

GRADUATE PROGRAM IN CLINICAL PSYCHOLOGY
The University of Georgia
August 2024 – Fusion

I. Purpose of Clinical Training Program

The purpose of the APA- and PCSAS- accredited^{1,2} 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 students 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 students' 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 students an identification with psychology as an integrated basic and applied science; (d) to develop students' culturally-competent skills in service and research, recognizing the increasingly diverse communities which psychologists serve; and (e) to ensure that students have 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 it has been accredited by the Psychological Clinical Science Accreditation System (PCSAS) since 2014. The program takes an empirical, evidence-based practice approach to research and clinical training. Mentored research activities, coursework 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 coursework, 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

¹ Questions related to the program's accredited status should be directed to the Commission on Accreditation: Office of Program Consultation and Accreditation, American Psychological Association, 750 1st Street, NE, Washington, DC 20002; Phone: (202) 336-5979 / E-mail: apaaccred@apa.org. Web: <https://accreditation.apa.org/>.

² Psychological Clinical Science Accreditation System, Indiana University, 1101 E. 10th Street, Bloomington, IN 47405. Phone: 479-301-8008. Email: jsteinmetz@pcsas.org. Web: <http://www.pcsas.org>.

clinical practice. A list of the faculty of the Clinical 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 from a regionally accredited institution or its international equivalent; (b) An overall undergraduate grade point average of 3.00 (or equivalent of a "B" average); and (c) An overall grade point average of 3.50 (or equivalent) in any graduate course work completed. Applicants may submit scores on the GRE Verbal Reasoning, Quantitative Reasoning, and Analytical Writing sections. Applicants offered admission typically score above the 50th percentile on these tests. Additional information on credentials of admitted students can be found at

<https://psychology.uga.edu/sites/default/files/2023.c-26d-table-UGA.pdf>

Students can obtain necessary forms for application from the departmental website

< <https://www.psychology.uga.edu/> >

Information about the typical number of program applicants, number of acceptances, characteristics of those accepted, and availability of financial aid is presented at

<https://psychology.uga.edu/sites/default/files/2023.c-26d-table-UGA.pdf>

The UGA Clinical Program takes a number of steps to recruit and retain a diverse cohort of students. Attention to issues of cultural competence, diversity, and inclusion is also emphasized in clinical and research training. In addition to various recruitment efforts, diversity and inclusion is emphasized in the training of graduate students in the following ways:

- We have a Clinical Psychology Diversity Committee that is a central part of our Clinical Program. Information about the Diversity Committee can be found on our webpage (<https://psychology.uga.edu/clinical-diversity-committee>). This Committee coordinates the annual recruitment workshops targeting underrepresented students interested in clinical psychology; these workshops are primarily coordinated and led by current graduate students with faculty support. The Diversity Committee also sponsors two program-wide proseminars per year on topics related to diversity and inclusion in research, teaching, clinical work, and professional development.
- For current doctoral students, coursework in diversity is a part of the core curriculum. Additional seminars and emphases on diversity and inclusion are interwoven throughout other courses.
- Graduate students from underrepresented programs are also regularly nominated for various funding opportunities, including full assistantships that prioritize diversity as part

of the selection criteria (e.g., Graduate School Research Assistantship; Graduate School Presidential Fellowship) as well as opportunities whose sole mission is to “support students deemed underrepresented in their respective disciplines” (e.g., UGA Osborne Fellowships, Southern Region Education Board Doctoral Scholar Awards).

Current doctoral students may apply for various awards for diversity-related engagement and scholarship, including the program-specific Turner Award, awards provided through the Center for Research and Engagement in Diversity (RED), and other awards administered at the Graduate School level (<http://grad.uga.edu/index.php/current-students/financial-information/graduate-school-recognition-awards/>).

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 the 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.

Should concerns arise regarding student performance in clinical and/or research training, coursework, or other areas of professional development (reflected in evaluation ratings of “Does Not Meet Expectations”), students will receive an initial “warning” letter. This letter will come from the Clinical Program faculty, and will be signed by the DCT, the primary mentor, and the student (after reviewing with the primary mentor). Students who receive a warning of this nature are given specific guidance in their letters about the steps they must take to remediate these issues, along with specific timelines by which progress must be accomplished. After receiving such feedback, students are encouraged to talk with their primary mentor and DCT (if necessary) for further elaboration. If sufficient progress has not been made by the designated period of time, the student may be placed on probation and given further specific feedback about changes that must be made, as well as timelines for such changes. Students in these circumstances are informed that failure to make sufficient progress by the end of probation may result in termination from the program.

If the Program faculty believe 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 re-evaluated 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 elect to continue to sponsor for doctoral candidacy only 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 believe 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; maintaining a 3.0 (B) average with no grade falling below B- for courses included on a 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

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.

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 graduate courses must petition to do so with classes reviewed by the Clinical Faculty. Petitions should include the course syllabus and transcript (or some other documentation) showing the final grade earned in the course. Exempted courses may need to be replaced with alternate courses in order to meet the minimum credit hour requirement from the Graduate School. Clinical science courses cannot be exempted. An M.S. Program of Study should be submitted to the Graduate School through the Clinical Training Office during the second semester of residence.

Students must complete their first-year project 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. It is expected that students will defend the Master's thesis and will complete other Master's requirements by July 15th of the third year. **Note that students must defend their Master's thesis by July 15th of the year that they anticipate taking comprehensive exams and all revisions to the thesis must be completed by the date of comprehensive exams. Students are strongly encouraged to defend their thesis prior to May 31st given that faculty schedules are highly variable during the summer months and coordination for meetings can be very difficult or even impossible.**

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 thesis will be judged for acceptability by the individual's Master's committee, which must be formed and convened to judge the thesis during the first semester of graduate school. If this cannot happen for some reason, the decision will be made by a committee comprising the DCT, the primary advisor, and a third member of the clinical faculty chosen by the DCT. 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. Students entering the Clinical Program with a Master's degree cannot exempt clinical science courses, clinical practicum, or internship.

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 any course in which they have acceptable graduate credit (minimum grade of B- or better) other than the clinical science courses. No undergraduate courses or graduate courses taken as an undergraduate will be accepted for exemption.
2. The student may challenge a 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 course and earn a grade of B- or better.

In 2016, the program transitioned to an infusion approach in which content related to History and Systems is covered in a variety of courses, including PSYC 6240, PSYC 6560, PSYC 6670, PSYC 7520, PSYC 8510, and some PSYC 8000 courses. In order to ensure student competency in this domain, students must pass a 50-item multiple choice test on History and Systems, based on content from these classes and an additional reading list, with a 70% or higher grade. Students are eligible to take the exam as early as the summer after their 2nd year and must pass the exam by the time the DCT testifies to their internship readiness. The test is generally offered at least every other year and students will typically take the test at the end of their second year. After two failures, a student must petition the faculty to retake the exam with a remediation plan developed with and approved by their major professor.

Starting in fall of 2022, all incoming graduate students are required to take a GradFIRST seminar (i.e., GRSC 7001) during their first year at UGA. To track completion of GRSC 7001, graduate students are required to list the course on their program of study form (G138) in GradStatus. Students who matriculated prior to Fall 2022 or are enrolled in programs exempt from the GradFIRST requirement should record their exemption status. The GradFIRST requirement is in addition to the requirement that students take GRSC 7770 in the Fall of their first year. GRSC 7770 is required by the graduate school for teaching and research assistants.

Summary of M.S. Degree Requirements

Course Number	Course Title	Hours
PSYC 6240	Advanced Psychopathology: Adults	3
PSYC 6420	Advanced Experimental Psychology (Quant II)	3
PSYC 6430	Applied Regression Methods in Psychology (Quant III)	3
PSYC 6560	Clinical Assessment	3
PSYC 6670	Research Design in Clinical Psychology	3
PSYC 7520	Principles of Psychological Intervention	3
PSYC 8820	Developmental Psychopathology	3
*PSYC 7000	Master's Research	6
PSYC 7300	Master's Thesis	6
		33 hours total

Note: A student must maintain a 3.0 (B) average and no grade below B- will be accepted on a program of study.

*Students are required to complete their first-year project before the end of the Fall semester of their second year in the program. Satisfactory completion of PSYC 7000 or PSYC 9000 across the first two semesters will be tied to adequate progress and completion of this requirement.

VI. Advisors and Committees

Note that the following requirements for Master's and Doctoral Committees are exactly the same as that which can be found in the Graduate Studies Policy Manual (Spring 2024 version)

A. Master's Advisory Committee

Before the end of the first semester of residence and upon the recommendation of the departmental graduate coordinator, the dean of the Graduate School shall appoint an advisory committee for the student. The master's advisory committee must consist of a minimum of three members. The chair and at least one other member must be members of the graduate faculty of the University of Georgia. The third member may be a member of the graduate faculty or a person with a terminal degree holding one of the following ranks at the University of Georgia: professor, associate professor, assistant professor, public service assistant, public service associate, senior public service associate, assistant research scientist, associate research scientist, or senior research scientist. A UGA employee who holds one of these ranks or who holds a terminal degree in his/her field may be appointed as a third member upon approval by the departmental graduate faculty and the dean of the Graduate School. The third member can also be a non-UGA faculty member with a terminal degree in his/her field of study. No more than one non-UGA committee member may be appointed as a voting member. If there are more than three members on the committee, a majority of graduate faculty members must be maintained.

The committee will be recommended to the dean of the Graduate School by the graduate

coordinator after consultation with the student and faculty members involved. Students must submit an electronic Master's Advisory Committee form recording the committee composition, for approval by the department's Graduate Coordinator and the Graduate School Dean. Occasionally a student will need to change the advisory committee; a revised advisory committee form should be submitted in that case.

When nominating a non-UGA committee member, the graduate coordinator must submit the nominee's current CV and a letter of appointment to the Graduate School explaining why the services of the non-UGA person are requested. The non-affiliated member must attend meetings (e.g., proposal, defense) associated with the appointment.

B. Doctoral Advisory Committee

Before the end of the first year of residence of a prospective candidate for the Doctoral degree, and upon the recommendation of the departmental graduate coordinator, the Dean of the Graduate School shall appoint an advisory committee for the student. Graduate School policy specifies that a student's Doctoral Advisory Committee shall consist of a minimum of three graduate faculty, including the student's major professor who will serve as Chair of the committee. Additional voting members may be appointed to the committee and may include no more than one non-UGA faculty, who must hold the terminal degree in his or her field of study. If there are more than three members, there must be greater than 50% graduate faculty representation. The committee will be recommended to the dean of the Graduate School by the graduate coordinator after consultation with the student and faculty members involved.

If the department elects to allow a committee member from outside of UGA, it will be the student's responsibility to notify the Graduate Coordinator in a timely manner. The Graduate Coordinator will send a letter of appointment and curriculum vitae of that person to the Graduate School. This communication should accompany the submission of the Advisory Committee form. The letter should indicate how the special expertise of this person will directly pertain to the student's research.

The Doctoral Advisory Committee will plan with the student a Program of Study and will approve the program. The Preliminary Program of Study is due by the end of the first year of training. A Final Program of Study must be completed prior to admission to candidacy. Programs of study are completed on-line by the student; a link to this document is sent to students by the Clinical Program Administrative Associate. The Advisory Committee will also administer the Oral and the Written Comprehensive Examinations and approve the Dissertation Prospectus.

VII. Academic Requirements

A student must maintain a 3.0 (B) average and no grade below B- will be accepted on a program of study. A student who drops below this average in any semester will receive an academic "warning" from the Graduate School. If, at the end of the next semester, the student fails to bring

their average back to the minimum satisfactory level, the student will be placed on probation. 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.

If a B- is not obtained in any course on the program of study 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.

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. The faculty will act as quickly as possible on requests submitted during the drop-add period. However, courses designated as "e" (electronically-mediated) courses by the University of Georgia must be reviewed by the faculty at a regularly scheduled meeting. Therefore, students should submit requests for approval of e-courses well in advance of enrollment, preferably at the time of pre-registration.

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 in 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. 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's 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 on the student's program of study. Up to 12 hours of PSYC 7000 and 18 hours of 9000 are allowed on the student's program of study. Additional hours of these courses may, however, be taken to satisfy minimum enrollment or other requirements. 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 their research training back to a satisfactory level, they will forfeit their 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.

In order to facilitate exposure to research, entering students are required to complete an introductory research project (the “first-year project”). This project can be either an empirical review paper (e.g., meta-analysis) or an empirical study. Students are also strongly encouraged to submit the first-year project for publication as author or co-author. Satisfactory completion of PSYC 7000 or 9000 across the first two semesters will be tied to adequate progress and completion of this requirement.

Each student is required to present their thesis to the program faculty and students. Students entering with a Master’s degree will present their first-year project or another project completed at UGA.

Additionally, a first-authored manuscript submission is required prior to applying to internship.

The dissertation defense is expected prior to internship but not required prior to internship.

All students must complete at least one research project during their graduate work (can be 1st year project; thesis; dissertation; or another project) that is pre-registered via OSF (<https://osf.io/prereg/>). Pre-registration requires that all aspects of study design, methods, hypotheses, and analyses are detailed. Ideally this is done before data collection begins but can also be done with archival data as long as the student has not already analyzed the data to be used (this article discusses many of these issues: <https://osf.io/nm75d/>). A great deal of helpful information on the benefits of such approach, an FAQ, as well as “how to” information, can be found here: <https://cos.io/prereg/>.

Petrie Endowment: Thanks to the generous endowment by UGA Clinical Psychology alumnus, Dr. Charlie Petrie, the Petrie Endowment will provide funds to second-year Clinical students to further their research. The amount available will vary depending on the number of students in the second-year cohort for that year, with a maximum of \$500. Funds can be used for conference travel or registration, educational purposes (e.g., an online stats training), participant payment, equipment for research (including hardware/software), or similar research-related expenses. In order to apply for these funds, students will need to write a paragraph detailing planned expenditures and send it to the Chair of the Award Committee. Once approved, the funds will be awarded via reimbursement for expenses incurred (i.e., students will submit receipts for the approved expenditure and get reimbursed afterward). The deadline for applying for the award is the third Monday in September of each year. Funds must be used during the fiscal year in which they are awarded (i.e., the reimbursement must be processed prior to 6/30).

IX. Professional Requirements

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

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 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.

Students are expected to adhere to the University's policy on Academic Honesty: <https://honesty.uga.edu/Academic-Honesty-Policy/>.

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 63 credit hours:

*A. Required of all students:		
Course Number	Course title	Hours
1. PSYC 6100 or PSYC 6230	Cognitive Psychology or Cognitive & Affective Bases of Behavior	3
2. PSYC 6130 or PSYC 8300	Biological Foundations of Behavior or Neuroanatomy for Behavioral Scientists	3
3. PSYC 6200	Advanced Social Psychology	3
4. PSYC 6650	Ethical Issues in the Methods & Practice in Clinical Psychology	3

5. PSYC 8000	Clinical Supervision and Consultation	3
6. PSYC 8500	Clinical Staffing Procedures (Practicum)	24
7. PSYC 8510 or PSYC 8550	Child and Family Intervention or Neuropsychological Assessment	3
7. PSYC 9210	Clinical Internship in Psychology	9
8. PSYC 9300	Doctoral Dissertation	3

B. Advanced Quantitative Methods. Students are required to take one advanced statistics course in addition to the M.S. statistics requirements. The following courses may be used to meet this requirement.		
Course Number	Course Title	3 hours
PSYC 6250	Psychometrics	
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 8740	Exploratory and Confirmatory Factor Analysis	
ERSH 8750	Introduction to Structural Equation Modeling	
ERSH 8760	Structural Equation Modeling	
HDFS 8730	Quantitative Analysis in Human Development and Family Science II	
HDFS 8810	Qualitative Methods in Human Development and Family Science	
HDFS 8840	Multilevel and Growth Curve Modeling for Family and Social Sciences	
HDFS 8850	Categorical and Dyadic Data Analysis and Mixture Modeling for Family and Social Sciences	
HDFS 8870	Meta-Analysis for Family and Social Sciences	
KINS 8200	Meta-Analysis in Kinesiology	
MGMT 9610	Introduction to Structural Equation Modeling	
SOCI 8630	Empirical Model-Building in Social Research	
SOCI 8650	Social Network Analysis	
SOWK 8166	Qualitative Research Methods	
*Other courses approved by the Clinical faculty		

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. This may include one of the following courses:		
Course Number	Course Title	3 hours

PSYC 8000	Clinical-Community Psychology Approaches to Treating Racial Trauma	
PSYC 8000	Culture & Diversity	
PSYC 8000	Foundations of Cross-Cultural Psychology	
PSYC 8000	Psychology of Sexual Orientation	
PSYC 8000	The Psychological Study of Prejudice	
PSYC 8980	Seminar: Diversity in Organizations	
ECHD 4110/6110	Psychology of the African American Experience	
ECHD (LACSI) 4660/6660	U.S. Latino/a Mental Health: An Introduction	
ECHD 7060	Cross Cultural Counseling	
ECHD 9060	Advanced Multicultural Counseling	
HPRB 7990E	Diversity and Social Justice in Public Health	
SOWK 7130	Social Work Practice with Queer Populations	
*Other courses approved by the Clinical Faculty		

D. Advanced Integrative Course. Students must take a 3-credit course that integrates content from two (or more) of the following six areas: affective, biological, cognitive, developmental, and social. Note that a course can be used to fulfill more than one requirement. For instance, PSYC 6230 can be used to fulfill both the Integrative and Cognitive Course requirements.

Course Number	Course Title	3 hours
PSYC 6230	Cognitive & Affective Bases of Behavior	
ECHD 8126	Health Psychology II: The Psychology of Health and Illness (Integrated Health)	

E. Elective Courses. Students are able, but not required, to take additional elective courses during their training. The following is a non-exhaustive list of elective courses that have been taken by Clinical students.

Course Number	Course Title	
PSYC 6160	Sensory Psychology	
PSYC 6210	Individual Differences	
PSYC 6250	Psychometrics	
PSYC 8000	Advanced Topics in Psychology (How the Brain Does Various Things) Clementz	
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	
PSYC 8330	Lab Apprenticeship (cannot be taken with Major Professor)	
PSYC 8380	Behavioral Neuroendocrinology	

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: Infancy to Adolescence	
PSYC 8870	Theories of Psychological Development	
PSYC 8890	Seminar in Developmental Processes	
PSYC 8900	Psychopharmacology Seminar	
PSYC 9100	Special Problems: Grant-Writing	
HDFS 6100	Theories of Human Development	
HDFS 8060	Contemporary Approaches to Couples and Family Therapy Across the Life Span	
HDFS 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 8120	Autism Spectrum Disorders and Mental Retardation	
GRNT 7150E	Early Life Influences on Aging	
GRNT 7800E	End of Life and Older Adults	
GRNT 8200E	Public Health and Aging	
SOWK 7270	Child Abuse and Neglect	
*Other courses approved by the clinical faculty		

Summary of Ph.D. Degree Requirements

Course Number	Course Title	Hours
	M.S. Courses	33
PSYC 6100 or PSYC 6230	Cognitive Psychology or Cognitive & Affective Bases of Behavior	3
PSYC 6130 or PSYC 8300	Biological Foundations of Behavior or Neuroanatomy for Behavioral Scientists	3
PSYC 6200	Advanced Social Psychology	3
PSYC 6650	Ethical Issues in the Methods & Practice in Clinical Psychology	3
PSYC 8000	Clinical Supervision and Consultation	3
PSYC 8500	Clinical Staffing Procedures (Practicum)	24
PSYC 8510 or PSYC 8550	Child and Family Intervention or Neuropsychological Assessment	3
PSYC 9210	Clinical Internship in Psychology	9
PSYC 9300	Doctoral Dissertation	3

Advanced Quantitative Methods	3
Diversity	3
Advanced Integrative Course	3
	96 hours total

XI. Clinical Practicum

Every student in the Clinical Psychology Ph.D. program is required to enroll for three hours of practicum (e.g., PSYC 8500) every semester during the academic year for a period of four years. Accordingly, before going on internship, students must have successfully completed a minimum of eight semesters of practicum. Four of these eight semesters must have been in the program's Psychology Clinic or its affiliates [i.e., the Regents' Center for Learning Disorders (RCLD); the Cognitive Aging Research and Education (CARE) Center], and two of these four semesters are required to be in the Psychology Clinic (though students have the option to petition the faculty for an alternate arrangement). Summer practicum experiences do not count toward this requirement.

Training in the UGA Psychology Clinic

In the Psychology Clinic, 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 interested students will be assigned to an internal team, students will be allowed to express their team preferences after their first year. In rare cases a student may change practicum teams during the year; approval of both faculty supervisors is required in that instance.

First-year students will attend assigned practicum team meetings during the fall semester of their first year but will generally not see clients until spring semester. First-year students' training may also include basic skills training conducted by advanced students. Successful completion of the first-year practicum will depend in part on students' adequate development of basic clinical skills training.

Clinic Assistants

There is a general expectation that each research lab will have a majority of their students be a Clinic Assistant at some point in their training, regardless of grant funding status.

External Practica

With faculty permission, students will have the option to do external practica. Such external practica may be arranged 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 registers for and receives academic credit for the work; a Memorandum of Understanding (MOU) is in place between the University of Georgia and the external site specifying the roles and responsibilities of the

student, UGA faculty, and staff at the external site; the student's evaluation will be based in part on direct observation (i.e., in-person observation, live simultaneous audio-video streaming, or audio or video recording) by the licensed supervisor; and the site provides supervision in manner consistent with the Telesupervision Policy (see Appendix H).

A student's participation in an external practicum must be approved by the faculty of the Clinical Psychology Program. To obtain approval, students must petition the faculty by submitting the external practicum request form. These petitions should be submitted **before students apply for the clinical experience** and must be approved before an application can be submitted. Students are encouraged to contact a site to determine if they are looking to recruit students for the upcoming year, if this is not clear from available materials, prior to submitting their petition.

Students will not be allowed to go on external practicum in their fourth year unless/until their thesis is successfully defended. Students can still plan to petition the faculty, apply to external practica, and interview in the spring leading up to the fourth year, but these petitions will be approved with the caveat that participation in the fall of the fourth year is contingent upon the successful defense of the thesis.

Some external sites have requested that the Clinical Program select a student(s) from those who are interested rather than the site having their own selection process. Such sites are identified on the list of external practicum sites that is distributed to students. Students who want to be considered for selection should submit their external practicum petition at least one week prior to the January faculty meeting. If there are more students interested in a site than available opportunities at that site, interested students will be asked to submit a brief statement (i.e., one page maximum) describing why they want to attend the site (e.g., how it fits with their training goals) and why they can or cannot participate in the practicum in a future year. These statements will be used at the January faculty meeting to decide who is the best fit for the site.

In very rare instances, students may need to withdraw early from an external practicum. If a student is considering withdrawing early from an external practicum, they must meet with their advisor, the Director of Clinical Training, and Associate Director of Clinical Training before proceeding.

Supervision

At both internal and external sites, it is required that students who are providing clinical services typically receive a minimum of one hour of weekly supervision. Such supervision can include individual and/or group modalities. Telesupervision must adhere to the Telesupervision Policy (see Appendix H).

Typically, students are supervised by licensed clinical psychologists at external sites; however, students may also be supervised by other appropriately licensed mental health providers. Hours accumulated under the supervision of non-psychologist supervisors may not be used toward licensure in the state of Georgia or other states that follow ASPPB guidelines. In addition, APA accreditation regulations require that "When students are not being supervised on site by doctoral

level psychologists, the program must provide on-going weekly opportunities for students to discuss their clinical work with a doctoral level psychologist appropriately credentialed for the jurisdiction in which the program is located.” Therefore, students who participate in external practica with a non-psychologist supervisor are required to identify a licensed psychologist who agrees to fulfill the APA requirement (e.g., their major professor or internal practicum supervisor).

Hours Accrued with Clinical Research Participants

There may be some cases when clinical activities in students’ research labs can be considered intervention or assessment hours on the AAPI. For such activities to be eligible, the faculty supervisor must first present the training opportunity for approval to the clinical faculty. Once approved, the training must follow all guidelines described for external practica (with the exception of needing an MOU), including: the student registers for and receives academic credit for the work; the student’s evaluation will be based in part on direct observation (i.e., in-person observation, live simultaneous audio-video streaming, or audio or video recording) by the licensed supervisor; supervision is provided in a manner consistent with the Telesupervision Policy; and the student receives a minimum of one hour of weekly supervision.

Case Presentations

Students are required to present a clinical case at the clinical proseminar (typically during the spring of their third year). See Appendix G for Case Presentation Guidelines.

Clinical Supervision and Consultation

Advanced students will enroll in a Clinical Supervision and Consultation class. Responsibilities include supervising students in basic skills training and seminar-based professional/clinical development.

XII. Internship

Graduate students in Clinical Psychology will typically complete internship in either the fifth or sixth year of the doctoral program, depending on progress and career direction. The student will enroll in PSYC 9210 for 3 hours credit for three out of the four semesters they are on internship.

Before beginning an internship, the following requirements must be met:

1. All Master’s requirements must be completed including didactic coursework, first year project, and the M.S. thesis.
2. Written and oral comprehensive examinations must be passed.
3. The student must have been admitted to Doctoral Candidacy.
4. The student must have completed 4 semesters in the Psychology Clinic or its affiliates and 8 semesters total practica before internship.

5. Students must have proposed the dissertation and submitted the IRB proposal by October 15th in the year applying for internship and cannot rank internship sites without approval by their major professor. The dissertation defense is expected prior to internship but not required prior to internship.
6. The internship facility must be an APA-accredited site.

XIII. Comprehensive Examinations

All students are required to take a Written and an Oral Comprehensive Examination.

To be eligible for the Written Comprehensive Examination students must have completed their first-year project and defended their Master's thesis.

Students are required to undertake a Written Comprehensive Examination by the end of summer following the 3rd year. 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 pass the examination prior to proposing a dissertation.

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 faculty.

The RCE option is PASS/FAIL (see Appendix F 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.

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. Guidelines for Written and Oral Comprehensive Examinations are provided in Appendices E and F.

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 areas will be examined: (a) academic performance; (b) research; (c) ethical and legal standards; (d) individual and cultural diversity; (e) professional values and attitudes; (f) communication and interpersonal skills; (g) assessment; (h) intervention; (i) supervision; and (j) consultation and interprofessional/interdisciplinary 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 serve 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.

XVI. Residency Requirements and Years on Campus

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.

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

It is expected that students typically spend 4-5 years on campus prior to internship. Students may petition the Clinical Faculty to stay a sixth year prior to internship, provided that the student is in good standing, has the endorsement of the major professor, and makes a strong case for how the extra year is critical for their future academic and research success. This petition must be approved by the Clinical Faculty by the end of spring semester of the fourth year. In staying a sixth year, students acknowledge that they are placed at lowest priority for funding and may not be awarded a stipend or tuition waiver during the sixth year on campus.

XVII. Student Representatives

Student representatives attend and participate in meetings of the Clinical Psychology Faculty and meet periodically with the Director of Clinical Training 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).

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, 706-542-8719.

Students should be alert to any disability, personal problem, or conflict that is likely to significantly impair 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 they are 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, Head of the Department of Psychology, or University Ombudsperson Program <<https://eoo.uga.edu/policies-resources/the-ombudspersons/>> 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/academic-affairs-policy-manual>> and by the Graduate School <<http://grad.uga.edu/index.php/current-students/policies-procedures/academics/>>.

Clinical Psychology Doctoral Program of Study: SAMPLE*			
1st Year			
<u>Fall Semester</u>		<u>Spring Semester</u>	
3hr	PSYC 6420 Quant II	3hr	PSYC 6430 Quant III
3hr	PSYC 6240 Advanced Psychopathology: Adults	3hr	PSYC 7520 Principles of Psychological Intervention
3hr	PSYC 6560 Clinical Assessment	3hr	MS/PhD Course
3hr	PSYC 8500 Clinical Practicum	3hr	PSYC 8500 Clinical Practicum
3hr	PSYC 7000 Master's Research	3hr	PSYC 7000 Master's Research
1hr	GRSC 7770 (Teaching Course)	1hr	PSYC 9100 (Clinical Proseminar)
1 hr	GRSC 7001 (GradFIRST Seminar)		
1hr	PSYC 9100 (Clinical Proseminar)		
Total:	18 hours	Total:	16 hours
<u>Summer Semester</u>			
3hr	PSYC 8500 Clinical Practicum		
1-3 hr	PSYC 7000 Research		
Total:	4-6 hours		

2nd Year			
<u>Fall Semester</u>		<u>Spring Semester</u>	
3hr	Third Quantitative Methods course or MS/PhD Course	3hr	PSYC 6650 Ethical Issues in the Methods & Practice in Clinical Psychology
3hr	PSYC 8820 Developmental Psychopathology	3hr	PSYC 8510 Child and Family Intervention
3hr	PSYC 6670 Research Design	3hr	PSYC 6230 Cognitive and Affective Bases of Behavior
3hr	PSYC 8500 Clinical Practicum	3hr	PSYC 8500 Clinical Practicum
3hr	PSYC 7300 Thesis Research	3hr	PSYC 7300 Thesis Proposal
1hr	PSYC 9100 (Clinical Proseminar)	1hr	PSYC 9100 (Clinical Proseminar)
Total:	16 hours	Total:	16 hours
<u>Summer Semester</u>			
3hr	PSYC 9000 Doctoral Research		
3hr	PSYC 8500, Clinical Practicum		
Total:	6 hours		
3rd Year			
<u>Fall Semester</u>		<u>Spring Semester</u>	
3hr	PSYC 7540 (Diversity course), or MS/PhD course	3hr	MS/PhD Course
3hr	MS/PhD Course	3hr	MS/PhD Course
3hr	PSYC 9000 Doctoral Research	3hr	PSYC 9000 Doctoral Research
3hr	PSYC 8500 Clinical Practicum	3hr	PSYC 8500, Clinical Practicum
1hr	PSYC 9100 (Clinical Proseminar)	1hr	PSYC 9100 (Clinical Proseminar)
Total:	13 hours	Total:	13 hours
<u>Summer Semester*</u>			
3hr	PSYC 9000 Doctoral Research		
3hr	PSYC 8500 Clinical Practicum		
Total:	6 hours		
*Complete Master's degree requirements			
*Take Written Comprehensive Exam			
4th Year			
<u>Fall Semester*</u>		<u>Spring Semester*</u>	
3hr	PSYC 8000 Clinical Supervision and Consultation	3hr	PhD course
3hr	PSYC 8500 Clinical Practicum	3hr	PSYC 8500 Clinical Practicum
6hr	PSYC 9300 Doctoral Dissertation	6hr	PSYC 9300 Doctoral Dissertation
1hr	PSYC 9100 (Clinical Proseminar)	1hr	PSYC 9100 (Clinical Proseminar)
Total:	12-15 hours	Total:	12-15 hours
<u>Summer Semester</u>			
3hr	PSYC 9300 Doctoral Dissertation		
Total:	3 hours		

5th Year			
<u>Fall Semester</u>		<u>Spring Semester</u>	
3hr	PSYC 8500 Clinical Practicum	3hr	PSYC 8500 Clinical Practicum
3-6 hrs.	PSYC 9300 Doctoral Dissertation	3-6 hrs.	PSYC 9300 Doctoral Dissertation
1hr	PSYC 9100 (Clinical Proseminar)	1hr	PSYC 9100 (Clinical Proseminar)
Total:	9-12 hours	Total:	9-12 hours
<u>Summer Semester</u>			
3hr	PSYC 9210 Clinical Internship		
Total:	3 hours		
6th Year			
<u>Fall OR Spring Semester</u>		<u>Summer Semester</u>	
3hr	PSYC 9210 Clinical Internship	3hr	PSYC 9210 Clinical Internship
Total:	3 hours	Total:	3 hours
<p>*This sample Program of Study is designed to permit the student to complete degree requirements in six years; timing will need to be adjusted to graduate within five years. Failure to take courses at the suggested times may result in longer time to degree completion.</p>			

APPENDIX A**Faculty of the Clinical Training Program**

Brian Bauer (Suicide Theory and Prevention, Behavioral Economics, Digital Phenotyping), Assistant Professor (Ph.D., University of Southern Mississippi).

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

Thania Galvan (Latinx Youth and Families, Traumatic Stress, Mental Health Disparities, Immigrant Populations). Assistant Professor (Ph.D., University of Denver).

Justin Lavner (Couple and Family Relationships, Couple and Family Interventions, Minority Stress, Health Inequities). Professor and Director of Clinical Training (Ph.D., University of California, Los Angeles).

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

Emily Mouilso (Adult Intervention and Assessment, Ethics). Associate Clinical Professor, Director of the UGA Psychology Clinic, and Associate Director of Clinical Training (Ph.D., University of Georgia).

Anne Shaffer (Child Development). Professor and Associate Dean of the Graduate School (Ph.D., University of Minnesota).

Gregory Strauss (Etiology of Negative Symptoms of Schizophrenia). Professor (Ph.D., University of Nevada).

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

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

Emeritus Faculty

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

Joan L. Jackson (Traumatic Stress; Adult Sequelae of Childhood Abuse and Trauma). (Ph.D., University of Georgia).

L. Stephen Miller (Neuropsychology/Neuroimaging, Severe Psychopathology, Aging,

Cognition and Performance). (Ph.D., University of Mississippi).

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

Adjunct Faculty

Harvey Gayer (Child Intervention and Assessment). (Ph.D., Ball State University)

Isha Metzger (Culturally Enhanced Trauma Treatment to Reduce HIV Risk for African American Youth: Integrating Racial Socialization). Associate Professor, Georgia State University (Ph.D., University of South Carolina).

Karen A. Smith (Child and Adolescent Psychology, Family Psychology). (Ph.D., University of Georgia).

Julie Van Weelden (Child Intervention and Assessment). (Ph.D., DePaul University).

Associated Program Faculty

Drew H. Abney (Human Development and Interaction). Associate Professor (Ph.D., University of California, Merced).

W. Keith Campbell (Personality). Professor (Ph.D., University of North Carolina).

Stephen Correia (Clinical Neuropsychology, Aging). Associate Professor, Department of Health Promotion and Behavior, School of Public Health (Ph.D. University of Rhode Island).

Kara Dyckman (Clinical and Cognitive Neuroscience). Senior Lecturer (Ph.D., University of Georgia).

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

Jennifer McDowell (Neuroscience, Bioimaging). Professor (Ph.D., University of California, San Diego).

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

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

Lisa Renzi-Hammond (Gerontology, Neuroscience, Vision and Optometry). Associate Professor and Director, Institute of Gerontology and CARE Center (Ph.D., University of Georgia).

Michelle vanDellen (Self-regulation, Health Behavior Change, Close Relationships). Professor (Ph.D., Duke University)

APPENDIX B

Instructions for Thesis/Dissertation Prospectus and Final Thesis/Dissertation

Students are to distribute written documents to committee members at least two weeks in advance of scheduled thesis proposals and defenses, Oral Comprehensive Exams, and dissertation proposals and defenses. This rule may be waived in favor of a shorter timeline with approval from all committee members.

The Program Coordinator is to be provided a minimum of two weeks advance notice of scheduled thesis proposals and defenses, Oral Comprehensive Exams, and dissertation proposals and defenses.

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. 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.
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.

Compilation Dissertation ("Staple Dissertation")

A successful Compilation Dissertation consists of three first-authored manuscripts that have been submitted to peer-reviewed journals for publication based on work completed while enrolled as a graduate student in the Clinical Psychology Program. Manuscripts may not include the student's first-year project, Master's thesis, Research Comprehensive Exam (RCE), or any that are co-first-authored. The three manuscripts must have a coherent theme

and the student must provide a detailed and integrative introduction and conclusion. The introduction should be a narrative overview written in the style of an introduction to a special edition of a journal.

The Compilation Dissertation Proposal includes a written introduction and three manuscripts, each with at least the Introduction and Method sections written.

The Compilation Dissertation Defense paper is to include the narrative overview, three papers in journal article format that have been submitted or accepted for publication, and a conclusion section that summarizes and synthesizes the conclusions of the three papers, discusses implications, and lists future directions.

The completed Compilation Dissertation will be evaluated on the quality of the introduction and conclusions and whether the manuscripts submitted are of sufficient quality for publication (published peer-reviewed manuscripts will be considered to have met this criterion).

This option is available at the discretion of the Major Professor and the Doctoral Advisory Committee. Appropriate copyright permissions must be obtained.

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. The timeline below is for students who intend to graduate within six years; deadlines will need to be adjusted to graduate within five years)

YEAR 1Academics and Procedures:

M.S. and clinical coursework (yearlong)

M.S. Advisory Committee (by end of fall semester)

M.S. 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 year project (yearlong)

YEAR 2Academics and Procedures:

M.S. and clinical coursework (yearlong)

Clinical:

Practica (2 semesters in Psychology Clinic)

Research:

Complete 1st year project (by end of fall semester)

Propose M.S. thesis (by end of spring semester)

YEAR 3Academics and Procedures:

Finish M.S. and major clinical courses (yearlong)

M.S. thesis defense (by July 15)

Written Comprehensive Exams (summer following 3rd year)

Clinical:

Practica (Clinic or external practicum, 2 semesters)

Clinical Case presentation during proseminar – Appendix G

Research:

M.S. thesis (defended by July 15), other projects (yearlong)

Present M.S. thesis during proseminar

YEAR 4Academics and Procedures:

Clinical Supervision and Consultation course

Elective courses (optional)

Final Program of Study (prior to Oral Comprehensive Exam and dissertation proposal)

Oral Comprehensive Exam (within 6 weeks following written exams passage; prior to dissertation proposal)

Ph.D. candidacy

Dissertation proposal (prior to internship application)

Clinical:

Practica (Clinic or external practicum, 2 semesters)

Research:

First-author manuscript submission (prior to internship application)

YEAR 5

Academics and Procedures:

Apply for internship

Rank internship

Defend dissertation

Clinical:

Advanced external placements (optional)

Research:

Complete dissertation data collection

Defend dissertation

YEAR 6

Internship

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)
- _____ M.S. Advisory Committee chosen and form completed (by end of fall semester 1st year) *
- _____ M.S. 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) *
- _____ Complete 1st year project (by end of Fall semester 2nd year)
- _____ Propose Master's thesis (by end of spring semester 2nd year)
- _____ Approval Form for Master's Thesis Proposal signed by M.S. committee (In-house form) **
- _____ M.S. required coursework completed (prior to candidacy, approximately by end of 3rd year)
- _____ Application for M.S. graduation online *
- _____ Update Master's committee form, if needed *
- _____ M.S. thesis defense (by July 15, 3rd year)
- _____ Approval Form for Master's Thesis, Defense, and Final Examination includes Electronic Thesis and Dissertation (ETD) Submission Approval Form *
- _____ Present M.S. Thesis during proseminar (3rd or 4th year)
- _____ Clinical Case presentation (3rd year) – Appendix G
- _____ Approval Form for Clinical Written Comprehensive Examination (In-house form)**
- _____ Written or Research Comprehensive Exam (following 3rd year)
- _____ Clinic-based practica (4 semesters required, not including summers, typically completed by end of 3rd yr)
- _____ 8 semesters of practica must be completed before internship
- _____ Clinical Supervision and Consultation course (4th or 5th year)
- _____ Doctoral level coursework completed (4th or 5th year)
- _____ Final Program of Study (prior to Oral Comprehensive Exam and dissertation proposal) *
- _____ Oral Comprehensive Exam within 6 weeks of passage of the Written Comprehensive exam and must precede a defense of the 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 Degree *
- _____ 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 Dissertation data collection
- _____ 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 first-authored manuscript(s) (prior to internship application)
- _____ Complete pre-registered research project (At some point during graduate work)
- _____ Internship (5th or 6th year)

* Graduate School forms available online at <https://grad.uga.edu/current-students/forms/>

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

APPENDIX E

Written and Oral Comprehensive Examinations Procedures

In consultation with 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.

If, following consultation with their major professor, a student selects the RCE option, the proposal must be submitted to the student's Doctoral Committee by the last Friday in January and approved by the second Friday of February of the year of their examination. Students not selecting the RCE option by this time will be assumed to be taking the TQE option.

A. 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 and respond to 10 questions in a **closed-notes format**. Areas covered will include: Assessment; Ethics and Professional Psychology; Psychopathology; Psychotherapy and Behavior Change; Research Design/Research Methods/Statistics. Students will be provided with a reading list in March and questions will be drawn from the reading list.

Each question on the TQE will be evaluated by three clinical faculty members, who typically are unaware of the identity of the student and who score the question on a scale from 0-6 (lowest to highest). The scores for each question are returned to a staff member who provides a summary of the raw scores, the mean question score for each student (using only scores by two or more reviewers who agreed on pass vs fail), the grand mean score across the 10 questions for each student, and overall number of questions passed for each student taking the TQE to the Comprehensive Exam Committee.

A grand mean score of >3.5 across all questions will serve as a pass criterion; an average score of <3.5 is an automatic fail. Receiving a score of >3.5 for seven or more questions will serve as a pass criterion; passing six or fewer is an automatic fail.

After a review by the Comprehensive Exam Committee, who may call for a full faculty review if anomalies are present in the results, each student's results will be sent to the student with their Major Professor copied. All results will be sent at the same time.

B. Research Comprehensive Exam (RCE) Option

Proposal of the RCE entails the written materials described in the section titled “Proposal and Completed Product” in Appendix F and a meeting of the student’s Doctoral Committee at which time the Committee provides written approval.

Students who initially plan to complete an RCE may change to the TQE. The deadline to change from the RCE to the TQE is two weeks after students receive the TQE reading list. This decision should be made in consultation with the Major Professor and should be communicated to the members of the doctoral committee and the chair of the Comprehensive Exams Committee.

Students will be expected to complete and turn in the RCE no later than the second day of the TQE administration in August and prepare to defend it at their Oral Comprehensive Examination (OCE). The student’s doctoral committee will read the document and vote: Pass or 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.

C. Oral Comprehensive Examination (OCE)

Following successful completion of the Written Comprehensive Examination, another meeting will be scheduled for the OCE. It is expected that this component will be administered within six weeks of passage of the Written Comprehensive Examination. Candidates will be given an opportunity to elaborate on their weakest written TQE responses or respond to RCE critiques, depending upon which Written Comprehensive Examination the student completed. 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. 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 (RCE) Procedures

A. Assumptions

Either Written Comprehensive Examination 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.

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 examiners 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.

The RCE evaluation is intended to replicate the external peer-review process to the extent possible.

B. Timeline

The RCE is intended to be on the same timeframe as the TQE.

The *earliest* an RCE proposal can be approved for a given year is the day after administration of the TQE for the prior year is concluded. 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 developing the project too far in advance of approval, as approval is not guaranteed.

The *latest* an RCE proposal document can be submitted to the doctoral committee is the last Friday in January of spring semester of the year of their examination.

The latest an RCE proposal can be approved is the second Friday in February.

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.

C. Proposal and Completed Product

The proposal will comprise three sections and the student's CV as an appendix:

1. Status of M.S. thesis (max. 1 page): If defended, this will be indicated. If not yet defended, the percent enrolled, stage of data analysis, interim findings, and projected defense date will be provided.
2. 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.
3. Proposed RCE (max. 1 page): The broader basis for the project in the literature and its scope.
4. Appendix: Student CV

The student will provide the proposal to the committee at least two weeks prior to the proposal meeting.

The committee will be required to consider all three sections and the CV appendix when making an approval decision.

Students are strongly encouraged to submit the finished product to a peer-reviewed journal.

D. Scoring and Notification of Results for RCE

The RCE will be evaluated and scored by the student's Doctoral Committee and one external reader from the Clinical area (the external reader does not provide a written critique). Inclusion of an external reader is intended to 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 and Doctoral Committee; c) additional material for the Major Professor and Doctoral Committee for determining scoring (see below). The external reader will be a randomly selected tenure-track faculty member of the Clinical area who is not a member of the Doctoral Committee; a staff member will select names from a hat or some similar method.

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 to the Major Professor. The scores will accompany written critiques from Doctoral Committee examiners for the student to use in preparing for the Oral Comprehensive Exam, but these critiques will be separated from the scores.

Only voting members of the Doctoral Committee will participate in grading Pass or Fail.

A staff member will calculate the mean for each of the raters on the Doctoral Committee (the external rater will have only one score), and then average these scores into a single final overall mean. The staff member will then email the Major Professor (CC'ing the Comprehensive Exam committee) the results as follows:

1. Mean ratings and range across the three domains; and

2. Grand mean including the outside reviewer.
3. 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 Major Professor will be responsible for notifying the student of the result and planning next steps.

Each RCE will proceed on its own timetable.

After the Oral Comprehensive Exam, the Major Professor will notify the staff member regarding the results.

E. 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 to 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?

F. Eligibility

1. Thesis status criterion
 - a. For students whose M.S. 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 M.S. 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. A student who has not successfully defended their M.S. 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.

G. Independence

In advance of approval, students may work as closely as they choose with their Major Professor 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 Major Professor and Doctoral Committee are expected to provide substantive suggestions for the student.

During the work period, students may consult with their Major Professor and other individuals on occasion but will be expected to work independently. Students may receive input as necessary for the purpose of preregistration but the expectation is that this will happen in the proposal stage. Students may use coders. The Major Professor is expected to not have read any written material or draft beyond the preregistration of the material in advance of the submission of the RCE. If there is a question about the appropriate level of independence for a student’s work, the final decision will be made by the Chair(s) of the Comprehensive Exam Committee.

If a student receives a Revise, the student will respond to the Doctoral Committee entirely independently. The Major Professor is expected to not discuss the revision with the student other than at the defense, either via oral discussion or review of written work.

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 Major Professor from the start.

References

- Bem, D. J. (1995). Writing a review article for Psychological Bulletin. *Psychological Bulletin*, 118, 172-177
- Fischer S., Smith, G. T., & Cyders, M. A. (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, D. G. (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.

APPENDIX G

Case Presentation Guidelines

Student case presentations are made to the Clinical Program to generate discussion of clinical issues and to elicit multiple perspectives on case conceptualization, treatment planning, and clinical decision making. Cases are typically presented during proseminar in students' third year of graduate training.

Although these presentations are not formally evaluated, the following guidelines are provided to clarify expectations for presentation content. A primary goal of these guidelines is to increase the emphasis on case conceptualization, clinical decision-making processes, and the selection of evidence-based practices. A secondary goal is to encourage the succinctness of clinical presentations. Summarizing clinical information quickly and effectively is an important skill for external practica, internship, and beyond.

Presentation Requirements:

Time limit: 20 minutes for formal presentation (i.e., PowerPoint). 5 minutes for discussion with audience.

Case selection: Cases selected for this presentation should have challenged the student conceptually and/or helped the student learn and grow as a clinician. The presentation can focus on an assessment or therapy case. The presentation must be de-identified. Students are encouraged to further change identifying details of the case (e.g., client age, gender, family make-up) that will not alter how the case was conceptualized in order to disguise the client's identity. The cases discussed can be from any year of graduate training while at UGA, but clients seen during previous graduate training programs are not allowed. Additionally, cases selected can come from any practicum site. However, if students choose a case from an external practicum, they should check with their external supervisor(s) to ensure compliance with site policy. The case can be ongoing as long as the client has been seen long enough to satisfy presentation requirements.

Content and Format: There is no required format for the case presentation; however, students should include information relevant to the following topics.

1. *Conceptualization:* Include sociodemographic details, presenting problem, relevant assessment data (if needed). The introduction to the client should be brief unless details of history are relevant to case conceptualization. A main emphasis should be on case conceptualization that demonstrates the student's theoretical orientation to assessment/treatment, including factors that contribute or maintain the presenting problem, as well as contextual factors that may be assets or protective to the client, and

(if applicable) how this conceptualization evolved over the course of assessment/treatment.

2. *Clinical decision-making*: The goal of the presentation is to describe the student's conceptualization process. What treatment plan was chosen for this client? What other treatments were considered? What was the evidence base for the treatment decision(s)? What flexibility was utilized in the treatment approach, if applicable? Please strive to avoid session-by-session summaries of treatment or other lengthy details.

For assessment cases, there should be a focus on differential diagnosis as a result of the assessment. Students should discuss the rationale for the battery selected as opposed to just naming tests and tasks administered and describe the conceptualization of the presenting problem. As opposed to simply reading off scores on tests, students should state what they mean clinically and why they are important.

3. *Consideration of individual factors*: The case conceptualization must also include consideration of the client's individual, cultural, or social factors that might affect the case, and how these were integrated into assessment and treatment planning.
4. *Additional factors*: In some instances, it may also be relevant to include information related to ethical dilemmas or issues. What has been challenging with this case? How were challenges handled in accordance with ethical principles and guidelines? Challenges may also include personal or logistical challenges with the case. Additionally, if students had to do an atypical amount research pertaining to a case it could be relevant to discuss that learning curve.

Case Conceptualization: Selected References

- Dudley, R., Kuyken, W., & Padesky, C.A. (2010). Disorder specific and trans-diagnostic case conceptualisation. *Clinical Psychology Review, 31*, 213-224.
- Eells, T. D. (Ed.). (2006). *Handbook of psychotherapy case formulation* (2nd ed.). Guilford Press.
- Haynes, S. N., Leisen, M. B., & Blaine, D. D. (1997). Design of individualized behavioral treatment programs using functional analytic clinical case models. *Psychological Assessment, 9*, 334-348.
- Haynes, S. N., O'Brien, W. H., & Kaholokula, K. (2011). *Behavioral assessment and case formulation*. Wiley.

- Haynes, S. N., O'Brien, W. O., Kaholokula, J. K., & Witteman, C. (2012). Concepts of causality in psychopathology: Applications to clinical assessment, case formulation and the functional analysis. *Journal of Unified Psychotherapy and Clinical Science, 1*, 87-103.
- Hays, P. A. (2016). *Addressing cultural complexities in practice: Assessment, diagnosis, and therapy* (Third edition). American Psychological Association.
- Hersen, M., & Porzelius, L. K. (Eds.). (2002). *Diagnosis, conceptualization, and treatment planning for adults*. Erlbaum.
- Kuyken, W., Padesky, C.A., & Dudley, R. (2009). *Collaborative case conceptualization: Working effectively with clients in cognitive-behavioural therapy*. Guilford Press.
- Persons, J. B. (2008). *The case formulation approach to cognitive-behavior therapy*. Guilford.
- Persons, J. B. (1993). Case conceptualization in cognitive-behavior therapy. In K. Kuehlwein & H. Rosen (Eds.), *Cognitive therapies in action: Evolving innovative action* (p. 33-53). Jossey-Bass.
- Persons, J. B. (1989). *Cognitive therapy in practice: A case formulation approach*. Norton. (Chapters 1-3).
- Tanaka-Matsumi, J., Seiden, D., & Lam, C. (1996). The Culturally Informed Functional Assessment (CIFA) interview: A strategy for cross-cultural behavioral practice. *Cognitive and Behavioral Practice 3*, 215-233.
- Wolpe, J., & Turkat, I. D. (1985). Behavioral formulation of clinical cases. In I. D. Turkat (Ed.), *Behavioral case formulation* (p. 5-36). Plenum.

APPENDIX H

Telesupervision Policy

Background Definitions

- Supervision is characterized as an interactive educational experience between the trainee and the supervisor. This relationship: a) is evaluative and hierarchical, b) extends over time, and c) has the simultaneous purpose of enhancing the professional functioning of the trainee, monitoring the quality of Health Service Psychology services, and serving as a gatekeeper for progress or completion.
- Telesupervision is supervision of psychological services through a synchronous audio and video format where the supervisor is not in the same physical facility as the trainee.
- In-person supervision is supervision of psychological services where the supervisor is physically in the same facility as the trainee.

What is the rationale for using telesupervision? How is telesupervision consistent with our overall aims and training outcomes?

The purpose of the UGA Doctoral Program in Clinical Psychology is to train outstanding clinical scientists who will make valuable contributions to the field of clinical psychology. Supervision serves this training goal by monitoring and ensuring the welfare of clients seen by students, promoting the development of students' professional identity and competence, and fulfilling requirements in preparation for students' possible pursuit of licensure. We use telesupervision as an alternative form of supervision to meet our overall aim when in-person supervision is not practical or safe.

Telesupervision may be used in three scenarios:

- a) As a primary mode of supervision with a supervisor who is outside the Athens area in order to provide training opportunities that would not otherwise be possible.
- b) As a secondary mode of supervision when either the trainee or supervisor is unable to attend in person, such as when they are ill to prevent contagion or worsening of the illness, or when either trainee or supervisor is unable to attend in person for other reasons.
- c) As an emergent mode of supervision when clinical emergencies arise that require more detailed consultation than is available by phone when the supervisor is not at the training site.

How and when is telesupervision utilized in clinical training?

In scenario a, telesupervision offers trainees experiences that would otherwise be unavailable to them. In scenario b, telesupervision maintains the continuity of supervision during unexpected events that do not compromise a supervisor's or trainee's fitness to practice but that would impede meeting in person and providing continuous care to clients. In scenario c, telesupervision provides supervisors the ability to oversee trainees' work as they provide emergent care to clients.

How is it determined which trainees can participate in telesupervision?

Telesupervision is not allowed as a primary mode of supervision until students have completed their first year of training. Students will be allowed to participate in telesupervision as a method of receiving supervision when telesupervision is a) indicated for service provision, b) reasonable as a secondary supervision modality, or c) required to address emergent client needs.

Before beginning telesupervision, the supervisor (or peer supervisor) and trainee will engage in at least one virtual session to test out technology, verify the suitability of the trainee's environment for telesupervision, and work through screen sharing and other functions that may be required in telesupervision.

Trainees must demonstrate proficiency with using videoconferencing technology and exhibit non-defensive participation in supervision with the ability to implement a supervisor's feedback with clients. They must exhibit the organizational skills needed to attend telesupervision, the responsibility to protect client privacy and confidentiality, and the clarity in communication necessary to convey relevant information about clients and their clinical care.

How do we ensure that relationships between supervisors and trainees are established at the onset of the supervisory experience?

Supervisors are responsible for ensuring that the relationship between the supervisor and trainee is established at the onset of the supervisory experience. This may be accomplished in a number of ways, including discussion of a supervision contract and seeking feedback from the trainee via formal (e.g., Supervisory Working Alliance Inventory) or informal methods.

How does an off-site supervisor maintain full professional responsibility for clinical cases?

The supervisor who conducts telesupervision will maintain full oversight and professional responsibility for all clients for whom the trainee provides services. Supervisors will maintain operational competence with HIPAA-compliant software, remain accessible to

trainees with flexibility in using telesupervision as supervisor and trainee situations dictate, and evidence warmth and connection with trainees through virtual meeting technology.

How are non-scheduled consultation and crisis coverage managed?

Supervisors are available by phone, text, or email outside of scheduled supervision times should trainees need consultation. Supervisors will maintain standing invitations to trainees' virtual sessions to provide backup for trainees. Telesupervision that must occur outside of scheduled sessions will be scheduled through email, text, or other means of communication without discussing client information.

How are privacy and confidentiality of the client and trainees assured?

During telesupervision, client material will not be discussed without using HIPAA-compliant technology. Both the trainee and supervisor will also be in private locations during telesupervision where client privacy and confidentiality will be assured, which may include using head phones or other in-ear technology and orienting computers or phones toward walls without windows.

What are the technology and quality requirements and any education in the use of this technology that is required by either trainee or supervisor?

UGA's HIPAA-compliant Zoom accounts provide the technological backbone of telesupervision at the Psychology Clinic. Sites not using HIPAA-compliant Zoom accounts will provide alternative HIPAA-compliant videoconferencing methods to trainees at no cost to them.