval, the observers must complete at minimum HIPAA 101: General Awareness Training and review the Confidentiality policies. The observer is also required to sign the Confidentiality Statement. Please note the special restrictions regarding liability and student age. Additionally, observation of procedures in some health care areas, like the operating rooms, will require infection control training.

Because the Privacy Office does not yet offer infection control training, the faculty member must address this issue with the observer before entering patient care areas; in the future, online infection control training will be available. If in doubt, please call the Privacy Office who will help make arrangements for specialty training. Once the Request to Observe form is approved, the form and supporting compliance documentation must be forwarded to the Privacy Office (N1-008).

### **13 INVOLUNTARY EXAMINATION: THE FLORIDA MENTAL HEALTH ACT (“BAKER ACT”)**

- 13.11**After the patient has been evaluated and determined to meet criteria for a Baker Act (including the refusal to voluntarily go to an inpatient facility) then:
- 13.12**Get the patient’s insurance information from Mike Sampson, Doug Martin, NERVE, chart, or patient.
- 13.13**Call the Shands at Vista intake line (352-265-5481)
- 13.14**Intake personnel are available 24/7
- 13.15**Provide them with insurance information
- 13.16**Will be able to accept many private insurances and some Medicaid. Because they don’t accept all insurances they will have to tell you if patient is able to be received at their facility
- 13.17**If they can accept the patient, they will arrange for transportation. If for some reason they cannot, then you must call Shands Security (265-0409) to transport patients to Shands at Vista.
- 13.18**If Vista CANNOT accept the patient then the patient will need to go to the Crisis Stabilization Unit at Meridian Behavioral Healthcare (352-374-5616).
- 13.19**For the patient to be sent to Meridian they will need transportation via Law Enforcement. It is likely that the Vista Intake Coordinator will help arrange for the patient to go to Meridian and call Law Enforcement. If not, then call the Alachua County Sheriff’s Department (352-367-4000)

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**13.19.1** It is likely that the Sheriff’s Office will ask that Shands Security escort the patient to the ER where they can pick them up rather than in our Clinic

## **14 PARENTAL MONITORING OF CHILDREN**

The Psychology Clinic should be a friendly and welcoming place for children and families. If a child is well-behaved and is old enough to be left alone in the waiting room, s/he can be "monitored" by the staff at the Front Desk. “Monitoring” means that staff can observe the child in the waiting room and be assured that the child is safe. At the same time, if a child is disruptive, is too young to be "monitored," or there are too many children in the waiting room, the Front Desk staff will inform the clinician. It is the responsibility of the parent -- with input from the clinician -- to identify ways in which the child can monitored and/or contained in the waiting room. (For example, during the next session the parent could bring another adult to watch the child, leave the child at home with a sitter, or make other arrangements for the child's care.)

To ensure the safety of children who are seen at the Psychology Clinic, we ask that parents/guardians follow these guidelines when bringing children to the Clinic:

1. Children must be accompanied by an adult at all times except during individual sessions with the child.
2. Parents are responsible for waiting with their children in the waiting room until the child’s clinician arrives. Children must not be dropped off or picked up outside the building.
3. Children must sit or play quietly while in the waiting room. They should not be left unattended and/or without a clinician present in the Play Therapy area.
4. It is recommended that parents remain in the waiting area until the child’s session is over. However, if parents must leave for any reason, the child’s clinician should be informed, and the parent should return before the session is over.
5. Clinic staff will not be responsible for supervising unattended children.
6. Exceptions to these rules may be negotiated with the clinician (in consultation with the case supervisor).

## **15 HOLIDAY DECORATIONS**

Guidelines for holiday decorations:

1. No decorations shall be placed to obstruct exits.
2. Combustible decorations shall be prohibited unless flame retardant. These decorations shall always be separate from the ignition sources (i.e. light fixtures, electrical receptacles, etc.)
3. Decorations of an explosive or highly flammable character shall not be used. Christmas trees not effectively flame retardant treated, ordinary crêpe paper decorations, and pyrolyin decorations may be classified as highly flammable.
4. Holiday wrapper paper covering doors shall not be permitted.
5. Natural cut and live Christmas tree shall not be permitted.

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6. Artificial Christmas tree shall be labeled or otherwise identified or certified and is flame retardant or flame resistant.
7. No decorations that impair the visibility of an exit sign or portable fire extinguisher shall be permitted.
8. No decorations that impair the proper operation of the fire sprinkler system shall be permitted.
9. Electrical or battery-operated lights and devices of any kind or prohibited for use as decorations.
10. Attaching decorations depended services with tape is prohibited. Hanging of decorations from ceiling grid is preferable.
11. Limit wall decorations to 15% of wall surface area so as not to substantially increase the fuel load.
12. Handrails must remain unobstructed for use by our patients, visitors and staff.

## **16.0 Billing Compliance Plan**

### **I. Billing Compliance Administrative Policies and Procedures**

#### **16.1 COMPLIANCE ASSURANCE**

**16.1.1** This Department of Clinical and Health Psychology Compliance Policy has been drafted to ensure that our billing procedures are conducted in accordance with all applicable federal, state and local laws and regulations relating to professional fee reimbursement.

**16.1.2** The Department will bill for faculty services in accordance with regulations and guidelines established by the applicable third party payers.

**16.1.3** The Department will strive to maintain policies and procedures that provide both narrative and flow-charting of the billing process for the Department of Clinical and Health Psychology. These policies will be kept by the Departmental Compliance Representative and are available to any interested person.

**16.1.3.1** The Department encourages participation and helpful comments on its policies and procedures. Questions and comments on this Policy should be addressed to the Departmental Compliance Representative.

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## 16.2 REPORTING OF COMPLIANCE CONCERNS

The College of Public Health and Health Professions of the University of Florida (PHHP) is committed to providing an environment of honesty, integrity and trust. If you have concerns about legal or ethical issues speak with your departmental compliance leader or you may call the Gator Hotline at 1-866-574-2867.

The Gator Compliance Hotline is a resource for all employees who may be confronted with ethical issues in areas such as Billing Issues, Proper Accounting and Record Keeping, and Relations with Government Officials and Regulatory Agencies

Anonymous reports are accepted. You may use this number to follow up or learn the results of the investigation process.

## 17.0 PROCEDURE FOR RECEIPT OF CASH OR CHECKS

### General Information:

The Department of Clinical & Health Psychology operates a clinical service that provides its students and interns with an APA accredited training site. The Clinic also services Shands Hospital for psychological services. The Department uses NERVE for all patient appointments, charges and claim activity. A PO Box has been identified for the sole purpose of receiving payments related to these services.

### 17.1 PO Box Protocol:

- 17.2.1 The Clinic has the key to this PO Box.
- 17.2.2 The Clinic Office Manager has the keys to the three numbered locked bags that will be utilized for routing cash and checks. An additional set has been provided to the College of Health Professions Dean’s Office for their Associate Director for Medical/Health Administration (DO).
- 17.2.3 Each workday the Clinic Staff will retrieve all the mail from PO Box 166 and place it in one of the numbered lock bags.
- 17.2.4 The Staff member will then transport the bag to the Front-End Psychology Clinic Office Manager (FEOM) who will log the entire contents of the bag onto the Cash/Check Receipt form attached as Exhibit A. These forms are in quadruplicate and are sequentially numbered. The Bag# and date are entered on this form. Once the form is completed the FEOM will initial and date the line entitled “Received By”.
- 17.2.5 The bag, contents and form are then given to the Billing Clinic Office Manager (BCOM) for review. BCOM will verify the contents, the form and prepare the deposit slip. Once this is complete the BCOM will initial and date the line entitled

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“Clinic-Verified”. The BCOM will keep the yellow copy of this form and takes the white copy to the Dean’s Office for processing. The BCOM will keep a copy of the Deposit slip.

17.2.6 Dean’s Office will provide the Department with a copy of the fully signed Cash/Check Receipt forms for the Department accounting audits.

17.3. Clinic Front Desk Cash-Check Receipt Protocol:

- 17.3.1 Each employee at the front desk who handles receipt of fund will have to complete a separate Cash/Check receipt form for his or her daily collections.
- 17.3.2. At the end of the day- they must print their batch information for the day and attach it to the completed form. They will initial and date the line entitled “Received by”. They will provide this form to the Front Clinic Office Manager (FCOM) for review and verification.
- 17.3.3 The FCOM will generate a list of the scheduled patients for the day and the status of their appointment, i.e. arrived, canceled, rescheduled, and no-show.
- 17.3.4 The FCOM will verify the Cash/Check Receipt form and review the batch information.
- 17.3.5 The FCOM will complete the FHPA Summary Batch Sheet, which will be a duplicate form sequentially numbered for A-Plus Billing. Sample is attaches as Exhibit B.
- 17.3.6 The FCOM will mark the Cash/Check Receipt form with the number of the Summary Batch Sheet.
- 17.3.7 Once the FCOM has verified the information they will initial and date the line entitled “Dept. Verified” and keep the yellow copy with a copy of the batch information for their records. They will provide the form, cash, checks and Summary Batch Sheet to the BCOM.
- 17.3.8 BCOM will verify the information and sign the line entitled “Clinic Verified”.
- 17.3.9 BCOM will prepare the deposit, remove the blue and pink copy of the form, keep a copy of the deposit slip and the batch documentation, and place the white copy of the form with the deposit into the lock bag. A copy of the checks will be placed in the bag.
- 17.3.10 The BCOM will attach the courier slip to the pink copy of the Cash/Check receipt form.

17.4 Final Processing of Cash/Check Receipt Form and Summary Batch Sheet (SBS):

- 17.4.1 BCOM will complete the SBS section identified Payments from PO Box.
- 17.4.2 BCOM will verify the information completed by FCOM and initial the line entitled “Sheet Verified”.
- 17.4.3 The BCOM will have a notebook with month dividers. Each day the BCOM will file the following documentation in order into the notebook by month with the most current being first in the book.
  - 17.4.3.1 Summary Batch Sheet
  - 17.4.3.2 Cash/Check Receipt Forms
  - 17.4.3.3 Batch Documentation

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17.4.3.4 Copy of Deposit Slips

17.4.4 The AD will audit these records on a random monthly schedule.

17.4.5 The FCOM will utilize scheduling reports and chart information to audit data entry and patient arrival information no less than monthly

**18.0 A FINAL NOTE**

While these guidelines cover major issues of importance related to the functioning of the Psychology Clinic and common and acceptable guidelines for Clinical practice, it is likely that issues may arise which are not fully addressed in this procedures manual. In this event it is important for such issues to be brought to the attention of those responsible for the ongoing operations of the Clinic so that appropriate additions and/or changes can be considered. APA's Code of Ethics and Guidelines for Psychological Records and appropriate state laws should be reviewed routinely by all those who work in our Clinic.

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## APPENDICES

### APPENDIX A

General Guidelines for Providers of Psychological Services

### APPENDIX B

Appropriate Information for Inclusion in Clinic Files

### APPENDIX C

Infection Control and Standard Precautions in Working With Medical Patients

### APPENDIX D

Shands Change in Medical Record Completion Enforcement

### APPENDIX E

Confidential Therapist/Supervisor Assignment Form

### APPENDIX F

Shands at UF Campus Rules and Regulations of the Medical Staff

### APPENDIX G

Shands at AGH/UF Medical Staff Bylaws

### APPENDIX H

Guidelines for Documenting Outpatient Clinic Contacts

### APPENDIX I

Record Retention and Management Policy

### APPENDIX J

Therapy Room Assignment Book (TRAB)

### APPENDIX K

Quality Assurance

### APPENDIX L

Shands Hospital Disaster Preparedness Plan Clinical Psychology Response for Casualty Management

### APPENDIX M

Medicare B Medical Record Documentation Alert

### APPENDIX N

Consult Service's Mission

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APPENDIX O  
Baker Act

APPENDIX P  
Carbon Monoxide Protocol

APPENDIX Q  
"Go Team" Plan

APPENDIX R  
Sample Termination Letter

APPENDIX S  
UF Administrative Disaster Preparedness Policy

## APPENDIX T: OPCA CORRESPONDENCE



AMERICAN  
PSYCHOLOGICAL  
ASSOCIATION

May 1, 2009

J. Bernard Machen, Ph.D.  
President  
University of Florida  
226 Tigert Hall, P.O. Box 113150  
Gainesville, FL 32611

Dear President Machen,

At its meeting on April 2 - 5, 2009 the Commission on Accreditation (formerly the Committee on Accreditation) conducted a review of the doctoral Ph.D. program in Clinical psychology at the University of Florida. This review included consideration of the program's most recent self-study report, the preliminary review of October 12, 2007 and the program's response to the preliminary review on January 28, 2008, the report of the team that visited the program on June 16 - 17, 2008, and the program's response to the site visit report on August 28, 2008, the deferral letter dated November 18, 2008, and the response to deferral dated January 10, 2009.

I am pleased to inform you that, on the basis of this review, the Commission voted to award accreditation to this program. In so doing, the Commission scheduled the next accreditation site visit to be held in **2015**. During the interim, the program will be listed annually among accredited programs of professional psychology in the *American Psychologist* and on the Accreditation web pages. The Commission also encourages you to share information about your program's accredited status with agencies and others of the public as appropriate.

Drs. Jeffery Baker, Edward Craighead, Elizabeth Klonoff, Deborah Richardson, Brad Roper, and Wayne Siegel recused and therefore did not participate in the discussion and vote on your program.

The Commission would like to provide the program with a summary of its perceived relative strengths and weaknesses. This will be provided below according to each of the accreditation domains. At the end of the letter, the program will be provided with an itemized list of any actions that the program needs to take prior to the next accreditation review. A summary of the Commission's review of this program is provided below.

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### **Domain A: Eligibility**

*As a prerequisite for accreditation, the program's purpose must be within the scope of the accrediting body and must be pursued in an institutional setting appropriate for the doctoral education and training of professional psychologists.*

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Washington, DC 20002-4242  
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(202) 336-6123 TDD

Web: [www.opa.org](http://www.opa.org)



The Department of Clinical and Health Psychology is housed within the College of Public Health and Health Professions. The program is an integral part of the College. There have been major budgetary problems in the state over the past year. The Department has had to deal with major cut-backs, though site visitors indicated that “the program is now reportedly in a stable financial position; has accommodated the state budget short-fall; and does not anticipate that any future cuts will produce further reductions” (site visit report, Domain A).

In the initial review questions arose regarding the financial status and budgetary restraints within a poor economic environment. In the deferral letter (November 18, 2008), the program was asked to provide an update on the stability of the program and operations. Through effective planning, adoption of a different budget model, and consolidation of resources, the financial situation has been reversed with two years of positive end-of-year balances. In addition, the program reports that “[s]tate appropriations comprise about 25% of their revenue, and we have been successful in transferring more of our income stream to research support and revenue from clinical contracts and patient services” (deferral response, p. 3). The program is encouraged to continue monitoring the financial status of the program and its resources, and provide any additional efforts to ensure budget stability. Please provide an update on these efforts by **September 1, 2009**.

#### **Domain B: Program Philosophy, Objectives and Curriculum Plan**

*The program has a clearly specified philosophy of education and training, compatible with the mission of its sponsor institution and appropriate to the science and practice of psychology. The program's education and training model and its curriculum plan are consistent with this philosophy.*

The program has clarified that the program follows the ‘scientist-practitioner’ model of training. Within this model, the program offers a ‘scientist-practitioner emphasis’ and a ‘clinical researcher emphasis,’ with the functional difference being the number of practicum hours required versus the number of hours devoted to research. The program states “[a]ll references to the clinical science model of education and training or to the Academy of Psychological Clinical Science have been removed from our website and public materials.”

The goals, objectives, competencies, and outcome assessments appear to be well delineated for a scientist-practitioner model with two emphases. Practicum experiences appear plentiful and varied. All students receive basic core practicum experiences, as well as advanced experiences.

The program is consistent with the provisions for this domain.

#### **Domain C: Program Resources**

*The program demonstrates that it has resources of appropriate quality and sufficiency to achieve its education and training goals.*

The program appears to have an identifiable core faculty who are sufficient in number and demonstrate competence and credentials congruent with the program’s goals and objectives. The

program has an outstanding group of students (15 admitted each year) that appear pleased with the program and the opportunities afforded to them. Both faculty and students appear to be appropriate to the program's missions and goals. Students are guaranteed funding in the first year and all students have been funded throughout their time in the program.

The program is consistent with the provisions of this domain.

**Domain D: Cultural and Individual Differences and Diversity**

*The program recognizes the importance of cultural and individual differences and diversity in the training of psychologists.*

The program appears to have efforts in place to recruit and retain a diverse graduate student body. In its deferral letter, the Commission requested additional information regarding the program's systematic, coherent and long-term efforts to recruit and retain faculty that represent diversity. In its response, the program acknowledged that they have not been successful recruiting minority faculty and outlined a systematic plan for future recruitment. This new plan to aggressively recruit minority faculty members is a positive addition to the program's overall recruitment strategy.

It would appear that students are exposed to a diverse clientele and that there is coverage of diversity and multicultural issues in the curriculum. The very nature of this program allows students to be involved with clients from a very diverse background.

The program is consistent with the provisions of this domain.

**Domain E: Student-Faculty Relations**

*The program demonstrates that its education, training, and socialization experiences are characterized by mutual respect and courtesy between students and faculty and that it operates in a manner that facilitates students' educational experiences*

Overall, student-faculty relations appear to be excellent. Students are valued and treated with respect and faculty members seem to be good mentors and role-models for students. Students are evaluated regularly and meticulous record-keeping was a notable feature of the program.

Upon admission, students are provided with policies and procedures regarding requirements, expected performance, program continuance, and termination procedures and receive written feedback on the extent to which they are meeting the program's requirements. Students sign an assurance that they have read all documents in the Student Handbook early in their graduate careers.

The program is consistent with the provisions for this domain.

**Domain F: Program Self-Assessment and Quality Enhancement**

*The program demonstrates a commitment to excellence through self-study, which assures that its goals and objectives are met, enhances the quality of professional education and training obtained by its students, and contributes to the fulfillment of its sponsor institution's mission.*

The program engages in ongoing self-assessment to evaluate both the students and the overall program, and make changes as is necessary. The students are actively involved in this process and appear to be quite pleased at the assessment/enhancement process.

*1) The program, with appropriate involvement from its students, engages in regular, ongoing self-studies that address:*

- (a) Its effectiveness in achieving program goals and objectives in terms of outcome data (i.e., while students are in the program and after completion);*

The program has produced outcome data that are directly related to program goals, objectives, and competencies, and has provided these data in a tabular format that lays out all of the information in clear detail. The data provided represent students as they progress through the program, as well as program alumni.

The program is consistent with the provisions of this domain.

**Domain G: Public Disclosure**

*The program demonstrates its commitment to public disclosure by providing written materials and other communications that appropriately represent it to the relevant publics.*

The program does an exceptional job of educating prospective and current students about the program and provides education and training outcome information as required in Implementing Regulation C-20.

The program is consistent with the provisions of this domain.

**Domain H: Relationship with Accrediting Body**

*The program demonstrates its commitment to the accreditation process by fulfilling its responsibilities to the accrediting body from which its accredited status is granted.*

The program appears to maintain a good relationship with the CoA and informs the accrediting body of changes that could potentially alter the program's quality.

The program is consistent with the provisions of this domain.

In order to keep the Commission informed of the program's commitment to the ongoing self-study process, the program is asked to address the following issues in a narrative response by **September 1, 2009**:

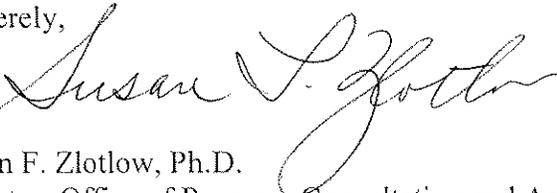
- The program is encouraged to continue monitoring the financial status of the program and its resources, and provide an update regarding any additional efforts to ensure budget stability.

Please note that while this annual report item is considered an addendum to the data provided in the Annual Report Online (ARO), it is not to be submitted online. The narrative response to the item listed above should be identified as 'Narrative Response – Program Review' and mailed or faxed to the Office of Program Consultation and Accreditation by the designated due date(s).

---

In closing, on behalf of the Commission on Accreditation, I extend congratulations to faculty and students of the professional psychology program for their achievements. The Commission also expresses its appreciation for your personal commitment, and the corresponding support of your administration, to develop and maintain the best possible quality of graduate education and training in psychology. If the Office of Program Consultation and Accreditation may be of service at any time on administrative matters of accreditation, please call upon us.

Sincerely,



Susan F. Zlotlow, Ph.D.  
Director, Office of Program Consultation and Accreditation

cc: Russell Bauer, Ph.D., Department Chair  
James Johnson, Ph.D., Director of Clinical Psychology Training  
Michael Perri, Ph.D., Interim Dean, College of Public Health and Health Professions  
*Gary Jones, Ph.D., Chair of Site Visit Team*  
*Lawrence Perlmutter, Ph.D., Member of Site Visit Team*  
*Sheila Kennison, Ph.D., Member of Site Visit Team*

September 14, 2009

Office of Program Consultation and Accreditation  
RE: Narrative Response  
American Psychological Association  
750 First St., NE  
Washington, DC 20002-4242

Dear Colleagues:

At the time of our last Decision Letter regarding the Doctoral Program in Clinical Psychology at the University of Florida we were asked to provide a narrative response to the Commission at the time of our Annual Report.

The request for a response related to the following:

**“The program is encouraged to continue monitoring the financial status of the program and its resources, and provide an update regarding additional efforts to ensure budget stability”.**

Regarding the above it can be noted that . . .

**Since our site visit cycle was completed and our last annual report was submitted, the University of Florida’s fiscal status has improved and the department’s financial situation has stabilized. In FY 2008-2009, due to efforts of our Chair and faculty we finished the year with a substantial positive balance and are continuing to add to our reserves for the second year in a row. It is also noteworthy that we were able to obtain funding from the Provost’s office to support a new faculty line and have hired an African-American female neuropsychologist (Dr. Vonetta Dotson) who will participate in both the research and clinical training missions of the department and significantly add to the diversity of our faculty. We do not anticipate further reductions in our state appropriations in the coming years and we have continued to produce increased revenue in the other two funding streams that support the doctoral program: extramural research support and clinical income. Our recent positive financial performance has also allowed us to increase graduate student stipends for research assistants from \$12,000 to \$15,000 and graduate fellowships from \$15,000 to \$20,000 for incoming students to bring them in line with our peer programs.**

Despite the difficult economic circumstances experienced by the University of Florida, along with most other universities, we have managed to deal with these difficulties with positive strategies that have allowed us to not only cope with these difficult times but also enhance our support for students and add to the diversity of our faculty. We will keep the Commission apprised of any significant changes that might negatively impact on our training program.

I hope this letter provides the information requested. If any other information is needed please feel free to contact me.

Sincerely,

James H. Johnson, Ph.D., ABPP  
Director of Clinical Training in Clinical Psychology



AMERICAN  
PSYCHOLOGICAL  
ASSOCIATION

February 4, 2014

Stephen Boggs, Ph.D.  
Training Director  
University of Florida  
Department of Clinical and Health Psychology  
PO Box 100165  
HPNP Building  
Gainesville, FL 32610-0165

Dear Dr. Boggs:

I am writing to inform you that the upcoming site visit for your Clinical Ph.D. program is scheduled to occur during the Fall (September-December) of **2015**. Please note that self-study reports for programs scheduled for a winter/spring visit are due in the Accreditation office no later than **May 1, 2015**.

### **Criteria and Procedures**

The 2015 self-study instructions are available at [www.apa.org/ed/accreditation/about/policies/self-study-instructions.aspx](http://www.apa.org/ed/accreditation/about/policies/self-study-instructions.aspx). Please note that these self-study instructions have been modified since your program was last reviewed. If you have any questions or would like a hard copy of the self-study instructions please contact us at (202) 336-5979. The Commission on Accreditation (CoA) follows its *Guidelines and Principles for Accreditation of Programs in Professional Psychology* (G&P) and the *Accreditation Operating Procedures* (AOP) in reviewing programs for accreditation. The CoA has also adopted Implementing Regulations that interpret and operationally define its guidelines and principles, procedures, domains, and standards. Each of these documents is available in PDF format on our website at: [www.apa.org/ed/accreditation/about/policies/](http://www.apa.org/ed/accreditation/about/policies/).

### **The Self-Study**

The self-study process is the cornerstone of an accreditation review. It is a process by which the program clearly defines or re-examines its goals, objectives, and competencies, analyzes the resource base and methods by which it plans to achieve those ends, and evaluates its progress and outcomes relative to program goals and objectives. The program's self-study report serves as a major document of reference for both the accreditation site visit and the CoA's review of the program. The program is reminded that the self-study document consists of a detailed narrative and appendices that may take a significant amount of time to compile.

**Three copies** of your self-study report (with appendices) should arrive no later than **May 1, 2015** to the following address:

750 First Street, NE  
Washington, DC 20002-4242  
(202) 336-5500  
(202) 336-6123 TDD

Web: [www.apa.org](http://www.apa.org)

Office of Program Consultation and Accreditation  
Attention: Self-Study Report  
American Psychological Association  
750 First Street, N.E.  
Washington, DC 20002-4242

### Preliminary Review

Upon receipt of a self-study a reader (or readers) will undertake a preliminary review of the self-study materials. Those readers may include *accreditation staff*, who review the extent to which the program's materials include information responsive to the self-study instructions, or *members of the CoA*, who review the substance of the program's materials. During the preliminary review process, all readers will receive copies of the most recent CoA decision letter and all substantive written correspondence between the CoA and the program. After the preliminary review, a letter and accompanying site visit information will be sent to you indicating whether or not you should proceed with plans for the site visit. Please do not make plans for the visit until you receive a letter to proceed from our office. In some instances, when the CoA requests additional information from the program, the program's site visit may be postponed.

### The Site Visit

If the self-study is *approved* for a site visit, a list of potential site visitors will be provided to you with the approval letter. The site visitor list will be composed of site visitors who have been identified as appropriate for a review of your program, as described in the operating procedures. Additional names will be provided to you only in extenuating circumstances (see AOP 3.1 Site Visit Team). In addition to the site visitor list, you will be provided with other information necessary for making site visit arrangements. Please be reminded that it is the program's responsibility to send copies of the self-study materials directly to your site visitors no less than six weeks prior to the visit, so the site visit team will have sufficient time to review your report in preparation for its visit.

### Site Visit Fee

The **total site visit fee** for doctoral programs being visited in 2014 is **\$5100**. The fee is calculated based on a standard cost of \$1700 per site visitor. Site visit fees are billed at the end of the month in which the site visit occurs. Should a program require an invoice in advance of the site visit, the request must be made no less than one month prior to date of the site visit.

### Online Accreditation System – In Progress

The Office of Program Consultation and Accreditation is currently working with a vendor to create an online system (tied to the Annual Report Online [ARO]) that will allow programs to submit the self-study report online. While the electronic submission system is still in the final phases of development, the CoA hopes to pilot the system for a limited number of programs submitting a self-study in 2015. Once the system is ready for testing, we will seek volunteers for this process. We will keep you apprised of any updates related to the development of the online system. For now, all self-study reports must be submitted in hard copy, per the self-study instructions

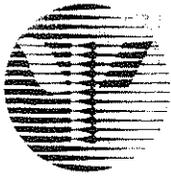
Should you have any questions about your review or any other aspect of our APA accreditation system, please call or write our office. Thank you for your assistance and leadership.

Sincerely,

A handwritten signature in cursive script that reads "Susan F. Zlotlow". The signature is written in black ink and is positioned above the printed name.

Susan F. Zlotlow, Ph.D.

Director, Office of Program Consultation and Accreditation



**AMERICAN  
PSYCHOLOGICAL  
ASSOCIATION**

Federal ID No.: 53-0205890

**Remit To:**  
750 First Street, NE  
Washington, DC 20002  
(202) 336-5807  
(202) 336-6123 (TDD)  
(202) 336-5813 (FAX)  
(202) 336-5502 (FAX ORDERS)

# INVOICE

**Invoice Number:** SI049975  
**Invoice Date:** 7/8/2014  
**Page:** 1

**COPY**

**Bill**

**To:** University of Florida  
Stephen Boggs, Ph.D.  
P.O. Box 100165 HPNP Bldg  
1225 Center Dr. Room3151  
Gainesville,, FL 32610-0165

**Ship**

**To:** University of Florida  
P.O. Box 100165  
HPNP Building  
1225 Center Dr.,Room3151  
Gainesville,, FL 32610-0165

**Our Order No.**  
**Order Date** 7/8/2014  
**Entered By** CMW

**Customer ID** 75847833  
**Ship Via** UPS  
**Ship Date** 7/8/2014

**Your Order No.**  
**Terms** Net 30  
**Due Date** 12/31/2014

Item/Description	Unit	Quantity	List Price	Unit Price	Total Price
Doctoral Programs Annual Accreditation Fee: 2014-2015 Area: Clinical 51+ Students		1		4,250.00	4,250.00

**Payment Made Easy:**

You may pay this invoice with your VISA, MasterCard, or American Express.  
To pay by credit card call 1-800-374-2721 - A/R department or fax to 202-336-5813.  
To pay by wire transfer or ACH please contact jrichard@apa.org.

**Invoice Subtotal:** 4,250.00  
**Total Sales Tax:** 0.00  
**Invoice Total:** 4,250.00  
**Adjustments:** 0.00  
**Pay This Amount:** 4,250.00

## Bauer,Russell M

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**From:** Zlotlow, Susan <szlotlow@apa.org>  
**Sent:** Tuesday, August 19, 2014 11:58 AM  
**To:** Janicke,David  
**Cc:** Rozensky,Ronald Howard; Savic,Milan; Zabel,Brittany G; Robinson, Jennifer; Meyers, Jacob  
**Subject:** RE: Question

Dear Dr. Janicke,

I have included Jacob Meyers and Jen Robinson on this email. They are the best folks to answer any questions and to provide the people on your end with assistance.

We understand that this is probably a difficult time for all of you and will do our best to be available as needed to help you through the next several weeks.

Susan

Susan Zlotlow, Ph.D.  
Director, Office of Program Consultation and Accreditation & AED, Education Directorate American Psychological Association  
750 First Street NE, Washington, DC 20002-4242  
Tel: (202) 336-5979 | Fax: (202) 336-5978  
email: szlotlow@apa.org | [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)

P Please consider the environment before printing this email.

-----Original Message-----

**From:** Janicke,David [mailto:djanicke@PHHP.UFL.EDU]  
**Sent:** Tuesday, August 19, 2014 11:18 AM  
**To:** Zlotlow, Susan  
**Cc:** Rozensky,Ronald Howard; Savic,Milan; Zabel,Brittany G  
**Subject:** RE: Question

Hi Susan -

Thank you so much for your kind reminder. As you can imagine, we have been juggling multiple program issues over the past 5 days, but the ARO is very high on our list of priorities. Over the next few days I will identify a faculty member (designated program person) to take the lead on this. For now, I can guarantee that our program assistant (Milan Savic) and his assistant (Brittany Zabel) will participate in the webinar. I believe Brittany Zabel is registered on the system, but not Milan. Can you provide us with instructions on how to sign up for the webinar?

I hope to arrange for the designated faculty program person to attend the webinar, but at this late date, I can't guarantee that. If not, can we arrange for individual sessions with the designated program person, as you mentioned?

Thank you so much for your help! I am happy to answer any additional questions, or receive any other feedback, that you might have.

Best wishes.

Dave

-----Original Message-----

From: Rozensky,Ronald Howard  
Sent: Tuesday, August 19, 2014 8:46 AM  
To: 'Zlotlow, Susan'  
Cc: Greenwood, Gregory; Meyers, Jacob; Robinson, Jennifer; Savic,Milan; Janicke,David  
Subject: RE: Question

Susan,  
Thanks so much for checking in and your kind reminder...  
I will discuss this with our Interim Chair, Dr. David Janicke and our program support staff, Mr Savic (and copy them on this email).  
... Dr Janicke, Mr Savic, or I will get back to you in short order ... I know it is on the list of things to do that we have put together (amazing the amount of details the DCT's office manages) ... right now, the department is trying to support Dr. Boggs' students and prepare the orientation for our new class entering this Friday! I am sure someone will get in touch about the webinar.  
Thanks again,  
Ron

-----Original Message-----

From: Zlotlow, Susan [mailto:szlotlow@apa.org]  
Sent: Tuesday, August 19, 2014 8:28 AM  
To: Rozensky,Ronald Howard  
Cc: Greenwood, Gregory; Meyers, Jacob; Robinson, Jennifer  
Subject: RE: Question

Dear Ron,

We are in the process of making sure everything is in place for the University of Florida Clinical PhD program to remain in good standing. One of things we are concerned about is whether or not anyone has been working on completing the Annual Report Online (ARO). The window for the ARO is from mid-April through September 15, 2014. I know this is a very sensitive issue and that folks there are probably having enough difficulty within dealing with hunting for needed data. We will need the data entered by September 15 and we will do everything in our power to work with the appropriate folks on your end to get the ARO completed.

According to our records , there are couple folks that have access to the online system and a couple of folks you have previously entered the data. We will be holding a webinar on the system this Friday if anyone is ready to participate at that time. If it is too soon, we will arrange for individual sessions with the designated program person.

I am sorry to bring this up at such a difficult time. We just don't want to wait until the last minute and put additional pressure on the program.

Susan

Susan Zlotlow, Ph.D.  
Director, Office of Program Consultation and Accreditation & AED, Education Directorate American Psychological Association  
750 First Street NE, Washington, DC 20002-4242  
Tel: (202) 336-5979 | Fax: (202) 336-5978  
email: szlotlow@apa.org | www.apa.org/ed/accreditation

P Please consider the environment before printing this email.

-----Original Message-----

From: Rozensky, Ronald Howard [mailto:rozensky@PHHP.UFL.EDU]  
Sent: Sunday, August 17, 2014 11:33 AM  
To: Zlotlow, Susan  
Subject: Re: Question

Thank you !!

> On Aug 17, 2014, at 10:51 AM, "Zlotlow, Susan" <szlotlow@apa.org> wrote:

>

> Dear Ron,

>

> I heard about Steve Boggs death. It is so sad. I can make myself available either live or through a series of telephone calls to help out one or more of those taking over in the interim. In fact, rather than send one person for one day, it might be better to schedule a few calls, with time in between to digest and formulate new questions. I would like to include Betsy Reed and Jacquie Wall since that way the consultation can continue forward into 2015 as needed. If you would to schedule a "jump start" with someone coming in DC let us know. The good news is that the self-study is not

due until May 1, 2015 and given the circumstances, we (as staff) can give you a one month extension at this time until June 1, 2015.

>

> The only workshops we are slated to do this fall is internship training at ACCTA. We will likely conduct workshops at CUDCP in January in Albuquerque. Even with consultation this fall, I would encourage you to send one or more folks to CUDCP for both the workshop(s) and for their DCT training.

>

> Just let us know what works best. We are now just completing the correspondence from CoA July meeting. We should be coming up for air shortly.

>

> I am sorry you missed the party. I was very surprised - I hate those things and loved this surprise more than I can say. Some of the first CoA members I ever worked with came as well as former public members and former staff. I felt so honored to have them there.

>

> Susan

>

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>

>

> Susan Zlotlow, Ph.D.

> Director, Office of Program Consultation and Accreditation & AED,

> Education Directorate American Psychological Association

> 750 First Street NE, Washington, DC 20002-4242

> Tel: (202) 336-5979 | Fax: (202) 336-5978

> email: szlotlow@apa.org | www.apa.org/ed/accreditation

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> -----Original Message-----

> From: Rozensky, Ronald Howard [mailto:rozensky@PHHP.UFL.EDU]

> Sent: Sunday, August 17, 2014 9:53 AM

> To: Zlotlow, Susan

> Subject: Question

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> Hi  
> Sorry I missed your surprise at the convention. Had to do my already scheduled Foundation things. Sounds like it was great.

> Unofficial question. Our DCT, Steve Boggs, passed away unexpectedly this past week. Trying help our interim chair think through some issues. I know there are accreditation workshops etc, but has a department ever sent a brand new

DCT to spend a day with you in DC to get a quick up to spend orientation? Our reaccreditation is coming up soon so we liked to get on top of things fast. Thanks for your ideas.

> Ron

>

> Sent from my iPhone the typo device

## Bauer, Russell M

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**From:** Zlotlow, Susan <szlotlow@apa.org>  
**Sent:** Sunday, August 17, 2014 10:52 AM  
**To:** Rozensky, Ronald Howard  
**Cc:** Reed, Elizabeth; Wall, Jacqueline  
**Subject:** RE: Question

Dear Ron,

I heard about Steve Boggs death. It is so sad. I can make myself available either live or through a series of telephone calls to help out one or more of those taking over in the interim. In fact, rather than send one person for one day, it might be better to schedule a few calls, with time in between to digest and formulate new questions. I would like to include Betsy Reed and Jacquie Wall since that way the consultation can continue forward into 2015 as needed. If you would to schedule a "jump start" with someone coming in DC let us know. The good news is that the self-study is not due until May 1, 2015 and given the circumstances, we (as staff) can give you a one month extension at this time until June 1, 2015.

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Just let us know what works best. We are now just completing the correspondence from CoA July meeting. We should be coming up for air shortly.

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Susan

Susan Zlotlow, Ph.D.  
Director, Office of Program Consultation and Accreditation & AED, Education Directorate American Psychological Association  
750 First Street NE, Washington, DC 20002-4242  
Tel: (202) 336-5979 | Fax: (202) 336-5978  
email: [szlotlow@apa.org](mailto:szlotlow@apa.org) | [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)

P Please consider the environment before printing this email.

-----Original Message-----

From: Rozensky,Ronald Howard [<mailto:rozensky@PHHP.UFL.EDU>]

Sent: Sunday, August 17, 2014 9:53 AM

To: Zlotlow, Susan

Subject: Question

Hi

Sorry I missed your surprise at the convention. Had to do my already scheduled Foundation things. Sounds like it was great.

Unofficial question. Our DCT, Steve Boggs, passed away unexpectedly this past week. Trying help our interim chair think through some issues. I know there are accreditation workshops etc, but has a department ever sent a brand new DCT to spend a day with you in DC to get a quick up to spend orientation? Our reaccreditation is coming up soon so we liked to get on top of things fast. Thanks for your ideas.

Ron

Sent from my iPhone the typo device

College of Public Health and Health Professions  
Department of Clinical and Health Psychology

1225 Center Drive, Rm 3151  
PO Box 100165  
Gainesville, FL 32610-0165  
Phone: (352) 273-6617  
Fax: (352) 273-6156

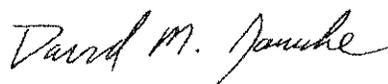
September 30, 2014

Susan Zlotlow, Ph.D.  
Director, Office of Program Consultation and Accreditation  
Education Directorate American Psychological Association  
750 First Street NE, Washington, DC 20002-4242

Dear Dr. Zlotlow:

I am delighted to inform you that Russell Bauer, PhD, has been appointed as the Program Director for the Department of Clinical and Health Psychology at the University of Florida, effective September 22, 2014. Please do not hesitate to contact me if you have any questions or need additional information.

Sincerely,



David M. Janicke, Ph.D.  
Associate Professor and Interim Chair  
Department of Clinical and Health Psychology  
University of Florida

## Moyer, Michael

---

**From:** Moyer, Michael  
**Sent:** Friday, January 16, 2015 10:01 AM  
**Cc:** Scales, Tia  
**Subject:** FW: Reminder to Pay APA Annual Fees

According to our financial records, your program has not paid the annual accreditation fee for the training year 2014-2015. The annual fees are billed in June or August, with a due date of December 31, 2014.

Your program is asked to remit payment of the overdue annual accreditation fees as soon as possible. Programs that have not made payment are in violation of Domain H of the *Guidelines and Principles for Accreditation of Programs in Professional Psychology*.

Domain H: Relationship With Accrediting Body of the *Guidelines and Principles for Accreditation of Programs in Professional Psychology* (G&P) states:

“The program is in good standing with the accrediting body in terms of payment of fees associated with the maintenance of its accredited status.”

If we have not received your payment by the end of January, we will send a letter providing you with a final notice of failure to remit payment. Failure to respond to that letter will result in the inclusion of your program on the Commission’s spring 2015 meeting agenda. The Commission will evaluate the accreditation status of the program at that time and may take action regarding its status under Section 4.7 of the Accreditation Operation Procedures of the Commission on Accreditation.

Please let me know if you have misplaced your invoice, and I will be happy to email a copy in reply.

Regards,

Mike

Mike Moyer | Senior Manager  
Accreditation Administration  
Education Directorate  
American Psychological Association  
750 First Street NE, Washington, DC 20002-4242  
Tel: (202)336-5671 | Fax: (202)336-5978  
email: [mmoyer@apa.org](mailto:mmoyer@apa.org) | [www.apa.org](http://www.apa.org)



AMERICAN  
PSYCHOLOGICAL  
ASSOCIATION



Please consider the environment before printing this email.

## Bauer,Russell M

---

**From:** Gayk, Joe <JGayk@apa.org>  
**Sent:** Tuesday, January 27, 2015 1:49 PM  
**To:** Bauer,Russell M  
**Cc:** SM Accreditation Office; Knight-Griffin, Kristen; Lewis, Dani  
**Subject:** RE: request for self-study extension

Dr. Bauer,

Thank you for your request. A 1-month extension has been granted for the self-study from the Clinical Ph.D. program at the University of Florida. The new due date for this submission is **June 1, 2015**. Please note that no further extensions will be considered. If you have any questions or concerns in the meantime, please let us know.

Kindly,  
Joe Gayk

Joe Gayk | Preliminary Review Manager  
Office of Program Consultation & Accreditation  
Education Directorate  
American Psychological Association  
750 First Street NE, Washington, DC 20002-4242  
Tel: (202)336-6043 | Fax: (202)336-5978  
Email: [jgayk@apa.org](mailto:jgayk@apa.org) | [www.apa.org](http://www.apa.org)



AMERICAN  
PSYCHOLOGICAL  
ASSOCIATION



**From:** Bauer,Russell M [<mailto:rbauer@PHHP.UFL.EDU>]  
**Sent:** Monday, January 26, 2015 12:13 PM  
**To:** APA Accreditation  
**Cc:** Robinson, Jennifer  
**Subject:** request for self-study extension

Attached is a formal request for a 1-month extension of our self-study due date because of the death of our former program director. Let me know if you need additional information.  
Thanks in advance for considering this request.

Russell M. Bauer, Ph.D., ABPP/CN  
Professor and Director, Doctoral Program in Clinical Psychology  
Department of Clinical & Health Psychology  
PO Box 100165 HSC  
Gainesville, FL 32610-0165  
(352) 273-6140 (voice)  
(352) 273-6156 (fax)

Fedex Address:  
1225 Center Drive, Room 3151  
Gainesville, FL 32611

Brain Rehabilitation Research Center (151)  
Malcom Randall VAMC  
1601 SW Archer Road



College of Public Health and Health Professions  
Department of Clinical and Health Psychology

1225 Center Drive, Rm 3151  
PO Box 100165  
Gainesville, FL 32610-0165  
Phone: (352) 273-6617  
Fax: (352) 273-6156

January 26, 2015

Jacqueline Remondet Wall, Ph.D.  
Director, Office of Program Consultation and Accreditation  
750 First Street, NE  
Washington, DC 20002-4242

Dear Dr. Wall:

Congratulations on your (relatively) new position as Director of OPCA. As you may know, our former program director, Stephen Boggs, Ph.D., passed away suddenly in August, 2014, and I assumed the role of doctoral program director in September, 2014. Just after Dr. Boggs' death, and prior to my appointment, there apparently had been telephone communication between Dr. Zlotlow and one of our faculty (Ronald Rozensky, Ph.D.) about the possibility of obtaining a one-month extension of our self-study due date (from May 1, 2015 to June 1, 2015) due to the transition to a new director and time needed to recover Dr. Boggs' program files and documents from his encrypted computer. This was never formally documented, and I am writing now to formally request this one-month extension due to the adjustments we have had to make after Dr. Boggs' death. Please let me know if you require additional information to support this request.

Sincerely,

A handwritten signature in cursive script that reads 'Russell M. Bauer'.

Russell M. Bauer, Ph.D., ABPP  
Professor and Director  
Doctoral Program in Clinical Psychology

*The Foundation for the Gator Nation*  
An Equal Opportunity Institution

Via Federal Express

February 9, 2015

Russell Bauer, Ph.D., ABPP  
Director of Clinical Training  
University of Florida  
PO Box 100165  
HPNP Building  
1225 Center Dr. Room 3151  
Gainesville, FL 32610-0165

Dear Dr. Bauer:

According to our financial records, the Clinical psychology program at the University of Florida has not paid the annual fee for training year 2014-2015 (copy of invoice enclosed). The annual fees for doctoral programs are billed in August of each year with payment expected by December 31<sup>st</sup> of the same year.

Domain H: Relationship With Accrediting Body of the *Guidelines and Principles for Accreditation of Programs in Professional Psychology* (G&P) states:

"The program is in good standing with the accrediting body in terms of payment of fees associated with the maintenance of its accredited status."

The program's lack of payment of fees is in violation of Domain H of the G&P and the Commission will be so informed during its March 2015 meeting. The Commission will evaluate the accreditation status of the program at that time and may take action regarding its status under Section 2.3 of the *Accreditation Operation Procedures* (AOP) of the Commission on Accreditation.

The program is asked to remit payment for the overdue annual accreditation fees with a copy of this letter by March 17, 2015. For your convenience, a credit card payment page is also enclosed. If payment has been made, please return a copy of this letter along with proof of payment (a copy of both sides of the cancelled check or the credit card statement). Please send your payment or proof of payment to the address or fax number below:

American Psychological Association  
Cash Receipts – 7<sup>th</sup> Floor  
750 First Street, NE  
Washington, DC 20002  
202/336-5809, FAX 202/336-5813

The program will be removed from the Commission's March 2015 agenda if the matter of payment of past due fees is resolved by March 17, 2015. If you have any questions or need any further information, please contact Mike Moyer at 202-336-5979 or [mmoyer@apa.org](mailto:mmoyer@apa.org).

Sincerely,

Tia M. Scales  
Associate Director, Accreditation Governance & Administration  
Office of Program Consultation and Accreditation

Enclosures

cc: Carrol Walton-Grizzle, Manager Accounts Receivable, APA Financial Services

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I authorize APA to charge the amount of this invoice or amount specified to my credit card as listed below:

Amount (if different from invoice balance): \_\_\_\_\_

VISA       MasterCard       American Express

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name (as it appears on card): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

## Moyer, Michael

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**From:** Moyer, Michael  
**Sent:** Friday, February 20, 2015 1:23 PM  
**To:** 'Dekle,Asia'  
**Subject:** RE: Invoice Update \*\* APA Annual Fees \*\*  
**Attachments:** 2015\_02\_20\_12\_47\_11.pdf

Dear Ms. Dekle,

Attached please find an invoice with a current date for Annual Accreditation Fees for 2014-2015 program year. As requested, the Purchase Order number is included in the invoice.

While the invoice shows a due date of 03/20/15, the actual due date has not changed – it is still 12/31/14, which is 51 days ago. If the University of Florida has not paid by 3/17/15 the program may be added to the agenda for review by the Commission on Accreditation.

Please let me know if you have problems reading the file.

Regards,

Mike

Mike Moyer | Senior Manager  
Accreditation Administration  
Education Directorate  
(202)336-5671

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**From:** Dekle,Asia [<mailto:asharris@phhp.ufl.edu>]  
**Sent:** Thursday, February 12, 2015 1:00 PM  
**To:** Moyer, Michael  
**Cc:** Eldridge,Di  
**Subject:** Invoice Update  
**Importance:** High

Hello,

After speaking to a representative in your office, I have been instructed to send in a written request to receive a new invoice for our department. Our unpaid invoice is invoice # SI049975, with the date of 7/8/14. We would like to process this quickly, and I will need an updated invoice in order to do so. Please advise on any information would need from us. Thank you!

*Asia Stryker Dekle*

Senior Secretary | Department of Clinical  
And Health Psychology | 352-273-6155



AMERICAN  
PSYCHOLOGICAL  
ASSOCIATION

Via Federal Express

March 25, 2015

W. Kent Fuchs, PhD  
President  
University of Florida  
226 Tigert Hall  
PO Box 113150  
Gainesville, FL 32611

Dear President Fuchs:

According to our records, the Office of Program Consultation and Accreditation of the American Psychological Association (APA) has not received payment of the 2014-2015 annual accreditation fees, which were due December 31, 2014. The Office sent a letter, via Federal Express, to Dr. Russell Bauer dated February 9, 2015 stating that action would be taken during the March 2015 Commission on Accreditation (CoA) meeting if payment was not received by March 17, 2015, in accordance with *Accreditation Operating Procedure* Section 2.3 (attached).

While both this office and the APA Finance Office has had contact with the program regarding this matter, as of the date of this letter, the fee payment has not been received. Our previous correspondence regarding this matter is provided for your information.

During its March 19-22, 2015 meeting, the APA Commission on Accreditation voted, absent payment of these fees within 30 days of receipt of this letter, the Clinical PhD program at University of Florida will be deemed to have withdrawn from APA accreditation. This status will take effect on April 21, 2015.

The Commission on Accreditation will notify the public that the program is no longer accredited by the APA as of May 21, 2015.

Please contact the APA Office of Program Consultation and Accreditation at 202.336.5979 with any questions you have regarding this matter.

Sincerely,

Jacqueline Remondet Wall, PhD  
Director, Office of Program Consultation and Accreditation

cc: Michael Perri, PhD, Dean  
Russell Bauer, PhD, Program Director

750 First Street, NE  
Washington, DC 20002-4242  
(202) 336-5500  
(202) 336-6123 TDD

Web: [www.apa.org](http://www.apa.org)

T27



## Bauer,Russell M

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**From:** Walker, Alicia <afwalker@apa.org>  
**Sent:** Thursday, April 23, 2015 9:05 AM  
**To:** Bauer,Russell M  
**Subject:** RE: Change of Leadership

Dear Dr. Bauer,

My apologies for the delay in responding to your email. In response to your question, Dr. Janicke should be listed on the transmittal page since he will be chair at the time of self-study submission and therefore his signature will be required on the document. However, to ensure our office has the correct contact information for Dr. Smith, I also suggest noting that he will be appointed chair starting August 1, 2015 and provide his contact information as well.

Please feel free to contact our office if we can be of any further assistance.

Best,

Alicia Walker

Alicia Walker | Program Agenda Manager  
Office of Program Consultation and  
Accreditation  
Education Directorate  
American Psychological Association  
750 First Street NE, Washington, DC 20002-  
4242  
Tel: (202) 216-7612 | Fax: (202) 336-5978  
email: [afwalker@apa.org](mailto:afwalker@apa.org) | [www.apa.org](http://www.apa.org)



AMERICAN  
PSYCHOLOGICAL  
ASSOCIATION



 Please consider the environment before printing this email.

**From:** Bauer,Russell M [<mailto:rbauer@PHHP.UFL.EDU>]  
**Sent:** Tuesday, April 07, 2015 8:12 AM  
**To:** APA Accreditation  
**Subject:** Change of Leadership

To OPCA Staff:

This e-mail is intended to inform you of a change in leadership affecting our program. Glenn Smith, Ph.D., ABPP will become the new chair of the Department of Clinical & Health Psychology at the University of Florida on August 1, 2015. Our current Interim Chair is David Janicke, Ph.D.

We are currently preparing our self-study for a June 1 submission. On the transmittal page, should we name Dr. Janicke (who will be chair when the self-study is submitted), Dr. Smith (who will be chair when the site visit is scheduled), or both? Please advise.

Thanks,

Rus Bauer

Russell M. Bauer, Ph.D., ABPP/CN  
Professor and Director, Doctoral Program in Clinical Psychology  
Department of Clinical & Health Psychology  
PO Box 100165 HSC  
Gainesville, FL 32610-0165  
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