

GRADUATE PROGRAM IN CLINICAL PSYCHOLOGY
The University of Georgia
August 2012

I. Purpose of Clinical Training Program

The purpose of the APA-accredited¹ Doctoral Program in Clinical Psychology is to train outstanding clinical scientists who will make valuable contributions to the field of clinical psychology. Specific aims are: (a) to give the student a knowledge of the field of psychology as a method of inquiry into human behavior with a focus on the central role of empiricism in all aspects of clinical psychology; (b) to develop competence in theoretical and research issues that pertain to clinical psychology and related areas and empirical methodologies for studying and providing clinical services; (c) to give the student an identification with psychology as an integrated basic and applied science; (d) to develop culturally-competent skills in service and research recognizing the increasingly diverse communities which psychologists serve; and (e) to insure that the individual has the ability to function in research-oriented (e.g., academic) and applied (e.g., medical centers) settings through the development of competencies in the production and consumption of research, the teaching of clinical psychology, and the supervision and provision of clinical services.

II. Training Model

The Clinical Psychology Program is based on the clinical science model, and as such, takes an empirical perspective with a cognitive behavioral orientation. Mentored research activities, course work in basic and clinical psychology, teaching, and clinical practica represent the training experiences available in this model. The critical role of empiricism as a unifying perspective for research experiences and clinical activities is viewed as an important aspect of the program. This integration is achieved by the student typically being involved in course work, research activities, and clinical practicum during each semester of residency on campus. The latter two experiences are achieved by the student working closely with selected faculty members within the context of one-to-one interactions with research faculty or small practicum teams in the clinical setting. Within this "learning by doing" approach, students are continuously involved in active research projects as well as actual supervised clinical practice.

A list of the faculty of the Clinical Training Program and their interests is presented in Appendix A.

III. Admission to the Graduate Program

To be admitted to graduate work in clinical psychology, the student must meet all admissions requirements of the Graduate School, the Psychology Department, and the Clinical Psychology Program. These minimum requirements include: (a) A bachelor's degree; (b) An overall undergraduate grade point average of 3.00 (or equivalent of a "B" average); (c) A combined Verbal and Quantitative Graduate Record Exam Score of 1100 or higher, with neither score less than 420; and (d) An overall grade point average of 3.50 (or equivalent) in any graduate course work completed. However, it is important to note that admitted students score significantly higher on the above minimal performance measures. See <<http://psychology.uga.edu/graduate/programs/clinical/clinicaldata11.pdf>> for a description of graduate admissions and outcomes data. Students can obtain necessary forms for application from the departmental website < <http://www.uga.edu/psychology/>>

International students required by the Graduate School to meet the English Proficiency Requirement <http://www.uga.edu/gradschool/admissions/int_tips_language.html> must also meet the cut-off score required by

¹ The doctoral program in clinical psychology is currently accredited by the Commission on Accreditation, American Psychological Association, 750 First Street, N. E., Washington, DC 20002-4242, 202/336-5979.

the University for serving as a classroom instructor in order to be admitted into the Program in Clinical Psychology. Students must have a TOEFL iBT speaking score of at least 26 or an IELTS score of 7.5 <<http://www.ctl.uga.edu/teachingassistant/tapolicy>>.

Up to date information about the typical number of applicants, number of acceptances, characteristics of those accepted, and availability of financial aid is also presented at <http://psychology.uga.edu/graduate/programs/clinical/clinicaldata11.pdf>

IV. Admission to the Clinical Program

All students admitted to the Program in Clinical Psychology are chosen because they appear to have outstanding potential for completing the Ph.D. degree and developing into outstanding clinical scientists who will well represent and advance the field of clinical psychology. Most students fulfill this expectation. However, students will continue to receive the sponsorship of the Program in Clinical Psychology only if, in the opinion of the program faculty, they continue to demonstrate outstanding potential for becoming an empirically-based clinical psychologist. Students who are judged by the faculty of the Program in Clinical Psychology as being deficient in development of research skills, development of clinical skills, academic performance, ethical behavior, or professional behavior will be terminated from the program. If deficiencies are judged to exist prior to the completion of the master's degree, the faculty may decide to continue to sponsor the student for completion of the master's degree, but the student will not be allowed to participate in clinical practicum activities after deficiencies have been judged to exist. In some cases, however, the faculty of the Program in Clinical Psychology may decide to withdraw sponsorship for the master's degree as well if the deficiencies are judged to be sufficiently severe.

If the Program faculty believes that they do not have sufficient information about the student's ability to perform adequately in one or more areas, they may elect to place the student on probation for a specified period of time. The deficiencies that the student is required to remedy will be specified to the student in writing. At the end of the prescribed period of time, the student will be reevaluated by the Program faculty. At that time, the Program faculty may make a decision concerning continued sponsorship or may choose to extend the period of probation if sufficient information is still not available.

During the first year of the program, students will be evaluated by the clinical faculty near the end of Fall and Spring semesters and will receive written feedback. Subsequently, students will be evaluated annually. Students who do not receive written feedback at those times should request it from their faculty advisor or major professor and be sure that the information has been obtained.

Near the end of the student's first year in the program, the faculty of the Program in Clinical Psychology will review all areas of student performance and make a decision concerning continued sponsorship for the Ph.D. degree. This decision is separate from the decisions to admit the student to the Program in Clinical Psychology and to sponsor the student for the master's degree. Although it is expected that most students who make satisfactory progress toward completion of the master's degree will receive the program's continued sponsorship for the doctorate, satisfactory performance alone is not sufficient to obtain continued program sponsorship for the Ph.D. in Clinical Psychology. The faculty will only elect to continue to sponsor for doctoral candidacy those students who show outstanding promise for a professional career in clinical psychology through approximately the first year of the program.

Students who are sponsored for doctoral candidacy will form a Doctoral Advisory Committee and submit a Doctoral Program of Study. If the Program faculty believes that they do not have sufficient information concerning the quality of the student's performance to make the decision concerning sponsorship for the Ph.D. in Clinical Psychology near the end of the first year, they may decide to delay that decision for a specified period of time. Students will continue to be evaluated by the Program faculty after the decision to sponsor the student for the Ph.D. has been made. If, in the faculty's judgment, the student does not continue to demonstrate outstanding promise as a professional clinical psychologist, the Program faculty may elect to withdraw sponsorship for the Ph.D. in Clinical Psychology and may elect to require the student to desist from clinical practicum or clinical internship activities in some cases.

Subsequent to completing the M.S. degree, the student who has been sponsored for the Ph.D. in Clinical Psychology must meet Graduate School, departmental, and program requirements for Admission to Candidacy. These requirements include: a final program of study approved by the advisory committee, graduate coordinator, and the Dean of the Graduate School; a 3.00 GPA in all graduate courses taken and in completed graduate courses on the program of study; grade of B or better in all courses on the program of study; written and oral comprehensive exams passed; the doctoral advisory committee appointed; and, residence requirement met. The application for Admission to Candidacy must be filed with the Graduate School at least two semesters before the date of graduation.

V. Master of Science Degree Requirements

A. Students in clinical psychology are required to take a master's degree in general psychology. Before the end of the fall semester, in the first year of residence, the student should form a three-person committee from members of the faculty who will guide and evaluate the master's thesis. The appropriate advisory committee form should be filed with the Clinical Training office. Instructions for the thesis proposal and the final thesis, as well as guidelines for orals, are presented in Appendix B.

B. The requirements for the M.S. degree include an acceptable thesis plus the courses specified below under the heading "Summary of M.S. Degree Requirements". Students wishing to be exempted from any of the MS courses must apply to their advisor. Exempted courses must be replaced with alternate courses. An M.S. Program of Study should be submitted to the Graduate School through the Clinical Training Office during the second semester of residence.

C. Students must submit their first year project for publication before the end of the Fall semester of their second year in the program. A thesis proposal is expected to be submitted to the master's advisory committee by the end of Spring Semester of the second year. Students must complete and defend the Master's thesis by the end of their third year. It is expected that students also will complete the other Master's requirements by the end of the 3rd year. Students who enter the program with a master's degree and are not required to write a thesis must meet all other clinical program master's degree requirements prior to internship.

D. The M. S. thesis must be submitted for binding to meet departmental requirements to file one bound copy with the department and one for the Major Professor.

Summary of M.S. Degree Requirements

<u>Courses</u>	<u>Hours</u>
PSYC 6420 Advanced Experimental Psychology (Quant II) (or exempted out)	3
PSYC 6430 Applied Regression Methods in Psychology (Quant III)	3
PSYC 6100 Cognitive Psychology	3
PSYC 6130 Biological Foundations of Behavior	3
PSYC 6200 Advanced Social Psychology	3
PSYC 6240 Advanced Psychopathology: Adults	3
PSYC 6560 Clinical Assessment	3
* PSYC 7000 Master's Research	6

PSYC 7300 Master's Thesis

6

Total hours = 33

Note: A student must earn a grade of B or better in all courses on the M.S. program of study.

*As part of their research credit hours, entering students are required to complete an empirical study sufficient for publication submission over the course of the first year of study. Satisfactory completion of PSYC 7000 across the first two semesters will be tied to adequate progress and completion of this requirement.

E. Students with Master's degrees or with graduate work from schools other than the University of Georgia must satisfy the Psychology Department's M.S. core course requirements. These requirements may be satisfied in one of the following ways:

1. The student may seek exemption from a core course in any area in which s(he) has acceptable graduate credit (minimum grade of B or better). No undergraduate courses or graduate courses taken as an undergraduate will be accepted for exemption (History of Psychology can be waived if an acceptable undergraduate course has been taken). When a core course is exempted, the student must replace it with another graduate level psychology course outside the clinical area, a graduate course in a related field, or an approved elective, excluding Psychology 9000. This course must be specified in the student's application for exemption.
2. The student may challenge a core course and may, upon recommendation of the appropriate committee, seek exemption for the course by demonstrating knowledge of the subject area comparable to, but not necessarily identical with, the knowledge of a B grade in the course. Exemptions and challenges should be handled through the Director of Clinical Training.
3. Students may take the core course and must earn a grade of B or better.

Students entering the Clinical Program with a master's degree cannot exempt clinical courses, clinical practicum, or internship. Such students are admitted only if they demonstrate exceptional merit.

Students admitted with a master's degree from another school or program may petition for exemption from the thesis requirement if, as part of their master's program, they completed a thesis that was an empirical study of a psychological nature. In such cases, the student should, during their first semester, submit a copy of the thesis to the Director of Clinical Training for approval.

VI. Advisors and Committees

All incoming students will be assigned an advisor by the Director of Clinical Training. This advisor will help the student plan her/his registration. The student is required to select a thesis advisor and a reading committee consisting of two other members of the faculty of the Department of Psychology (or other faculty if approved by program faculty) by the end of the first semester of study. Registration for the spring semester of the first year will not be allowed until the thesis committee is selected.

A Doctoral Advisory Committee should be appointed by the end of the spring semester following admission to the Doctoral Program. The composition of the Doctoral Advisory Committee will be as follows:

1. Chairperson--A member of the Graduate faculty and a member of the Clinical Training Program faculty; (or other Graduate faculty member approved by the Clinical Training program faculty).
2. Two or more additional members, at least two of whom shall be appointed members of the Graduate faculty and two of whom must be members of the Department of Psychology. The majority should be members of the Clinical Training Program faculty. If the student and major professor wish, one or two members of the University of Georgia faculty who are not members of the Clinical faculty (either from the remaining Psychology faculty or from outside the Department) may serve. If the student elects to conduct his/her dissertation under the direction of a faculty member who is outside the Clinical faculty, then this faculty member will be appointed chairperson of the dissertation committee.

The Doctoral Advisory Committee will plan with the student a Program of Study and will approve the program. The Preliminary Program of Study will be turned in to the Clinical Training Office to be filed with the Graduate Coordinator and placed in the student's permanent folder. This should be done by the end of the first year in the Doctoral Program. A Final Program of Study must be filed prior to admission to candidacy. (See Graduate Bulletin). The Doctoral Advisory Committee will be responsible for all routine decisions regarding the student. Only matters for which there is no established policy or matters requiring changes in or exceptions to established policy will be referred by the Doctoral Advisory Committee to the Clinical Psychology faculty. Written notice of all actions by a student's Advisory Committee will be submitted to the Clinical Training office for inclusion in the student's permanent folder.

The Advisory Committee will administer the oral and the written comprehensive examinations and will approve the dissertation prospectus. Committee approval of the dissertation prospectus must be obtained before the student begins further work on the dissertation.

All theses and dissertations must contain (a) an unsigned copy of the informed consent form used for the study and (b) the signed institutional agreement letter.

VII. Academic Requirements

Students must maintain a B average exclusive of directed study courses (7000, 7300, 9000, 9300). A student who drops below this average in any semester will be placed on probation. If, at the end of the next semester, the student fails to bring her/his average back to the minimum satisfactory level, (s)he will forfeit her/his financial aid. Any student on probation who fails to achieve a satisfactory average after two successive semesters will be dropped from the program. Grades will be reviewed each semester.

Students must pass required clinical courses (PSYC 6560, 6650, 6670, 6240, 8920, 7520, 8510, and Clinical Supervision I) with a grade of B or higher. If a B is not obtained in any one of these courses after two attempts, the student will not be admitted to doctoral candidacy, or if already admitted, will be discontinued. The student may, under these circumstances, elect to complete requirements for the terminal master's degree, if the M. S. degree has not already been earned.

VIII. Research Requirements

As a primary aim of the Clinical Psychology Graduate Program, all students are required to spend a significant amount of time in active participation of research endeavors. A minimum expectation is approximately 12 hours per week directly involved in research activities. This requirement may include but is not limited to an assistantship or fellowship that requires at least one-fourth-time work. Students who do not have such assistantships or fellowships will be assigned research responsibilities by the program. A report on the students' performance will be made periodically to the Director of the Clinical Training Program. It is expected that students will be able to show tangible results of their research development through the successful production of peer reviewed conference presentations and manuscript publications.

Students will register for research hours each semester of residence. At least three credit hours are required during each semester except for the internship year. The course number for these hours will vary with the student's stage of progress. For example, students working on their master thesis would take PSYC 7000 or PSYC 7300 as appropriate. Doctoral level students will take PSYC 9000 or PSYC 9300. Up to 9 hours of 7300 and of 9300 are allowed. Up to 12 hours of PSYC 7000 and 18 hours of 9000 are allowed. Students who are not working on a thesis or dissertation should take PSYC 9100 (Special Problems). These research hours may not substitute for course requirements in the program of study. If a grade of Satisfactory is not obtained in any one of these research credit hours, or the program faculty does not feel that the student is making acceptable progress in research training, a student may be placed on probation. If, at the end of the next semester, the student fails to bring her/his research training back to a satisfactory level, (s)he will forfeit her/his financial aid. Any student on probation who fails to achieve satisfactory ratings on research training after two successive semesters may be dropped from the program. Research productivity will be reviewed each semester, and a final report may be required of the student at the end of the summer of the first year.

In order to facilitate exposure to research, all first-year students, regardless of the type of assistantship held, will be assigned to a faculty member's research team. As part of their research credit hours, entering students are required to complete an Introductory Research project. This project can be either an empirical review paper (e.g., meta-analysis) or an empirical study sufficient for publication submission following the first year of study. Satisfactory completion of PSYC 7000 across the first two semesters will be tied to adequate progress and completion of this requirement.

During the first semester of their second year of training, each student is required to present their Year 1 project to the program faculty and to fellow clinical graduate students through a public presentation. By the end of the 1st Semester of year two, students must submit the first year project as a manuscript, review article or book chapter for publication as author or co-author. Additionally, a M.S thesis-based manuscript submission is required prior to the dissertation proposal. The dissertation defense is expected prior to internship.

Students are expected to adhere to the University's policy on Academic Honesty.

IX. Professional Requirements

Clinical Psychology is a professional as well as an academic program. Consequently, the Clinical faculty is responsible to the public and to the profession of clinical psychology for insuring that students and graduates of our program have adequate clinical skills and demonstrate responsible professional behavior.

A. Adequate clinical skills involve the ability to work with and take responsibility for clients. These skills will be assessed during the student's practicum training. If, in the opinion of a faculty supervisor, a student does not seem to be fitted for or capable of conducting clinical activities, then the student shall be notified in writing by his/her practicum supervisor of the nature of his/her deficiencies and transferred to another practicum team where a second opinion can be formed. The student's qualifications will then be reviewed in the following semester by the Clinical faculty and appropriate action taken. In the majority of cases these decisions will be made in the first year

B. Adequate professional behavior -- Graduate students in Clinical Psychology are expected to behave in accordance with accepted professional and ethical standards in clinical, research, and classroom settings and in all

interactions with clients, faculty members, students, and colleagues. Students are expected to know and abide by the Ethical Principles of Psychologists and Code of Conduct, published by the American Psychological Association. Students are expected to be proactive in their own professional development and should seek out opportunities for learning beyond formal class and training settings.

C. Students should be aware of both ethical and legal restrictions on the practice of psychology. Specifically, the APA ethics code (<http://www.apa.org/ethics/code/principles.pdf>) states (in part) that “. . . 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.” In Georgia, the practice of psychology by unlicensed persons is prohibited by law, as is use of the title “Psychologist” by unlicensed persons practicing applied psychology. Students should keep these restrictions in mind when contemplating employment or volunteer work outside the program and should consult with the Director of Clinical Training if in doubt about the applicability of the above ethical standards and law.

Neither the ethical standards on competence nor the law against unlicensed practice should, however, be construed as prohibiting participation in clinical training experiences at sites external to The University of Georgia. Such external practica may be arranged by the Director of Clinical Training provided the following elements are present: The site provides training appropriate to the student’s level of experience and training needs and consistent with the program’s objectives for clinical practicum training; the student’s work is supervised by a licensed clinical psychologist; the student registers for and receives academic credit for the work; and a Memorandum of Understanding is in place between the University of Georgia and the external site specifying the roles and responsibilities of student, UGA faculty, and staff at the external site. A student’s participation in an external practicum must be approved by the faculty of the Clinical Psychology Program.

D. With permission of the program faculty, students may accept VA clerkships or other external practica during the summers. However, students are required to be on campus at least one summer during their first 3 years. Students are not necessarily free of professional responsibilities during academic breaks. They should expect to take about two weeks of vacation during the year, if all obligations have been met.

X. Ph.D. Minimum Course Requirements

All graduate students in the Doctoral Program in Clinical Psychology are required to fulfill the following course requirements for a total of 69 credit hours:

*A. Required of all students:	hours
1. PSYC 6220 Developmental Psychology	3
2. PSYC 6650 Ethical Issues in the Methods & Practice in Clinical Psychology	3
3. PSYC 6180 History of Psychology	3
4. PSYC 8920 Behavior Problems of Children	3
5. PSYC 7520 Behavior Therapy	3
6. PSYC 6670 Research Design in Clinical Psychology	3
7. PSYC 8510 Child Behavior Therapy	3
8. PSYC 8500 Clinical Staffing Procedures (Practicum)	24
9. PSYC 9200 Clinical Internship in Psychology	9
**10. PSYC 8000 Clinical Psychology Supervision I	3

11. PSYC 9300 Doctoral Dissertation

3

X. Ph.D. Minimum Course Requirements (cont'd)

*A student must earn a grade of B or better on all courses under X A.

**This course is required during the 4th or 5th year of study, but must be completed prior to internship placement.

B. Advanced Quantitative Methods. Students are required to take one advanced statistics courses in addition to the M.S statistics requirements. 3 hours

These courses may be used to meet this requirement:

PSYC 6440 Experimental Design in Psychology (Quant IV)

PSYC 8000 Advanced Topics in Psychology (Multivariate Analysis, other quantitative methods seminars offered by psychology faculty)

PSYC 8990 Seminar in Psychometrics (Confirmatory Factor Analysis, other seminars offered by psychology faculty)

ERSH 8310 Applied Analysis of Variance Methods in Education

ERSH 8320 Applied Correlation and Regression Methods in Education

ERSH 8350 Multivariate Methods in Education

ERSH 8750 Exploratory and Confirmatory Factor Analysis

ERSH 8760 Structural Equation Modeling

SOCI 8630 Empirical Model-Building in Social Research

*Other courses approved by the clinical faculty

A grade of B or better is required in all three courses in statistics. Failure to obtain this grade in a course will necessitate the student's taking the course again.

C. Diversity. Students are required to take PSYC 7540 Psychology of Disadvantaged and Minority Groups, or another course focusing on aspects of working with diverse populations as approved by the Clinical Faculty. These may include the following courses:

PSYC 8980 Cultural Diversity in Organizations

3 hours

PSYC 8000 Culture & Diversity

PSYC 6500 Psychology of Prejudice

ECHD 6000 Psychology of the African American Experience

ECHD 7060 Cross Cultural Counseling

ECHD 9060 Advanced Multicultural Counseling

*Other courses approved by the clinical faculty

D. Elective Courses. Students are required to take one course from the following list of Electives. Additional electives are recommended, and students are strongly encouraged to take Psychopharmacology as part of their didactic training. Students may petition the program faculty to take other non- listed graduate courses, but approval is at the discretion of the clinical faculty.*

PSYC 6160 Sensory Psychology

3 hours

PSYC 6210 Individual Differences

PSYC 6250 Psychometrics

PSYC 7530 Personality Assessment

PSYC 7550 Treatment of Sexual Dysfunction

PSYC 8000 Advanced Topics in Psychology (Pediatric Psychology, Victimization and Trauma, Controversial Issues in Psychotherapy, Schizophrenia, Family Treatment, other seminars offered by the clinical faculty)

PSYC 8300 Neuroanatomy for Behavioral Scientists

(X. Ph.D. Minimum Course Requirements, cont'd, electives)

PSYC 8330 Lab Apprenticeship (Cannot be taken with Major Professor)
 PSYC 8520 Behavioral Medicine/Health Psychology
 PSYC 8540 Marital Dysfunction and Intervention
 PSYC 8550 Neuropsychological Assessment
 PSYC 8790 Advanced Seminar in Social Psychology-Personality Theories
 PSYC 8840 Personality and Social Development
 PSYC 8850 Perceptual Development
 PSYC 8860 Cognitive Development
 PSYC 8870 Theories of Psychological Development
 PSYC 8890 Seminar in Developmental Processes
 PSYC 8900 Psychopharmacology Seminar (recommended)
 CHFD 6100 Theories of Human Development
 CHFD 8060 Contemporary Approaches to Couples and Family Therapy Across the Life Span
 CHFD 8070 Couple and Sex Therapy
 ECHD 7080 Introduction to Group Counseling
 ECHD 9080 Advanced Theories and Procedures of Group Work
 EPSY 7100 Individual Assessment of Development
 EPSY 7700 Infant and Preschool Assessment
 EPSY 8340 Child Neuropsychology
 EPSY 8160 Special Topics in Educational Psychology (Rorschach Assessment)
 PHRM 8430 Advanced Neuropharmacology
 *Other courses approved by the clinical faculty

*Important Note Regarding Courses Requiring Approval by the Clinical Faculty: All requests to satisfy program requirements with courses other than those specified by the Clinical Psychology Program must be approved by the Clinical Psychology Program faculty by the close of the last day of the drop/add period of the semester during which the course in question is to be taken. Requests submitted after the close of the drop/add period will not be considered and no course which has been completed by the student or which has been in session beyond the drop/add period will be approved.

XI. Practicum

Every student in Clinical Psychology is required to enroll for three hours of practicum (PSYC 8500) every semester during the academic year for a period of four years. With Faculty permission, the student may elect to enroll in additional practica. The practicum experience is typically organized in terms of a team, with a minimum membership of a first-year student, an intermediate student, an advanced student, and a faculty supervisor. Although all students will be assigned to a team by the Director of Clinical Training, after the first year students will be allowed to express a preference for a faculty supervisor with the provision that he/she may not have the same supervisor for more than two semesters. (excluding summers). In rare cases a student may change practicum teams during the year. Approval of both faculty supervisors is required.

First year students' first semester practicum will include basic skills training supervised by advanced 4th or 5th year students and overseen by the Clinical Supervision course instructor of record. They will attend assigned practicum team meetings Fall Semester of their first year but will generally not see clients until Spring Semester. Successful completion of their first year practicum will be in part dependent on their adequate development of basic clinical skills training.

Third, fourth, and fifth year students will have the option to do external practicum as well as work in the Psychology Clinic. Third year students will present a clinical case at clinical seminar. Fourth or fifth year students will enroll

for clinical supervision class: Responsibilities include supervising students in basic skills training and seminar-based professional/clinical development.

Before going on internship, students must have successfully completed a minimum of 8 semesters of practica, 6 of which must have been in the program's Psychology Clinic or its affiliations. Summer practicum experiences do not count towards this requirement, nor do "overloads" (i.e., more than 3 hours of practica per semester).

XII. Internship

Graduate students in Clinical Psychology will typically intern in either the fifth or sixth year of the doctoral program, depending on progress and career direction. During each semester of internship the student will enroll in PSYC 9200 for 3 hours credit. Before beginning an internship, the following requirements must be met:

- A. All Master's requirements must be completed including didactic coursework, first year project and its submission, and the M.S. thesis and its manuscript submission.
- B. Written and oral comprehensive examinations must be passed.
- C. The student must have been admitted to Doctoral Candidacy.
- D. The student must have completed 6 semesters in the clinic or its affiliations and 8 semesters total practica before internship.
- E. Students must have proposed the dissertation by October in the year applying for internship and cannot rank internship sites if the bulk of their dissertation data is not collected and approved by their major professor. The dissertation defense is expected prior to internship but not required.
- F. The internship facility must be approved by the student's Doctoral Advisory Committee and the Clinical faculty and should be APA-approved.

XIII. Comprehensive Examinations

All students are required to take a written and an oral comprehensive examination.

- A. The written comprehensive examination consists of completion of one of two written options: the Test Questions Comprehensive Exam (TQE) option or the Research Comprehensive Exam (RCE) option. Students are required to undertake one of these examination options by the end of summer following the 3rd year and must pass the examination prior to applying for internship. To be eligible for the Written Comprehensive Examination students must have completed and submitted their first year project and defended their Master's thesis.
- B. The TQE option may be taken two times. It may be taken a third time if the student can demonstrate extenuating circumstances and a remedial program of study. The privilege of a third examination must be approved by the Clinical training faculty. The RCE option is PASS/FAIL with a REVISE and RESUBMIT option available to the Committee (See appendix for details of the procedure). A FAIL on the RCE option will necessitate passage of the TQE option per above. A student failing a comprehensive examination for the third time is automatically dropped from the program.
- C. The oral comprehensive examination will normally follow within 6 weeks of the passage of the Written Comprehensive Exam and must precede a defense of the dissertation prospectus. Instructions for the dissertation prospectus and the final dissertation, as well as guidelines for orals, are presented in Appendix C.

XIV. Student Evaluations

During the first year of graduate study students will be evaluated following fall and spring semesters. Subsequently, students will be evaluated yearly. The following five areas will be examined: (a) research skills; (b) academic performance; (c) professional behavior; (d) ethical behavior; and (e) clinical skills. Academic transcripts and end-of-semester practicum and research evaluations will be utilized in the evaluations. In addition, before the end of spring semester of each year each student will complete a Graduate Student Activities Report and submit it to the Director of Clinical Training for inclusion in the evaluation process.

XV. Teaching Requirements

Most students will be expected to acquire teaching experience during the course of their program of study. This is usually via Teaching Assistantships (TAs) or Graduate Teaching Assistantships (GTAs) in which students assist or act as the instructor of record (respectively) for undergraduate courses. When assigned as a TA or GTA, students are generally required to spend 13 hours per week in those teaching activities. A report on the students' performance will be made periodically to the Director of the Clinical Training Program.

XVI. Residency Requirements

In addition to meeting the Graduate School's residency requirements for the master's and doctoral degrees, students must be enrolled for at least three credit hours in an appropriate course (e.g., Psyc 9000, Psyc 9300) until all degree requirements, including final orals, are completed.

XVII. Student Representatives

Student representatives attend meetings of the Clinical Psychology Faculty and meet periodically with the Clinical Program Chair in order to facilitate communication between students and faculty, and to voice student concerns. Each year one student is elected by students in each of the classes on campus (not on internship). These students attend regular meetings of the program faculty, participate in discussions and vote on matters affecting them. They are excluded from discussions and votes only on confidential matters concerning other students (e.g., evaluations, requests for deviations from program requirements) and matters in which their participation may not be permitted by University statutes (e.g., faculty personnel decisions).

XVIII. Students with Disabilities

It is the policy of the University of Georgia to make reasonable accommodations for qualified students with disabilities. A student who has a disability and who will require accommodations to complete program requirements should notify the Director of Clinical Training within the first two weeks of the student's first semester in the program. Information on documentation requirements can be obtained from the Disability Resource Center, 114 Clark Howell Hall, ph: (706)542-8719.

Students should be alert to any disability, personal problem, or conflict that is likely to impair significantly their effectiveness in discharging professional role responsibilities. They should consult with the relevant faculty supervisor(s) and/or the Director of Clinical Training, as appropriate, for assistance in determining an appropriate course of action.

XIX. Grievance Procedures

The Clinical Psychology Program recognizes the rights of all students and faculty to be treated with courtesy, respect, and fairness. In instances in which a student believes s/he is not being so treated, it is appropriate for the student to seek informal resolution of the problem through discussion with the person(s) directly involved. If informal resolution is unsuccessful or is not appropriate, the student should seek consultation with the faculty advisor/supervisor, Director of Clinical Training, or Head of the Department of Psychology for assistance in determining applicable appeal/grievance procedures. Students and faculty of the Clinical Psychology Program are subject to the grievance procedures described in the Department of Psychology Graduate Studies Policy Manual and to other University of Georgia procedures <<http://legal.uga.edu/policies/>>, including those described in the Academic Affairs Policy Manual <<http://provost.uga.edu/index.php/policies-procedures/academic/academic-affairs/>> and by the Graduate School <<http://www.grad.uga.edu/academics/regulations.html>>

**SUMMARY OF MINIMUM COURSE REQUIREMENTS
FOR THE PH.D. DEGREE**

<u>Courses¹</u>	<u>Hours</u>
M.S. Courses	33
Developmental Psychology	3
History of Psychology	3
Research Design in Clinical Psychology	3
Ethical Issues in the Methods & Practice in Clinical Psychology	3
Behavior Problems of Children	3
Behavior Therapy	3
Child Behavior Therapy	3
Clinical Supervision	3
Practicum	24
Internship	9
Advanced Quantitative Methods	3
Diversity course	3
Electives	3
Dissertation (PSYC 9300)	3
Total:	102

¹Students may exempt one or more M.S. courses if the course has previously been taken at the graduate level and may substitute appropriate psychology electives for the course(s) exempted.

Clinical Psychology Doctoral Program of Study: SAMPLE 1

1st Year

Fall Semester

3hr	PSYC 6420 , Quant II
3hr	PSYC 8920, Behavior Problems Children
3hr	PSYC 6560, Clinical Assessment
3hr	PSYC 8500, Clinical Practicum (Includes Basic Clinical skills training modules)
3hr	PSYC 7000, Research
2hr	GRSC 7770, (Teaching Course)
1hr	PSYC 9100 (Clinical Proseminar)
Total:	18 hours

Spring Semester

3 hr	PSYC 6430, Quant III
3hr	PSYC 8510, Child Behavior Therapy
3hr	PSYC 8500, Clinical Practicum
3hr	PSYC 6670, Research Design
3hr	PSYC 7000, Research
1hr	PSYC 9100 (Clinical Proseminar)
Total:	16 hours

Summer Semester

3hr	PSYC XXXX, MS Course/Elective
3hr	PSYC 8500, Clinical Practicum
1-3 hr	PSYC 7000, Research
Total:	6-9 hours

2nd Year

Fall Semester

3 hr	Third Quantitative Methods course or MS course /elective
3hr	PSYC 6240, Adult Psychopathology
3hr	PSYC 6650, Ethics, or MS Course//Elective
3hr	PSYC 8500, Clinical Practicum
3hr	PSYC 7300, Thesis Research
Total:	15 hours

Spring Semester

3hr	Third Quant Methods course or MS course/elective
3hr	PSYC 7520, Behavior Therapy
3hr	PSYC 8500, Clinical Practicum
3hr	PYC 7300, Thesis Proposal
Total:	12 hours

Summer Semester:

3hr	PSYC 9000 Research
3hr	PSYC 8500, Clinical Practicum
Total:	6 hours

3rd Year

Fall Semester

3hr	PSYC 6650, Ethics, or MS course/elective
3hr	PSYC XXXX, MS Course/Elective
3hr	PSYC 9000, Research
3hr	PSYC 8500, Clinical Practicum
Total:	12 hours

Spring Semester*

3hr	PSYC XXXX Diversity course, or MS course
3hr	PSYC XXXX, MS Course/Elective
3hr	PSYC 9000, Research
3hr	PSYC 8500, Clinical Practicum
Total:	12 hours

*Complete Masters degree requirements

Summer Semester

3hr PSYC 9000, Research

3hr PSYC 8500, Clinical Practicum

Total: 6 hours

*Take Written Comprehensive Exam

4th YearFall Semester*

6hr PSYC 9300, Research

3hr PSYC 8500, Clinical Practicum

3hr PSYC 8000, Clinical Supervision I

(3hr PSYC 6650, Ethics, or elective)

Total: 12-15 hours

Spring Semester*

6hr PSYC 9300, Research

3hr PSYC 8500, Clinical Practicum

(3hr PSYC XXXX Diversity course, or other elective)

Total: 12 hours

Summer Semester

3hr PSYC 9300, Research

Total: 3 hours

5th YearFall Semester

3-6 hr. PSYC 9300, Dissertation Research

3hr PSYC 8500, Clinical Practicum (external)

(3hr PSYC XXX elective)

Total: 9-12 hours

Spring Semester

3-6hr PSYC 9300, Dissertation Research

3hr PSYC 8500, Clinical Practicum (external)

(3hr PSYC XXXX elective)

Total: 9-12 hours

Summer Semester: (REQUIRED)

3hr PSYC 9200, Clinical Internship

Total: 3 hours

6th YearFall Semester

3hr PSYC 9200, Clinical Internship

Total: 3 hours

Spring Semester

3hr PSYC 9200, Clinical Internship

Total: 3 hours

¹This sample Program of Study is designed to permit the student to complete degree requirements in six years. This is the expected program of study for students pursuing an academic research career. Failure to take courses at the suggested times may result in longer time to degree completion.

²Students will enroll during at least one summer prior to internship. Otherwise, summer enrollment is optional, although students should enroll for each summer that they are using university facilities or resources, including faculty time.

Clinical Psychology Doctoral Program of Study

SAMPLE II

1st Year

Fall Semester

3hr	PSYC 6420 , Quant II
3hr	PSYC 8920, Behavior Problems Children
3hr	PSYC 6560, Clinical Assessment
3hr	PSYC 8500, Clinical Practicum (Includes Basic Clinical skills training modules)
3hr	PSYC 7000, Research
2hr	GRSC 7770, (Teaching Course)
1hr	PSYC 9100 (Clinical Proseminar)
Total:	18 hours

Spring Semester

3 hr	PSYC 6430, Quant III
3 hr	PSYC 8510 Child Behavior Therapy
3hr	PSYC 6670, Research Design
3hr	PSYC 8500, Clinical Practicum
3hr	PSYC 7000, Research
1hr	PSYC 9100 (Clinical Proseminar)
Total:	16 hours

Summer Semester:

3hr	PSYC XXXX, MS Course/Elective
3hr	PSYC 8500, Clinical Practicum
1-3 hr	PSYC 7000, Research
Total:	6-9 hours

2nd Year

Fall Semester

3hr	3rd Quant Methods or MS Course/Elective
3hr	PSYC 6240, Adult Psychopathology
3hr	PSYC 6650, Ethics or MS Course/Elective
3hr	PSYC 8500, Clinical Practicum
3hr	PSYC 7300, Thesis Research
Total:	15 hours

Spring Semester

3hr	3rd Quant Methods or MS/Course/Elective
3hr	PSYC 7520, Behavior Therapy
3hr	PSYC 8500, Clinical Practicum
3hr	PSYC 7300 Thesis Proposal
Total:	12 hours

Summer Semester:

3hr	PSYC 9000 Research
3hr	PSYC 8500, Clinical Practicum
Total:	6 hours

3rd YearFall Semester

3hr	PSYC 6650, Ethics, or MS course/elective
3hr	PSYC XXXX, MS Course/Elective
3hr	PSYC 9000, Research
3hr	PSYC 8500, Clinical Practicum
Total:	12 hours

Spring Semester*

3hr	PSYC XXXX Diversity course, or MS
3hr	PSYC XXXX, MS Course/Elective
3hr	PSYC 9000, Research
3hr	PSYC 8500, Clinical Practicum
Total:	12 hours

*Complete Masters degree requirements

*Take Written Comprehensive Exam

Summer Semester.

3hr	PSYC 9000, Research
3hr	PSYC 8500, Clinical Practicum
Total:	6 hours

-

4th YearFall Semester

3-6 hr.	PSYC 9300, Dissertation Research
3hr	PSYC 8500, Clinical Practicum
3hr	PSYC 8000, Clinical Supervision I
3hr	PSYC XXX elective
Total:	12-15 hours

Spring Semester

3-6hr	PSYC 9300, Dissertation Research
3hr	PSYC 8500, Clinical Practicum
3hr	PSYC XXXX elective
Total:	12-15 hours

Summer Semester: (REQUIRED)

3hr	PSYC 9200, Clinical Internship
Total:	3 hours

5th YearFall Semester

3hr	PSYC 9200, Clinical Internship
(3 hr	PSYC 9300, Dissertation Research, if needed)
Total:	3-6 hours

Spring Semester

3hr	PSYC 9200, Clinical Internship
Total:	3 hours

¹This sample Program of Study is designed to permit the student to complete degree requirements in five years. Failure to take courses at the suggested times may result in longer time to degree completion.

²Students will enroll during at least one summer prior to internship. Otherwise, summer enrollment is optional, although students should enroll for each summer that they are using university facilities or resources, including faculty time.

APPENDIX A

Faculty of the Clinical Training Program

Steven R. H. Beach (Marital Therapy, Marital Violence, Depression, Self and Identity), Professor (Ph.D., State University of New York at Stony Brook).

Ronald L. Blount (Pediatric and Child Clinical Psychology, Pain and Coping During Medical Procedures, Coping with Illness), Professor (Ph.D., West Virginia University).

Joan L. Jackson (Risk Factors and Sequelae of Childhood Abuse and Trauma), Associate Professor (Ph.D., The University of Georgia).

James MacKillop (Alcohol and Addictions), Associate Professor (Ph.D., State University of New York, Binghamton).

Joshua Miller (Relations between Structural Models of Personality and Psychopathology), Associate Professor (Ph.D., University of Kentucky).

Lloyd Stephen Miller (Neuropsychology/Neuroimaging, Severe Psychopathology, Aging, Cognition and Performance), Professor (Ph.D., University of Mississippi).

Anne E. Shaffer (Child Development), Assistant Professor (Ph.D., University of Minnesota).

Cynthia M. Suveg (Developmental Psychopathology), Associate Professor (Ph.D., University of Maine).

Lawrence H. Sweet (Neuropsychology/Neuroimaging), Sverduto Professor of Clinical Psychology (Ph.D., Rosalind Franklin University of Medicine and Science)

Emeritus:

Karen S. Calhoun (Sexual Aggression, Violence Prevention), Emeritus Professor (Ph.D., Louisiana State University).

Amos Zeichner (Behavioral Medicine, Effects of Cognitive Processes, Emotional Regulation, Sexual Prejudice, and Personality on Human Aggression), Professor (Ph.D., McGill University).

Additional Faculty:

Karen A. Smith (Child and Adolescent Psychology, Family Psychology), Part-time Assistant Professor 2011-12. (Ph.D., University of Georgia).

Adjunct Faculty

Ileana Arias (Family Violence, Violence Against Women), Principal Deputy Director, Centers for Disease Control and Prevention, (Ph.D., State University of New York at Stony Brook).

Gene H. Brody (Family Influences on Development, Sibling Relationships), Research Professor of Child and Family Development, (Ph.D., University of Arizona).

Lindsey Cohen (Pediatric Psychology) Professor, Georgia State University (Ph.D., University of Georgia).

J. Mark Davis (Clinical Neuropsychology, Learning Disorders), Assistant Professor, Gwinnett College (Ph.D., University of Georgia).

Francis D. Fincham (Personal relationships), Professor and Eminent Scholar, Florida State University (Ph.D. Oxford University).

Sarah Fischer (Personality and Psychosocial factors influencing eating and substance use disorders), Assistant Professor, George Mason University (Ph.D., University of Kentucky).

K. Noel Gregg (Adult Learning Disabilities), Distinguished Research Professor, Special Education, Director of the Regents' Center for Learning Disorders and the University of Georgia Learning Disabilities Center, (Ph.D., Northwestern University).

Hu-Chin Hsu (Infant Development, Mother-Infant Interaction), Assistant Professor, Department of Child and Family Development, College of Family and Consumer Sciences, (Ph.D., Purdue University).

Maureen R. Killeen (Child and Adolescent Mental Health, Self-Esteem, Childhood Depression and Parenting), Professor Emerita, Medical College of Georgia School of Nursing, (Ph.D., University of Georgia, M.N., Emory University).

William Lindstrom (Learning Disorders). Staff Psychologist, Regents Center for Learning Disorders, University of Georgia. (Ph.D., University of Georgia).

Paul Alexander Mabe, III (Developmental and Behavioral Screening, Anger in Children, Illness Beliefs, Attitudes & Behaviors), Professor of Psychiatry and Health Behaviors, Medical College of Georgia, (Ph.D., Florida State University).

Lily D. McNair (Cognitive Factors in Alcohol Use, Alcohol Use and Risky Sexual Behaviors, Issues in Treatment of African Americans and Women), Provost and Vice President for Academic Affairs, Wagner College (Ph.D., State University of New York at Stony Brook).

Scott Miller (Learning Disorders). Staff Psychologist, Regents Center for Learning Disorders, University of Georgia. (Ph.D., University of Georgia).

Velma M. Murry (Rural African American Families, Family Processes, Adolescent Development), Professor of Human Development, Peabody College, Vanderbilt University, (Ph.D., University of Missouri-Columbia).

Jason Nelson (Learning Disorders). Staff Psychologist, Regents Center for Learning Disorders, University of Georgia. (Ph.D., Indiana University).

Michelle Nuss (Behavioral Medicine and Psychiatry). Associate Professor and Campus Associate Dean for GME, Medical College of Georgia/University of Georgia Medical Partnership (M.D., West Virginia

University).

Ezemenari M. Obasi (Substance abuse/alcohol, social neuroscience), Associate Professor, Counseling Psychology, University of Houston (Ph.D., the Ohio State University).

Dominic Parrot (Alcohol abuse) Associate Professor, Georgia State University (Ph.D., University of Georgia).

Robert S. Shapiro (Psychopharmacology), Staff Psychiatrist, Mental Health Division, University of Georgia Health Services, (M.D., University of North Carolina-Chapel Hill)

Karen A. Smith (Child and Adolescent Psychology, Family Psychology), School Counselor, Alps Road Elementary School, (Ph.D. University of Georgia).

Rheeda Walker (African-American mental health, suicide and risk prevention), Professor, University of Houston (Ph.D., Florida State University).

Nathan Yanasak (Functional Magnetic Resonance Imaging), Assistant Professor, Department of Radiology, Medical College of Georgia, (Ph.D., University of Utah).

APPENDIX B

Instructions for Thesis/Dissertation Prospectus and Final Thesis/Dissertation

A dissertation prospectus, approved by the major professor, must reach advisory committee members 30 days before the proposed dissertation proposal defense date. The committee is expected to reach a majority decision of "Approved to proceed with the defense" or "Disapproved" no later than two weeks after receiving the written prospectus.

A draft of the final thesis and dissertation, approved by the major professor, should be in the hands of the reading/advisory committee 30 days before the Graduate School due date. Manuscripts must be returned to the candidate within 14 days. The revised copy of the thesis must be in the hands of the reading committee at least seven days before the due date. The Graduate School requires that the final dissertation be distributed and orals scheduled at least three weeks in advance (see Graduate School bulletin).

Before submission of prospectus or draft by the major professor, these materials must be checked and recorded by the graduate coordinator's office. A face sheet in triplicate has been developed on which will be indicated the nature of the material, the proposed date for the oral comprehensive examination or the due date for theses and dissertations, and the date of submission. The form will be signed by the graduate coordinator or his deputy. One copy will remain in the coordinator's office one copy will go to the chairperson of the advisory or reading committee, and one copy will be retained by the student. Should either the student or any committee member report that the rules have not been followed, the graduate coordinator, upon investigation, may halt the processing of Graduate School forms or grant a waiver of the deadlines, depending on the circumstances.

If a student wishes to request a waiver of the 30-day deadline for submission of the dissertation prospectus, the final dissertation for final orals, or the thesis for final orals, the Clinical Program office has some suggested guidelines for such a request for waiver. Students should recognize that waiving the 30-day department rule may result in substantial changes having to be made in their thesis/dissertation after the orals, which could otherwise be made in the 30-day period prior to the orals.

If the 30-day department rule is waived, the following rule is in effect: The committee of the student must receive the final thesis in their respective mailboxes at least seven days (including weekends) prior to the orals; and the committee should receive the dissertation proposal at least two weeks and the final dissertation at least three weeks before orals. This will consist of the student's submitting the prospectus and the thesis/dissertation to the Clinical Training Program secretary for distribution in faculty members' boxes. The submitted document should be complete (Introduction, Method, Results or proposed data analyses, References, Tables, Figures, etc.). Note that the 30-day rule is not in effect for a thesis prospectus. Therefore, the 7-day rule is in effect for a thesis prospectus.

The following additional guidelines apply to final orals for both the M.S. and the Ph.D. degrees:

1. The major professor (director of the thesis or dissertation) and the graduate student should work together and agree upon the product before it goes to the committee.
2. A committee member has the right and obligation to inform the student that the product is not ready for orals. In the case of the final orals for a thesis, the chairperson of the reading committee should poll other committee members to determine if the product and student are ready for orals. In the case of a dissertation, the major professor will poll committee members.

3. Orals should be held in a room other than the faculty member's office to reduce distractions (e.g., ringing phones, knocks at the door).
4. The oral examination will be preceded by a 30-minute formal colloquium presented by the student and open to the university community. The colloquium will be followed by a meeting of the student and the committee for the formal oral examination.
5. Examination of the dissertation prospectus may follow the oral comprehensive exam but may not take the place of it. Examination of the prospectus should not include working out elementary design issues, etc.. These should have been handled prior to orals and distribution of the product to the committee. Final orals should not simply involve making grammatical changes, etc.. Again, this should have been handled prior to orals.
6. A formal vote regarding whether the student passes or fails the oral exam should be conducted at the end of the orals when the student is not present.
7. It is the student's responsibility to write the thesis or dissertation. It is the major professor's responsibility to see that it is in adequate form to give to the committee. It is the responsibility of the committee to approve or disapprove the written product prior to orals, but not to help the student rewrite the product.
8. Within 6 months of thesis and/or dissertation defense, thesis and/or dissertation data should be submitted to a peer-reviewed journal for publication consideration.

APPENDIX C

Suggested Timeline and Summary of Requirements and Deadlines*

(NOTE: This guide is for your convenience only and is not intended to replace the detailed program descriptions above.)

YEAR 1

Academics and procedures:

- MS and clinical coursework (yearlong)
- MS Advisory committee (by end of Fall semester)
- MS Program of Study (by end of Spring Semester)
- Doctoral advisory committee (by end of Spring semester)
- Preliminary Program of study (by end of Spring semester)

Clinical:

- Practica (2 semesters in Psychology Clinic)
- Research:
1st yr project (yearlong)

YEAR 2

Academics and procedures:

- MS and Clinical courses (yearlong)

Clinical:

- Practica (2 semesters in Psychology Clinic)

Research:

- Present 1st yr project (during Fall semester)
- Submit 1st yr project (by end of Fall semester)
- Propose MS thesis (by end of Spring semester)

YEAR 3

Academics and Procedures:

- Finish MS and major clinical courses (yearlong)
- MS thesis Defense (by end of Spring semester)
- Written comprehensive exams (summer following 3rd year)

Clinical:

- Practica (Clinic or external practicum, 2 semesters)
- Clinical Case presentation

Research:

- MS Thesis (defended by end of Spring Semester), other projects (yearlong)

YEAR 4

Academics and Procedures:

- Clinical supervision course
- Elective courses
- Final Program of Study (prior to oral comprehensive exam and dissertation proposal)
- Written comprehensive exams (summer following 3rd year)
- Oral comprehensive exam (within 6 wks following written exams passage; prior to dissertation proposal)
- PhD candidacy
- Dissertation proposal (prior to internship application)

Clinical:

- Practica (Clinic or external practicum , 2 semesters)

Research:

- MS manuscript submission (within 6 mo. of thesis defense and prior to dissertation proposal)

YEAR 5

Academics and procedures:

- Electives (yearlong)
- Apply for internship
- Rank Internship
- Defend Dissertation

Clinical:

- Advanced external placements (optional)

Research:

- Complete Dissertation data collection prior to Internship ranking (required)
- Defend Dissertation
- Submit Dissertation manuscript(s) (within 6 months of dissertation defense)

YEAR 6

- Internship

*Timetable above is for students on 6-year plan. Deadlines must be adjusted for 5-year plan.

APPENDIX D

Timeline Checklist

(NOTE: This checklist is for your convenience only and is not intended to replace the detailed program descriptions found in the program guide.)

- _____ First Year project identified, approved by major professor (end of Fall semester 1st year)
- _____ *MS Advisory committee chosen and form completed (by end of Fall semester 1st year)
- _____ *MS Program of Study form completed (by end of Spring Semester 1st year)
- _____ *Doctoral advisory committee chosen and form completed (by end of Spring semester 1st year)
- _____ *Preliminary Program of study (by end of Spring semester 1st year)
- _____ Present 1st yr project (during Fall semester 2nd year)
- _____ Submit 1st yr project for publication (by end of Fall semester 2nd year)
- _____ Propose MS thesis (by end of Spring semester 2nd year)
- _____ **Approval Form for Master's Thesis Proposal signed by MS committee (In-house form)
- _____ MS required coursework completed (prior to candidacy, approximately by end of 3rd yr)
- _____ *Application for MS graduation online
- _____ *Update Master's committee form, if needed
- _____ MS thesis Defense (by end of Spring semester, 3rd year)
- _____ *Approval Form for Master's Thesis, Defense, and Final Examination includes Electronic Thesis and Dissertation (ETD) Submission Approval Form
- _____ MS manuscript submission (within 6 months of MS thesis defense and prior to dissertation proposal)
- _____ Clinical Case presentation (3rd year)
- _____ **Approval Form for Clinical Written Comprehensive Examination (In-house form)
- _____ Written comprehensive exams (following 3rd year)
- _____ Clinic-based Practica (6 semesters required, not including summers, typically completed by end of 3rd year)
- _____ Final 2 semesters of Advanced Practica must be completed before internship.
- _____ Clinical supervision course (4th year)

- _____ Doctoral level coursework completed, including req'd elective course (4th year)
- _____ * Final Program of Study (prior to oral comprehensive exam and dissertation proposal)
- _____ *Oral comprehensive exam normally follows within 6 weeks of passage of the Written Comprehensive exam and must precede a defense of dissertation prospectus. Announcement of Doctoral Oral Comprehensive Examination must be submitted by department 2 weeks prior to exam.
- _____ *PhD candidacy – Application for Admission to Candidacy for Doctoral Degrees
- _____ Dissertation prospectus (prior to internship application)
- _____ **Dissertation Prospectus Approval (In-house form)
- _____ Copy of proposal for Graduate Coordinator's Office
- _____ Apply for internship (4th or 5th year)
- _____ Complete majority of Dissertation data collection prior to Internship ranking (required)
- _____ Rank Internship (4th or 5th year)
- _____ *Announcement of Doctoral Oral Defense of the Dissertation must be submitted by the Department two weeks before defense.
- _____ Defend Dissertation (4th or 5th year)
- _____ *Approval Form for Doctoral Dissertation and Final Oral Examination completed
- _____ Submit Dissertation manuscript(s) (within 6 months of dissertation defense)
- _____ Internship (5th or 6th year)

*Graduate School forms available online at: gradschool.uga.edu (click on Current Students and Forms).

**In-house forms available in Clinical Program office (Rm 134)

APPENDIX E

Written and Oral Comprehensive Examinations

In consultation and approval of their major professor, students will be given the option of satisfying requirements for the Written Comprehensive Examination by the Test Questions Comprehensive Exam (TQE) format **OR** by the Research Comprehensive Examination (RCE) format (e.g., meta-analysis, review paper). Following consultation with their major professor, students will select one of the two options by the first week of Spring semester of the year of their examination. Students not selecting a specific option will be assumed to be taking the TQE option.

Test Questions Comprehensive Exam (TQE) Option:

At the annual administration of the TQE in August, students will sit for the examination for a predetermined two half-day period (mornings) and respond to 10 questions in a **closed-notes format**. Areas covered will include: Assessment; Research Design/Statistics; Psychopathology; Personality theory/theoretical systems; Psychotherapy/behavior change; Ethics/professional psychology/Diversity. TQE responses will be scored by two readers (3rd reader to deal with P/F questions). Seven "passed" response scores are required to pass the TQE.

Research Comprehensive Exam (RCE) Option:

Students approved for this option will identify a topic of interest for their project and obtain written approval of their Doctoral Committee. Students will be expected to complete and turn in the work no later than the second day of the TQE in August, and prepare to defend it at their Oral Comprehensive Examination (OCE). During the work period, students may consult with their major professor on occasion, but will be expected to work independently. The student's doctoral committee will read the document and vote: Pass, Revise, or Fail. A score of Revise must be completed within 30 days and then passed by the Doctoral Committee, or it will revert to a Fail. Students who fail the RCE option must use the TQE option from that point on to complete their written comprehensive exam requirements. Appendix F contains detailed guidelines for the RCE.

Oral Comprehensive Examination (OCE):

Following successful completion of her/his written component, another meeting will be scheduled for the oral comprehensive examination. It is expected that this component will be administered within six weeks of passage of the written component. Candidates from the TQE option will be given an opportunity to elaborate on their weakest written responses. Members of the student's committee will have lead responsibility for questioning the student but other clinical faculty members are free to join the meeting as examiners. Students from the RCE option will be questioned on their written project in a similar manner. Passage of the OCE will require a majority vote of committee members, who will have sole voting authority on OCE passage. An even number of examiners will trigger the recusal of the student's major professor.

APPENDIX F

Research Comprehensive Examination Procedures

Assumptions

1. Either comprehensive exam option reflects an evaluation of student competency in the broad domains that are central to clinical psychology as a discipline. It explicitly determines appropriateness of the student to proceed to doctoral candidacy. It is also intended to be a constructive experience for the student insofar as it advances integration of material in core domains, but it fundamentally serves an evaluative role, akin to the EPPP and ABPP exams.
2. Evaluation of an RCE project will not permit as much objectivity of evaluation as the TQE. For example, the individual's identity will be known and the finished product will not be in response to a specific question. Therefore, the RCE will attempt to maximize objectivity in evaluation. In addition to being valuable itself, a further benefit is that objectivity will create greater parity across students in the program.
3. The RCE seeks to replicate the external peer-review process to the extent possible.

Timeline

1. The RCE is intended to be on the same timeframe as the TQE.
2. The *earliest* an RCE proposal can be approved for a given year is the day after the TQE is given. Of course, students may consider and plan ideas for an RCE prior to that, but the RCE cannot be approved to proceed. Students are cautioned against developed the project too far in advance of approval, as approval is not guaranteed.
3. The *latest* an RCE proposal can be approved to begin is the first week of Spring semester of the year of their examination.
4. There is no earliest timeframe for an RCE to be submitted after it has been approved, although it would be considered highly unlikely that the period would be less than 3 months.
5. The latest an RCE could be submitted to the student's doctoral committee is at least two weeks prior to the last day of the TQE.

Proposal and Completed Product

1. The proposal will comprise three sections and the student's CV as an appendix:
 - a. Status of MS thesis (max. 1 page): If defended, this will be indicated. If undefended, the percent enrolled, stage of data analysis, interim findings, and projected defense date will be provided.

- b. Program of Research (max. 1 page): Narrative of the student's work to date, its relevance to the RCE, and how the RCE will extend this work.
 - c. Proposed RCE (max. 1 page): The broader basis for the project in the literature and its scope.
 - d. Appendix: Student CV
 - e. The student will provide the proposal to the committee at least two weeks prior to the proposal.
 - f. The committee will be required to approve each of the first three sections.
2. The final submission of the completed product to the program will be in the form of an article submitted to an APA journal, conforming to all APA style. Students should consider published guidelines by journals or for specific journals (e.g., Bem, 1995). Examples of projects that would be sufficient are provided (e.g., Fischer et al., 2008; MacKillop et al., 2011; Miller & Lynam, 2001; Spillane & Smith, 2007).

Assessment Process

1. The RCE will be graded by the student's Doctoral Committee and one external reader from the clinical area. An external reader will provide: a) peer-review by an expert from the larger field who is not a specialist in the area; b) greater impartiality than the Major Professor (MP) and Doctoral Committee (DC); c) additional material for the MP and DC for determining grading (see below). The external reader will be a randomly selected member of the clinical area who is not a member of the DC; a staff member will select names from a hat or some similar method.
2. The content of the RCE will be anonymously scored on three dimensions (below) using a scale from 0-6 (lowest to highest; the same as the TQE). The scores will be provided to a staff member who will provide a summary of the raw scores, the mean, and the range. The scores will accompany written critiques, equivalent to a peer-reviewed journal article, but these critiques will be separated from the scores.
3. The Doctoral Committee will meet and use the scores to make an aggregate judgment of Pass, Revise, or Fail. A mean score of ≥ 3.5 across all three domains will serve as a pass criterion for the lowest acceptable score required to pass; an average score of < 3.5 is an automatic fail. The MP and DC will then determine the final grade of Pass or Revise, taking into consideration the external examiner input, which will be a single overall evaluation..
4. The RCE must be revised to respond to all concerns raised by the examiners and the student must provide an introduction to the revision, akin to a revision of a peer-reviewed manuscript.
5. If a grade of Revise is given, the revised product must be received within 30 calendar days and will be given a dichotomous grade of "Pass" or "Fail." The Major Professor will review the manuscript but not give a grade and the remaining members of the DC will provide a single consensus grade; if consensus cannot be reached, the DCT will review all the materials and serve as a tie-breaker.

6. only voting members of the DC will participate in grading.

Assessment Domains

1. Mastery/Integration
 - a. To what extent does the RCE reflect a full understanding of a topic area?
 - b. To what extent does the RCE quantitatively or qualitatively synthesize the existing literature in ways beyond a narrative review? (i.e., to what extent does the RCE go beyond listing: Study A reported X, Study B reported Y, Study C reported Z?)
 - c. To what extent will the RCE stimulate progress in the field?
2. Innovation
 - a. To what extent is the project providing new information? In reverse, to what extent has this topic been previously reviewed in the literature? Note: RCEs that largely overlap with previously published reviews will be discouraged and the committee may review citation databases to determine the innovation of the project.
 - b. In the case of a topic that is has been largely unstudied previously, to what extent does the RCE leverage existing behavioral science into this new area?
3. Methods and Style
 - a. Is the RCE organized well conceptually, written without typographical or grammatical errors, and fully cited using APA style?
 - b. For meta-analyses, do the methods conform with published reporting standards (e.g., Moher et al., 2009)? Does the RCE systematically consider methodological issues, such as fixed-versus random-effects modeling, heterogeneity of effect size, and publication bias?

Eligibility

1. Thesis status criterion
 - a. For students whose MS thesis is defended, an RCE proposal can take place at any time during the eligible period. This is defined by the committee members having approved the thesis at or following the oral defense, with all required revisions completed. The first section of the proposal will read: "Successfully defended."
 - b. For students whose MS thesis is not defended, the first section of the proposal will detail that status of the project including proportion of participants enrolled, interim findings, and projected timeframe. It will explicitly lay out how the student plans to balance the two projects. The MP will be required to provide a letter of support affirming that the student can accomplish both projects within the projected timeframe. A student who has not defended his or her MS thesis in advance of the RCE defense will automatically receive a grade of Fail and commence to the TQE.
2. Academic achievement criterion
 - a. Students are required to be in good standing within the clinical program.

3. Program of research criterion

- a. As part of the proposal, the Program of Research section will provide a coherent plan for how the proposed project will contribute to the development of a program of research.
- b. Toward this goal, the student will detail their previous empirical studies in the area of the RCE to illustrate how the project will leverage and extend that work. No specific criteria will be used, but a guideline is at least one peer-reviewed publication in the area of the RCE and other supporting work in the form of book chapters, conference presentations, and unpublished data. In the absence of any previous research in an area, a greater emphasis will be placed on a coherent justification for the RCE project.

Independence

1. In advance of approval, students may work as closely as they choose with their MP to develop the RCE idea (but not the project itself). Authorship discussions are appropriate and encouraged at this point. In addition, at the proposal meeting, the MP and DC are expected to provide substantive suggestions for the student.
2. Following approval, students are expected to work independently, defined as only oral feedback from their MP. The MP is expected to not have read any written material or draft of the material in advance of the submission of the RCE.
3. If a student receives a Revise, the student will respond to the DC entirely independently. The MP is expected to not discuss the revision with the student other than at the defense, either via oral discussion or review of written work.
4. It is anticipated (and hoped) that RCE projects will be submitted for publication following the evaluation process. At that time, it is entirely appropriate for the major professor (or other faculty) to thoroughly review and contribute to the project, and for the resulting manuscript to be a co-authored or multiple authored product. If the RCE is already sufficiently developed, it may be submitted by the student as the sole author, presuming this outcome has been identified in conjunction with the MP from the start.

References

- Bem, D. J. (1995). Writing a review article for Psychological Bulletin. *Psychological Bulletin*, 118, 172-177
- Fischer S, Smith GT, Cyders MA. (2008). Another look at impulsivity: a meta-analytic review comparing specific dispositions to rash action in their relationship to bulimic symptoms. *Clinical Psychology Review*, 28, 1413-1425.
- MacKillop, J., Amlung, M., Pryor, L.R., Ray, L.A., Sweet, L., & Munafò, M.R. (2011). Delay reward discounting and addiction: A meta-analysis. *Psychopharmacology*, 216, 305-321.

Miller, J.D. & Lynam, D (2001). Structural Models of Personality and Their Relation to Antisocial Behavior: A Meta-Analytic Review. *Criminology*, 39, 765-798.

Moher D, Liberati A, Tetzlaff J, & Altman DG (2009) Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *Journal of Clinical Epidemiology*, 62, 1006–1012

Spillane, N.S. & Smith, G.T. (2007). A theory of reservation-dwelling American Indian alcohol use risk. *Psychological Bulletin*, 133, 395-418.

Adopted by Clinical Faculty 11/9/2011

Edited 6/2012