

CLINICAL PSYCHOLOGY

Doctor of Philosophy



Program Handbook

Department of Psychology and Philosophy
College of Humanities and Social Sciences
Sam Houston State University

A Member of the Texas State University System

**This handbook is currently under review

Table of Contents

| | |
|--|-----------|
| INTRODUCTION..... | 3 |
| Purpose of this Handbook | 4 |
| Program, Department, College, and University Contact Information..... | 5 |
| Missions Statements | 7 |
| PROGRAM PHILOSOPHY & GOALS..... | 8 |
| The SHSU Doctoral Program in Clinical Psychology | 9 |
| Adherence to APA Ethical Principles and Code of Conduct | 10 |
| Program Goals..... | 11 |
| Discipline-Specific Knowledge..... | 12 |
| Profession-Wide and Program Competencies | 13 |
| PROGRAM REQUIREMENTS..... | 16 |
| Admission to the Clinical Psychology Ph.D. Program | 17 |
| Ph.D. Degree Plan | 18 |
| Sample Course Sequences..... | 20 |
| Two-Year Cycle of Course Offerings | 24 |
| Academics | 26 |
| <i>Academic Performance</i> | 26 |
| <i>Academic Advisement</i> | 26 |
| <i>Dropping Courses</i> | 26 |
| <i>Academic Dishonesty</i> | 27 |
| <i>Generative Artificial Intelligence in Coursework, Clinical Training, and Research</i> | |
| <i>Grievances Related to Academic Matters</i> | 27 |
| Course Descriptions | 29 |
| Students Entering with Graduate Coursework in Psychology | 34 |
| Students Entering with an Ongoing or Completed Thesis | 35 |
| Academic Training and Research Activities | 36 |
| Clinical Training | 37 |
| <i>Clinical Privileges</i> | 37 |
| <i>Supervision/Oversight/Evaluation</i> | 37 |
| <i>Remediation</i> | 38 |
| <i>Withdrawal of Clinical Privileges</i> | 39 |
| <i>Appeals of Withdrawal of Clinical Privileges/Termination</i> | 40 |
| Professionalism | 41 |
| Research Dissemination Requirement | 42 |
| UNIVERSITY REQUIREMENTS AND POLICIES..... | 43 |
| Course Load | 44 |
| Residence Requirement..... | 45 |
| Responsibilities of Student Employees | 46 |
| FACULTY..... | 47 |
| Core Program Faculty and Associated Program Faculty | 48 |
| Student-Faculty Relations | 50 |

| | |
|---|-----------|
| MASTER’S PROGRAM | 52 |
| Requirements for the Master of Arts in Clinical Psychology | 53 |
| Clinical Practica | 54 |
| The Capstone Course | 55 |
| Master’s Thesis | 56 |
| Thesis Forms and Deadlines | 59 |
| | |
| DOCTORAL PROGRAM | 61 |
| Requirements for Completion of the Ph.D. Program | 62 |
| Clinical Practica as a Doctoral Student | 63 |
| Supervision and Consultation Training..... | 64 |
| Admission to Candidacy | 65 |
| Doctoral Comprehensive Exam | 66 |
| Dissertation..... | 68 |
| Dissertation Forms and Deadlines..... | 74 |
| Pre-Doctoral Internship..... | 75 |
| | |
| STUDENT & PROGRAM EVALUATION | 76 |
| Methods of Student/Program Evaluation | 77 |
| University Grading System | 78 |
| Supervisor Ratings of Practicum Performance | 79 |
| Annual Student Evaluations by the Program | 80 |
| Program Evaluation by Students | 81 |
| | |
| STUDENT RESOURCES | 82 |
| Funding..... | 83 |
| <i>Financial Awards</i> | 83 |
| <i>Travel Funding</i> | 85 |
| Student Rights | 86 |
| <i>SHSU Statement on Belonging</i> | 86 |
| <i>SHSU Nondiscrimination Statement</i> | 86 |
| <i>SHSU Services for Students with Disabilities</i> | 86 |
| Student Services | 88 |
| Leaves of Absence | 89 |
| Student Self Care..... | 90 |
| | |
| STUDENT LED ORGANIZATIONS | 92 |
| Graduate Student Psychology Organization | 92 |
| Psychology Graduate Students for Diversity Equity and Inclusion..... | 92 |
| | |
| APPENDICES | 93 |
| Appendix A: Mental Health Resources with Low Cost or Sliding Scale Fees | 94 |
| Appendix B: Practicum Evaluation Form | 98 |
| Appendix C: Internship Readiness Competency Review Form..... | 102 |
| Appendix D: Omnibus Competency Tracking Form | 107 |
| Appendix E: Ethics Code | 116 |

INTRODUCTION

Purpose of This Handbook

The material in the “Clinical Psychology Doctor of Philosophy Program Handbook” seeks to: (a) inform the student about Program requirements and (b) facilitate progress through the Program. This information reflects the general orientation of the graduate program and provides students with a detailed description of curriculum requirements.

During your tenure as a graduate student, you may see changes in the curriculum. When revisions occur, efforts will be made to restrict the new requirements to students entering the Program so that students already in the Program can continue to be guided by the rules in force at the time they were admitted to the Program. However, there may be some changes that will become effective immediately (e.g., due to changes made at the University level) that will apply to all students, regardless of year of admission. Please check with the Director of Clinical Training to ascertain whether any curricular changes apply to you.

If you are uncertain about requirements and/or expectations, or if you find a need for clarification beyond that offered in the Handbook, please do not hesitate to contact the Director of Clinical Training.

The information in this Handbook supplements that in three other publications of the University: The Graduate School Catalog, the University Student Guidelines, and the Graduate School Guide to the Preparation of Theses and Dissertations. You should refer to the most recent editions of these publications for details not given here. Other documents that provide additional information are referred to as appropriate throughout this Handbook.

Note: It is a student's responsibility to read this handbook, be knowledgeable of its contents, and comply with the standards set forth herein.

This Handbook does not constitute a contract between SHSU and its students. SHSU reserves the right to amend, modify, add, or delete information within this Handbook at any time. In the event of conflict between the provisions of this Handbook and the Texas State University System Rules and Regulations, the latter shall govern and control.

Program, Department, College, and University Contact Information

Doctoral Program Administrators

| | | | |
|--------------------------|--|--------|---------------------|
| Craig Henderson, Ph.D. | Director of Clinical Training | 4-3601 | ceh003@shsu.edu |
| Marcus Boccaccini, Ph.D. | Associate Director of Clinical Training | 4-1179 | boccaccini@shsu.edu |
| Mary Alice Conroy, Ph.D. | Director of the Psychological Services Center | 4-3806 | maconroy@shsu.edu |

Psychological Services Center

| | | | |
|--------------------------|--------------------------|--------|-------------------|
| Front Desk | | 4-1210 | |
| Cody Mauldin | Administrative Associate | 4-1210 | cqm003@shsu.edu |
| Breanna Barnes | Administrative Associate | 4-4224 | bsb007@shsu.edu |
| Samantha Kurus, Ph.D. | Staff Psychologist | 4-2509 | sjk021@shsu.edu |
| Mary Alice Conroy, Ph.D. | Director | 4-3806 | maconroy@shsu.edu |

Clinical Doctoral Program Faculty

| | | | |
|---------------------------|----------|--------|---------------------|
| Jaime Anderson, Ph.D. | CHSS 307 | 4-1180 | jla068@shsu.edu |
| Marcus Boccaccini, Ph.D. | CHSS 386 | 4-1179 | boccaccini@shsu.edu |
| Kiana Cano, Ph.D. | CHSS 316 | 4-2434 | kec112@shsu.edu |
| Mary Alice Conroy, Ph.D. | PSC | 4-3806 | maconroy@shsu.edu |
| Craig E. Henderson, Ph.D. | CHSS 379 | 4-3601 | ceh003@shsu.edu |
| Charlotte Esplin, Ph.D. | CHSS 341 | 4-2452 | cre032@shsu.edu |
| Ryan Marek, Ph.D. | CHSS 309 | 4-3614 | rxm147@shsu.edu |
| Faith Nomamiukor, Ph.D. | CHSS 310 | 4-4462 | fon002@shsu.edu |
| M. E. Wood, Ph.D. | CHSS 326 | 4-3377 | mew095@shsu.edu |

Associated Faculty

| | | | |
|----------------------------|-----------|--------|------------------|
| Daniella Cash, Ph.D. | CHSS 311 | 4-3874 | dkc025@shsu.edu |
| James W. Crosby, Ph.D. | CHSS 290F | 4-2200 | jwc014@shsu.edu |
| Hillary Langley, Ph.D. | CHSS 336 | 4-3260 | hxl022@shsu.edu |
| Phillip Lyons, Ph.D., J.D. | CCJ A-254 | 4-1700 | lyons@shsu.edu |
| Holly Miller, Ph.D. | CCJ A-206 | 4-1686 | psy_ham@shsu.edu |
| Ramona Noland, Ph.D. | CHSS 385 | 4-4310 | noland@shsu.edu |

Department of Psychology and Philosophy (CHSS 390)

| | | | |
|-----------------|--------------------------|--------|-------------------|
| Michelle Brown | Assistant to the Chair | 4-4933 | bmp030@shsu.edu |
| Ivette Martinez | Administrative Assistant | 4-3552 | stdmat20@shsu.edu |
| Maria Botero | Department Chair | 4-3052 | mdb037@shsu.edu |

College of Humanities and Social Sciences (CHSS 290)

| | | | |
|------------------------|-----------------------|--------|--------------------|
| Front Desk | | 4-2200 | chss@shsu.edu |
| James Crosby, Ph.D. | Associate Dean | 4-2200 | jwc014@shsu.edu |
| Carroll Nardone, Ph.D. | Associate Dean | 4-2200 | cfnardone@shsu.edu |
| Leif French, Ph.D. | Senior Associate Dean | 4-2200 | french@shsu.edu |
| Chien-Pin Li, Ph.D. | Dean | 4-2200 | cxl085@shsu.edu |

Office of Graduate Studies

| | | | |
|------------------------|--------------------------|--------|----------------------|
| Front Desk | | 4-2408 | gradstudies@shsu.edu |
| Ken Hendrickson, Ph.D. | Dean of Graduate Studies | 4-1031 | gradstudies@shsu.edu |

Mission Statements

Sam Houston State University

Sam Houston State University is a student-centered, community engaged institution whose mission is to offer an accessible, quality higher education. The university offers a variety of innovative and flexible degree programs at the undergraduate, graduate, and professional levels focused on career readiness, personal and professional development, and service. SHSU provides integrated academic and student success services designed to support traditional and non-traditional students from diverse backgrounds.

College of Humanities and Social Sciences

The College of Humanities and Social Sciences (CHSS) provides an essential component to a liberal arts education: understanding human beings in their diversity as expressed in their literatures, histories, ideas, values, oral and written expressions, and behavior. By promoting analytic, interpretive, interpersonal, and communication skills, the CHSS facilitates personal growth, competent professionalism, and responsible citizenship.

Department of Psychology and Philosophy

The Department of Psychology and Philosophy supports the Mission Statement of the University and that of the CHSS. The Department is committed to providing a quality educational environment conducive to scholarship and the acquisition of knowledge and applicable skills. We recognize that this ideal requires the effective use of faculty expertise and creativity, sensitivity to needs of university and community, and genuine concern for the abilities and goals of students.

Clinical Psychology Ph.D. Program

Through a rigorous foundation in scientific psychology as well as broad and general training in research and clinical practice, the Clinical Psychology Ph.D. Program at Sam Houston State University provides candidates with opportunities to develop attitudes, knowledge, and skills to become effective clinical psychologists as well as researchers and scholars.

**PROGRAM
PHILOSOPHY
&
GOALS**

The SHSU Doctoral Program in Clinical Psychology

The Department of Psychology and Philosophy offers graduate education in the discipline of scientific and professional psychology. The emphasis is scientific, because it is assumed that graduates will be better qualified to participate in the profession if they are prepared as research-oriented students of human behavior. In most of our coursework, psychological phenomena are analyzed with methodologies developed for the social and behavioral sciences.

The doctoral program in Clinical Psychology is designed to produce scientist-practitioners who possess: (a) a rich body of knowledge in the field of general academic psychology; (b) the intellectual and methodological skills necessary for continuing the process of discovery and understanding of human behavior; and (c) the requisite assessment, diagnostic, intervention, and consultative skills for independent practice of clinical psychology.

The graduate should be capable of integrative and analytical thinking, competent at transmitting knowledge, able to engage in various accepted modes of research, and skillful at problem-solving. To accomplish this, the doctoral program employs a faculty of diverse scholars committed to the study of psychological issues. The curriculum includes courses that provide theoretical and applied knowledge of clinical psychological phenomena as well as hands-on opportunities to apply that knowledge in clinical settings. In addition to demonstrating excellence in the classroom, students are expected to engage in research beyond specified courses according to their personal interests. Through the combined efforts of faculty and students, the graduate program in Clinical Psychology produces clinical psychologists who are thoroughly trained in academic and applied components of the discipline.

The SHSU Doctoral Program began operations in 1998 and has been continuously accredited by the American Psychological Association (APA) since 2006. The Program was granted ten years of accreditation at the Spring 2019 meeting of the APA Commission on Accreditation.

Adherence to APA Ethical Principles and Code of Conduct

All students are expected to conduct themselves in accordance with the Ethical Principles of Psychologists and Code of Conduct (EPPCC) of the American Psychological Association.

<http://www.apa.org/ethics/code/index.aspx>.

You may also find a copy of the EPPCC in Appendix E of this manual.

The Ph.D. Program is also aligned with the Rules of the Texas State Board of Examiners of Psychologists.

<http://www.tsbep.texas.gov>

The Doctoral Program affirms the principle--underscored in the APA EPPCC and Committee on Accreditation Implementing Regulations--that clinical psychologists should be trained to offer services to diverse populations. In pursuit of this goal, students entering our training program will be required to provide services to persons whose cultural backgrounds, beliefs, religious values, gender (and other) identities, and/or lifestyles may be different from their own. Should unanticipated conflicts arise for any student, faculty are committed to working with the student to be certain cultural competence is achieved.

Program Goals

The Clinical Psychology Ph.D. Program at SHSU subscribes to a scientist-practitioner model. The Program's training provides experience in applied settings in order to produce scientists who are sensitive to substantive issues in the field and who generate research that is useful to practitioners. Conversely, practitioners who have been trained as scientists understand emerging research results, assimilate those results into their daily practice, and may produce meaningful scholarship that advances the field. Thus, the Program is designed to produce clinical psychologists who integrate science and practice to contribute to the field in any academic, clinical, or consulting role they chose to pursue, including in service to the legal community. The Program is structured to be sequential, cumulative, and graded in complexity requiring students to increasingly integrate science and practice and to utilize more advanced skills as they progress through their training. To summarize, the Program pursues the following goals:

- Goal 1:** To produce graduates who have a broad knowledge of scientific psychology including its history of thought and development, research methods, and applications
- Goal 2:** To produce graduates with the skills to conduct meaningful research that adds to the current body of knowledge in psychology
- Goal 3:** To produce graduates who have the knowledge and skills to excel in the practice of clinical psychology
- Goal 4:** To produce graduates who can apply clinical psychological principles in the legal arena in both research and clinical practice

Program Emphases

Students in the Ph.D. program choose to participate in one of two emphasis areas that build on faculty strengths and departmental resources: forensic or general clinical. Students in both emphases will receive research, didactic, and clinical training that prepare them for diverse careers in clinical psychology. They will engage in research training and mentorship aligned with their faculty mentors and receive clinical training in a diverse variety of practicum settings with clients with diverse backgrounds and clinical experiences.

Forensic

In addition to the foundational research and clinical training provided to all students, students opting for the Forensic emphasis will complete forensically-focused didactic coursework (i.e., Forensic Assessment courses) and have the opportunity to participate in forensic evaluations for the courts. Students in this emphasis will receive specialty training to explain psychological phenomena to courts or administrative agencies, intervene with individuals and families at various junctures of the justice system, and provide assessment and treatment for both victims and offenders. Students will complete the program with the basic preparation they need to pursue postdoctoral specialty training and professional opportunities in both general clinical and forensic psychology.

General Clinical

Students opting for the General Clinical emphasis will select electives from a rich set of courses that align with their interests and career goals and receive clinical training in practicum sites focused on refining their general clinical skills as well as skills tailored to work with specific populations or presentations. Students will complete the program with the preparation they need to pursue postdoctoral training relevant to their research and clinical interests.

Discipline-Specific Knowledge

Discipline-specific knowledge (DSK) represents the foundational knowledge expected of all doctoral-level graduates. These domains provide the knowledge base necessary for further training in clinical psychology. In manner consistent with the American Psychological Association *Standards of Accreditation*, we ensure students gain mastery of these areas of knowledge through classroom learning and practical application. The domains of DSK are:

- History and Systems of Psychology
- Affective Bases of Behavior
- Biological Bases of Behavior
- Cognitive Bases of Behavior
- Developmental Bases of Behavior
- Social Bases of Behavior
- Advanced Integrative Knowledge
- Research Methods
- Quantitative Methods
- Psychometrics

Profession-Wide and Program Competencies

The profession-wide competencies (PWCs) are the critical knowledge and skills expected of all graduates from clinical psychology programs. The Program, with its emphasis on training clinicians to apply the principles of clinical psychology in the legal arena, adds an additional competency (i.e., *Forensic Research and Practice*). Consistent with the field of psychology in general, science is at the core of our knowledge, and we rely on the current evidence base in our training. Through classroom learning and practical application, we ensure students develop these competencies in manner consistent with the American Psychological Association *Standards of Accreditation*. Consistent with the *Standards*, students must demonstrate competency at the level of **readiness for internship** before leaving for their predoctoral internship and must be competent for **entry-level practice** at the point of graduation. We expect graduates of our program to be competent with respect to the following:

I. RESEARCH

- A. Demonstrates the substantially independent ability to formulate research or other scholarly activities (e.g., critical literature reviews, dissertation, efficacy studies, clinical case studies, theoretical papers, program evaluation projects, program development projects) that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base.
- B. Conducts research or other scholarly activities.
- C. Critically evaluates and disseminates research or other scholarly activity via professional publication and presentation at the local (including the host institution), regional, or national level.

II. ETHICAL AND LEGAL STANDARDS

- A. Is knowledgeable of and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct.
- B. Is knowledgeable of and acts in accordance with relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels.
- C. Is knowledgeable of and acts in accordance with relevant professional standards and guidelines.
- D. Recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve the dilemmas.
- E. Conducts self in an ethical manner in all professional activities.

III. INDIVIDUAL AND CULTURAL DIVERSITY

- A. Demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
- B. Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.

- C. Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.
- D. Demonstrates the requisite knowledge base, ability to articulate an approach to working effectively with diverse individuals and groups and apply this approach effectively in their professional work.

IV. PROFESSIONAL VALUES AND ATTITUDES

- A. Behaves in ways that reflect the values and attitudes of psychology, including integrity, department, professional identity, accountability, lifelong learning, and concern for the welfare of others.
- B. Engages in self-reflection regarding one's personal and professional functioning; engages in activities to maintain and improve performance, well-being, and professional effectiveness.
- C. Actively seeks and demonstrates openness and responsiveness to feedback and supervision.
- D. Responds professionally in increasingly complex situations with a greater degree of independence as she or he progresses across levels of training.

V. COMMUNICATION AND INTERPERSONAL SKILLS

- A. Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- B. Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrates a thorough grasp of professional language and concepts.
- C. Demonstrates effective interpersonal skills and the ability to manage difficult communication well.

VI. ASSESSMENT

- A. Current knowledge of functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
- B. The ability to apply the knowledge of client strengths and psychopathology to the assessment process with sensitivity to cultural and individual differences.
- C. Selects and applies assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
- D. Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.

- E. Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

VII. INTERVENTION

- A. Establishes and maintains effective relationships with the recipients of psychological services.
- B. Develops evidence-based intervention plans specific to the service delivery goals.
- C. Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- D. Demonstrates the ability to apply the relevant research literature to clinical decision making.
- E. Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking,
- F. Evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing evaluation.

VIII. SUPERVISION

- A. Demonstrates knowledge of supervision models and practices.
- B. Demonstrates effective peer supervision with oversight from faculty and staff psychologists

IX. CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

- A. Demonstrates knowledge and respect for the roles and perspectives of other professions.
 - B. Demonstrates knowledge of consultation models and practices.
-

PROGRAM REQUIREMENTS

Admission to the Doctoral Program in Clinical Psychology

Applicants seeking admission to the doctoral program in clinical psychology must submit the following directly to the Office of Graduate Admissions by **December 1** (*please note incomplete applications will not be reviewed*):

1. Graduate Application: The Graduate Application is an institutional application required by SHSU. Students must provide biographical and educational information and information relevant to determining State of Texas residency;
2. Application fee: a university application fee is required for all applications to graduate programs at SHSU;
3. Transcripts documenting all prior degrees.¹ Applicants are welcome to submit transcripts from additional institutions for review by the program;
4. Program application with the fee;
5. A minimum of two letters of recommendation (three are preferred);
6. Personal statement/essay;
7. Current resume or curriculum vitae;
8. TOEFL score (if applicable)

Students who have the highest qualifications for success (based on GPA, letters of recommendation, and personal statement) and demonstrate close alignment between their professional development goals and: (1) the Program's training goals, and (2) their potential mentor's training interests and research capacities will be invited to interview with faculty and current graduate students. The Program then selects a group of applicants to whom they will extend offers and an additional group is rank-ordered and placed on a waitlist. The Program follows CUDCP guidelines throughout the process.

The Doctoral Program seeks promising students from all backgrounds in the service of creating a diverse intellectual community. High test scores and grades do not guarantee acceptance: students whose lower scores are offset by other exceptional qualifications may be admitted. New students may join the program with either a baccalaureate or a master's degree. For further information, write or call:

Clinical Psychology Ph.D. Program
Department of Psychology and Philosophy
Box 2210

Sam Houston State University
Huntsville, Texas 77341-2210
Telephone: (936) 294-1210

e-mail: clinpsy@shsu.edu

¹ Applicants may submit unofficial transcripts for review by the admissions committee. However, under university policy, admission decisions are contingent upon receipt of official transcripts.

Ph.D. Degree Plan

| PSYC | Course Title | Credit Hours |
|--|--|--------------|
| <i>Required Courses</i> | | |
| 5330 | Psychopathology | 3 |
| 5333 | Theory and Research in Psychotherapy I | 3 |
| 5360 | Advanced Physiological Psychology | 3 |
| 5387 | Advanced Statistics | 3 |
| 5388 | Introduction to Experimental Design | 3 |
| 5392 | History and Systems of Psychology ² | 3 |
| 5394 | Psychometrics | 3 |
| 5395 | Assessment of Intelligence and Achievement | 3 |
| 5396 | Assessment of Personality and Psychopathology | 3 |
| 7330 | Clinical Psychology Proseminar | 3 |
| 7336 | Mental Health Law | 3 |
| 7339 | Developmental Psychopathology | 3 |
| 7360 | Multicultural Psychology | 3 |
| 7362 | Ethics in Clinical Practice | 3 |
| 7370 | Empirically Supported Treatments | 3 |
| 7377 | Cognitive and Affective Bases of Behavior | 3 |
| 7378 | Social and Developmental Bases of Behavior | 3 |
| 7387 | Multivariate Statistics in Psychology | 3 |
| <i>Required Courses for Forensic Emphasis³</i> | | |
| 8360 | Forensic Assessment I | 3 |
| 8361 | Forensic Assessment II | 3 |

² The History and Systems of Psychology requirement will be waived for students who have completed such a course at the undergraduate level with a grade of *B* or above. In these cases, the student must complete another elective course.

³ Students in the General Clinical Emphasis may take these courses to satisfy the requirement of 12 elective hours.

| PSYC | Course Title | Credit Hours |
|---|------------------------------------|--------------|
| <i>Elective Courses (6 Credits Forensic Clinical Emphasis; 12 Credits General Clinical Emphasis)⁴</i> | | |
| 5361 | Neuropsychopharmacology | 3 |
| 5398 | Advanced Child Assessment | 3 |
| 7333 | Law and Social Psychology | 3 |
| 7374 | Human Neuropsychology | 3 |
| 7388 | Latent Variable Modeling | 3 |
| 7392 | Special Topics – Group Therapy | 3 |
| 7392 | Special Topics – Psychopathy | 3 |
| <i>Research Requirements⁵</i> | | |
| 6099 | Thesis | 6 |
| 8099 | Dissertation | 12 |
| <i>Practicum (21 Credits)⁶</i> | | |
| 8381 | Introduction to Doctoral Practicum | 3 |
| 8382 | Doctoral Clinical Practicum I | 6 |
| 8383 | Doctoral Clinical Practicum II | 12 |
| <i>Internship (3 Credits)</i> | | |
| 8110 | Internship I | 1 |
| 8111 | Internship II | 1 |
| 8112 | Internship III | 1 |

⁴ Other 5000, 6000, 7000, and 8000 level courses may be substituted to meet elective requirements, but only with a priori faculty approval.

⁵ Thesis requirements are waived for students who enter the program with a completed empirical thesis (see *Students Entering with an Ongoing or Completed Thesis*). Continuous enrollment in Dissertation is required until dissertation is completed, although after Dissertation IV students can enroll for one credit (see *Dissertation*)

⁶ Enrollment is required if a student is working at a practicum placement, even after 21 credits are completed.

Sample Course Sequences⁷

Sample Five-Year Course Sequence: Students entering in even numbered years (e.g., 2026)

| | Fall | Spring | Summer |
|---------------|-----------------------------------|------------------------------------|---|
| Year 1 | Psychopathology | Empirically Supported Treat. | Intro to Doctoral Practicum |
| | Advanced Statistics | Personality Assessment | Ethics |
| | Proseminar | Experimental Design | Elective (e.g., PSYC 5390, Teaching of Psychology) |
| | Psychotherapy 1 | Intelligence Assessment | History & Systems (if needed) |
| Year 2 | Multivariate | Cog & Affective Bases of Bx | Doctoral Practicum II |
| | Forensic Assessment 1 or elective | Forensic Assessment II or elective | Psychometrics |
| | Thesis | Thesis | Thesis |
| | Doctoral Practicum I | Doctoral Practicum I | |
| Year 3 | Physiological Psychology | Soc & Dev Bases of Bx | Dissertation |
| | Multicultural | Doctoral Practicum II | Doctoral Practicum II |
| | Doctoral Practicum II | Mental Health Law | Elective (e.g., PSYC 7374, Human Neuropsychology) |
| Year 4 | Developmental Psychopathology | Elective | Dissertation |
| | Dissertation | Dissertation | Doctoral Practicum II |
| | Doctoral Practicum II | Doctoral Practicum II | |
| Year 5 | Internship | Internship | Internship |

⁷ These are samples to help students plan their graduate studies. Students are not required to follow a particular sequence and actual course offerings may vary from year to year depending on departmental needs.

***Sample Five-Year Course Sequence:
Students entering in odd numbered years (e.g., 2025)***

| | Fall | Spring | Summer |
|---------------|-----------------------------------|------------------------------------|---|
| Year 1 | Psychopathology | Empirically Supported Treat. | Intro to Doctoral Practicum |
| | Advanced Statistics | Personality Assessment | Ethics |
| | Proseminar | Experimental Design | Elective (e.g., PSYC 5390, Teaching of Psychology) |
| | Psychotherapy 1 | Intelligence Assessment | |
| Year 2 | Multivariate | Soc & Dev Bases of Bx | Doctoral Practicum II |
| | Forensic Assessment I or elective | Forensic Assessment II or elective | Psychometrics |
| | Thesis | Thesis | Thesis |
| | Doctoral Practicum I | Doctoral Practicum I | Elective (e.g., PSYC 7374, Human Neuropsychology) |
| Year 3 | Multicultural | Cog & Affective Bases of Bx | Dissertation |
| | Developmental Psychopathology | Doctoral Practicum II | Doctoral Practicum II |
| | Doctoral Practicum II | Elective | |
| Year 4 | Physiological Psychology | Mental Health Law | Dissertation |
| | Dissertation | Dissertation | Doctoral Practicum II |
| | Doctoral Practicum II | Doctoral Practicum II | History & Systems (if needed) |
| Year 5 | Internship | Internship | Internship |

***Sample Six-Year Course Sequence:
Students Entering in Even-Numbered Years (e.g., 2026)***

| | Fall | Spring | Summer |
|---------------|---|---|---|
| Year 1 | Psychopathology | Empirically Supported Treat. | Intro to Doctoral Practicum |
| | Advanced Statistics | Personality Assessment | Ethics |
| | Proseminar | Experimental Design | History & Systems (if needed) |
| | Psychotherapy 1 | Intelligence Assessment | Elective (e.g., PSYC 5390, Teaching of Psychology) |
| Year 2 | Multivariate | <i>Cog & Affective Bases of Bx</i> | Doctoral Practicum II |
| | Forensic Assessment 1 or elective | Forensic Assessment II or elective | Psychometrics |
| | Thesis | Thesis | Thesis |
| | Doctoral Practicum I | Doctoral Practicum I | |
| Year 3 | Physiological Psychology | <i>Mental Health Law</i> | Doctoral Practicum II |
| | Multicultural | <i>Soc & Dev Bases of Bx</i> | Elective (e.g., PSYC 7374, Human Neuropsychology) |
| | Doctoral Practicum II | Doctoral Practicum II | |
| Year 4 | <i>Developmental Psychopathology</i> | Elective | Doctoral Practicum II |
| | Doctoral Practicum II | Doctoral Practicum II | Dissertation |
| Year 5 | Doctoral Practicum II | Doctoral Practicum II | Doctoral Practicum II |
| | Dissertation | Dissertation | Dissertation |
| Year 6 | Internship | Internship | Internship |

Note. Courses in ***bold/italics*** type are offered biannually; others are offered annually.

***Sample Six-Year Course Sequence:
Students Entering in Odd-Numbered Years (e.g., 2025)***

| | Fall | Spring | Summer |
|--------|---|---|---|
| Year 1 | Psychopathology | Empirically Supported Treat. | Intro to Doctoral Practicum |
| | Advanced Statistics | Personality Assessment | Ethics |
| | Proseminar | Experimental Design | Elective (e.g., PSYC 5390, Teaching of Psychology) |
| | Psychotherapy 1 | Intelligence Assessment | |
| Year 2 | Multivariate | <i>Soc & Dev Bases of Bx</i> | Doctoral Practicum II |
| | Forensic Assessment 1 or elective | Forensic Assessment II or elective | Psychometrics |
| | Thesis | Thesis | Thesis |
| | Doctoral Practicum I | Doctoral Practicum I | Elective (e.g., PSYC 7374, Human Neuropsychology) |
| Year 3 | Multicultural | <i>Cog & Affective Bases of Bx</i> | Doctoral Practicum II |
| | <i>Developmental Psychopathology</i> | Doctoral Practicum II | Elective |
| | Doctoral Practicum II | Elective | |
| Year 4 | Physiological Psychology | <i>Mental Health Law</i> | Doctoral Practicum II |
| | Doctoral Practicum II | Dissertation | Dissertation |
| | | Doctoral Practicum II | History & Systems (if needed) |
| Year 5 | Doctoral Practicum II | Doctoral Practicum II | Doctoral Practicum II |
| | Dissertation | Dissertation | |
| Year 6 | Internship | Internship | Internship |
| | | | |

Note. Courses in ***bold/italics*** type are offered biannually; others are offered annually.

Two-Year Cycle of Course Offerings

Fall 2025 – Summer 2026

| FALL (2025) | SPRING (2026) | SUMMER (2026) |
|--|---|------------------------------------|
| Psychopathology | Introduction to Experimental Design | Psychometrics |
| Theory and Research in Psychotherapy I | Assessment of Intelligence and Achievement | Ethics in Clinical Practice |
| Advanced Physiological Psychology | Assessment of Personality and Psychopathology | Introduction to Doctoral Practicum |
| Advanced Statistics | Ethics in Clinical Practice ^a | Doctoral Clinical Practicum II |
| Clinical Psychology Proseminar | Empirically Supported Treatments | Elective |
| <i>Developmental Psychopathology</i> | <i>Cognitive and Affective Bases of Behavior</i> | |
| Empirically Supported Treatments | Forensic Assessment II | |
| Forensic Assessment I | Doctoral Clinical Practicum I – Capstone | |
| Doctoral Clinical Practicum I – Capstone | Doctoral Clinical Practicum II | |
| Doctoral Clinical Practicum II | Elective | |
| <i>Note.</i> Courses in <i>bold/italics</i> type are offered biannually; others are offered annually. | | |
| ^a This course is offered off sequence for advanced students who have not previously taken Ethics. | | |

Fall 2026 – Summer 2027

| FALL (2026) | SPRING (2027) | SUMMER (2027) |
|--|--|---|
| Psychopathology | Introduction to Experimental Design | <i>History and Systems of Psychology</i> |
| Theory and Research in Psychotherapy I | Assessment of Intelligence and Achievement | Psychometrics |
| Advanced Physiological Psychology | Assessment of Personality and Psychopathology | Ethics in Clinical Practice |
| Advanced Statistics | Empirically Supported Treatments | Human Neuropsychology |
| Clinical Psychology Proseminar | <i>Social and Developmental Bases of Behavior</i> | Introduction to Doctoral Practicum |
| Multicultural Psychology | <i>Mental Health Law</i> | Doctoral Clinical Practicum II |
| Multivariate Statistics in Psychology | Forensic Assessment II | Elective |
| Forensic Assessment I | Doctoral Clinical Practicum I – Capstone | |
| Doctoral Clinical Practicum I – Capstone | Doctoral Clinical Practicum II | |
| Doctoral Clinical Practicum II | Elective | |
| Elective | | |
| <i>Note.</i> Courses in <i>bold/italics</i> type are offered biannually; others are offered annually. | | |

Academics

Academic Performance

Students must achieve a grade of “B” or above in courses. A grade of “C” in any course will necessitate a remediation plan to ensure competency in the relevant area of study in accordance with section with the *Clinical Training—Remediation* section of the *Handbook*. A grade of “F” or two grades of “C” will result in immediate dismissal from the Program.

Advising

Graduate academic advising is coordinated through the office of the Associate Director of Clinical Training (DCT). Each student’s program of study will follow, as closely as possible, the established curriculum for the Clinical Psychology Ph.D. Program; however, the Associate DCT may substitute courses on an individual’s curriculum, subject to approval by the Program faculty. Doctoral students are authorized to enroll in courses at the 5300 through the 8399 levels. If it is necessary for a student to complete additional coursework in order to meet the formal prerequisites for graduate courses, these credit hours are required in addition to the credit hours required for the graduate degree. Additional courses may be required to ensure that licensure, American Psychological Association (APA) accreditation, and Program requirements are met. The guiding principle in determining such requirements is that when the student completes the Program, all APA requirements for clinical training should have been met.

Dropping Courses

Doctoral students are not allowed to drop a required (non-elective) course due to poor performance. *If a student drops a required course after the 12th class day, the program faculty will review the student's status in the program and the student may be removed from the program.* Students will be allowed to drop a required course under the following circumstances, but only with the permission of the Director of Clinical Training:

1. A scheduling conflict prevents the student from continuing in the course. The student must identify the conflict and drop the class before the first exam or major course assignment is due.
2. A medical, family, military, or personal emergency makes it impossible for the student to complete the course.
3. Dropping the course is part of a remediation plan.

Academic Dishonesty

Academic honesty is expected and required in all phases of student work. Academic dishonesty will result in an "F" which, in turn, leads to disqualification from the graduate program (see Academic Policy 810213). Academic dishonesty includes, but is not limited to, the following:

1. Cheating on examinations, including the written comprehensives.
2. *Plagiarism*. Papers submitted in courses must be the student's own work. Information and opinions drawn from other sources are to be attributed and referenced properly, using the proper form of citation. A student who submits written work without clear attribution to original sources is guilty of plagiarism.
3. Submitting a paper, book critique, evaluation, or any other written work as the student's own which the student, in fact, did not write or had substantial help in writing. This includes using the services of a commercial research paper agency in course submissions.
4. Submitting the same or substantially similar research paper to different courses. The expectation is that a paper is the product of original research (although materials may be derived from secondary sources) and is written for a specific course only. Papers cannot be used to satisfy requirements in multiple courses, except with the prior written permission of the professor to whom it is submitted. The use of papers from previous master's or undergraduate courses is also prohibited.

Use of Generative Artificial Intelligence in Coursework, Clinical Training, and Research

Generative Artificial Intelligence (AI) is defined as any AI natural language processing tool or related technology in which a user enters some text as a data input and is provided with a textual output that is created by incorporating multiple information sources using mathematical and computational processes. The PhD Program in Clinical Psychology considers the use of generative AI to be a form of deliberate plagiarism, a potential violation of copyright laws, and as a form of ghostwriting in educational and research contexts, as well as a violation of privacy laws in a clinical context. As such, the use of generative AI is strictly prohibited in: (a) any course assignment, exam, paper, or any other written evaluative product; (b) any program milestones (e.g., Comprehensive Exam, Thesis/Dissertation Prospectus or final document); (c) the development of grants, manuscripts, presentations, or research reports; (d) any clinical documentation; or (e) any other educational, research, or clinical written product in which a student is expected to create a unique or original written product. Violation of this policy may result in being placed on a remediation plan that could end with dismissal from the Program.

Grievances Related to Academic Matters

For matters related to academics (e.g., course grades), the Program follows the academic grievance procedures outlined by the University (<https://www.shsu.edu/dept/academic-affairs/grievances.html>). Under the provisions of this policy academic grievances include disputes over: (a) course and/or assignment grades, except cases of academic dishonesty (see <https://www.shsu.edu/dept/academic->

[affairs/documents/aps/students/810213%20Procedures%20in%20Cases%20of%20Academic%20Dishonesty_2018.pdf](#) for procedures in cases of academic dishonesty); (b) unauthorized class absences or tardiness; (c) an instructor's alleged unprofessional conduct related to academic matters; (d) withdrawal or suspension of privileges related to degree-required clinical rotation, internships, or other clinical service delivery in professional degree programs. For matters related to clinical privileging, the Program applies the procedures outlined in the *Clinical Training* section of this handbook.

Course Descriptions

PSYC 5330 PSYCHOPATHOLOGY. This course examines psychological disorders and involves review, critical evaluation, and integration of current scientific literature regarding diagnosis, phenomenology, and etiology. Issues in the application of the multiaxial diagnostic system in clinical practice are discussed.

PSYC 5332 ADVANCED SOCIAL PSYCHOLOGY. This course examines social factors that influence individual behavior. Integrative theoretical perspectives and emerging programs of research within the discipline are given specific consideration. Readings include a variety of original sources.

PSYC 5333 THEORY AND RESEARCH IN PSYCHOTHERAPY I. This course is a comparative analysis of different systems and techniques of psychotherapy. The role of therapist, client, and setting are examined along with ethical principles.

PSYC 5035 SPECIAL PROBLEMS IN PSYCHOLOGY. This course allows for in-depth study in individually selected topics not specifically included in the formal course offerings. Prerequisite: Consent of department chair and instructor.

PSYC 5360 ADVANCED PHYSIOLOGICAL PSYCHOLOGY. This course examines the biological substrates of behavior. Particular attention is given to the effects of psychoactive chemicals.

PSYC 5361 NEUROPSYCHOPHARMACOLOGY. This course examines the field of behavioral pharmacology: the systematic study of the effects of drugs on behavior and the way in which behavioral principles can help in understanding how drugs work. The focus is on the neurophysiological mechanisms of action of various psychoactive drugs and on the various neurotransmitter systems within the nervous system. Prerequisite: Consent of instructor.

PSYC 5387 ADVANCED STATISTICS. This course is an advanced study of the use of statistical methods as tools for inferential hypothesis testing. It includes consideration of data screening, effect sizes, and simple effects tests. It also provides an introduction to multiple regression. Prerequisite: PSYC 3387 or equivalent.

PSYC 5388 EXPERIMENTAL DESIGN. This course teaches students skills that will allow them to design their own scholarly research projects. Students are encouraged to understand that research design often requires finding the right balance between advantages and disadvantages of specific methods. Students will become familiar with the current scholarly literature regarding research design and will write an independent research proposal that can serve as a thesis or dissertation proposal.

PSYC 5390 TEACHING OF PSYCHOLOGY. Consideration and development of effective teaching strategies and skills for individuals pursuing academic careers in higher education. Topics include teaching philosophies, text selection, syllabus development, instructional technologies, proper organization and use of class time, exam construction, and grading models.

PSYC 5392 HISTORY AND SYSTEMS OF PSYCHOLOGY. This course examines the philosophical, theoretical, and paradigmatic antecedents of modern psychology. Important early publications, central figures, and major university centers are studied in detail, and students explore and critique the assumptions that inform influential perspectives within psychology today.

PSYC 5394 PSYCHOMETRICS. This course covers principles of psychometric theory and applications, including reliability, validity, and test construction. The course emphasizes tests and scales that measure personality and mental health. Limited practicum is required.

PSYC 5395 ASSESSMENT OF INTELLIGENCE AND ACHIEVEMENT. The course provides supervised instruction and practice in the administration, scoring, interpretation, and reporting of results of the Wechsler Scales and other measures of intelligence, achievement, adaptive behavior, and personality to produce integrated reports. Prerequisites: PSYC 5394 or equivalent.

PSYC 5396 ASSESSMENT OF PERSONALITY AND PSYCHOPATHOLOGY. This course provides supervised instruction in the theory, administration, scoring, and interpretation of personality assessment instruments. Two separate sections of this course are offered, one focusing on objective measures (e.g., MMPI-2, PAI) and one focusing on projective measures (e.g., Rorschach). Prerequisites: PSYC 5330 and PSY 5394.

PSYC 5397 ADVANCED DEVELOPMENTAL PSYCHOLOGY. The course provides an advanced study of growth and development processes throughout the life cycle. Theories and applications of basic research are both examined in detail, and students are expected to delve into one of the major topics--such as multicultural aspects of development, cognitive development, social-emotional factors, and physical development--in depth through critical reading of original research.

PSYC 5398 ADVANCED CHILD ASSESSMENT. Students will gain in-depth practical experience in the comprehensive assessment of infants, children, and adolescents. A variety of individual testing instruments will be reviewed, including those used to evaluate cognitive, social-emotional, behavioral and executive functioning. Alternative methods of assessment, such as transdisciplinary play-based assessment, dynamic assessment, and curriculum-based measurement, as well as techniques and instruments specifically designed for the evaluation of Autism and other disabled populations, will be emphasized.

PSYC 6394 PRACTICUM IN PSYCHOMETRICS. The practicum experience is designed to provide the graduate student with an opportunity to develop skills in administration, scoring, interpreting, and reporting of psychological tests, including the Rorschach Comprehensive System and related instruments. This practicum is taken in conjunction with PSYC 5396.

PSYC 6099 THESIS.

PSYC 7330 CLINICAL PSYCHOLOGY PROSEMINAR. This course introduces students to the field of clinical psychology, to current topics in clinical psychology, and the areas in which clinical psychologists practice and conduct research. The students are also introduced to the research programs and clinical interests of the core faculty in the Clinical Psychology Ph.D. Program.

PSYC 7333 LAW AND SOCIAL PSYCHOLOGY. This course applies social psychological theory and research to the legal system. Critical examination of contentious topics such as recovered

memories, false confessions, eyewitness adequacy, and death qualification is undertaken through careful study of a wide variety of original sources. The influence of social class in legal settings is also considered.

PSYC 7336 MENTAL HEALTH LAW. This course explores state and federal constitutional, statutory, and case law regulating mental health professional practice. Topics include: child abuse/neglect reporting laws, civil commitment, confidentiality and privilege, duty to protect third parties from harm, psychiatric hospitalization of inmates, and state licensing requirements.

PSYC 7339 DEVELOPMENTAL PSYCHOPATHOLOGY. This course examines psychological disorders among children and adolescents, as understood through current empirical literature. Drawing from developmental psychology and general systems theory, the course emphasizes the ways in which biological, social, and psychological processes interact in the development of--or resistance to--psychopathology. The course is designed to help students appropriately consider the contextual and developmental influences on child psychopathology when the students review or conduct research. The course also helps clinicians-in-training thoroughly consider developmental and contextual factors when assessing and diagnosing childhood psychopathology.

PSYC 7378 SOCIAL & DEVELOPMENTAL BASES OF BEHAVIOR. Students survey and integrate two disparate but related fields of psychology—social and developmental psychology. The course will cover important theory and research related to social psychology, such as stereotypes, prejudice, prosocial behavior, aggression, social cognition, cognitive dissonance, and conformity, as well as important topics in developmental psychology, such as attachment, cognitive development, socioemotional development, parenting styles, and risk & resilience across the lifespan. Students will review theory and research that integrates knowledge across these two fields of psychology.

PSYC 7360 MULTICULTURAL PSYCHOLOGY. This course examines the theoretical and methodological foundations of multicultural psychology as applied to clinical psychology. Students review and critique current research in the field and discuss applications of the course content.

PSYC 7362 ETHICS IN CLINICAL PRACTICE. This course studies the APA Ethical Principles of Psychologists and Code of Conduct as well as various specialty guidelines and recommendations and their applications to practice, research, and consultation. The literature on ethics is critically examined and readings include a variety of original sources. Students examine case material that features ethical conflicts and controversies, and students practice processes to resolve ethical dilemmas.

PSYC 7370 EMPIRICALLY SUPPORTED TREATMENTS. This course examines the psychosocial treatments for specific psychological disorders (e.g., depression, PTSD) that have received substantial empirical support. The course also examines the methodological, practical, and political controversies surrounding the empirically supported treatment movement.

PSYC 7374 HUMAN NEUROPSYCHOLOGY. This course examines brain-behavior relationships, including higher cortical functions. Specific consideration is given to the most common neurobehavioral syndromes likely to be confronted in clinical practice, administration of tests that are used to assess neuropsychological functioning, coverage of critical issues in differential diagnoses involving neuropsychological functioning, intervention implications, and scholarly research in clinical neuropsychology.

PSYC 7377 COGNITIVE AND AFFECTIVE BASES OF BEHAVIOR. Students examine the scientific literature associated with the cognitive and affective bases of behavior. Students will learn about empirical theories and their application as well as the integration of cognitive and affective principles. Topics that will be covered include: memory, attention, decision-making, components of emotion, appraisal, and emotion regulation.

PSYC 7378 SOCIAL & DEVELOPMENTAL BASES OF BEHAVIOR. Students survey and integrate two disparate but related fields of psychology—social and developmental psychology. The course will cover important theory and research related to social psychology, such as stereotypes, prejudice, prosocial behavior, aggression, social cognition, cognitive dissonance, conformity) as well as important topics in developmental psychology, such as attachment, cognitive development, socioemotional development, parenting styles, risk & resilience across the lifespan. Students will review theory and research that integrates knowledge across these two fields of psychology.

PSYC 7387 MULTIVARIATE STATISTICS IN PSYCHOLOGY. This course examines the use of multivariate procedures in psychological research. Students use SPSS to conduct regression, logistic regression, MANOVA, and factor analyses on psychological data. Additional advanced procedures are reviewed.

7388 LATENT VARIABLE MODELING. Students examine a group of statistical techniques, collectively known as latent variable models, that are used to measure constructs that are not directly observable. Instruction will cover the conceptual background and statistical application of these models. Topics may include factor analysis, structural equation modeling, latent class analysis, and latent growth curve modeling.

PSYC 7392 TOPICS IN CLINICAL PSYCHOLOGY. This course will vary in content depending on the interests of faculty and students. Students will study in-depth selected topics in clinical psychology.

PSYC 8360 FORENSIC ASSESSMENT I. This course examines issues related to conducting assessments for the criminal courts. Students review and critique current research in forensic psychology, as well as developing case law. Emphasis is placed on constructing the written report and on the ethical issues often faced in the forensic forum. This course will include a practicum component in which students perform forensic assessments with the instructor.

PSYC 8361 FORENSIC ASSESSMENT II. In this course students continue to develop skills in forensic assessment with an emphasis on the civil case issues (e.g., juvenile evaluations, personal injury, and child custody). Current research in forensic psychology, as well as developing case law, are reviewed. Providing expert testimony in the courtroom will be discussed in detail, and students are required to participate as witnesses defending a case they have completed in a mock trial exercise.

PSYC 8381 INTRODUCTION TO DOCTORAL PRACTICUM. The course will include required hours of treatment observation with a peer supervisor at the Psychological Services Center, as well as practice in interviewing skills. Students will learn introductory skills in mental status examination, social history taking, psychological diagnosis, treatment planning, suicide assessment, and addressing diversity. Ethical issues will be thoroughly explored. Prerequisite: PSYC 5330.

PSYC 8382 DOCTORAL CLINICAL PRACTICUM I. In this practicum, students are assigned to the Psychological Services Center operated by program faculty or a related practicum site.

Students attend didactic courses that emphasize, in order, the following: 1) psychotherapy skills, 2) integrated clinical conceptualization (capstone), and 3) clinical assessment and integrated report writing. Students also practice treatment or assessment skills under supervision from a licensed psychologist. Students will continue to enroll in this course for three semesters (6 hours).

PSYC 8383 DOCTORAL CLINICAL PRACTICUM II. In this practicum, students who have completed PSY 882 are eligible to engage in clinical work either at the Psychological Services Center or at various off-campus clinical practicum sites. Students will continue to enroll in this course for a total of at least 3 semesters (minimum 12 credit hours). Students may register for between 1 and 3 course credits. Prerequisite: PSYC 8382.

PSYC 8110 INTERNSHIP I. Placement in an applied clinical setting for a full year (e.g., September - August) under the supervision of a licensed psychologist. APA-approved sites are preferred. Prerequisites: PSYC 8382, PSYC 8383, and consent of Clinical Training Committee.

PSYC 8111 INTERNSHIP II. Placement in an applied clinical setting for a full year (e.g., September - August) under the supervision of a licensed psychologist. APA-approved sites are preferred. Prerequisites: PSYC 8390 and consent of Clinical Training Committee.

PSYC 8112 INTERNSHIP III. Placement in an applied clinical setting for a full year (e.g., September - August) and under the supervision of a licensed psychologist. APA-approved sites are preferred. Prerequisites: PSYC 8391 and consent of Clinical Training Committee.

PSYC 8099 DISSERTATION.

Students Entering with Graduate Coursework in Psychology

Students entering the Program with a master's degree in clinical psychology (or a closely related area) are not required to earn a second master's degree as part of the Program. Graduate credits completed at another university *may* be transferred to SHSU if the program faculty and university administration determine that a course completed by a student was equivalent in scope and quality to a similar course on the SHSU degree plan. Per University policy, students may transfer a maximum of 15 credits. Students who may qualify under this policy should meet with the Associate DCT during new student orientation for an evaluation of their transcripts and course syllabi. The Associate DCT will then share these materials with the Program faculty to determine which, if any, completed courses qualify under this policy. Courses that *may* qualify are:

| | |
|-----------|-------------------------------------|
| PSYC 5360 | Advanced Physiological Psychology |
| PSYC 5387 | Advanced Statistics |
| PSYC 5388 | Introduction to Experimental Design |
| PSYC 5392 | History and Systems of Psychology |
| PSYC 5394 | Psychometrics |
| PSYC 7360 | Multicultural Psychology |
| PSYC 7387 | Multivariate Statistics |
| Others | Based on approval from program |

All students entering the Program are required to complete the Program's practicum course sequence and training in its entirety, regardless of their prior clinical course work, experiences, and training. This required sequence includes Beginning Doctoral Practicum (PSYC 8381; three credits), Doctoral Clinical Practicum I (PSYC 8382; nine credits), and Doctoral Clinical Practicum II (PSYC 8382; minimum of nine credits).⁸

⁸ Students must continuously enroll in PSYC 8382 until enrolling in PSYC 8110 (Internship I)

Students Entering with an Ongoing or Completed Thesis

Students who have received a master's degree without completing an acceptable empirical thesis will be required to complete an empirical master's thesis at SHSU. As part of their program at SHSU, they will need to enroll in PSYC 6099 while they are completing the thesis project.

Students who have completed an empirical master's thesis as part of their master's program at another university must submit the thesis to the Program faculty for review. The thesis will be reviewed by the DCT and two members of the Program faculty, who will meet to decide whether the thesis is of the level and quality consistent with master's theses in psychology at SHSU. If the thesis is approved by the SHSU faculty committee, the student will not be required to complete a thesis at SHSU. In these instances, the thesis requirement and PSYC 6099 (Thesis) will be waived for the student.

If the thesis is not approved, the student will be required to complete a thesis project at SHSU.

Students who are working on a not-yet-completed master's thesis when they enter the program must inform the DCT about the status of the thesis and submit a copy of the defended thesis proposal to the DCT by the first day of Fall classes of their first year. The thesis proposal will be reviewed by the DCT and two members of the Program faculty, who will decide whether the thesis is of the level and quality consistent with master's theses in psychology at SHSU. If the faculty do not approve the proposal, the student must complete an empirical master's thesis at SHSU. *If the faculty approve the proposal, the student must defend the completed thesis by the end of the Fall semester (i.e., day before grades are due) of his/her first year in the SHSU doctoral program.* Students who do not meet this Fall deadline will be required to complete an empirical master's thesis at SHSU.

Academic Training and Research Activities

It is essential that students learn to apply the highest ethical and professional standards to their academic and research activities. It is expected that student work be consistent with what would be expected at the person's developmental level. (For special provisions, see the section on Academic Honesty.) When conduct determined to be unacceptable by the program faculty occurs, the first step will be an attempt at remediation. ***All remediation plans are predicated on the assumption that the difficulty can be remediated.*** If the faculty determine that the problem is unlikely to be remediated (e.g., the student has engaged in grossly unethical behavior) then the student will be terminated from the Program. Otherwise, an appropriate remediation plan will be negotiated, similar to those developed for clinical remediation as described below. A student who fails to attain an adequate level of professional competence, despite remediation efforts (or who is deemed incapable of remediation), will be terminated from the Program.

Graduate students are encouraged to engage in independent research in addition to the requirements specified in the curriculum (e.g., Thesis, Dissertation). The best way for students to engage in independent research is for them to discuss their interests with their faculty mentors. Through this collaboration, a student and her or his mentor can take a nascent research concept and develop it into an executable and meaningful project. About 75% of non-thesis/dissertation student publications and presentations start with this type of collaboration.

Clinical Training

Doctoral study in the Clinical Psychology Ph.D. Program involves applied professional training. Graduates of the Program will be eligible to seek licensure as psychologists, and ultimately may diagnose and treat mental disorders; as a result, students must demonstrate competence in clinical psychological practice.

Our program affirms the principle that clinical psychologists should be trained to offer services to diverse populations. In pursuit of this goal, students entering our training program will be required to provide services to persons whose cultural backgrounds, beliefs, religious values, or lifestyles may be different from their own. Should unanticipated conflicts arise for any student, faculty are committed to working with the student to be certain cultural competence is achieved.

Clinical Privileges

Upon enrollment in advanced practica (PSYC 8382, or PSYC 8383) students shall be granted clinical privileges. These privileges mean that they are permitted to engage in clinical psychological activities as directed by and under the supervision of the relevant faculty members involved in their training. To maintain these privileges, students must continue to demonstrate a level of professional competence appropriate to their level of training and development.

Students must have completed their master's theses by the end of the Fall semester during which they have begun second level doctoral clinical practica (PSYC 8383) in order to remain in good standing at their external practicum site. Students who have not completed their thesis by the end of the Fall semester of their third year will be placed on a remediation plan designed to ensure their thesis is defended by the end of the Spring semester. Students who have not completed their thesis by the end of the following Spring semester while under remediation will not be allowed to pre-register for Summer practicum courses or continue placement in external practicum settings until the thesis is defended.

Supervision/Oversight/Evaluation

Students are trained in the delivery of professional psychological services under the supervision of Sam Houston State faculty as well as external clinical supervisors when applicable. Students are expected to consult with supervisors regularly, follow the direction of supervisors for all clinical service delivery, and refrain from delivering services outside their and their supervisor's scope of competence. Clinical faculty must balance their roles as instructor/mentor with that of a gatekeeper who is responsible for credentialing future members of the profession. Consistent with the APA Ethics Code under which psychologists practice, concerns for social welfare must take priority over the needs of particular students. Consequently, in decisions where student needs are pitted against social harm that might be engendered by allowing a student to continue in the Program, the benefit of the doubt goes to the prevention of social harm. Under no circumstances will any faculty member be required to provide clinical supervision to a student whom the faculty member believes to be clinically incompetent.

Clinical competence encompasses the application of techniques of assessment and treatment learned in the classroom to actual clinical situations. However, it also includes appropriate professional

demeanor, openness to the supervisor and responsiveness to the supervisory process, the practical application of ethical principles, the ability to work and consult effectively with other professionals, to function well as both supervisor and supervisee, and to project an appropriate professional image to the public. This involves the development of both technical expertise and interpersonal skills. Deficiencies in clinical competence may arise from: (a) a lack of technical training, (b) interpersonal problems, (c) problems with supervision, (d) emotional instability, and/or (e) cognitive limitations. Failure to address such deficiencies may result in harm to clients, colleagues, or others to whom there is a professional obligation. When such deficiencies are identified, ethical psychological practice requires their address, either through formal remediation (described below) or additional supervisory support. Typically, the usual first steps are taken within the context of regular supervision. Specific strategies may include increased levels of supervision, a change of supervisor, a reduction in caseload, or a change of focus (e.g., more direct observation, more work in conjunction with the supervisor, more emphasis on the “therapist as person”). These strategies may involve formal, written development plans, or less formal approaches depending on the specific circumstances. Ethical principles obligate psychologists to refrain from engaging in professional activity when they know that personal problems may prevent them from performing competently. Clinical supervisors, therefore, have a special obligation to note personal problems that may interfere with a supervisee’s clinical performance and to take appropriate remedial action (e.g., professional assistance or consultation, limiting or suspending work-related activities).

Remediation

All remediation plans are predicated on the assumption that the difficulty can be remediated. If the faculty determine that the problem is unlikely to be remediated (e.g., the student has engaged in grossly unethical behavior), then the student will be terminated from the Program.

Remediation procedures differ depending on the context in which the problem occurs. When difficulties occur in a non-practicum setting, the Program faculty will convene to develop a remediation plan. Areas in need of remediation may include, but are not limited to, classroom performance, professionalism, academic integrity, research ethics, and timeliness in completing work. Specific strategies for the remediation may include a reduction in coursework, completion of remedial coursework, and increased levels of supervision. As described above, when deficiencies specifically dealing with clinical practicum work are identified, the usual first steps are taken within the context of regular supervision. However, some deficiencies of a more severe nature may require the development of a formal remediation plan.

At the end of each semester, the clinical supervisors will routinely provide a written evaluation of each student enrolled in doctoral practicum. Supervisors from outside practicum sites may be invited to participate at the discretion of the faculty. If at any time during the semester a supervisor identifies significant deficiencies and the student does not appear responsive to initial interventions, this committee of supervisors may be convened. The committee will determine next steps (e.g., closer supervision, caseload reduction, formal remediation). Students will be given the opportunity to meet with the clinical supervisors to discuss specific feedback if they wish.

If the clinical supervisors identify functional deficiencies and the student has not been responsive to routine supervisory intervention, further remedial measures will be considered. Functional deficiencies may include a lack of technical expertise that would be expected of a student at the particular level of training, an inability or unwillingness to respond to supervision, inattention to ethical concerns, inappropriate professional demeanor, or deficits in interpersonal skills that impair

the formation of appropriate clinical relationships. Once such deficiencies are identified, it is incumbent upon the supervisors to work with the student in formulating a plan to address the deficiency(ies) and improve clinical performance, including the possibility of formal remediation. In the case of formal remediation, the remediation plan will be given to the student in writing and will include: (a) a description of the specific deficiencies, (b) an outline of the goals of remediation, (c) a definition of specific strategies to be applied, (d) the criteria for successful remediation, (e) the timeline for review of the remediation plan, and (f) specific consequences of failing to adequately remediate the deficiency(ies). Should the student disagree with the need for or conditions stipulated in a remediation plan, optimally, such disagreements would be resolved through joint conflict resolution. However, should such informal attempts at resolution be unsuccessful, the student may pursue a process of appeal through informal means such as conferring with the Department Chair, Dean of the Graduate and Professional School, etc. or filing a formal grievance with the University (<https://www.shsu.edu/dept/academic-affairs/grievances.html>). In many cases, clinical privileges may not be retained during an appeals process.

Development and remediation plans must, by nature, be individualized to the student. Depending on the particular problem situation, a wide range of interventions might be applied. These may include but are not limited to: (a) voluntary, student-initiated request for additional support, (b) additional field experience, (c) additional coursework, (d) additional practicum, (e) specialized tutoring/mentoring, (f) a reduction in caseload, and/or (g) a leave of absence. If personal or personality difficulties underlie or are contributing to performance deficits, strategies may include: (a) mobilization of additional support systems, (b) an independent assessment, and/or (c) personal therapy. If an independent assessment or therapy is required, the practitioner offering the services must be approved by the clinical supervisors. The student will bear the costs of these services, but the faculty will work with the student to try to find a qualified practitioner with reasonable rates. (Please see Appendix A for a list of low-cost therapy services. Many of these clinicians provide teletherapy services). In no case, however, would a member of the clinical faculty conduct psychological assessment or personal therapy of a student. It will be up to the supervisors to determine whether remediation efforts can occur while some clinical work continues or if clinical privileges will be suspended pending remediation. Should any remediation issues remain unresolved at the time a student is applying for internship, it is the ethical obligation of the faculty to inform the potential internship site. If the deficiency(ies) are successfully remediated prior to the student applying for internship, the Program no longer has the professional responsibility to communicate previous issues to potential internship sites.

Once the deadline for remediation is reached, the faculty will evaluate whether or not the student has met the criteria for successful outcome. If the criteria for successful outcome have been reached, the remediation plan will be terminated, and the student will continue in their doctoral training. If the student has made progress toward the goals of the remediation plan, but has not met the criteria for success, the faculty may revise the plan and allow for continued efforts toward a successful outcome. If the student has failed to meet the goals of the remediation plan and a successful outcome is not considered possible, then they will be considered to have failed the remediation plan. A student who fails their remediation plan will be dismissed from training. Any student who is terminated is entitled to the due process outlined in the SHSU [Academic Policy Statement 910312](#). In all cases, the student will be informed in writing of the faculty decisions and will have the opportunity to discuss the outcome with the faculty member(s) involved in the remediation and/or the Director of Clinical Training.

Withdrawal of Clinical Privileges

A student who *at any time* fails to attain an adequate level of professional competence, despite remediation efforts (or who is deemed incapable of remediation), will have all clinical privileges withdrawn; this will preclude successful completion of the Program. When clinical privileges are withdrawn the student will receive written notice of the reasons, accompanied by copies of all prior clinical evaluations, remediation plans, and appeal procedures. The decision to withdraw clinical privileges is one that is made by the standing clinical supervisors, which consists of the entire Program faculty who have been trained as clinical psychologists.

The clinical standards to which students will be held with regard to clinical competence, of course, will be a function of development. No student will be held to the standard of an experienced clinician. Nevertheless, at any time, certain behaviors will constitute grounds for dismissal from the Program on the grounds of inadequate clinical competence:

1. Any gross ethical violations of the *Ethical Principles of Psychologists and Code of Conduct* published by the American Psychological Association;
2. Clinical practices which, by act or omission, constitute a serious threat to client welfare and which are inconsistent with the student's level of training and experience;
3. Failure to recognize situations which necessitate consultation with one's clinical supervisor, or a failure to inform and consult with their supervisor when appropriate situations are recognized;
4. Consistent failure to make adequate progress in the acquisition of clinical skills, as demonstrated by a lack of satisfactory development in clinical competencies recorded in Practicum Evaluation Forms (Appendix B);
5. Repeated marginal performance or failures in practicum and other experiential clinical training; and/or
6. Failure to comply with professional comportment standards (see *Professional Comportment* below)

Appeals of Withdrawal of Clinical Privileges

1. Students may request an appeal of such decisions directly to the Dean of the College of Humanities and Social Science in writing within ten (10) business days of the decision.
2. The Dean, within thirty (30) business days of receipt of the appeal request, shall convene a panel of at least three psychologists (who must be licensed clinicians if the issue is clinical privileges) who are on the graduate faculty of SHSU to hear the appeal.
3. No supervisors responsible for the original decision may serve on the panel hearing the appeal.
4. The student shall be given seven (7) business days' written notice in advance of the scheduled appeal by first class mail addressed to their address of record or sent through campus email.
5. The Dean will designate one member of the panel as the Chair and that person shall conduct the proceeding.

- a. At the appeal proceeding one of the supervisors responsible for the original decision will present the evidence on which the committee's decision was based.
 - b. The student will have an opportunity to challenge the evidence offered on behalf of the committee and to present testimony and other relevant evidence on her or his behalf.
 - c. Formal rules of evidence will not apply.
6. The panel's decision shall be by simple majority and will be final. If the panel decides in favor of the student, the Program Faculty will reverse any decision to withdraw privileges or terminate the student from the program and will determine the proper remedial training efforts for the student.

Please note that a student's withdrawal of clinical privileges will be maintained until a final decision on the appeal is made. If the final decision of an appeal of withdrawal of clinical privileges is that the withdrawal should remain in place, the student will be dismissed from the Program.

Professionalism

Professional Involvement

Students are encouraged to take every opportunity to begin establishing themselves as professional psychologists from the beginning of their graduate careers. They should consider joining professional associations in their area(s) of interest; most provide student memberships at reduced rates that entitle them to receive one or more journals and will provide information about regional and national meetings. Presenting papers at these meetings is an important opportunity for gaining experience in oral or poster presentations, meeting other colleagues in the field, and to begin the task of establishing a network of professional connections.

Professional Comportment

The doctoral program in clinical psychology expects students to adhere to the highest standards for professionalism throughout their graduate studies. To this end, students in the doctoral program must demonstrate professionalism in all their interactions with clients, faculty, fellow graduate students, and undergraduate students they instruct or supervise. Doctoral students are also expected to approach all their professional activities with strict adherence to the APA *Ethical Principles of Psychologists and Code of Conduct*, including demonstrating beneficence and nonmaleficence in all their work, demonstrating fidelity and responsibility with whom they work, approaching all professional roles and tasks with integrity, ensuring fairness and justice while in their professional roles, and demonstrating respects for people's rights and dignity.

This expectation of professionalism extends to all domains in which status as a clinical psychology trainee is relevant. Students should ensure their social media and other online presence reflects respect for their clients, their students, and the field of psychology. Conduct that undermines the public's confidence in the profession of psychology fails to meet this expectation. Students should note that if they identify themselves as a graduate student in the program or reveal information relevant to the graduate program in their email signatures, voicemail files, social media, or website/blog information, then this information becomes part of their program-related behavior and may be used in student evaluations. Similarly, students are expected to conduct themselves with professionalism at professional conferences and similar settings, as they represent the university and field of psychology.

Students are responsible for content in personal web pages and blogs, social media, email, and other electronic media, including but not necessarily limited to how they speak about their mentors, instructors, supervisors, fellow students, students they instruct or mentor, and their clients. Students are also responsible for the security of private information. A lack of professionalism in any of these contexts may result in placement on a remediation plan or dismissal from the program.

Research Dissemination Requirement

Developing competency in research is central to doctoral training. This includes learning how to develop a research question, how to operationalize these concepts and design a feasible study, and how to execute the study. Another equally important element of becoming a competent researcher is disseminating findings to the community of psychologists and other stakeholders in the behavioral sciences. Thus, we require doctoral students to demonstrate this element of competency by successfully presenting research findings in a scholarly venue, such as a professional conference or peer-reviewed journal.

To meet this requirement, a student must do at least one of the following:

1. Deliver a first-author poster presentation at a state, regional, or national professional conference;
2. Deliver a first author paper presentation at a state, regional, or national professional conference;
or
3. Submit a manuscript for publication in a peer reviewed journal as lead (first) author.

The DCT will not certify a student for internship until this requirement is met. Students must provide a copy of the conference program entry (in the case of conference presentation) or a copy of the final journal article to document this requirement has been met. These copies will be maintained in the student's record.

UNIVERSITY REQUIREMENTS

Course Load

Normal Load

The load for a full-time graduate student is nine to twelve credit hours per fall or spring semester and six credit hours in the summer. Students enrolled in master's and doctoral degree programs should enroll in a minimum of nine graduate credit hours in both the fall and spring semesters and six credit hours in the summer to be considered full-time graduate students.

Master's students desiring to enroll in more than twelve graduate credit hours and doctoral students desiring to enroll in more than nine graduate credit hours in any one semester must obtain approval from the dean of the college in which they are enrolled.

It is important to note that the University requirements for full-time status and requirements of various financial aid programs may differ. It is recommended that students consult with the University's Financial Aid Office to determine how assistantships and fellowships may impact financial aid.

Course Load for Graduate Assistants

Graduate students employed by the University at least half-time as graduate assistants, research assistants, or teaching assistants should enroll in a minimum of six graduate credit hours per semester to be considered full-time graduate students. Graduate assistants on less than a half-time assistantship may have the maximum course load authorization increased proportionately by the appropriate department/school chair. For more information on the employment of graduate assistants refer to [Academic Policy Statement 890303](#).

Residence Requirement

The awarding of residence credit is predicated upon the utilization of facilities at the SHSU Main Campus (Huntsville) or the Woodlands Campus. Accrediting agencies expect the University to indicate that student and faculty loads are constructed such that facilities and laboratories can be effectively utilized. To obtain the doctoral degree, at least two of the three academic training years must be at SHSU in full-time residence. Summer terms do not count towards the residence requirement. Under the University's continuous enrollment policy, a student must be enrolled for a minimum of three credit hours each Fall or Spring semester until completion of the Program. However, while on internship, the minimum number of credit hours is one hour of Internship (PSY 8110, 8111, or 8112).

Responsibilities of Student Employees

Doctoral students who receive funding from the university are student employees. This section includes a summary of the university's policies relating to the responsibilities of student employees. The full policy is available at:

<http://www.shsu.edu/dept/registrar/students/privacy-rights/responsibilities-as-a-student-employee.html>

Security and confidentiality are matters of concern to all offices and all persons who have access to office facilities. The student employee is placed in a unique position of trust since a major responsibility of offices is the security and confidentiality of student records and files. Since conduct either on or off the job could affect or threaten the security and confidentiality of this information, each student employee is expected to adhere to the following:

- No one may make or permit unauthorized use of any information in files maintained, stored, or processed by the office in which they are employed.
- No one is permitted to seek personal benefit or to allow others to benefit personally by knowledge of any confidential information which has come to them by virtue of their work assignment.
- No one is to exhibit or divulge the contents of any record or report to any person except in the conduct of their work assignment and in accordance with University policies and procedures.
- No one may knowingly include, or cause to be included, in any record or report a false, inaccurate, or misleading entry. No one may knowingly expunge, or cause to be expunged, in any record or report a data entry.
- No official record or report, or copy thereof, may be removed from the office where it is maintained except in the performance of a person's duties.
- No one is to aid, abet, or act in conspiracy with another to violate any part of this code.
- Any knowledge of a violation must be immediately reported to the person's supervisor.

Students should familiarize themselves with University policies regarding the Family Educational Rights and Privacy Act

(https://www.shsu.edu/dept/registrar/students/student_privacy_information.html), as well as Title IX (<https://www.shsu.edu/titleix/>).

FACULTY

Program and Associated Faculty

Core Program Faculty and Psychological Services Center Staff

Jaime L. Anderson, Ph.D. *Assistant Professor of Psychology.* B.A., University of Dayton; M.S., Eastern Kentucky University; Ph.D., University of Alabama. Licensed Psychologist. Research interests include personality disorder conceptualization and diagnosis and applied psychological assessment in forensic settings.

Marcus T. Boccaccini, Ph.D. *Professor of Psychology and Associate Director of Clinical Training.* B.S., Santa Clara University; M.A. & Ph.D., University of Alabama. Research interests include test construction, mental retardation in death penalty cases, witness testimony, and jury research.

Kiana Cano, Ph.D. *Assistant Professor of Psychology.* B.A., M.A., & Ph.D., University of Houston. Provisionally Licensed Psychologist. Research interests include borderline personality disorder etiology, personality disorder taxonomy, and the assessment of personality pathology in youth.

Mary Alice Conroy, Ph.D., ABPP (Forensic). *Professor of Psychology and Director of the Psychological Services Center.* B.A., Michigan State University; M.A., Colorado State University; Ph.D., University of Houston. Licensed Psychologist. Research interests include forensic clinical psychology, risk assessment, and civil commitment evaluations.

Craig E. Henderson, Ph.D. *Professor of Psychology, Director of Clinical Training.* B.A., Howard Payne University; M.A. Hardin-Simmons University; Ph.D., University of North Texas. Licensed Psychologist. Research interests include substance use treatment for adolescents and emerging adults, physical activity and substance use, and advanced data analytic methodology.

Ryan Marek, Ph.D. *Assistant Professor of Psychology.* B.S., John Carroll University; M.A. Kent State University; Ph.D., Kent State University. Licensed Psychologist. Research interests include health psychology and assessment psychology, with a particular focus in presurgical psychological assessment and how psychopathology predicts various medical outcomes.

Faith Nomamiukor, Ph.D. *Assistant Professor of Psychology.* B.S., University of Houston; M.A., & Ph.D., University of North Carolina-Greensboro. Research interests include sociocultural factors that influence sexual trauma recovery, with a focus on PTSD and health-related behaviors.

Mary Elizabeth Wood, Ph.D., ABPP (Forensic) *Assistant Professor of Psychology.* B.S. Kennesaw State University; M.A. & Ph.D. University of Alabama. Licensed Psychologist. Research interests include forensic assessment, psychometrics (especially of forensic assessment instruments), and the identification, assessment, and treatment of individuals with intellectual disability in criminal legal settings.

Associated Program Faculty

Daniella K. Cash, Ph.D. *Assistant Professor of Psychology*. B.S., Florida Southern College; M.S., University of Alabama in Huntsville; Ph.D., Louisiana State University. Research interests include how social and cognitive principles are at play within the legal system. This includes eyewitness memory, jury decision-making, and deception detection.

Hillary Langley, Ph.D. *Assistant Professor of Psychology*. B.A., The University of North Carolina at Chapel Hill; Ph.D., University of North Carolina at Chapel Hill. Research interests include developmental psychology and children's mental health; children's eyewitness testimony and the impact of stress and anxiety on children's memory for traumatic experiences; protective effects of prosocial behaviors and emotions (e.g., empathy, gratitude) on children's psychological well-being.

Philip Lyons, Ph.D. *Professor of Criminal Justice, Dean College of Criminal Justice*.

Holly Miller, Ph.D. *Professor of Criminal Justice*.

Ramona M. Noland, Ph.D. *Associate Professor of Psychology*. B.A., Wheeling Jesuit University; Ph.D., University of Tennessee. Licensed Psychologist. Licensed Specialist in School Psychology. Research interests include general issues in school psychology, autism spectrum disorders, and issues related to testing and assessment.

Student – Faculty Relations

The faculty members of the University comprise a community of scholars. They are devoted to teaching, research, sharing of knowledge, and community service. Foremost among these commitments is providing a meaningful learning experience for students.

A significant and valuable part of a student's educational experience will be missed if the student fails to make use of faculty counsel and advice, not only in regard to the specific courses taken under them but also as to vocational goals.

We aim for collegial, mutually respectful relationships between faculty and students in the clinical psychology Program. Maintaining this ambiance requires a high level of professionalism and integrity on the part of everyone.

Collaborative Relationships

In collaborative research: (a) faculty and students should discuss ownership of data and issues of authorship on presentations/publications early in the process and revisit these issues as needed throughout the process; and (b) faculty and students should publicly acknowledge one another's contributions at conferences, in written work, etc. Guidelines about authorship and authorship order are addressed further in the APA Ethics Code.

Dual Relationships

A dual relationship between a faculty member and a student exists when the individuals fill roles beyond what is typical in student-faculty relationships and/or the relationship is exclusionary from other student-faculty relationships. Examples of dual relationships include, but are not limited to, romantic/sexual involvements, financial partnerships, long-time personal friendships, family relations, etc. The effects of the dual relationship are not limited to the two individuals involved, but potentially affect many persons in the Program. Ideally, dual relationships should be avoided. In the event that a dual relationship arises, however, it is important that the dual relationship become known to others in the Program rather than be kept a secret. Should a dual relationship exist, the guidelines are as follows: A faculty member involved in a dual relationship should not be: (a) instructing or supervising that student, (b) participating in the research or clinical guidance of the student, or (c) participating in the evaluation process of the student. Depending on the nature of the dual relationship, these guidelines may also be applied if the dual relationship is terminated. Participants in a dual relationship must also comply with the provisions of TSUS System Rules Chapter V, paragraph 2.43 which govern consensual relationships.

Occasionally, as is true in all human interactions, misunderstandings may arise between a professor and a student concerning grading, classroom participation, and so forth. The accepted philosophy of the academic community maintains that the professor completely administers each class, subject to the policies of the college and the University. The university grievance procedures are always available to students and the faculty respect each student's right to use these procedures to address a dispute. Nonetheless, the faculty has developed a problem-solving procedure for effective, quick resolution to student-faculty conflicts for use in instances where a student or faculty member would prefer to take an informal approach first. Except for matters involving allegations of the [TSUS Sexual Misconduct Policy](#) (SMP), which must be handled in accordance with the provisions of the SMP,

1. Students and faculty are encouraged to discuss and resolve disagreements/problems informally.
2. If #1 fails, either the student or the faculty member can request a meeting with the DCT, who will listen to concerns and help identify possible steps to resolve the disputes. Depending on the nature of the conflicts and students/faculty involved, the DCT may request the presence of an additional faculty member to help resolve the dispute.
3. If the dispute/conflict is with DCT, the student is welcome to contact another faculty for assistance.
4. If resolution is not reached via the procedure outlined in #2 or #3, either the student or the faculty member can request that the issue be presented to the entire Program faculty at their next meeting.
5. If desired, a student may bypass the above steps and proceed directly to the entire Program faculty.
6. If the issue is still not resolved the student should refer to the University Grievance Procedures provided in this handbook under *Grievance Procedures*.

Master's Program

Requirements for the Master of Arts in Clinical Psychology

All students in the Clinical Psychology Doctoral Program must demonstrate they have completed course work equivalent to that required for a Master of Arts in Clinical Psychology (Pre-Doctoral Track). *Please note that courses will be substituted to account for differences in the doctoral and master's curricula.*

| PSYC | Course Title | Credits |
|---------------------|---|---------|
| <i>Requirements</i> | | |
| 5330 | Psychopathology | 3 |
| 5333 | Theory & Research in Psychotherapy I | 3 |
| 5387 | Advanced Statistics | 3 |
| 5388 | Experimental Design | 3 |
| 5394 | Psychometrics | 3 |
| 5395 | Assessment of Intelligence and Achievement | 3 |
| 5396 | Assessment of Personality and Psychopathology | 3 |
| 6099 | Thesis | 6 |
| 7330 | Clinical Psychology Proseminar | 3 |
| 7370 | Empirically Supported Treatments | 3 |
| 7377 or 7378 | Cognitive and Affective Bases of Behavior Social and Developmental Bases of Behavior | 3 |
| 7387 | Multivariate Statistics | 3 |
| 8360 | Forensic Assessment I or elective | 3 |
| 8361 | Forensic Assessment II or elective | 3 |
| 8381 | Beginning Doctoral Practicum | 3 |
| 8382 | Doctoral Clinical Practicum I | 6 |
| 8383 | Doctoral Clinical Practicum II | 3 |

Clinical Practica

Practicum is a vital component of your professional training and requires that students integrate and apply all acquired knowledge. All students are required to take 9 hours of pre-Master's level clinical practica. Students in the Clinical Psychology Ph.D. Program will take three hours of PSYC 8381 (Introduction to Doctoral Practicum) during their first summer session, which is an *in-house* experience that will involve observation, role playing with undergraduate volunteers, individual supervision, discussion, and lectures. Your time commitment will be about 10 hours per week during your first summer semester. Students will also take three hours of PSYC 8382 in both the Fall and Spring semesters of their second year. Students in PSYC 8382 will be assigned to a mental health setting where they will work with a variety of clients who are experiencing a wide range of problems in living. In addition to individual psychotherapy and psychological assessment, students may be engaged in family therapy, group work, and interdisciplinary team functioning.

The Capstone Course

In the Spring semester of students' second year in the program, all students will be enrolled in a section of PSYC 8382 that has been designated as a Capstone Course. The purpose of the Capstone Course is for students to demonstrate that they have developed the skills and competencies in assessment, treatment planning, and treatment needed to advance to PSYC 8382. It also serves as the equivalent of the Comprehensive Exam required by the university for master's students. The course will involve doing clinical therapy and assessment work under supervision at an assigned site. It will also involve selecting one therapy case and one assessment case on which to do concentrated work. At the end of the course, students will be required to present their selected cases to a panel of faculty members.

The oral presentation should be approximately 90 minutes in length and devote approximately equal time to discussing the therapy and assessment cases. A five-minute audio/video excerpt from each case demonstrating a key skill or intervention must be included in the presentation. Presentation time is slotted in 2-hour blocks to allow time for questioning. Presentations will be judged on the comprehensive consideration of all the relevant factors in the case, (1) the proper weighting of those factors in case formulation, (2) the support of the relative weightings using the available empirical and theoretical literature, and (3) the choice of interventions or recommendations that follow. Students will be expected to integrate contextual factors and symptom presentation and derive a diagnostic impression and/or treatment plan that follows logically from the available data. Special consideration should be given to documenting empirical support for a given diagnosis, recommendation, or intervention.

Students will only be allowed to advance to doctoral practicum in the Fall of their 3rd year if the panel determines that the student has demonstrated a level of clinical skill that is appropriate for second year practicum students. If either of the cases is deemed unacceptable, a specific remediation plan will be developed by the faculty. For students entering the program without a master's degree in psychology, the Capstone Course will take the place of the more traditional master's level comprehensive examination.

Master's Thesis

Thesis Committee

The thesis committee is composed of at least three members. The chair must be a member of the SHSU graduate faculty. The doctoral program faculty must approve any chair who is not a member of the Department of Psychology. Students may arrange for a member at another institution to co-chair their thesis with the approval of program faculty, and provided that a Department of Psychology faculty member co-chairs the thesis. Students may also arrange for a member at another institution to serve as a committee member. The final thesis committee must then be approved by the chair of the Department of Psychology and Philosophy and the Dean of the College of Humanities and Social Sciences.

Thesis Courses and Continuous Enrollment

You must have a chair and have permission from your thesis chair to enroll in thesis courses. When you are working on your thesis, you will register for PSYC 6099 as part of your degree plan. These are not classroom courses; instead, they exist to legitimize your thesis work as part of your semester load and to pay the University for the faculty and library resources you should be using. Once you begin your enrollment in the thesis courses by taking PSYC 6099, you must *continue* enrollment in a thesis course until you complete your thesis work. To complete your thesis during a given semester, you must defend your completed thesis on or before the deadline posted by the College of Humanities and Social Sciences (which is several weeks before the end of the semester). If you miscalculate and do not defend your thesis by the deadline, you must re-enroll in PSYC 6099. You may enroll in Thesis II as many times as needed. For summer sessions, students who are taking *no courses* do not need to enroll in PSYC 6099 unless they want to work on or defend their thesis. Students who take any credit hours during summer and have already taken PSYC 6099 must enroll in PSYC 6099 in the summer.

Thesis courses are variable credit courses, meaning that a student can enroll for 1, 2, or 3 hours each semester. Students must enroll for 3 hours of Thesis until they have completed 6 total hours. They can then enroll in 1 hour sections of Thesis until the project is defended and complete.

Thesis Course Grades

The thesis course (PSYC 6099) is graded as *Credit* (CR) or *No Credit* (NC). Although grades in these courses are not used to calculate your GPA, a grade of NC has serious consequences. The Graduate School and doctoral program view a grade of NC as being equivalent to a grade of C for the purpose of continued enrollment in the program. In addition, a student who receives a grade of NC must repeat the course the following semester.

A faculty member will assign a grade of No Credit (NC) when he/she believes that the student has made no or insufficient progress on the tasks outlined on the syllabus. Students are encouraged to meet with their chairs at the beginning of each semester to ensure that the student understands the type and amount of progress expected during the semester.

Thesis Procedure

Proposal: The student, in consultation with the chair of the thesis committee, will select a subject of investigation and determine the availability of the required resources, facilities, materials, and equipment for the research and the writing of the thesis. The student will prepare a thesis proposal document containing (a) a review of the relevant literature; (b) a rationale and justification for your specific research question; (c) explicit hypotheses; (d) a Method section detailing the sources and nature of your research participants and the materials and procedures you will use; and (e) a proposed data analysis section. It should also include (f) an Appendix that contains copies of materials, including any written scales or surveys and the verbal script or instructions to participants the researcher will use.

Prospectus: A prospectus is an abstract of the proposed thesis that consists of a two-page summary of the literature review, rationale, methods, and proposed data analysis. After the committee has approved the proposal, the student submits the prospectus to the appropriate academic Dean for final approval. Any major changes in the project must be approved in writing by the thesis committee and submitted for approval to the academic dean.

IRB approval: Unless approval has been granted by all the committee members, your proposal must be successfully defended before it is submitted to the SHSU Committee for the Protection of Human Subjects (CPHS). Moreover, CPHS approval *must be obtained before* any data is collected from human participants. If your procedure requires a review by the full CPHS, expect this approval process to take at least one month.

Preparation of thesis document: When you are preparing a proposal or a finished thesis, you will ordinarily submit *several drafts* of your work to your Chair before submitting your material to the other members of your committee. No one, anywhere, has ever written an entirely suitable report in one take. You will receive several rounds of helpful criticism and prepare several different versions of your work before your Chair is completely satisfied.

Submitting document to thesis committee and scheduling defense: When your Chair is satisfied, you submit your document to each member of your committee. At this point, you can work toward scheduling your presentation. Once your mentor approves the beginning of the scheduling process, you may contact your committee to schedule your defense. Please note that you cannot schedule your defense any sooner than 15 days prior to receiving mentor approval, and your *final document* is due to your committee at least two weeks prior to your defense date. When you provide your document to your committee, correspond with them to set a target date for receiving feedback on your work. Expect such feedback *no sooner than one week* from the day the member acknowledges receipt of your materials; a member may sometimes need up to two weeks to give your work the attention it deserves. Do not put yourself into the position of having to depend on faster turnaround; the faculty will typically be unable to rearrange their many other commitments in order to provide you instant feedback. Although you will be allowed to schedule your defense, one or more committee members may have major concerns about your study or document. If this is the case, the committee member may have requested substantial revisions to your study or document. Keep in mind that the committee members use your thesis document to evaluate your understanding of the research literature, theory, research design, and data analysis issues relating to your project. If a committee member reviews your document and tells you that s/he has serious concerns about your document, it is crucial that you understand the committee member's concerns so that you can address them in both your oral defense and the final thesis document. After reviewing your document, the committee member will identify, either in writing or in person, the issues you need to address in your thesis document and in your oral defense. If you have any questions about a

committee member's feedback, you should schedule a meeting with the committee member to clarify the committee member's concerns. Although the committee member will not see your document again until your oral defense, it would be wise to (a) address the issues the committee member raised in the oral examination, and (b) bring a revised document to the oral examination in case the committee member wants to know how you have addressed the issues they raised in the document.

Oral defense: Plan on staging your oral defense about one week after receiving feedback from your committee members. Schedule 90 minutes for your oral defense. When possible, your oral defense should be scheduled in-person. During the oral defense, the student describes the purpose and objective of the study, reviews the literature, presents the methodology, and defends its importance and relevance to the field. Typically, students prepare a 20- to 30-minute presentation (e.g., PowerPoint presentation). The committee will then need time to ask questions about the project. Members of the committee, other faculty, and doctoral students may ask questions, make suggestions, or challenge any part of the project. The committee will then excuse the student from the room so that they can discuss the student's performance, come to agreement about required document revisions, and vote on whether the student passed or failed the defense. If the committee is not unanimously agreed as to whether the student has passed their final defense, the committee needs to make every effort to come to resolution. In the rare case where these attempts to achieve consensus are not successful, outside intervention should be sought (e.g., either the DCT, if the DCT is not a member of the committee, or the Department Chair).

What happens if you pass the oral defense? If the student passes the proposal or defense examination, the committee will likely require the student to make some revisions to the thesis document. If this happens, the thesis chair will be responsible for drafting a list of required revisions by the end of the committee meeting. The committee members will not sign the electronic defense form until the student has completed the document revisions agreed upon by the committee. In other words, the student will not officially pass the defense until the student has made all of the revisions agreed upon by the committee.

Please understand that the revisions required by the committee might be substantial. If you schedule your defense close to the university's posted defense deadline, you may have little time to complete the revisions before the university's posted deadline for submitting final thesis documents. Students are always in a better position to make revisions when they schedule a defense early in the semester because they will have more time to make revisions. Moreover, students must consider that their thesis chair will need time to review any revisions that the student makes to the document. As with any other thesis document, expect such feedback from your chair *no sooner than one week* from the day the member acknowledges receipt of your materials; a chair may sometimes need up to two weeks to give your work the attention it deserves.

After the examination is passed and the thesis is approved and signed electronically by the committee, the student must submit the completion of proposal/defense form, routing sheet, and prospectus to the academic dean at least two weeks prior to the date on which the candidate expects to graduate. ***See the academic calendar each semester for the exact deadline of submission.*** In order to initiate the process of obtaining electronic signatures, please contact Breanna Barnes (or the Program administrative assistant) to start the electronic routing process. Ms. Barnes will need the names and email addresses for your committee members. If you have a non-SHSU committee member, you will also need to complete a Non-SHSU Committee Member form and send a copy of that form (including as much information as you can complete) and the committee member's

curriculum vitae to Craig Henderson (or the Program DCT), who will, in turn, obtain approval from the Department Chair, CHSS Dean, Dean of the SHSU Graduate and Professional School.

Along with receiving approval of the academic dean, the student must submit the routing sheet and the completed thesis document to the Dean of Graduate Studies and then to the Newton Gresham Library. Students should be aware that Library process takes some time. Upon approval of the Director of the Newton Gresham Library, the original and the required number of acceptable copies of the thesis are submitted to the Newton Gresham Library by the candidate. (Reproduction of the thesis is the responsibility of the candidate). The candidate will pay the Newton Gresham Library for the binding costs. The original copy of the thesis will remain in the library collection. The student then takes the completed Thesis Route Sheet to the Registrar

What happens if you fail the oral defense? A student will fail the proposal or defense if one or more committee members votes to fail the student. If the student fails the proposal or defense examination, the committee will explain the reason(s) for the failure and identify the deficiencies that must be corrected before the student can schedule a subsequent oral examination.

If a student fails an oral proposal or defense twice, the student will need to petition the Dean of CHSS in writing for permission to propose or defend a third time. The Dean may or may not grant permission. If the Dean does not grant permission, the student will be dismissed from the Program. If the Dean does allow a third oral examination s/he also usually requires the student to complete remedial course work before granting such a petition. If a student fails the proposal or defense a third time, they will be dismissed from the Program.

Thesis Deadlines

The Program requires you to finish your Master's thesis by the end of Fall semester of your third year (the year following Capstone) to remain in your placement at an external practicum site. Failing to defend your thesis by the beginning of the spring semester of your third year in the Program will require your placement on a remediation plan designed to ensure their thesis is defended by the end of the Spring semester. Students who have not completed their thesis by the end of the following Spring semester while under remediation will not be allowed to pre-register for Summer practicum courses or continue placement in external practicum settings until the thesis is defended. Students may petition faculty regarding their thesis defense deadline in extenuating circumstances. You must defend your project thesis by the date posted by the College of Humanities and Social Sciences to avoid having to enroll in thesis in upcoming semesters. Please check the university and college deadlines carefully to ensure that you understand when you need to propose or defend your project. These deadlines are published several semesters in advance.

Thesis Forms and Deadlines

1. At the point of committee formation, you must complete the following forms and submit them for electronic routing and approval:
 - a. The CHSS *Appointment of Thesis/Dissertation Committee Form* (if there are any changes to the membership of your committee while you working on your project, a new copy of this form must be completed and routed); and

- b. If applicable, a Non-SHSU Committee Member Form (you will need a copy of your external committee member's curriculum vita)
 - c. Complete and submit an electronic copy of the Office of Graduate Studies *Thesis and Dissertation Initiation Sheet*, available in the "Graduate Student Toolkit" on the Office of Graduate Studies website.
2. At the point of the Proposal Defense, you must complete and route the CHSS *Thesis/Dissertation Prospectus* form. You must submit your prospectus with this form.
 3. As you approach completion of your project, you must check SHSU Graduate School website (<https://www.shsu.edu/dept/graduate-studies/theses-and-dissertations.html>) and the SHSU Academic Calendar (<http://www.shsu.edu/dept/registrar/calendars/academic-calendar.html>) for deadlines. Please note that in addition to a current schedule of deadlines, the [Graduate School](#) provides a number of helpful resources for completing theses. Specifically, in the semester you plan to have your final defense, you must consider the following deadlines:
 - a. The deadline to submit a draft of your document to the Thesis Clerk at the library for review and guidance related to your formatting;
 - b. The university deadline for final defense of a thesis (please be attentive to this date because it is early in the semester);
 - c. The deadline for submitting your approved thesis to the library for a second review (this draft should be returned quickly); and
 - d. The deadline for submitting your final document to the library using the *Vireo* submission system.
 4. At the point of passing your final defense, you must do the following:
 - a. Immediately begin the electronic routing of your thesis completion, which can be found in the "Theses & Dissertations" section of the Office of Graduate Studies website (see <http://www.shsu.edu/dept/graduate-studies/theses-and-dissertations.html>); and
 - b. Complete and begin the electronic routing process of the CHSS *Thesis/Dissertation Defense* form

Doctoral Program

Requirements for Completion of the Ph.D. Program

- Complete 108 hours beyond the baccalaureate degree, as prescribed by the Program's curriculum requirements.
- Complete a minimum of three full-time academic years of graduate study and the completion of an internship prior to awarding the doctoral degree.
- Achieve a grade of "B" or above in all classes. If a student receives a "C" in class, this will prompt a remediation plan to ensure the student is competent in the relevant area of study. A grade of "F" or two grades of "C" will result in dismissal from the program.
- Receive a passing grade on the Capstone Clinical Presentations (Therapy and Assessment).
- Pass a written doctoral comprehensive examination
- Complete and defend a doctoral dissertation that is the product of original scholarly research and of such quality as to represent a meaningful contribution to knowledge in the field of psychology.
- Receive ratings of "C" (competent) across all discipline-specific knowledge and profession-wide competency elements on the omnibus tracking form prior to leaving for internship.
- Complete a year-long pre-doctoral clinical psychology internship.
- Complete the degree within six years from the first semester of registration as a doctoral student unless special circumstances warrant an extension.

Clinical Practica as a Doctoral Student

The Program's first three years concentrate on clinical experiences either at the Psychological Services Center (PSC) or carefully selected sites appropriate for the emerging skills of the novice clinician. In addition to didactic training, students see clients seeking assessment and/or treatment for psychological difficulties. The PSC's clientele include children, adolescents, adults, and families from the community. Many of these are from underserved populations.

Many practica are 20 hours per week and provide the assistantship for students, but other practica may be eight to ten hours. Some of the sites include community mental health centers, tertiary care medical/psychiatric facilities, rehabilitation agencies, probation and juvenile probation agencies, and private practices.

A variety of field settings have been approved by the Clinic Director and DCT as clearly committed to training and have licensed psychologists to provide supervision. Experiential and educational opportunities at each agency are diverse. In all placements, students are given opportunities to integrate theory and practice and are encouraged to ask questions and discuss experiences. A list of practicum sites and descriptions are available on the Program website.

PLEASE NOTE: Students may not enroll in PSY 8383 (Doctoral Clinical Practicum II) for either of the long semesters until their theses are defended.

Supervision and Consultation Training

The delivery of effective clinical supervision and professional consultation are among the core professional competencies of clinical psychologists. To facilitate the development of knowledge and skills in these areas, the program uses didactic and experiential training methods. *Each student must demonstrate competency at the doctoral level to be certified for internship.*

Students are *required* to complete the Program Supervision and Consultation Seminar (SCS), which meets once per month at the PSC throughout the entire academic year. This seminar incorporates readings and discussions related to a wide range of issues, including models of supervision and consultation, ethical and professional considerations in supervision and consultation, cultural and other diversity considerations related to supervision and consultation, and evaluating supervisee performance. Students typically participate in the SCS while assigned to the PSC.

Once students complete the SCS, they are eligible to serve as peer supervisors and meet the *second requirement* of the Program's supervision training sequence. In this role, students work alongside faculty supervisors (i.e., their meta-supervisors) to provide clinical supervision to junior students. This can involve guiding the development of foundational skills (e.g., supervising students in PSYC 8381) or guiding psychotherapy and/or assessment through the PSC (e.g., supervising junior students in PSYC 8382). Students can also meet this requirement by serving as a teaching assistant for Assessment of Intelligence and Achievement (PSYC 5395), Theory and Research in Psychotherapy I (PSYC 5333), and/or Human Neuropsychology (PSYC 7374). While this requirement can be met through adequate performance in one semester, many students serve as peer supervisors for multiple semesters as a way of further developing their skills in this competency domain.

Admission to Candidacy

Automatic admission to candidacy to the doctoral degree is granted upon: (a) completion of two years of full-time enrollment as a graduate, (b) receipt of favorable evaluations of clinical performance, (c) satisfaction of doctoral comprehensive examination requirements, and (d) successful defense of the dissertation proposal. Please note, the policies related to withdrawal of clinical privileges, remediation, meeting academic requirements, and termination from the program continue to apply after a student has been admitted to doctoral candidacy.

Doctoral Comprehensive Exam

Purpose

The purpose of doctoral comprehensive exams ("comps") is to certify that the successful candidate demonstrates a level of mastery of the essential academic material required to proceed to internship. ***Students will not be certified for internship unless they have passed doctoral comps.***

Format

Research (Section 1). Students will have four hours to complete the exam (faculty proctors will be present). Students will be provided the exam questions (a Microsoft word document) and a corresponding dataset (an SPSS file). No resources are permitted or necessary to complete the exam. Students will complete a series of tasks:

1. Identify the research question(s)
2. Describe the research design needed to answer the research questions
3. Identify an appropriate analysis plan
4. Describe the sample (including descriptive statistics)
5. Run the statistical analyses
6. Write up the results in APA format
7. Describe the results without statistical jargon
8. Identify limitations of the design/future directions

Clinical (Section 2). Students will have four hours to complete the exam (faculty proctors will be present). Students will be presented with a detailed clinical vignette and corresponding questions. Additional information about the case will be provided on subsequent pages, with corresponding questions. Students will not be able to backtrack (so that previous answers cannot be influenced by information provided later in the exam). Questions will cover topics such as assessment, diagnosis, treatment planning and provision, diversity, legal and ethical issues. Students may bring and consult with the Diagnostic Statistical Manual-5. No additional resources are permitted or necessary to complete the exam.

Time of Administration

Comps will be offered once per academic year toward the end of the Spring semester. The exam will be administered on consecutive days and students will have 4 hours to complete each section (e.g., 9am-1pm Thursday and 9am-1pm Friday). Specific dates will be provided during the spring semester prior to the exam. Students who fail one or both sections will have the opportunity to retest during the first week of September during the same year or when the exam is administered the next year. In either case, a student who fails one or both sections *must complete a remediation plan* before reexamination.

General Advice about Answering Comps Questions

The questions you will be asked to answer on the exam will not always have a clearly right or wrong answer. Psychologists often have to think through many complicated issues when making decisions about clients or designing research studies, but they ultimately have to make well-reasoned choices based on their knowledge, experience, and training. Your answers on the comps exam should show that you (a) can identify key issues, (b) recognize that there may be varying perspectives about the issue and what should be done, (c) understand the advantages and disadvantages of different decisions or courses of action, and (d) come to a reasoned decision/answer based on a, b, and c.

Grading

Three faculty members independently grade the clinical question, and an additional three faculty members grade the research question. A student must receive a passing grade from two of the three graders to pass each question. If the faculty have concerns over a specific portion of a student's answer and would like further explanation, the student may be called before a faculty subcommittee for clarification or an oral defense. Faculty will make all efforts to grade exams in two weeks, although grading may be delayed due to extenuating circumstances. Students will receive feedback about their performance by the faculty members who graded their examination.

Students who fail one or both sections of the exam will be required to undergo re-examination of the failed section(s) during the first week of September of the same year or when comps are administered the following year. Students who fail one or both sections of the exam will be required to complete remedial work prior to re-examination. **All students who fail one or both sections MUST successfully complete a remediation plan before reexamination.**

Students who fail any section of comps twice will be dismissed from the program; however, they can petition the Dean of CHSS in writing for permission to take the exam a third time. The Dean may or may not grant permission. If the Dean does not grant permission, the student will be dismissed from the Program. If the Dean allows a third examination the student will be required to complete additional remedial work before the third examination. Students who fail the comps exam on the third administration will be dismissed from the Program.

Ethics

The purpose of doctoral comprehensive exams is to certify that the successful candidate demonstrates a level of mastery of the essential academic material required to proceed to internship. As such, this examination is to ensure mastery of research and clinical knowledge and application. This exam is considered under the university's [Academic Honesty Policy](#). Cheating is absolutely forbidden and can be defined as follows. Our program will not accept academic dishonesty in any way, shape, or form on the Doctoral Comprehensive Exam. If it comes to the awareness of the program faculty that you have violated any of the additional academic honesty policies (e.g., collusion, or unauthorized collaboration), your score for both sections of the Doctoral Comprehensive Exam will be a 0, and a recommendation will be made for your termination from the Doctoral Program in Clinical Psychology. **Please specifically note in reference to the Doctoral Comprehensive Exam, Program faculty consider sharing exam materials with other students collusion.** Students will be asked to acknowledge their agreeing to this process when taking the exam by signing a Doctoral Comprehensive Exam Academic Honesty Agreement.

Dissertation

Quality of the Dissertation

The dissertation is a scholarly work that represents an investigation of a problem of significance. The dissertation meaningfully contributes to the field of psychology. It is the culmination of a program of advanced study leading to a doctoral degree and, as such, is expected to demonstrate a high degree of scholarly competence. *It must show that the candidate is capable of (a) sophisticated independent research and analysis and (b) scholarly reporting in the field of psychology.* It must be the product of original scholarly research and of such quality as to represent a meaningful contribution to knowledge in the field. The dissertation must follow acceptable research methodology appropriate for a chosen topic. The committee chairperson and committee members are to take an active role in the supervision of dissertation research.

Dissertation Committee

The Dissertation Committee shall consist of at least four members. The chair must be a member of the SHSU Graduate Faculty. The doctoral program faculty must approve any chair who is not a member of the Department of Psychology. Students may arrange for a member at another academic institution to co-chair their dissertation with the approval of Program faculty, and provided that a Department of Psychology faculty member co-chairs the dissertation. In any dissertation committee, at least two members must be from the faculty of the Department of Psychology. At least one member of the committee must be from outside the Department of Psychology. This can be someone from another department on campus, or from another institution. If the member is from another institution, the committee member must be approved in accordance with [Academic Policy Statement 950601](#) (*Policy for Committee Members Not Employed by SHSU Serving on SHSU Thesis and Dissertation Committees*).

When the student has clearly identified a dissertation research question, the student, in consultation with the chair, selects the prospective committee members. Once the committee is formed, complete the Appointment of Dissertation Committee form and send it to the Dean's Office.

Any changes to the composition of the dissertation committee must be made with the approval of the dissertation chair. A student may change the chair of the committee for justifiable reasons, with approval from the DCT. To change the committee membership, the student must petition the DCT in writing. In the event that the DCT is the member of the committee to be changed, the student should direct the request to the Chair of the Department of Psychology.

Dissertation Courses and Continuous Enrollment

Students must have a chair and permission from their dissertation chair to begin enrolling in the dissertation course (PSYC 8099). University policy requires continuous enrollment in Dissertation (PSYC 8099) until the dissertation is complete. Continuous enrollment includes summer sessions if the student is taking any other credit hours during the summer. A student must defend the completed dissertation before the College of Humanities and Social Sciences posted deadline (several weeks before end of semester) to avoid having to register for Dissertation the following semester.

In some instances, a student who is about to complete internship and begin a postdoctoral or employment position misses the posted summer dissertation defense deadline. In these instances, the registrar's office will backdate the student's transcript to indicate that student met all requirements as of September 1, but only if the registrar has received a signed copy of the student's dissertation route sheet before the beginning of the first day of the Fall semester. Please understand that the route sheet does not go to the registrar's office until the library has received and approved the final dissertation document. If the student provides the route sheet to the registrar's office before the first day to the Fall semester, the student will not be required to register for Dissertation IV for the Fall semester.

Dissertation courses are variable credit courses, meaning that a student can enroll for 1 or 3 hours each semester. Students must enroll for 3 hours of Dissertation until they have completed 12 total hours. They can then enroll in Dissertation for one hour per semester until the project is defended and complete.

Dissertation Course Grades

As with the thesis course, dissertation (PSYC 8099) is graded as *Credit* (CR), *No Credit* (NC). Please see the thesis course grade for more information about the serious consequences associated with NC grades.

A faculty member will assign a grade of No Credit (NC) when he/she believes that the student has made no or insufficient progress on the tasks outlined on the syllabus. Students are encouraged to meet with their chairs at the beginning of each semester to ensure that the student understands the type and amount of progress expected during the semester.

Choosing a Research Question

The specific hypotheses and procedures involved in any research enterprise usually emerge from some combination of careful reading of the existing literature, local opportunity, and thoughtful innovation. One usually develops a particular question over time, so we encourage you to think of the selection of a topic as a *process* that can actually take several forms.

In some cases, students develop a research topic that is a logical next step in the existing program of research in their labs. In other cases, the students develop a particular interest in an emerging question and work closely with their advisors in a synergistic process of give-and-take to shape the specific study. Thus, a dissertation may address a topic that is entirely new to the Department, or it may be an extension of local work that has preceded it.

Overall, then, you probably will not be thinking up your research plan all by yourself. You still have to hone your interests, however, and to aid that process, we have several specific suggestions.

1. Keep a small research notebook handy, and whenever you encounter a phenomenon or finding of interest to you, make a note of it.
2. Read the most recent studies that bear on your two or three favorite phenomena. There is no substitute for this type of preparation. You should aim to become an expert in the very specific domains of interest to you. When you know enough, what you can (or should) do is often

obvious; the latest investigations will offer you state-of-the-art methods, and their discussion sections will often *suggest* subsequent studies to readers.

3. As your specific idea emerges, consult the faculty. Start with those with expertise in your area, broadly defined. Manageable theses and dissertations must be practical, so expect a collaborative process of helpful criticism that will refine your idea and provide reassuring guidance.
4. Finally, remember that science is *incremental*, and think small. Study a question that interests you, but do not expect to make a discovery that sets psychology on its ear. That hardly ever happens; science is a cumulative exercise in which small steps produce meaningful advances over time.

Thus, when you choose your question, it is unlikely you will be blazing a new trail into a dangerous wilderness. Instead, you will likely be following closely in the footsteps of others, using their proven tools. Once you learn where their paths lead and how to use their tools, what to do may be straightforwardly apparent rather than frustratingly unclear. Do not hesitate to answer small questions decisively; that's always more valuable than addressing huge issues ambiguously.

Dissertation Procedure

Proposal document. The student will prepare a dissertation proposal document containing (a) a review of the relevant literature; (b) a rationale and justification for your specific research question; (c) explicit hypotheses; (d) a Method section detailing the sources and nature of your research participants and the materials and procedures you will use; and (e) a proposed data analysis section. It should also include (f) an Appendix that contains copies of materials, including any written scales or surveys and the verbal script or instructions to participants the researcher will use. When you are preparing a proposal, you will ordinarily submit several drafts of your work to your Chair before submitting your material to the other members of your committee. No one, anywhere, has ever written an entirely suitable report in one take. You will receive several rounds of helpful criticism and prepare several different versions of your work before your Chair is completely satisfied.

Submission of proposal to dissertation committee and scheduling of defense. Once the Chair approves your proposal, you will submit your document to each member of your committee. At this point, you can work toward scheduling your presentation. Once your dissertation chair (typically, your faculty mentor) approves the beginning of the scheduling process, you may contact your committee to schedule your defense. Please note that you cannot schedule your defense any sooner than 15 days prior to receiving mentor approval, and your ***final document*** is due to your committee at least two weeks prior to your defense date. If a committee member reviews your document and tells you that they have serious concerns about your document, it is crucial that you understand these concerns so that you can address them in both your oral defense and the final dissertation proposal. After reviewing your document, the committee member will identify, either in writing or in person, the issues you need to address in your dissertation document and in your oral defense. If you have any questions about a committee member's feedback, you should schedule a meeting to clarify the committee member's concerns. Although the committee member will not see your document again until your oral defense, it would be wise to (a) address the issues the committee member raised in the oral examination, and (b) bring a revised document to the oral examination in case the committee member wants to know how you have addressed the issues they raised in the document.

Oral defense of the dissertation proposal. Your oral defense should be delivered if at all possible. During the oral defense, the student describes the purpose and objective of the study, reviews the literature, presents the methodology, and defends its importance and relevance to the field. Typically, students prepare a 20- to 30-minute presentation (e.g., PowerPoint presentation). The committee will then need time to ask questions about the project. Members of the committee, other faculty, and doctoral students may ask questions, make suggestions, or challenge any part of the project. The committee will then excuse the student from the room so that they can discuss the student's performance, come to agreement about required document revisions, and vote on whether the student passed or failed the defense. *The final decision to accept the proposal requires a unanimous vote of the committee.*

A student will fail the proposal if one or more committee members votes to fail the student. If the student fails the proposal defense, the committee will explain the reason(s) for the failure and identify the deficiencies that must be corrected before the student can schedule a subsequent oral examination. If a student fails an oral proposal or defense twice, the student will need to petition the Dean of CHSS in writing for permission to propose or defend a third time. The Dean may or may not grant permission. If the Dean does not grant permission, the student will be dismissed from the Program. If the Dean does allow a third oral examination, they usually also will require the student to complete remedial course work before granting such a petition. If a student fails the proposal or defense a third time, they will be dismissed from the Program.

Prospectus. A prospectus is an abstract of the proposed dissertation that consists of a two-page summary of the literature review, rationale, methods, and proposed data analysis. After the committee has approved the proposal, the student submits the prospectus to the appropriate academic Dean for final approval. Any major changes in the project must be approved in writing by the dissertation committee and submitted for approval to the academic dean.

IRB approval. Unless approval has been granted by all the committee members, your proposal must be successfully defended before it is submitted to the SHSU Committee for the Protection of Human Subjects. Moreover, CPHS approval **must** be obtained **before** any data is collected from human participants. If your procedure requires a review by the full Committee, expect this approval process to take at least one month.

Executing the dissertation research. Once your project has been approved by the IRB, you may begin to collect data for your dissertation. You will have the guidance of your mentor/chairperson but should be prepared to complete this project in a more autonomous manner than your earlier research projects. We encourage you to keep in mind all research projects generally take longer than expected. This includes data gathering and recording, data analysis and interpretation, and writing your research report.

Preparation of the final dissertation. As was the case with your dissertation proposal, you will ordinarily submit several drafts of your final dissertation document to your Chair before submitting your material to the other members of your committee. No one, anywhere, has ever written an entirely suitable final dissertation in just one draft. You will receive several rounds of helpful criticism and prepare several different versions of your work before your Chair is completely satisfied.

Submission of the final dissertation document to the dissertation committee. With your Chair's approval, you will submit your final dissertation document to your committee members. As with the

proposal, you should discuss with your committee members when you can expect feedback, with the understanding this will not occur earlier than one week and can take as long as two weeks, if not longer. As with the proposal, be prepared for feedback from your committee members that should be addressed before the final defense.

Oral defense of the final dissertation. Students must prepare a presentation describing all aspects of the study, with an emphasis on results and discussion. Students have the option of delivering their final dissertation defense in person or using video teleconferencing; the former is the expectation when a student is living in the area, but the latter is acceptable for students away from campus on internship. We recommend students preparing for a 90-minute defense during which time your committee as well as any other students and faculty may pose questions. The committee will then excuse the student from the room so that they can discuss the student's performance, come to agreement about required document revisions, and vote on whether the student passed or failed the final defense. If the committee is not unanimously agreed as to whether the student has passed their final defense, the committee needs to make every effort to come to resolution. In the rare case where these attempts to achieve consensus are not successful, outside intervention should be sought (e.g., either the DCT, if the DCT is not a member of the committee, or the Department Chair).

If the student passes the final defense, the committee will likely require the student to revise the dissertation document. If this happens, the dissertation chair will be responsible for drafting a list of required revisions by the end of the committee meeting. The student will not officially pass the defense until the student has made all of the revisions agreed upon by the committee.

Please understand that the revisions required by the committee might be substantial. If you schedule your defense close to the university's posted defense deadline, you may have little time to complete the revisions before the university's posted deadline for submitting final dissertation documents. Students are always in a better position to make revisions when they schedule a defense early in the semester because they will have more time to make revisions. Moreover, students must consider that their dissertation chair will need time to review any revisions that the student makes to the document. As with any other dissertation document, expect such feedback from your chair no sooner than **one week** from the day the member acknowledges receipt of your materials; a chair may sometimes need up to two weeks to give your work the attention it deserves.

A student will fail the final defense if one or more committee members votes to fail the student. If the student fails the proposal defense, the committee will explain the reason(s) for the failure and identify the deficiencies that must be corrected before the student can schedule a subsequent oral examination. If a student fails an oral proposal or defense twice, the student will need to petition the Dean of CHSS in writing for permission to propose or defend a third time. The Dean may or may not grant permission. If the Dean does not grant permission, the student will be dismissed from the Program. If the Dean does allow a third oral examination, s/he also usually requires the student to complete remedial course work before granting such a petition. If a student fails the proposal or defense a third time, they will be dismissed from the Program.

Dissertation Deadlines

The Program requires you to successfully defend your dissertation proposal before the end of the Spring semester if you plan to apply for internship (see below).

You must pass the final defense of your dissertation by the date posted by the College of Humanities and Social Sciences to avoid having to enroll in dissertation in upcoming semesters. If you defend after that date (which is several weeks before the end of the semester), but before the end of the semester, you will still have to enroll in dissertation the following semester.

Dissertation Deadlines and Certification to Apply for Internship

The Clinical Program will not certify a student as eligible to apply for internships unless the student successfully defends their dissertation by the end of the Spring semester that precedes the Fall semester when they apply for internship. Please note that faculty schedules may change during the week of final exams. If you are planning to defend your dissertation proposal or your final dissertation during this time, please plan well in advance with your committee to ensure their availability.

Time Limitation on the Dissertation

Unless compelling circumstances warrant an extension, all students must complete the program within six years of their first registration. For students who enter the Program without a master's degree in psychology, the six-year deadline starts after they have completed requirements for the master's degrees. There are no time limitations on the period for completion of the dissertation other than those imposed for the successful completion of all requirements by the student in the doctoral Program. However, during the actual period of data collection and analysis, close liaison and consultation shall be maintained by the student with each member of the committee in order that they may be kept informed of the student's progress in a timely manner. Ideally, students will complete the dissertation before departing for internship.

Dissertation Forms and Deadlines

1. At the point of committee formation, you must complete the following forms and submit them for electronic routing and approval (All forms and a memo providing details on the routing procedures can be found on the Doctoral Program website.):
 - a. The CHSS *Appointment of Thesis/Dissertation Committee Form* (if there are any changes to the membership of your committee while you work on your project, a new copy of this form must be completed and routed); and
 - b. If applicable, a Non-SHSU Committee Member Form *Committee* (you will need a copy of your external committee member's curriculum vita)
 - c. Complete and submit an electronic copy of the Office of Graduate Studies *Thesis and Dissertation Initiation Sheet*, available in the "Graduate Student Toolkit" on the Office of Graduate Studies website.

2. At the point of the Proposal Defense, you must complete and route the CHSS *Thesis/Dissertation Prospectus* form. You must submit your prospectus (see *Thesis Procedure* section above) with this form. In order to initiate the process of obtaining electronic signatures, please contact Breanna Barnes (or the Program administrative assistant) to start the electronic routing process. Ms. Barnes will need the names and email addresses for your committee members. If you have a non-SHSU committee member, you will also need to complete a Non-SHSU Committee Member form and send a copy of that form (including as much information as you can complete) and the committee member's curriculum vitae to Craig Henderson (or the

Program DCT), who will, in turn, obtain approval form the Department Chair, CHSS Dean, Dean of the SHSU Graduate and Professional School.

3. As you approach completion of your project, you must check SHSU Graduate School website (<https://www.shsu.edu/dept/graduate-studies/theses-and-dissertations.html>) and the SHSU Academic Calendar (<http://www.shsu.edu/dept/registrar/calendars/academic-calendar.html>) for deadlines. Please note that in addition to a current schedule of deadlines, the [Graduate School](#) provides a number of helpful resources for completing dissertations. Of note, students have found the Dissertation Boot Camps useful in helping them complete their projects. Specifically, in the semester you plan to have your final defense, you must consider the following deadlines:
 - a. The deadline to submit a draft of your document to the Thesis Clerk at the library for review and guidance related to your formatting;
 - b. The university deadline for final defense of a thesis (please be attentive to this date because it is early in the semester);
 - c. The deadline for submitting your approved thesis to the library for a second review (this draft should be returned quickly); and
 - d. The deadline for submitting your final document to the library using the *Vireo* submission system.

4. At the point of passing your final defense, you must do the following:
 - a. Immediately begin the electronic routing of your thesis completion, which can be found in the “Theses & Dissertations” section of the Office of Graduate Studies website (see <http://www.shsu.edu/dept/graduate-studies/theses-and-dissertations.html>); and complete and route the CHSS *Thesis/Dissertation Defense* form.

Pre-Doctoral Internship

Requirement for Ph.D.

Students in the Clinical Psychology Doctoral Program at SHSU must complete a one-year pre-doctoral internship to be eligible for the Ph.D. *This internship MUST be accredited by the American Psychological Association.*

Eligibility to Apply

The faculty will review the training progress of each student who intends to apply for internship during the preceding summer semester to ensure competence and readiness (see Appendix C). *The DCT will only certify as ready for internship students who have met ALL of the following eligibility criteria:*

- Ratings of “Ready for Internship” across all elements of the *Internship Competency Readiness Form* (Appendix C);
- Passing grade for Capstone Assessment and Therapy presentations;
- Successful thesis defense (if applicable);
- Delivered a first author poster or paper conference presentation or published a first-author journal article;
- Completed supervision seminar;
- Served as a peer supervisor for one semester;
- Passing grade for the Clinical and Research Doctoral Comprehensive Exam; and
- Successful proposal of the dissertation by the end of the preceding Spring semester

**STUDENT
&
PROGRAM
EVALUATION**

Methods of Student and Program Evaluation

Formative and summative evaluations are utilized to evaluate students, Program elements, and the overall Program.

Evaluation of students may include but not be limited to:

- Assessment reports
- Audiotapes
- Case reports
- Class participation
- Comprehensive exams
- Consultation reports
- Direct observations
- Formal course examinations
- Participation in department activities (e.g., colloquia, program meetings)
- Presentations
- Publications and conference presentations
- Research activity
- Simulations/role plays
- Supervisor ratings of student performance
- Thesis and dissertation documents
- Timeliness in completing program milestones (e.g., thesis, comps, dissertation, internship)
- Video recordings

Evaluation of the Program may include but not be limited to:

- Annual review of program by students
- Course evaluations
- Graduate employment records
- Intern evaluations
- Practicum site evaluations
- Practicum student evaluations
- Programmatic issues raised by students at weekly faculty meetings
- Review of student publication and presentation activity
- Supervisor evaluations

University Grading System and Academic Probation

Sam Houston State University generally uses the following grades for graduate courses:

- A: Academic excellence
- B: Acceptable performance
- C: Insufficient achievement, but is a passing grade
- F: Failure

In addition, the following grades are applied for special courses and/or under special circumstances:

- CR/NC: *Credit (CR) or No Credit (NC)*; applied to thesis and dissertation courses
- IP: *In Progress*; applied to courses that cannot be completed in one semester (e.g., dissertation).
- W: *Withdrew*; applied to resignation or withdrawal from final class (a graduate student who elects to drop all courses—i.e., resign from the University—must notify the Registrar’s Office and process a resignation request.
- X: *Incomplete*; applied when a student does not complete course requirements in the semester when the class was offered due to extenuating circumstances. This grade automatically changes to a “F” if requirements are not met during the next semester. If an X grade is assigned in the Spring semester, the student will need to satisfy the course requirements by the end of the Fall semester (i.e., not the Summer session).
- Q: *Drop*; applied when a student drops a course after the deadline for receiving a “W” but before the final drop deadline during the semester.

Please note a student who receives a grade of “C” will be placed on a remediation plan to ensure competency in the relevant domain. A student who receives two grades of “C” or a grade of “F” in any course within the academic program will be terminated from graduate studies.

Supervisor Ratings of Practicum Performance

Practicum supervisors closely evaluate student performance, to better monitor and promote student skill development. Each semester, practicum supervisors use the *Practicum Evaluation Form* (Appendix B) to evaluate student performance. Ratings from these forms are reviewed by the Program faculty at the end of each semester to track student progress in general, but they are also used to identify areas in which the student may need to improve and areas that should be the focus of subsequent practicum training and clinical supervision.

Annual Student Evaluations by the Program

Each student in the Program receives a yearly evaluation letter, and a copy is stored in the student's file and in the Program Tevera database. This letter addresses the student's performance and progress in the areas of (a) academics, (b) research, (c) clinical training, (d) teaching, and (e) overall program participation. Each summer students will provide a self-evaluation using the Tevera form in which they assess their performance in these areas, list any conference presentations or publications they had in the past year, and note any other special accomplishments. This evaluation will be forwarded to student's faculty mentor, who will discuss the student's training progress with the rest of the Program faculty and receive faculty input. The mentor will provide a summary in Tevera of that discussion covering each of the above areas and meet with the student to discuss the evaluation. The aims of this evaluative process are to:

- Ensure that at least once each year the entire Program faculty share their assessments of each student in the Program;
- Help provide students with an overview of their annual performance;
- Chart the trajectory of the students' graduate career;
- Provide a formal means for ensuring that students are aware of their appropriate progress in the Program, including any approaching deadlines;
- Provide students with feedback about aspects of their performance and professional development that might not otherwise be formally evaluated (e.g., ability to work with peers); and
- Provide students with guidance regarding any problems that require remediation.

Student progress through the Program is also tracked using the *Omnibus Competency Tracking Form* (Appendix D) also housed on Tevera. This form is updated by the faculty at the end of each academic year, at the same time that the faculty conducts students' yearly evaluations.

Program Evaluation by Students

Students are afforded the opportunity to provide feedback and evaluations of the Clinical Psychology Ph.D. Program in several ways. Each semester, students evaluate their academic courses, supervision received, and clinical training placements (e.g., the amount and quality of their supervision, client contact, etc.). In addition, an elected student representative attends weekly faculty meetings where they are invited to present student concerns.

A formal annual evaluation of the Program is requested of all students. The evaluations are solicited by the elected student representative who compiles them into one summary. The summary is submitted to the DCT who distributes it to the Program faculty. The results are discussed during a Program faculty meeting. The faculty may then create a plan to make improvements or adjustments to the Program.

STUDENT RESOURCES

Funding

Financial Awards

The University offers several types of financial awards to eligible graduate students. The amount may vary from year to year. These are:

1. ***Doctoral Research or Clinical Assistantships:*** Doctoral students may qualify for assistantships in the form of a clinical or research assignment. Assistantships are awarded on an annual basis, subject to availability of funds and eligibility. Students qualify for in-state tuition rates. Recipients are required to enroll for a minimum of 6 credit hours during the semester in which funding is received. Please note that receiving payment *from the university* via certain assistantships (research, clinical) while only taking 6 credit hours may influence the degree to which you qualify for federal student loans.
2. ***Doctoral Instructor Assistantships:*** Doctoral students may qualify for an assistantship in the form of a classroom teaching assignment. Students are required to register for a minimum of 6 hours. Recipients qualify for in-state tuition rates.
3. ***Scholarships:*** Various scholarships are awarded on an annual basis, subject to availability of funds and eligibility. Scholarship recipients qualify for in-state tuition rates.
4. ***Financial Awards through the University Financial Aid Office***
 - a. Grants
 - b. Various Student Loans

Students are also encouraged to apply for external funding, such as research grants, fellowships for graduate study, scholarships, etc. Students who identify potential funding sources should work with their faculty mentor(s) to prepare the most competitive application package possible. Outside employment is not prohibited, but should be carefully considered in light of the Program's training requirements and time limitation on Program completion. We require students considering part-time outside employment to discuss the possible employment with their faculty mentors and receive program approval. Students are expected to meet all training requirements—coursework, clinical training, research—and demonstrate progression in mastering Profession-Wide and Program competencies regardless of external employment. Students are prohibited from being compensated for providing psychological services (e.g., conducting psychological assessments) outside a structured practicum training experience and without faculty approval.

Students will only be eligible for funding if they are making adequate progress in the Program. If, at any time, for any reason, it is determined that an award recipient, or a student compensated from some other project is not making satisfactory progress in the graduate Program, the student will be informed in writing of the deficiency.

For further information concerning doctoral assistantships (#1 & 3 above), contact the Director of Clinical Training. For other information on the types of assistance (e.g., #4 above), contact the Financial Aid & Scholarships office (201 Estill Bldg.) at 936-294-1774.

Travel Funding

Scholarly research is the cornerstone of the Ph.D. degree. Consequently, students' scholarly activities will be supported as much as is possible in light of available resources. The Office of Graduate Studies provides funding for graduate student travel on a competitive basis. Although funding is not guaranteed, faculty will make every effort to locate funding sources to support students contributing papers, symposia, and panel discussions at scholarly conferences. Students should notify faculty as soon as possible of intentions to attend and participate in professional meetings.

Student Rights

Sam Houston State University Statement on Belonging

As a core value at SHSU, we are committed to being an institution that is welcoming, compassionate, and supportive, a place that provides all students, faculty, and staff the opportunity to engage, learn, and work in an environment of mutual respect and understanding. We strive to foster a campus culture of belonging where everyone is valued and has a positive, meaningful experience.

Sam Houston State University Nondiscrimination Statement

Sam Houston State University is committed to an inclusive educational and work environment that provides equal opportunity and access to all qualified persons. SHSU in accordance with applicable federal and state law (including Title VII and Title IX) and institutional values, prohibits discrimination or harassment on the basis of race, creed, ancestry, marital status, citizenship, color, national origin, sex, religion, age, disability, veteran's status, sexual orientation, gender identity, or gender expression in employment, educational programs, activities, and admissions. Each supervisor, faculty member, employee, and student is responsible for maintaining an environment that is free of discrimination and for addressing behaviors that violate this obligation in accordance with this policy.

If you are concerned that you or another student or member of the Doctoral Program has been the victim of discrimination or harassment, we encourage you to consult with the SHSU Office of Experience:

<https://www.shsu.edu/inclusion/>

or Title IX:

<https://www.shsu.edu/titleix/>

Services for Students with Disabilities

The mission of the SHSU Services for Students with Disabilities (SSD) is to promote equal access for students with disabilities to the educational programs, services, and activities at SHSU. It is the policy of Sam Houston State University that no otherwise qualified disabled individuals shall, solely by reason of their disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any academic program or activity. To learn more about the services offered please see: <https://www.shsu.edu/dept/disability/>.

Ombuds Office

As a .50 FTE university employee, you have access to services provided by the SHSU Ombuds Office. The SHSU Ombuds Office is an independent, neutral, and confidential place for faculty and staff to have informal conversations about their workplace concerns, questions, and issues. You can learn more about the services provided by the Ombuds Office here:

<https://www.shsu.edu/dept/ombuds/>

Student Services

Library

The SHSU Newton Gresham Library maintains substantial holdings in psychology, psychiatry, criminal justice, and related fields. Doctoral students are eligible for extended loan privileges at the discretion of the Director of Library Services and may initiate a request for this privilege by contacting the library. A limited number of study carrels also is available for student use; contact Library Services for further information.

Information Technology Services

Graduate students have access to the SHSU network. This network provides on-campus access to various software packages and the Internet. Each graduate student office is equipped with at least one computer with network access. Additional, free-standing computers are available in graduate student offices for the purpose of word-processing. There are also several computer laboratories available to faculty, staff, and students.

CLINDOC Listserv

The Clinical Psychology Ph.D. Program maintains a listserv to which faculty and students frequently post messages. Students should become members of the list serve upon entry into the program by contacting the faculty member who is responsible for its maintenance. Membership on the listserv is *essential*, as it is a major vehicle for communication and announcements.

Other Services

| | |
|---------------------------------------|----------------|
| Academic Enrichment Center | (936) 294-3680 |
| Bookstore | (936) 294-1862 |
| Information Technology Services | (936) 294-1950 |
| University Counseling Center | (936) 294-1720 |
| International Programs | (936) 294-3892 |
| Legal Services | (936) 294-1717 |
| Lowman Student Center | (936) 294-4902 |
| Office of Student Life | (936) 294-1785 |
| Post Office..... | (936) 294-1936 |
| Registrar | (936) 294-1040 |
| Student Activities | (936) 294-4180 |

Leaves of Absence

Graduate students who have not completed their formal course requirements are expected to enroll continuously in the Program, taking courses in each consecutive Fall and Spring semester after initial registration. The University allows for leaves of absence for students who choose not to enroll for a semester.

We encourage students who may need accommodations or are considering a leave of absence to consult with the DCT, Associate DCT, or any other faculty member before formally applying for a leave of absence. In most cases, it is the student who will need to initiate this consultation. Faculty members respect students' right to privacy. For that reason, faculty members likely will not know when or if you are experiencing health, family, or other issues that may be leading you to consider requesting a leave. At times, there are options for students other than a leave of absence.

Students who would like to request a leave of absence should do so in a letter to the Program faculty stating the reason for the continued leave. A leave of absence is granted at the discretion of the Dean.

The continuous enrollment provision applies to students who have completed their formal course requirements and are in the process of writing the dissertation away from the campus. During the pre-doctoral internship year, this requirement is satisfied by the Program requirement that students enroll in 1 hour of Internship (PSY 8110-8112) each semester. In almost all cases, students are subject to the six-year limitation for degree completion, although there may be extended time granted in extenuating circumstances (e.g., accommodation consistent with the Americans with Disabilities Act). These circumstances are granted on a case by case basis, and in the case of ADA accommodation, must be accompanied by supporting documentation from the Office of Services for Students with Disabilities (<https://www.shsu.edu/dept/disability/>). During a leave of absence, a student cannot make use of college or university resources, nor can a student take comprehensive exams or defend a proposal, thesis, or dissertation.

Student Self Care

Completion of the doctoral program requires a significant amount of time and work. Students must complete graduate courses, thesis and dissertation research, a comprehensive examination, and multiple semesters of practicum work. In addition to these core requirements, the Program provides students with opportunities to become involved in many other professional activities. For example, students may conduct independent research projects, assist faculty or other graduate students with their research, volunteer to conduct forensic evaluations, serve as peer supervisors of clinical work, teach undergraduate classes, and assist faculty members in other academic tasks (e.g., reviewing journal articles for publication, grant writing). At times, faculty seek out specific students for specific assignments, but many of these opportunities are open to all students.

Because many students have genuine interests in several or even all of these activities, it is easy for them to volunteer for too many things, take on too much work, and become overwhelmed. In these situations, students often find that they are stressed for time and have a difficult time completing any of their assigned tasks. Other students sometimes feel guilty that they do not have the time to get involved in these activities and fear that they will be viewed negatively by faculty members because they are not involved.

The faculty offer the following suggestions for students to help them make decisions about balancing their workload while at the same time taking advantage of the unique opportunities that the Program has to offer. These are suggestions only:

1. Recognize that you will never be completely caught up with all of your work. There will always be some piece of work that needs your attention. Because there will always be work that needs to be done, it can be helpful to set aside a prescribed amount of time each week for non-school related activities. If you find yourself having no time for enjoyable activities for several weeks in a row, you've probably taken on too much work. If you start your graduate career by setting aside this type of non-school time, you may be less likely to find yourself without any down time.
2. Recognize that you cannot do everything. Students need to recognize that there are times when they need to let opportunities pass by. Sometimes students worry that not volunteering for an opportunity will make them look bad in the eyes of the faculty. Students may also fear that faculty may not seek them out for future opportunities because they did not volunteer the first time. One strategy for dealing with this situation is to contact the faculty member to let him or her know that you are interested, cannot participate at this time, but would be interested in the future. If you are interested in future participation, tell the faculty member when you think you can get involved (e.g., next month, next semester, in the summer).
3. Understand that the faculty do not expect you to do everything. We understand that students have different interests. If a student does not have a strong interest in research and does not want to complete any research other than a thesis and dissertation that is fine. Sometimes students feel that they will be viewed unfavorably by the faculty if they do not get involved in additional independent research, and that is not true.

4. Seek out faculty mentors. The program does not assign faculty mentors to students, but we encourage you to seek out a faculty member or members who you feel are appropriate role models for you. This person does not have to be your research (thesis/dissertation) advisor. You may find it easier to speak with a Program administrator (e.g., DCT) or one of your clinical supervisors.

Student Led Organizations⁹

Graduate Student Psychology Organization (GSPO)

The goals of GSPO are to provide a forum for graduate students in psychology at SHSU to interact socially and collaborate professionally and to promote unity in the psychology community at SHSU.

Psychology Graduate Students for Diversity Equity and Inclusion (Psy DEI)

The purpose of PsyDEI is to enhance the experience of individuals in the Doctoral Program in Clinical Psychology regarding issues of diversity, equity, inclusion, justice, and acceptance. The committee seeks to promote a safe space that fosters connection and facilitates dialogue between program-affiliated students, faculty, and staff.

The organization fosters fellowship and develops community among the program individuals through conducting social and education events, establishing a connection with undergraduate and master's students through mentorship and programming, and connecting with members of the general public through outreach initiatives. The organization aims to self-monitor and assess areas of growth and past weaknesses to ensure the integrity of our aims as maintained throughout the committee and program as a whole.

⁹ Although faculty are encouraged to participate in the activities of student organizations, and faculty advisors are appointed to the organizations per policies of SHSU Leadership Initiatives, they are organized by and all business is conducted by students independent of faculty oversight.

Appendices

Appendix A:
Mental Health Resources with Low Cost or
Sliding Scale Fees

Grace Psychological Services
 Director, Gracie Reyes-McDonald, PhD
 281-815-0899
 26010 Oak Ridge Drive, Ste. 107 The Woodlands, TX 77380
www.gracepsychological.com
 Accepts most insurances and offers low-cost therapy options

Barbara Hall, PhD
 832-999-4031
 25511 Budde Rd STE 1902, The Woodlands, TX 77380
 Offers sliding scale

Alicia Snow, PhD
 713-240-8609
 502 Mason Street, Tomball, TX 77375
<https://www.aliciasnow.com>
 Sliding scale; in-network with most insurance.

Karen Anderson-Dunphy, LPC
 936-581-1951
 1211 Financial Plz, Huntsville, TX 77340
 Blue Cross Blue Shield only

Felicia Antwi, MA, LPC
 936-427-3110
 512 11th Street, Huntsville, Texas 77340
 Sliding Scale; in-network with most insurance.

Mervin Cleveland Jr, LPC
 936-909-6245
 3010 Montgomery Road, Huntsville, Texas 77340
 Sliding Scale; In-Network with most major insurance.

Josie Erb, LPC
 936-228-4592
 114 Willowbend, Huntsville, TX 77320
 Sliding Scale; Blue Cross Blue Shield only.

Jennifer Henson, LPC, LMFT
 936-291-7928
 1325 Windsor Street, Huntsville, TX 77340
 Sliding Scale; In-Network with most major insurance.

Bob Robinson, LPC
 936-228-3938 x77301
 3010 Montgomery Road, Huntsville, Texas 77340
 Sliding Scale; In-Network with most major insurance. Does substance abuse counseling

Jesse Robinson, PsyD
 Action Psychological Services

1755 Woodstead Ct., Suite 210
 The Woodlands, TX 77380
 346.831.2862
 Discounted fees for students; In-Network with most major insurance

Aleha Cantu, PhD
 2219 Sawdust Road #2004
 The Woodlands, Texas 77380
 (713) 701-7792

Jenel Sánchez Ramos, Psy.D.
 21518 Blanco Road
 Suite 105, Room 7
 San Antonio, TX 78260
 (210) 660-8520
 Teletherapy services available
 Must qualify for low cost therapy through Open Path.

Nayda Lamberty, PsyD
 Webpage: <https://www.realtalkpsychology.com/nayda-lamberty-psychologist-houston>
 Services: Virtual
 Population: Teens, Adults, Couples, and Families
 Languages: English/Spanish
 Insurance accepted: Aetna, United HealthCare, BCBS, Oscar
 Sliding scale services available on case-by-case basis

Adam Saenz, PhD
Oakwood Counseling
 Sliding scale available
 Clinic is also credentialed with Care Credit, which allows qualifying clients to spread out costs over the span of 6 to 12 months at no interest

Mosaics of Mercy (<https://mosaicstx.org/>)
 346.703.0051
 Mosaics is a 501c3 non-profit organization that helps members of our community navigate mental health and substance use recovery resources.

Training Clinics offering Telehealth at Sliding Scale:

Jack S. Staggs Counseling Clinic at SHSU
 939-294-1121
 1932 Bobby K Marks Dr., Huntsville, TX 77340 &
<https://www.shsu.edu/academics/education/counselor-education/jack-staggs-counseling-clinic.html>
 This is a training facility for Masters and Doctoral level students in counseling at SHSU. Counselor Education faculty supervise sessions. The Counseling Clinic offers free services to students and the community.

Sleep and Anxiety Center of Houston
 713-743-3400 or email SACH@times.uh.edu for appointments

This is a training clinic for doctoral students in UH's Clinical Psychology program. Care typically focuses on difficulties with sleep and/or anxiety. Telehealth appointments are offered.

<https://www.uh.edu/class/psychology/clinical-psych/research/sach/clinical-services/>

The University of Houston Psychology Research and Clinical Services Center
832-990-1076

This is a training clinic for doctoral students in UH's Clinical Psychology program. Telehealth appointments are offered.

<https://www.psychologytoday.com/us/therapists/uh-psychological-research-clinical-services-houston-tx/953289>

Texas A&M University Psychology Clinic
979-845-8017

This is a training clinic for doctoral students in Texas A&M's Clinical Psychology program. Students are supervised by licensed psychologists. Telehealth appointments are offered.

<https://liberalarts.tamu.edu/psychology/psychology-clinic/>

Psychology Clinic at University of North Texas
940-565-2631

This is a training clinic for doctoral students in UNT's Clinical Psychology and Counseling Psychology programs. Telehealth appointments are offered.

<https://psychology.unt.edu/clinics-and-centers/psychology-clinic>

Psychiatry

Tri-County Services
936-291-5800

7045 Hwy 75 South, Huntsville, TX 77340

Major Depression, Schizophrenia, or Bipolar Disorder ONLY

<http://www.tricountyservices.org/>

Conroe Psychiatry

936-494-1773

800 Riverwood CT Conroe, TX 77304

<https://conroepsychiatry.com>

Appendix B: Practicum Evaluation Form

**Doctoral Program in Clinical Psychology
PRACTICUM EVALUATION FORM**

| | | | |
|-----------------|--|----------------|--|
| Student: | | Period: | |
|-----------------|--|----------------|--|

| | | | |
|--------------------|--|------------------------|--|
| Supervisor: | | Practicum Site: | |
|--------------------|--|------------------------|--|

Please use the following scale to appraise the student's practicum performance:

Novice (N): Novices have limited knowledge and understanding of topic or skill.

Intermediate (I): Psychology students at the intermediate level of competence demonstrate some skills in the area but not to a level of independent application.

Competent (C): At this level, students demonstrate the level of competency needed to proceed to internship

Not applicable (NA): At this time, the student has had no opportunity to demonstrate this characteristic.

Direct observation (either live or via video) occurred this semester: _____ **Yes** _____ **No**

| Competency Domain | Rating |
|---|--------|
| ETHICAL AND LEGAL STANDARDS | |
| 1. Is knowledgeable of professional ethics and behaves accordingly. | |
| 2. Is knowledgeable of and acts in accordance with relevant laws, regulations, rules, and policies governing professional conduct. | |
| Comments: | |
| INDIVIDUAL AND CULTURAL DIVERSITY | |
| 3. Demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves. | |
| 4. Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional activities. | |
| Comments: | |
| PROFESSIONAL VALUES AND ATTITUDES | |
| 5. Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. | |
| 6. Actively seeks and demonstrates openness and responsiveness to feedback and supervision. | |

| | |
|--|--|
| Comments: | |
| COMMUNICATION AND INTERPERSONAL SKILLS | |
| 7. Produces high quality oral, nonverbal, and written communications. | |
| 8. Demonstrates effective interpersonal skills with a wide range of individuals and the ability to manage difficult communication well. | |
| Comments: | |
| ASSESSMENT | |
| 9. Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, and is able to apply this knowledge to the assessment and/or diagnostic process. | |
| 10. Understanding of human behavior within its context (e.g., family, social, societal, and cultural). | |
| 11. Selects and applies assessment methods that draw from the best available empirical literature. | |
| 12. Interprets assessment results appropriately. | |
| 13. Communicates assessment results effectively. | |
| Comments: | |
| INTERVENTION | |
| 14. Establishes and maintains effective relationships with the recipients of psychological services. | |
| 15. Develops evidence-based intervention plans specific to the service delivery goals. | |
| 16. Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. | |
| 17. Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking, | |
| 18. Evaluates intervention effectiveness, and adapts intervention goals and methods consistent with ongoing evaluation. | |
| Comments: | |
| CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS | |
| 19. Demonstrates knowledge and respect for the roles and perspectives of other professions. | |

Comments:

Overall comments regarding practicum performance:

Supervisor Signature

Date

Student Signature

Date

Appendix C:
Internship Readiness Competency Review Form

**Doctoral Program in Clinical Psychology
Internship Readiness Competency Review**

| | | | |
|----------------------|--|-----------------------|--|
| Student Name: | | Year of Entry: | |
|----------------------|--|-----------------------|--|

Please use supervisor competency ratings and performance in program-related training activities to rate competence *relative to readiness for internship*.

Novice (N): Novices have limited knowledge and understanding of topic or skill.

Intermediate (I): Psychology students at the intermediate level of competence demonstrate some skills in the area but not to a level of readiness for internship.

Ready for Internship (R): At this level, students demonstrate the level of competency needed to proceed to internship.

| Competencies and Elements | Final |
|--|-------|
| I. Research | |
| 1. Demonstrates the substantially independent ability to formulate research or other scholarly activities that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base. | |
| 2. Conducts research or other scholarly activities. | |
| 3. Critically evaluates and disseminates research or other scholarly activity via professional publication and presentation at the local (including the host institution), regional, or national level. | |
| II. Ethical and Legal Standards | |
| 4. Is knowledgeable of and acts in accordance with the current version of the APA EPPCC. | |
| 5. Is knowledgeable of and acts in accordance with relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels. | |
| 6. Is knowledgeable of and acts in accordance with relevant professional standards and guidelines. | |
| 7. Recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve the dilemmas. | |
| 8. Conducts self in an ethical manner in all professional activities. | |
| III. Individual and Cultural Diversity | |
| 9. Demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves. | |
| 10. Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service. | |

| | |
|---|--|
| 11. Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own. | |
| 12. Demonstrates the requisite knowledge base, ability to articulate an approach to working effectively with diverse individuals and groups, and apply this approach effectively in their professional work. | |
| IV. Professional Values and Attitudes | |
| 13. Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. | |
| 14. Engages in self-reflection regarding one's personal and professional functioning; engages in activities to maintain and improve performance, well-being, and professional effectiveness. | |
| 15. Actively seeks and demonstrates openness and responsiveness to feedback and supervision. | |
| 16. Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training. | |
| V. Communication and Interpersonal Skills | |
| 17. Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. | |
| 18. Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrates a thorough grasp of professional language and concepts. | |
| 19. Demonstrates effective interpersonal skills and the ability to manage difficult communication well. | |
| VI. Assessment | |
| 20. Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology | |
| 21. Understanding of human behavior within its context (e.g., family, social, societal, and cultural) | |
| 22. Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors, including context, to the assessment and/or diagnostic process | |
| 23. Selects and applies assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient. | |

| | |
|--|--|
| 24. Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective. | |
| 25. Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences. | |
| VII. Intervention | |
| 26. Establishes and maintains effective relationships with the recipients of psychological services. | |
| 27. Develops evidence-based intervention plans specific to the service delivery goals. | |
| 28. Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. | |
| 29. Demonstrates the ability to apply the relevant research literature to clinical decision making. | |
| 30. Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking | |
| 31. Evaluates intervention effectiveness, and adapts intervention goals and methods consistent with ongoing evaluation. | |
| VIII. Supervision | |
| 32. Demonstrates knowledge of supervision models and practices. | |
| 33. Demonstrates effective peer supervision with oversight from faculty and staff psychologists | |
| IX. Consultation and Interprofessional/Interdisciplinary Skills | |
| 34. Demonstrates knowledge and respect for the roles and perspectives of other professions. | |
| 35. Demonstrates knowledge of consultation models and practices. | |

| PROGRAM MILESTONES | | |
|--|-----------|------|
| Milestone | Pass/Fail | Date |
| Capstone | | |
| Assessment | | |
| Therapy | | |
| Thesis | | |
| Proposal | | |
| Final Defense | | |
| Dissertation | | |
| Proposal | | |
| Final Defense | | |
| Doctoral Comprehensive Exam | | |
| Clinical | | |
| Research | | |
| Scholarly Presentation or Publication | | |
| Supervision Seminar | | |
| Peer Supervision | | |

Appendix D:
Omnibus Competency Tracking Form

| Coursework: Research Milestones: | Enter the course grade or "Waived" | | First | Second | Third | Fourth | Fifth |
|---|---|--|-------|--------|-------|--------|-------|
| | Enter <u>P</u> for propose and <u>D</u> for final defense | | | | | | |
| B. Biological Aspects of Behavior (<i>Advanced Physiological Psychology; PSYC 5390</i>)* | | | | | | | |
| C. Cognitive Aspects of Behavior (<i>Emotions; PSYC 7377</i>)* | | | | | | | |
| D. Developmental Aspects of Behavior (<i>Advanced Developmental Psychology; PSYC 5397</i>)* | | | | | | | |
| E. Social Aspects of Behavior (<i>Advanced Social Psychology; PSYC 5332</i>)* | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| A. Advanced Integrative Knowledge (<i>Emotions (PSYC 7377)</i>)* | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| A. Research Methods | | | | | | | |
| – <i>Introduction to Experimental Design (PSYC 5388)</i> * | | | | | | | |
| – <i>Clinical Psychology Proseminar (PSYC 7330)</i> * | | | | | | | |
| – <i>Thesis (PSYC 6098, PSYC 6099)</i> | | | | | | | |
| – <i>Dissertation (PSYC 8096, PSYC 8097, PSYC 8098, PSYC 8099)</i> | | | | | | | |
| – <i>Doctoral Comprehensive Exam – Research</i> | | | | | | | |
| B. Quantitative Methods | | | | | | | |
| – <i>Advanced Statistics (PSYC 5387)</i> * | | | | | | | |
| – <i>Multivariate Statistics in Psychology (PSYC 7387)</i> * | | | | | | | |
| – <i>Thesis (PSYC 6098, PSYC 6099)</i> | | | | | | | |
| – <i>Dissertation (PSYC 8096, PSYC 8097, PSYC 8098, PSYC 8099)</i> | | | | | | | |
| – <i>Doctoral Comprehensive Exam – Research</i> | | | | | | | |
| C. Psychometrics | | | | | | | |
| – <i>Psychometrics (PSYC 5392)</i> * | | | | | | | |

* See student transcript in file

PROFESSION-WIDE COMPETENCIES

Please use the following scale to appraise the student's progress toward competency relative to readiness for internship for domains and elements

Novice (N): Novices have limited knowledge and understanding of topic or skill.

Intermediate (I): Psychology students at the intermediate level of competence demonstrate some skills in the area but not to a level of readiness for internship.

Competent (C): At this level, students demonstrate the level of competency needed to proceed to internship.

Not Applicable (NA): At this time, the student has had no opportunity to demonstrate this characteristic.

Coursework: Enter the course grade

Clinical Milestones: Enter P for pass or F fail

Research Milestones: Enter P for proposal and D for final defense

Major Area Paper: Enter P for proposal; C for completed; and A for approved

| | Competencies and Elements | | | | |
|--|---------------------------|--------|-------|--------|-------|
| | First | Second | Third | Fourth | Fifth |
| I. Research | | | | | |
| 1. Demonstrates the substantially independent ability to formulate research or other scholarly activities that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base. | | | | | |
| 2. Conducts research or other scholarly activities. | | | | | |
| 3. Critically evaluates and disseminates research or other scholarly activity via professional publication and presentation at the local (including the host institution), regional, or national level. | | | | | |
| Evaluated Educational Experiences & Training Milestones | | | | | |
| a. <i>Introduction to Experimental Design (PSYC 5388)*</i> | | | | | |
| b. <i>Clinical Psychology Proseminar (PSYC 7330)*</i> | | | | | |
| c. <i>Advanced Statistics (PSYC 5387)*</i> | | | | | |
| d. <i>Multivariate Statistics in Psychology (PSYC 7387)*</i> | | | | | |
| e. <i>Thesis</i> | | | | | |
| f. <i>Dissertation</i> | | | | | |
| g. <i>Doctoral Comprehensive Exam – Research</i> | | | | | |

* See student transcript in file

| Competencies and Elements | First | Second | Third | Fourth | Fifth |
|--|-------|--------|-------|--------|-------|
| | | | | | |
| II. Ethical and Legal Standards | | | | | |
| 4. Is knowledgeable of and acts in accordance with the current version of the APA EPPCC. | | | | | |
| 5. Is knowledgeable of and acts in accordance with relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels. | | | | | |
| 6. Is knowledgeable of and acts in accordance with relevant professional standards and guidelines. | | | | | |
| 7. Recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve the dilemmas. | | | | | |
| 8. Conducts self in an ethical manner in all professional activities. | | | | | |
| Evaluated Educational Experiences & Training Milestones | | | | | |
| a. <i>Ethics in Clinical Practice (PSYC 7362)</i> * | | | | | |
| b. <i>Mental Health Law (PSYC 7336)</i> * | | | | | |
| c. <i>Forensic Assessment I (PSYC 8360)</i> * | | | | | |
| d. <i>Thesis</i> | | | | | |
| e. <i>Dissertation</i> | | | | | |
| f. <i>Doctoral Clinical Practicum I (PSYC 8382)</i> * | | | | | |
| g. <i>Doctoral Clinical Practicum II (PSYC 8383)</i> * | | | | | |
| h. <i>Doctoral Comprehensive Exam – Clinical</i> | | | | | |
| III. Individual and Cultural Diversity | | | | | |
| 9. Demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves. | | | | | |
| 10. Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service. | | | | | |

* See student transcript in file

| Competencies and Elements | | | | | |
|---|-------|--------|-------|--------|-------|
| | First | Second | Third | Fourth | Fifth |
| 11. Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own. | | | | | |
| 12. Demonstrates the requisite knowledge base, ability to articulate an approach to working effectively with diverse individuals and groups, and apply this approach effectively in their professional work. | | | | | |
| Evaluated Educational Experiences & Training Milestones | | | | | |
| a. Multicultural Psychology (PSYC 7360)* | | | | | |
| b. Passing grade in Capstone – Assessment | | | | | |
| c. Passing grade in Capstone – Therapy | | | | | |
| d. Doctoral Comprehensive Exam – Clinical | | | | | |
| IV. Professional Values and Attitudes | | | | | |
| 13. Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. | | | | | |
| 14. Engages in self-reflection regarding one's personal and professional functioning; engages in activities to maintain and improve performance, well-being, and professional effectiveness. | | | | | |
| 15. Actively seeks and demonstrates openness and responsiveness to feedback and supervision. | | | | | |
| 16. Responds professionally in increasingly complex situations with a greater degree of independence as she or he progresses across levels of training. | | | | | |
| Evaluated Educational Experiences & Training Milestones | | | | | |
| a. Introduction to Doctoral Practicum (PSYC 8381)* | | | | | |
| b. Doctoral Clinical Practicum I (PSYC 8382)* | | | | | |
| c. Doctoral Clinical Practicum II (PSYC 8383)* | | | | | |

* See student transcript in file

| Competencies and Elements | First | Second | Third | Fourth | Fifth |
|---|--|--------|-------|--------|-------|
| | V. Communication and Interpersonal Skills | | | | |
| 17. Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. | | | | | |
| 18. Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrates a thorough grasp of professional language and concepts. | | | | | |
| 19. Demonstrates effective interpersonal skills and the ability to manage difficult communication well. | | | | | |
| Evaluated Educational Experiences & Training Milestones | | | | | |
| <i>a. Thesis</i> | | | | | |
| <i>b. Dissertation</i> | | | | | |
| <i>c. Doctoral Clinical Practicum I (PSYC 8382)*</i> | | | | | |
| <i>d. Doctoral Clinical Practicum II (PSYC 8383)*</i> | | | | | |
| VI. Assessment | | | | | |
| 20. Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology | | | | | |
| 21. Understanding of human behavior within its context (e.g., family, social, societal, and cultural) | | | | | |
| 22. Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors, including context, to the assessment and/or diagnostic process | | | | | |
| 23. Selects and applies assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient. | | | | | |
| 24. Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective. | | | | | |
| 25. Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences. | | | | | |

* See student transcript in file

| Competencies and Elements | First | | | | | Second | | | | | Third | | | | | Fourth | | | | | Fifth | | | | |
|---|-------|--|--|--|--|--------|--|--|--|--|-------|--|--|--|--|--------|--|--|--|--|-------|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| Evaluated Educational Experiences & Training Milestones | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>a. Psychopathology (PSYC 5330)*</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>b. Assessment of Intelligence and Achievement (PSYC 5395)*</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>c. Assessment of Personality and Psychopathology (PSYC 5396)*</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>d. Developmental Psychopathology (PSYC 7339)*</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>e. Multicultural Psychology (PSYC 7360)*</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>f. Forensic Assessment I (PSYC 8360)*</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>g. Capstone – Assessment</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>h. Doctoral Comprehensive Exam – Clinical</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>i. Doctoral Clinical Practicum I (PSYC 8382)*</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>j. Doctoral Clinical Practicum II (PSYC 8383)*</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| VII. Intervention | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26. Establishes and maintains effective relationships with the recipients of psychological services. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27. Develops evidence-based intervention plans specific to the service delivery goals. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28. Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29. Demonstrates the ability to apply the relevant research literature to clinical decision making. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30. Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31. Evaluates intervention effectiveness, and adapts intervention goals and methods consistent with ongoing evaluation. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Evaluated Educational Experiences & Training Milestones | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>a. Theory and Research in Psychotherapy I (PSYC 5333)*</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>b. Empirically Supported Treatments (PSYC 7370)*</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>c. Capstone – Therapy</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>d. Doctoral Comprehensive Exam – Clinical</i> | | | | | | | | | | | | | | | | | | | | | | | | | |

* See student transcript in file

| Competencies and Elements | First | | | | | Second | | | | | Third | | | | | Fourth | | | | | Fifth | | | | |
|--|-------|--|--|--|--|--------|--|--|--|--|-------|--|--|--|--|--------|--|--|--|--|-------|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Doctoral Clinical Practicum I (PSYC 8382)* | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. Doctoral Clinical Practicum II (PSYC 8383)* | | | | | | | | | | | | | | | | | | | | | | | | | |
| VIII. Supervision | | | | | | | | | | | | | | | | | | | | | | | | | |
| 32. Demonstrates knowledge of supervision models and practices. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33. Demonstrates effective peer supervision with oversight from faculty and staff psychologists | | | | | | | | | | | | | | | | | | | | | | | | | |
| Evaluated Educational Experiences & Training Milestones | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Supervision Seminar | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Peer Supervision | | | | | | | | | | | | | | | | | | | | | | | | | |
| IX. Consultation and Interprofessional/Interdisciplinary Skills | | | | | | | | | | | | | | | | | | | | | | | | | |
| 34. Demonstrates knowledge and respect for the roles and perspectives of other professions. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35. Demonstrates knowledge of consultation models and practices. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Evaluated Educational Experiences & Training Milestones | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Doctoral Clinical Practicum I (PSYC 8382)* | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Doctoral Clinical Practicum II (PSYC 8383)* | | | | | | | | | | | | | | | | | | | | | | | | | |
| X. Forensic Research and Practice | | | | | | | | | | | | | | | | | | | | | | | | | |
| 36. Demonstrates knowledge of the ways in which clinical science and practice inform common legal issues | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37. Conducts and critically evaluates research related to forensic assessment | | | | | | | | | | | | | | | | | | | | | | | | | |
| 38. Provides consultation and direct services to the legal system | | | | | | | | | | | | | | | | | | | | | | | | | |
| Evaluated Educational Experiences & Training Milestones | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Forensic Assessment I (PSYC 8360)* | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Mental Health Law (PSYC 7336)* | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Forensic Evaluation | | | | | | | | | | | | | | | | | | | | | | | | | |

* See student transcript in file

Appendix E: Ethical Principles of Psychologists and Code of Conduct

ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

Adopted August 21, 2002

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

With the 2016 Amendment
to Standard 3.04
Adopted August 3, 2016
Effective January 1, 2017



ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

CONTENTS

| | | | | |
|--|-----------------------------------|--|----------------------|--|
| INTRODUCTION AND APPLICABILITY | 4.02 | Discussing the Limits of Confidentiality | 8.04 | Client/Patient, Student, and Subordinate Research Participants |
| PREAMBLE | 4.03 | Recording | 8.05 | Dispensing With Informed Consent for Research |
| GENERAL PRINCIPLES | 4.04 | Minimizing Intrusions on Privacy | 8.06 | Offering Inducements for Research Participation |
| Principle A: Beneficence and Nonmaleficence | 4.05 | Disclosures | 8.07 | Deception in Research |
| Principle B: Fidelity and Responsibility | 4.06 | Consultations | 8.08 | Debriefing |
| Principle C: Integrity | 4.07 | Use of Confidential Information for Didactic or Other Purposes | 8.09 | Humane Care and Use of Animals in Research |
| Principle D: Justice | 5. | Advertising and Other Public Statements | 8.10 | Reporting Research Results |
| Principle E: Respect for People's Rights and Dignity | 5.01 | Avoidance of False or Deceptive Statements | 8.11 | Plagiarism |
| ETHICAL STANDARDS | 5.02 | Statements by Others | 8.12 | Publication Credit |
| 1. Resolving Ethical Issues | 5.03 | Descriptions of Workshops and Non-Degree-Granting Educational Programs | 8.13 | Duplicate Publication of Data |
| 1.01 Misuse of Psychologists' Work | 5.04 | Media Presentations | 8.14 | Sharing Research Data for Verification |
| 1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority | 5.05 | Testimonials | 8.15 | Reviewers |
| 1.03 Conflicts Between Ethics and Organizational Demands | 5.06 | In-Person Solicitation | 9. Assessment | |
| 1.04 Informal Resolution of Ethical Violations | 6. Record Keeping and Fees | | 9.01 | Bases for Assessments |
| 1.05 Reporting Ethical Violations | 6.01 | Documentation of Professional and Scientific Work and Maintenance of Records | 9.02 | Use of Assessments |
| 1.06 Cooperating With Ethics Committees | 6.02 | Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work | 9.03 | Informed Consent in Assessments |
| 1.07 Improper Complaints | 6.03 | Withholding Records for Nonpayment | 9.04 | Release of Test Data |
| 1.08 Unfair Discrimination Against Complainants and Respondents | 6.04 | Fees and Financial Arrangements | 9.05 | Test Construction |
| 2. Competence | 6.05 | Barter With Clients/Patients | 9.06 | Interpreting Assessment Results |
| 2.01 Boundaries of Competence | 6.06 | Accuracy in Reports to Payors and Funding Sources | 9.07 | Assessment by Unqualified Persons |
| 2.02 Providing Services in Emergencies | 6.07 | Referrals and Fees | 9.08 | Obsolete Tests and Outdated Test Results |
| 2.03 Maintaining Competence | 7. Education and Training | | 9.09 | Test Scoring and Interpretation Services |
| 2.04 Bases for Scientific and Professional Judgments | 7.01 | Design of Education and Training | 9.10 | Explaining Assessment Results |
| 2.05 Delegation of Work to Others | | | 9.11 | Maintaining Test Security |
| 2.06 Personal Problems and Conflicts | | | 10. Therapy | |
| 3. Human Relations | | | 10.01 | Informed Consent to Therapy |
| 3.01 3.11 Unfair Discrimination | | | 10.02 | Therapy Involving Couples or Families |
| 3.02 3.12 Sexual Harassment Other Harassment Avoiding Harm Multiple Relationships Conflict of Interest | | | 10.03 | Group Therapy |
| 3.03 3.12 Sexual Harassment Other Harassment Avoiding Harm Multiple Relationships Conflict of Interest | | | | Psychological Services Delivered through Organizations |
| 3.04 3.12 Sexual Harassment Other Harassment Avoiding Harm Multiple Relationships Conflict of Interest | | | | Interruption of Psychological Services |
| 3.05 3.12 Sexual Harassment Other Harassment Avoiding Harm Multiple Relationships Conflict of Interest | | | | |
| 3.06 3.12 Sexual Harassment Other Harassment Avoiding Harm Multiple Relationships Conflict of Interest | | | | |
| 3.07 3.12 Sexual Harassment Other Harassment Avoiding Harm Multiple Relationships Conflict of Interest | | | | |
| 3.08 3.12 Sexual Harassment Other Harassment Avoiding Harm Multiple Relationships Conflict of Interest | | | | |
| 3.09 3.12 Sexual Harassment Other Harassment Avoiding Harm Multiple Relationships Conflict of Interest | | | | |
| 3.10 3.12 Sexual Harassment Other Harassment Avoiding Harm Multiple Relationships Conflict of Interest | | | | |

7.02 P in Teaching
7.04 Student Disclosure of
o Personal Information
7.05 Mandatory Individual or
r Group Therapy
7.06 Assessing Student and
m Supervisee Performance
7.07 Sexual Relationships
D With Students and
e Supervisees
8. **Research and Publication**
8.01 Institutional Approval
r
i
p
t
i
o
n
s
o
f
E
d
u
c
a
t
i
o
n
a
n
d
T
r
a
i
n
i
n
g
P
r
o
g
r
a
m
s
7.03 A
c
c
u
r
a
c
y

- 10.04 Providing Therapy to Those Served by Others
- 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
- 10.08 Sexual Intimacies With Former Therapy Clients/Patients
- 10.09 Interruption of Therapy
- 10.10 Terminating Therapy

**AMENDMENTS TO THE 2002
“ETHICAL PRINCIPLES OF**

4. Privacy and Confidentiality
4.01 Maintaining Confidentiality

- 8.02 Informed Consent to Research
- 8.03 Informed Consent for Recording
Voices and Images in Research

**PSYCHOLOGISTS AND CODE OF
CONDUCT” IN 2010 AND 2016**

Effective June 1, 2003 (as amended 2010, 2016). Effective January 1, 2017
Copyright © 2017 by the American Psychological Association. 0003-066X

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 Stan-

dard 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

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 American Psychological Association's Council of Representatives adopted this version of the APA Ethics Code during its meeting on August 21, 2002. The Code became effective on June 1, 2003. The Council of Representatives amended this version of the Ethics Code on February 20, 2010, effective June 1, 2010, and on August 3, 2016, effective January 1, 2017. (see p. 16 of this pamphlet). Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Office of Ethics, American Psychological Association, 750 First St. NE, Washington, DC 20002-4242. This Ethics Code and information regarding the Code can be found on the APA website, <http://www.apa.org/ethics>. The standards in this Ethics Code will be used to adjudicate complaints brought concerning alleged conduct occurring on or after the effective date. Complaints will be adjudicated on the basis of the version of the Ethics Code that was in effect at the time the conduct occurred.

The APA has previously published its Ethics Code, or amendments thereto, 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.

associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services.

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

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

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

American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, 57, 1060-1073.

American Psychological Association. (2010). 2010 amendments to the 2002 "Ethical Principles of Psychologists and Code of Conduct." *American Psychologist*, 65, 493.

American Psychological Association. (2016). Revision of ethical standard 3.04 of the "Ethical Principles of Psychologists and Code of Conduct" (2002, as amended 2010). *American Psychologist*, 71, 900.

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

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 Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

1.03 Conflicts Between Ethics and Organizational Demands

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

1.04 Informal Resolution of Ethical Violations

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

1.05 Reporting Ethical Violations

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

1.06 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.

(f) When assuming forensic roles, psychologists are

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.

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

(a) 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.

(b) Psychologists do not participate in, facilitate, assist, or otherwise engage in torture, defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that violates 3.04a.

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 Intima-

cies 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.)

(4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services

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,

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 re-location 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.)

sonal identifiers.

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 per-

(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, expect-

ed 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, in-

cluding 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 informa-

tion and techniques sufficient to substantiate their findings. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

(b) Psychologists inform persons with questionable

(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.

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.

~~Effective January 1, 2017 Standard 10.04 Standard 10.1015~~

AMENDMENTS TO THE 2002 “ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT” IN 2010 AND 2016

2010 Amendments

Introduction and Applicability

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. ~~If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing authority in keeping with basic principles of human rights.~~

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority

If psychologists’ ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. ~~If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority.~~ Under no circumstances may this standard be used to justify or defend violating human rights.

1.03 Conflicts Between Ethics and Organizational Demands

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

2016 Amendment

3.04 Avoiding Harm

(a) 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.

(b) Psychologists do not participate in, facilitate, assist, or otherwise engage in torture, defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that violates 3.04a.