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**CLINICAL PSYCHOLOGY**

**Student Handbook**

**Department of Psychology  
The University of Texas at Austin**

**2022-2023**

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## SECTION I: GENERAL INFORMATION

### A. Overview

The clinical psychology program is fully accredited by the American Psychological Association (APA) for training in clinical psychology. The accreditation office may be reached at:

Office of Program Consultation and Accreditation  
750 First St, NE  
Washington, DC 20002-4242  
Phone: (202) 336-5979  
[www.apa.org/ed/accreditation/contact.aspx](http://www.apa.org/ed/accreditation/contact.aspx)

The clinical psychology program is also fully accredited by Psychological Clinical Science Accreditation System (PCSAS) for training in clinical psychology. The accreditation may be found at: <https://www.pcsas.org/accreditation/accredited-programs/>.

The program is also a member of the Academy of Psychological Clinical Science (APCS), an alliance of doctoral and internship programs with strong commitments to, and established records of, successful clinical science training.

### 1. Objectives of the Program

The Clinical Psychology Training Program at the University of Texas at Austin is broadly based on a clinical science training model. The primary objective of the program is to prepare students for research and teaching careers; a secondary objective is to train students for the professional practice of clinical psychology using empirically supported approaches. Additional major objectives include training students to understand individual and cultural diversity and be able to apply this understanding in research and clinical settings, and producing graduates who have knowledge of and adhere to the ethical standards of the profession.

To accomplish these objectives, the program stresses:

- (a) skills in research design, methods, and statistics;
- (b) familiarization with recent research literature and theoretical constructs of clinical psychology and related areas (e. g., community, cognitive/affective, personality, learning, social, physiological, developmental, and individual differences)
- (c) knowledge of psychological assessment and intervention, with emphasis on current theoretical, conceptual, research, ethical, diversity, and evaluation issues; and
- (d) application of empirically supported clinical techniques in supervised practica and pre-doctoral internships.

Students trained in our program are well prepared for careers in academic or professional settings. However, we discourage applications from individuals who do not envision research as a major part of their careers. We emphasize research training and expect all students to engage in research from their first semester in the program and throughout their training here.

The program is not designed around any one model of clinical intervention, although the

cognitive-behavioral approach is emphasized. Students are exposed to a wide range of viewpoints, including behavioral, genetic, and neuropsychological approaches. There is opportunity for a considerable degree of specialization, especially in the later years of the program.

## **2. Admission**

Because of the close supervision given to each student, we aim for a class size of approximately 5-10 (of the 250-350 who apply in any academic year). Considerable attention is given to letters of recommendation and the applicant's personal statement. Strong interests in research and an aptitude or potential for research are major criteria for admission. The faculty in the program have adopted a mentor/advisor admissions system: faculty members review the application materials of students who have expressed an interest in research that is congruent with their research programs and select students to work with them. A strong applicant whose research interests do not match those of the clinical area faculty may be contacted and asked if he or she would be interested in working with a particular faculty member. This mentor admissions system does not mean that each faculty member will admit one student per year. Some faculty may wish to admit more than one student; faculty who are currently supervising a large number of students may not admit any. Decisions by individual faculty are typically reviewed by the department's admissions committee before offers of admission are made.

Specific information on admissions procedures may be found on the following webpage:

<https://liberalarts.utexas.edu/psychology/areas-of-study/clinical-psychology/program-overview.html>.

Students are accepted for full-time doctoral training only. The average length of study is about six years and this includes the year of pre-doctoral internship training.

We usually have 30-40 students in the clinical program. Applications from students of broadly diverse backgrounds are encouraged, and typically about 30% of the student body identifies as a member of an underrepresented group.

## **3. Program Attrition**

While the program is rigorous and demanding, we only accept students who we are confident can complete the program. We want every student to succeed and do not use a "weeding out" process. However, for a variety of reasons, some students shift to other areas within the department, transfer to other areas of graduate study, or leave graduate school altogether. More rarely, students are dismissed due to academic or other issues. The following link contains more information about attrition:

<https://liberalarts.utexas.edu/psychology/areas-of-study/clinical-psychology/program-overview.html>.

## **4. Sequence of Training**

See Section III: Degree Requirements.

## **5. Medical, Psychological, and Educational Services**

Career counseling, study skill tutoring, telephone referral service, and personal counseling are available through the Counseling and Mental Health Center on campus. Medical care is provided at the University Health Services (UHS), which maintains outpatient and urgent care facilities and a pharmacy on campus.

## 6. Physical Facilities

The Department of Psychology is located in the Seay Psychology Building in north campus. The department occupies 80,711 square feet of space in the \$52 million-dollar building, with world-class research facilities, state-of-the-art computer labs and classrooms, several well-situated conference and seminar rooms, office space for graduate students. A new extension to this building houses the Psychology Training Clinic. It is outfitted with five therapy/assessment rooms, computers for assessment or digital video recording equipment, a group room for clinic meetings and group therapy sessions, and a waiting room for clients. There will also be a workroom for students who are seeing clients that has with ample space for working on computers, loaner laptops for In-clinic work, and a small collection of books related to empirical assessment and treatment

In addition, a relatively recent (2022) addition to clinical program resources is the Institute for Mental Health Research (<http://liberalarts.utexas.edu/imhr>), housed in the College of Liberal Arts Building. The IMHR includes the Mood Disorders Lab, headed up by Dr. Chris Beevers, the Anxiety and Health Behaviors Lab of Dr. Jasper Smits, and the Child Development in Context Lab of Dr. Rebecca Neal-Beevers. IMHR is also located in the newly constructed extension to the Psychology building.

## 7. Cultural Environment

Austin, the capital city of Texas, is a city of some 950,000 that borders the banks of the Colorado River in central Texas. The Austin-Round Rock-San Marcos metropolitan area is home to about two million people. Dallas is 200 miles to the north, Houston is 160 miles to the southeast and San Antonio is about 90 miles to the southwest. Initially devoted primarily to state government, the University, and a military airport, the city has witnessed substantial growth of technology and business in recent years, and now provides the more attractive characteristics of a large city that is often included in “Top 10” lists. The University of Texas at Austin is the principal research and training institution in the Southwest. The University, as well as the local community, provides a broad array of cultural activities and educational programs.

As for climate, the summers are undeniably hot, although air conditioning and pools (amenities of most apartment buildings) offer a mitigating influence. In addition, the city has many parks and lakes. Winter is very brief. The fall and spring, however, are long and temperate—sun shines most of the time in a deep blue sky, and the nights are cool and clear.

General information on Austin is available from [www.austintexas.org](http://www.austintexas.org). Happenings around Austin can be found at: [www.austin360.com](http://www.austin360.com). General information on the state can be obtained from the Travel Information Division, Department of Highways and Public Transportation: [www.txdot.gov/travel](http://www.txdot.gov/travel).

## 8. More Information

The Clinical Psychology area recently completed a year-long strategic planning process. Information regarding the clinical psychology program’s SMART goals and updated organizational structure can be found in Appendices 1 and 2, respectively.

Additional information on the Department of Psychology, including a description of all graduate study areas in the department, is available on our website ([www.utexas.edu/cola/depts/psychology](http://www.utexas.edu/cola/depts/psychology)). You may also email our graduate office at [gradoffice@psy.utexas.edu](mailto:gradoffice@psy.utexas.edu) or call (512) 471-6398.

Inquiries about the clinical program itself should be sent to Dr. Andreana Haley, Director of Clinical Training ([haley@austin.utexas.edu](mailto:haley@austin.utexas.edu)).

Please note that the purpose of this information is to provide you with a description of the graduate program in clinical psychology. This description does not constitute a contract, either expressed or implied.

## **B. General Regulations:**

Students are responsible for knowing and abiding by the contents of the following:

- The graduate catalogue (<http://registrar.utexas.edu/catalogs/graduate>)
- The American Psychological Association's *Ethical Principles of Psychologists and Code of Conduct* (2002): [www.apa.org/ethics/code/index.aspx](http://www.apa.org/ethics/code/index.aspx).
- The University Honor Code: <https://law.utexas.edu/student-affairs/academic-services/policies-and-procedures/honor-code/>

These instructions are revised periodically, and students are advised to consult each new version for changes. The policies and recommendations contained in this manual are in effect at the time students begin the program and remain applicable through completion of the program.

Students are advised and expected to maintain regular email/MS Teams contact during the school year and summer to ensure that they receive program announcements and requests. Accordingly, all students should make sure that they give the program Administrative Associate their current working email addresses or alternative contact information.

At this university, departments are permitted to be more stringent in their regulations and requirements for their graduate programs than the Graduate School, but may not have guidelines that are less stringent than those detailed by the Graduate School. Therefore, for graduate students in the graduate programs of the Department of Psychology, the following requirements in this document take precedence over any Graduate School requirements that are less stringent.

## **C. Important Phone Numbers and Web Pages:**

Departmental phone: (512) 471-1157

Departmental fax: (512) 471-6175

Web access: [www.utexas.edu/cola/depts/psychology](http://www.utexas.edu/cola/depts/psychology)

Psychology Training Clinic (512) 471-8431

Clinical Psychology Administrative Coordinator: (512) 232-4267

## **Useful Internet Sites**

American Psychological Association: [www.apa.org](http://www.apa.org)

Association for Psychological Science: [www.psychologicalscience.org](http://www.psychologicalscience.org)

APPIC website for internship information and application forms:  
[www.appic.org](http://www.appic.org)

Texas State Board of Examiners of Psychologists: (512) 305-7700

333 Guadalupe, Tower 2, Rm. 450, Austin, TX 78701

[www.tsbep.state.tx.us](http://www.tsbep.state.tx.us)

## D. Clinical Faculty Biographical Information

**Christopher G. Beevers, Ph. D., Professor (Clinical)**  
**Director of the Institute for Mental Health Research**  
Office SEA 3.534; tel: 512-232-3706; email: [beevers@utexas.edu](mailto:beevers@utexas.edu)

Christopher Beevers received his doctorate in adult clinical psychology from the University of Miami and completed his internship at the Department of Psychiatry and Human Behavior at Brown University in 2002. He then stayed on at Brown to complete a postdoctoral research fellowship. In January 2005, Chris joined the department of psychology at the University of Texas at Austin as an assistant professor.

Chris' primary research interest focuses on the cognitive etiology and treatment of major unipolar depression. He believes that understanding normal cognitive processes provides an important foundation for identifying how these processes go awry in clinical depression. Further, he is very interested in using experimental psychopathology methods to understand why treatments work and translating these same methods into effective interventions for depression and related psychopathology (e.g., anhedonia, negative affect). Chris is particularly interested in the interplay between biology and cognitive risk and maintaining factors for depression. Current project utilizes behavioral, eye tracking, and EEG methodologies to measure cognitive bias combined with smart phone methods to measure behavior and affect in its natural environment

Full Bibliography can be found here:

<https://www.ncbi.nlm.nih.gov/pubmed/?term=Beevers+CG>

**Caryn L. Carlson, Ph. D., Professor (Clinical)**

**Office SEA 3.230; tel: 512-475-8493; email: [carlson@austin.utexas.edu](mailto:carlson@austin.utexas.edu)**

Caryn L. Carlson received her Ph.D. in psychology in 1984 from the University of Georgia. She completed postdoctoral work at Indiana University and was for three years a faculty member in the psychology department at Virginia Tech. She joined the UT faculty in 1989. The focus of Professor Carlson's recent work is in the field of positive psychology, which is the scientific study of happiness and well-being. She is Director of the Well-Being in Context Lab; in collaboration with her graduate students Michael Mullarkey and Talya Feldman, the lab is currently conducting research on the assessment and prediction of positive and negative outcomes in first-responders. Professor Carlson has taught seminars in Positive Psychology at both the graduate and undergraduate levels for the past several years. She received the 2009 Raymond Dickson Centennial Endowed Teaching Fellowship, the 2010 Eyes of Texas Award for excellence in service to the University, and the 2012 President's Associates Teaching Excellence Award.

Full Bibliography can be found here:

<https://www.ncbi.nlm.nih.gov/pubmed?term=Carlson+CL%5BAuthor%5D&cmd=DetailsSearch>

**Kaya de Barbaro, Ph.D., Assistant Professor**  
**Office SEA 3.518; email [kaya@austin.utexas.edu](mailto:kaya@austin.utexas.edu)**

Kaya de Barbaro's research is in the emerging field of computational behavioral science, bridging insights from developmental science, clinical psychology, computer science, and electrical engineering. Across all her work she characterizes the dynamics of day-to-day activity, which she captures via video recordings and wired and wearable sensors both in the lab and "in the wild".

Currently the work in her lab is focused on using a suite of mobile sensors (including sensors similar to a Fitbit®, e.g.) to capture high-density markers of the experiences and exposures of mothers and their infants as they go about their daily activities. The goals of this work are to access the basic mechanisms of maternal mental health and infant social-emotional development, and ultimately to develop mobile interventions for cases of high risk, such as the transmission of risks for depression from mothers to infants

Full Bibliography can be found here:

[https://www.ncbi.nlm.nih.gov/pubmed/?term=de%20Barbaro%20K%5BAuthor%5D&cauthor=true&cauthor\\_uid=27910994](https://www.ncbi.nlm.nih.gov/pubmed/?term=de%20Barbaro%20K%5BAuthor%5D&cauthor=true&cauthor_uid=27910994)

**Francisco Gonzalez-Lima, Ph.D., Professor (Behavioral Neuroscience/Clinical)**

**Office 3.236; tel: 512-475-8497; email: gonzalezlima@utexas.edu**

Dr. Gonzalez-Lima and his trainees are world leaders in brain research on the relationship between brain energy metabolism, memory and neurobehavioral disorders. Dr. Gonzalez-Lima has been the research advisor of 22 Ph.D. students at UT Austin. He teaches the core graduate course in Functional Neuroanatomy. Dr. Gonzalez-Lima holds the George I. Sanchez Centennial Professorship, and is professor in the Departments of Psychology, Pharmacology and Toxicology, and Psychiatry, and the Institute for Neuroscience. He graduated with honors from Tulane University, New Orleans, with B.S. (Biology) and B.A. (Psychology) degrees, and obtained his Ph.D. (Anatomy and Neurobiology) from the University of Puerto Rico School of Medicine, which honored him with a Distinguished Alumnus Award. He completed postdoctoral training (Behavioral Neuroscience) at the Technical University of Darmstadt, Germany, as an Alexander von Humboldt Research Fellow. Dr. Gonzalez-Lima has been a visiting scientist in Germany, England, Canada and Spain, and has delivered over 120 invited lectures about his research around the world. His research has been funded for over 30 years and has contributed over 350 scientific publications in peer-reviewed journals, conference proceedings, chapters and books.

Current research focuses on the beneficial cognitive and emotional effects of non-invasive human brain stimulation in healthy, aging and mentally ill populations. This research primarily uses transcranial infrared laser stimulation and multimodal imaging (EEG, fNIRS and fMRI) in collaboration with colleagues at UT Austin, UT Arlington and UT Southwestern Medical Center. We supervise and train graduate students to contribute to our ongoing projects.

Full Bibliography can be found here:

[https://www.ncbi.nlm.nih.gov/pubmed/?term=Gonzalez-Lima%20F%5BAuthor%5D&cauthor=true&cauthor\\_uid=28039085](https://www.ncbi.nlm.nih.gov/pubmed/?term=Gonzalez-Lima%20F%5BAuthor%5D&cauthor=true&cauthor_uid=28039085)

**Andreana Haley, Ph.D., Professor (Clinical)**  
**Director of Clinical Training**  
**Office 3.238; tel: 512-232-0863; email: [haley@austin.utexas.edu](mailto:haley@austin.utexas.edu)**

Andreana Haley received her Ph.D. degree in Clinical Psychology from the University of Virginia in 2005 after completing a pre-doctoral internship in Neuropsychology and Rehabilitation Medicine at Eastern Virginia Medical School. Before joining the Clinical Psychology faculty at UT Austin, she spent two years as a Dementia Research Fellow at Brown University, and a visiting research fellow at the Center for Neurological Imaging at the Brigham and Women's Hospital in Boston.

The mission of the Haley Lab, the UT Clinical Neuroscience Lab, is to bridge knowledge from basic and clinical neuroscience with the aim of improving how we understand, predict, and treat age- and disease-related cognitive impairment. Current work in the lab is focused on identifying early cognitive vulnerability and isolating the underlying physiological mechanisms.

Full Bibliography can be found here:

[https://www.ncbi.nlm.nih.gov/pubmed/?term=Haley%20AP%5BAuthor%5D&cauthor=true&cauthor\\_uid=28466195](https://www.ncbi.nlm.nih.gov/pubmed/?term=Haley%20AP%5BAuthor%5D&cauthor=true&cauthor_uid=28466195)

**K. Paige Harden, Ph.D., Associate Professor (Clinical)**

Office 3.246; tel: 512-471-1124; email: [harden@utexas.edu](mailto:harden@utexas.edu)

Paige Harden received her Ph.D. in clinical psychology from the University of Virginia. She completed her clinical internship in the Department of Psychiatry at McLean Hospital / Harvard Medical School, in Belmont, MA. Dr. Harden's research focuses on adolescent development, including risk-taking behavior and externalizing psychopathology, pubertal and reproductive development, and cognitive development. Dr. Harden is the co-director of the Texas Twin Project and is interested in using behavioral genetic designs (including twin/family studies and measured genomic data) to understand how genetic individual differences combine with social contexts to shape trajectories of development.

Full Bibliography can be found here:

[https://www.ncbi.nlm.nih.gov/pubmed/?term=Harden%20KP%5BAuthor%5D&cauthor=true&cauthor\\_uid=25902931](https://www.ncbi.nlm.nih.gov/pubmed/?term=Harden%20KP%5BAuthor%5D&cauthor=true&cauthor_uid=25902931)

**Charles (Josh) Holahan, Ph. D., Professor (Clinical)**

**Office 3. 202; tel: 512-471-3320; email:**

[holahan@utexas.edu](mailto:holahan@utexas.edu)

Charles (Josh) Holahan received a Ph. D. in Clinical Psychology from the University of Massachusetts at Amherst. He joined the faculty at the University of Texas at Austin after completing postdoctoral studies at the Graduate Center of the City University of New York. He has been a visiting faculty member at the Center for Health Care Evaluation at the Stanford University School of Medicine. His area of interest is health psychology, with specializations in stress and coping and addictive behaviors. With support from the National Cancer Institute, his lab is currently focusing on living with a smoker, cross-domain health risk behaviors, and obesity. He enjoys opera, Japanese art, and British murder mysteries.

Full Bibliography can be found here:

[https://www.ncbi.nlm.nih.gov/pubmed/?term=Holahan%20CJ%5BAuthor%5D&cauthor=true&cauthor\\_uid=31535272](https://www.ncbi.nlm.nih.gov/pubmed/?term=Holahan%20CJ%5BAuthor%5D&cauthor=true&cauthor_uid=31535272)

**Robert (Bob) Josephs, Ph. D., Professor (Social/Clinical)**  
Office 3.204; tel: 512-471-9788; email: [bob.josephs@utexas.edu](mailto:bob.josephs@utexas.edu)

Robert A. Josephs was born on Long Island, and is a product of the New York State public school system, remaining within that system from K through college (he was graduated from Cornell University, the largest of the Ivies and the only “hybrid” Ivy combining private and public colleges within one University). Following graduation, he became a guest of the New York State Department of Corrections for a year (as a volunteer tutor, teaching algebra, geometry, and trigonometry). He then ventured west, obtaining an M.S. from the University of Washington under the supervision of Claude Steele. When Steele relocated to the University of Michigan in 1987, Josephs followed him to Ann Arbor, receiving the Ph.D. in social psychology in 1990. He was hired the same year by the psychology department at the University of Texas-Austin, and has been there ever since. Amongst the accomplishments he is most proud of are his two beautiful children (Ben, aged five, and Juliana, aged three), and his wonderful and infinitely patient wife Shana who is a child and adolescent psychiatrist in Austin, Texas.

Bob’s research focuses on areas of social endocrinology, including topics like the relationship between testosterone and dominant behavior; correlations between serotonin transporter polymorphism (SLC6A4), high levels of testosterone, and an exaggerated neuroendocrine response to stress (in collaboration with Chris Beevers); endocrine profiles that potentially predict the likelihood of medical symptom underreporting; the psycho-social consequences that result from chemical castration (in collaboration with Chris Beevers and Jamie Pennebaker); and the psychological mechanisms underlying alcohol-induced violent aggression.

Full Bibliography can be found here:

[https://www.ncbi.nlm.nih.gov/pubmed/?term=Josephs%20RA%5BAuthor%5D&cauthor=true&cauthor\\_uid=26162159](https://www.ncbi.nlm.nih.gov/pubmed/?term=Josephs%20RA%5BAuthor%5D&cauthor=true&cauthor_uid=26162159)

**Marc S. Lewis, Ph. D., Associate Professor (Clinical)**

**Office 4.104; tel: 512-471-3393; email: [lewis@utexas.edu](mailto:lewis@utexas.edu)**

Marc Lewis is the winner of numerous teaching awards including the Regent's Outstanding Teaching Award, The Eyes of Texas Teaching Award, The Silver Spurs Fellowship, The Presidents Teaching Excellence Award, and The University Dad's Association Centennial Fellowship. He is also the Co-Director/Creator of a scientific and charitable foundation that develops and funds novel ideas in science, medicine, and engineering. The emphasis of the foundation is on projects whose lack of immediate application might cause them to go otherwise unfunded. His Plan II, Medical Problem-Solving class originates ideas for these projects under the oversight and development of advanced, graduate students, postdoctoral students, faculty from across colleges, and the class Operations Manager.

After funding a project, he and his students continue to participate closely in the development of the underlying theory and science, as well as in the planning of studies, the interpretation of results, and the consideration of next steps. Current projects include genetic search for the cause of the rare, fatal disease Cronkhite Canada Syndrome (with NIH, The Mayo Clinic and The Cleveland Clinic), ways to extend organ viability for transplant (with UT labs in Chemistry, Chemical Engineering, Biomedical Engineering and Pharmacy, and The University of Colorado, Rutgers, and The University of Arkansas Medical School), and development of an acoustically based diagnostic medical instrument (with Applied Research Laboratories). Projects in development include exploration of a novel drug delivery system and the cause of the rare disease Malignant Atrophic Papulosis.

Full Bibliography can be found here:

[https://www.ncbi.nlm.nih.gov/pubmed/?term=Lewis%20MS%5BAuthor%5D&cauthor=true&cauthor\\_uid=16043509](https://www.ncbi.nlm.nih.gov/pubmed/?term=Lewis%20MS%5BAuthor%5D&cauthor=true&cauthor_uid=16043509)

**Catherine Panzarella, Ph. D., Clinical Professor (Clinical)**

**Director, Psychology Training Clinic**

**Office 2.126; tel: 512-232-4626; email: [cpanzarella@austin.utexas.edu](mailto:cpanzarella@austin.utexas.edu)**

Catherine Panzarella received her Ph.D. from Temple University in 1995 and completed her internship at the Eastern Pennsylvania Psychiatric Institute at Medical College of Pennsylvania. She spent several years with an independent consulting and therapy service while also serving as an assistant professor at Hahnemann University. She then joined the City of Philadelphia's Office of Behavioral Health to direct their Outcomes Initiative to transform program evaluation from process to clinical outcome measures and introduce performance-based contracting for service providers. She also worked on various strategic planning initiatives for the City & Commonwealth of Pennsylvania. She rejoined Temple University in 2007 as their Director of the Psychological Services Center and was a clinical professor nominated for teaching awards. She came to UT-Austin in 2019 to begin serving as the Director of the Psychology Training Clinic. She is a licensed psychologist in Texas, a founding member of the Academy of Cognitive Therapy and also certified as a trainer/consultant by the Academy of Cognitive Therapy.

Selected publications include:

- Panzarella, C. (2015). Religion: Recognizing Social Groups with a Higher Purpose. In La Keita Carter (Ed) Reflecting Humanity: Biological, Psychological, & Sociological Perspectives. Dubuque, IA: Kendall Hunt Publishing Company.
- Faith, J., Spencer, R., Panzarella, C., Williams, C., Covone, M. & Brewer, J. (2010). Use of performance-based contracting to improve effective use of resources for publicly funded residential services. *The Journal of Behavioral Health Services and Research*, 37(3), 400-  
<http://www.springerlink.com/openurl.asp?genre=article&id=doi:10.1007/s11414-008-9135-1>
- Dobkin, R.D., Panzarella, C., Cascardi, M., Truesdell, K. & Alloy, L.B. (2007). The Social Feedback Questionnaire: A new measure for assessing a pernicious social risk factor for depression. *Journal of Social and Personal Relationships*, 24(5), 765-780.
- Hughes, M.E., Panzarella, C., Alloy, L.G., Abramson, L.Y. (2007). A cognitive perspective on mental illness and mental health. In F.T. Durso, R.S. Nickerson, S. Dumais, D.S. Lewandowsky, & T. Perfect (Eds.) Handbook of Applied Cognition (2<sup>nd</sup> ed., pp. 629-658). New York: John Wiley & Sons Ltd.
- Panzarella, C., & Alloy, L.B., Whitehouse, W.G. (2006). Expanded hopelessness theory of depression: On the mechanisms by which social support protects against depression. *Cognitive Therapy and Research*, 30, 307-333.

**Cindy Meston, Ph. D., Professor (Clinical)**

Office 3.232; tel: 512-232-4644; email: [mestoncm@gmail.com](mailto:mestoncm@gmail.com)

Cindy Meston is a Full Professor of Clinical Psychology at the University of Texas at Austin. She received her Ph.D. from the University of British Columbia in 1995 and completed a postdoctoral fellowship in Sexual and Reproductive Medicine at the University of Washington, School of Medicine in 1996. She was awarded a fellowship from the Social Science Research Council, Ford Foundation, NY from 1996-1998 to study the cognitive processes that mediate the relationship between early childhood sexual abuse and later adult sexual dysfunction. Since being hired at the University of Texas in 1998, she received the Athena Institute of Women's Wellness Award to examine the effects of hysterectomy on sexual arousal processes, a five year grant from the National Center for Complementary and Alternative Medicine (NCCAM) to study the effects of ginkgo biloba on women's sexual arousal, and a five year grant from the National Institute of Child Health Development (NICHD) to conduct a treatment outcome study for women with sexual dysfunction who have a history of childhood sexual abuse. She is the Past President of the International Society for the Study of Women's Sexual Health (ISSWSH), and is an active member of the International Academy of Sex Research (IASR), and the Society for the Scientific Study of Sexuality (SSSS). She is past Associate Editor of the *Journal of Sexual Medicine* and currently serves on a number of Editorial Boards. She has published over 200 peer reviewed articles and book chapters on women's sexuality and given over 250 professional presentations on human sexuality. Her book, with co-author David Buss has been translated into nine foreign languages. For information on her current research, see: [www.mestonlab.com](http://www.mestonlab.com).

Full Bibliography can be found here:

[https://www.ncbi.nlm.nih.gov/pubmed/?term=Meston%20CM%5BAuthor%5D&cauthor=true&cauthor\\_uid=29289375](https://www.ncbi.nlm.nih.gov/pubmed/?term=Meston%20CM%5BAuthor%5D&cauthor=true&cauthor_uid=29289375)

**Raymond C. Hawkins II, Ph.D (Clinical)**

Office SEA 3.218; tel: (512) 232-3354; email: [rhawkins@utexas.edu](mailto:rhawkins@utexas.edu)

Ray Hawkins, Ph.D., ABPP (Clinical Psychology), received his Ph.D. in clinical psychology from the University of Pennsylvania in 1975, after completing a one-year pre-doctoral internship at the Eastern Pennsylvania Psychiatric Institute. From 1975 to 1982, he was an assistant professor of clinical psychology at The University of Texas at Austin. In 1979, he co-founded the Austin Stress Clinic, the first private clinic in Austin to specialize in biofeedback and clinical health psychology.

In 1982, Ray joined the Austin Regional Clinic as a staff psychologist, where he provided practicum supervision to UT clinical psychology students and continued his clinical research on addictive behaviors, Jungian personality types, chaos theory, and other behavioral health issues, including eating disorders and chronic pain. From 1998 to 2001, he served as the Director of the UT Clinical Psychology Training Clinic (UTCPTC). In 2011, he was appointed a Clinical Assistant Professor in the UT Psychology Dept., where he continues to conduct research, provide advanced clinical supervision, maintain the clinical database in the UTCPTC, as well as teach.

In 1998, Ray was appointed an adjunct professor in the Master of Counseling Program at the Episcopal Seminary of the Southwest. In 2004, he became a core faculty member in the School of Psychology at Fielding Graduate University, an APA approved doctoral program in clinical psychology. That same year he joined the New Life Institute where he currently serves as the Training Clinic Director and on the Board of Directors. Ray is also a founding board member (and current President) of the Lone Star Psychology Internship Consortium, serves on the boards of the Jung Society of Austin, and the Institute for Neurosciences and Consciousness Studies (where he is Director of Research).

Ray's current clinical research interests are in individual differences in behavior, development, and personality, including developing new measures for determining psychotherapy outcome. He has co-edited two books and published numerous articles on addictive behaviors, cognitive-behavior therapy, and Jungian psychological type applications.

Selected Publications include:

Hawkins, R.C. II (2017). Agency and communion in end-of-life decision-making. *Illness, Crisis, & Loss*, 25(2), 87-106.

Hawkins, R.C. II & Boyd, R. (2017). Such stuff as dreams are made on: Dream language, LIWC norms, and personality correlates. *Dreaming*, 27(2), 102-121.

Hawkins, R.C. II (2016). Biofeedback and the illusion of self-control: A functional contextualist perspective. *Biofeedback*, 44(4), 225-228.

**David Mark Schnyer, Ph. D., Professor (Cognitive Neuroscience/Clinical)  
Psychology Department Chair  
Office SEA 4.212; tel: (512) 475-8499; email: [schnyer@utexas.edu](mailto:schnyer@utexas.edu)**

David Schnyer is a Professor in the Department of Psychology and the Institute for Neuroscience at the University of Texas, Austin. He completed a Ph.D. in Clinical Neuropsychology from the University of Arizona in 1998. In 2001, he was awarded an NIH K-award in multimodal neuroimaging techniques and trained at the Memory Disorders Research Center, Boston University School of Medicine. Work from Dr. Schnyer's lab has been published in high profile journals, including Nature, Nature Neuroscience, Journal of Neuroscience, Sleep, Neuroimage and Annals of Neurology. All work has been funded through grants from NIH, DOD and Department of the Army

David Schnyer's research is focused on the Cognitive Neuroscience of mental processes. Particularly, we have examined the neural structures and computational algorithms that contribute to non-declarative memory, associative memory, metamemory and attention/cognitive control. These studies are approached with a range of methodological tools – lesion studies, fMRI and MEG/EEG. More recently he has begun to examine the neurobiological basis of attention control as a contributing factor to mental illness and changes as a result of sleep patterns and traumatic brain injury. This has led to the development of therapeutic techniques that target the attention dysfunction seen in many psychological and neurological disorders.

Full Bibliography can be found here:

<https://www.ncbi.nlm.nih.gov/pubmed/?term=Schnyer+DM%5BAuthor%5D>

**A. Rebecca Neal-Beevers, Ph.D., Research Scientist (Clinical)**

Office SEA 3.532; tel: 512-475-8491; email: [rebecca.neal@austin.utexas.edu](mailto:rebecca.neal@austin.utexas.edu)

Rebecca Neal-Beevers received her Ph.D. in Child Clinical and Applied Developmental Psychology from the University of Miami in 2002. She completed her clinical internship in the Department of Psychiatry and Human Behavior at Brown University. Rebecca stayed on at Brown after internship to complete a two-year postdoctoral fellowship at the Brown University Center for the Study of Children at Risk (CSCR). She joined the faculty at the University of Texas at Austin in January 2005.

Rebecca's research interests fall into two related domains. One area of interest involves the identification of early markers of developmental delay in at-risk populations. Recent work in this area focuses on understanding the contribution of early social-communicative (e.g., visual joint attention) and regulatory processes (e.g., infant cry) to developmental outcome (e.g., cognitive and language outcome). A second and closely related line of research focuses on Autism Spectrum Disorder (ASD). One recent autism project involves a longitudinal study of the early social and communication development of infants at varying degrees of risk for ASD. Another recent autism project explores emotion recognition abilities in high-functioning children with ASD. Rebecca has received grant support from the National Institute of Child Health and Human Development. She has also received grant support from the National Institute of Drug Abuse.

Full bibliography can be found here:

[https://www.ncbi.nlm.nih.gov/pubmed/?term=Neal-Beevers%20AR%5BAuthor%5D&cauthor=true&cauthor\\_uid=29931435](https://www.ncbi.nlm.nih.gov/pubmed/?term=Neal-Beevers%20AR%5BAuthor%5D&cauthor=true&cauthor_uid=29931435)

**Mark B. Powers, Ph. D., Research Associate Professor (Clinical)**  
Office CLA 4.524; tel: 512-471-4253; email: [mbpowers@utexas.edu](mailto:mbpowers@utexas.edu)

While pursuing his Ph.D. in clinical psychology from the University of Texas at Austin, Dr. Powers also completed a pre-doctoral fellowship at Boston University and Harvard Medical School and a clinical internship at the University of Washington. He was an Assistant Professor of Psychology at the University of Amsterdam in The Netherlands for two years studying exposure augmentation strategies. Next, he was an Assistant Professor of Psychology in Psychiatry for two years at the University of Pennsylvania School of Medicine where he focused on research in OCD and PTSD. He was then an Assistant Professor at Southern Methodist University for three years before joining the faculty here at the University of Texas. He currently is conducting a 5-year NIDA sponsored study of integrated PTSD and smoking cessation treatment. He is also leading a funded project on Virtual Reality for pain reduction at Dell Medical School at UT Austin. Dr. Powers is also the Director of Trauma Research at Baylor Scott & White running federally funded projects (NIH & DoD) at two Level I Trauma Centers including Baylor University Medical Center in Dallas and Scott & White Medical Center in Temple. Dr. Powers was certified in prolonged exposure therapy for PTSD and Exposure with Ritual Prevention for OCD at the Center for Anxiety and Related Disorders with Dr. Edna Foa and he was a Beck Scholar at the Beck Institute for Cognitive Therapy and Research (<http://www.beckinstitute.org/>). He is currently the Chair of the APA Division 12 Presidential Task Force on Empirically Supported Treatment Dissemination, and he conducts international workshops in EX/RP for OCD and PE for PTSD. Dr. Powers has over 120 publications including book chapters and journal articles. He is also Editor-in-Chief of the journal Cognitive-Behaviour Therapy.

Full bibliography can be found here:

[https://www.ncbi.nlm.nih.gov/pubmed/?term=Powers%20MB%5BAuthor%5D&cauthor=true&cauthor\\_uid=29080589](https://www.ncbi.nlm.nih.gov/pubmed/?term=Powers%20MB%5BAuthor%5D&cauthor=true&cauthor_uid=29080589)

**Jasper Smits, Ph.D., Professor (Clinical)**

Office SEA 3.562; tel: 512-475-8095; email: [smits@utexas.edu](mailto:smits@utexas.edu)

Jasper Smits received his Ph.D. in Clinical Psychology from the University of Texas at Austin and completed his clinical internship at Harvard Medical School/Massachusetts General Hospital. He was on the faculty in the Department of Psychology at Southern Methodist University for 9 years before joining the Department of Psychology at the University of Texas at Austin in 2013. The main objective of his research program is to improve the treatment of anxiety disorders (e.g., social anxiety disorder, panic disorder, posttraumatic stress disorder) and related problems (e.g., smoking, overeating, physical inactivity). Using a translational research approach, studies in his laboratory aim to (1) identify targets for intervention; (2) develop and pilot test novel therapeutic strategies; and (3) examine the efficacy of promising behavioral and integrative treatments in clinical trials.

Full bibliography can be found here:

[https://www.ncbi.nlm.nih.gov/pubmed/?term=Smits%20JA%5BAuthor%5D&cauthor=true&author\\_uid=23300122](https://www.ncbi.nlm.nih.gov/pubmed/?term=Smits%20JA%5BAuthor%5D&cauthor=true&author_uid=23300122)

**Michael J. Telch, Ph. D.; Professor (Clinical)**

Office SEA 3.208; tel: 512-475-8488; email: [telch@austin.utexas.edu](mailto:telch@austin.utexas.edu)

My Ph. D. training was at Stanford University. Upon completing a two-year postdoctoral fellowship in behavioral medicine at the Stanford University School of Medicine, I stayed on as a research scientist in the medical school for an additional two years prior to joining the faculty at the University of Texas. My program of research mainly focuses on the nature and treatment of anxiety-related disorders. Within this broad area, I continue to make use of multiple research tactics including: (a) clinical trials; (b) experimental studies using biological challenge agents such as caffeine and CO<sub>2</sub>; (c) longitudinal risk and prevention studies; and (d) descriptive studies.

I am committed to training graduate students to become competent clinical researchers. Over the past 12 years, 14 students have received their Ph. D. s under my supervision, and over half of these have gone on to accept faculty/research positions at major universities. I am also committed to the clinical training of graduate students in empirically-supported treatments. I have considerable expertise and experience in both behavior therapy and cognitive therapy. I offer advanced clinical supervision for doctoral students in their third year and beyond.

I teach the required course in Empirically-Supported Clinical Interventions that our students take during the fall semester of their second year. I also co-teach with Dr. Chris Beevers the required graduate course in Clinical Research Methods that is taken during the first year in the program.

Full bibliography can be found here:

[https://www.ncbi.nlm.nih.gov/pubmed/?term=Telch%20MJ%5BAuthor%5D&cauthor=true&cauthor\\_uid=17071216](https://www.ncbi.nlm.nih.gov/pubmed/?term=Telch%20MJ%5BAuthor%5D&cauthor=true&cauthor_uid=17071216)

**David M. Tucker, Ph. D., Clinical Associate Professor  
(Clinical) email: dt@neuroaustin.com**

David Tucker completed his graduate studies in Clinical Psychology, with an emphasis in neuropsychology, at the University of Georgia. He completed a specialty internship in clinical neuropsychology at the West Haven VAMC. He was previously an associate professor in the departments of Neurology, Physical Medicine and Rehabilitation and Psychology at the University of Missouri School of Medicine and served as the Director of Neuropsychological Services at the U of M Hospital and Clinics. He moved to Austin in 1990, joining the Austin Neurological Clinic and the psychology faculty at UT as an adjunct associate professor. He teaches graduate courses in the area of clinical neuropsychology and also supervises neuropsychology clinical practica. Dr. Tucker is a Diplomate in Clinical Neuropsychology from the American Board of Professional Psychology and the American Board of Clinical Neuropsychology. His current research interests include memory dysfunction in temporal lobe epilepsy, recovery of function following temporal lobectomy, fMRI with memory disorders and the neuropsychology of ADHD.

Full bibliography can be found here:

<https://www.ncbi.nlm.nih.gov/pubmed?term=Tucker+DM%5BAuthor%5D&cmd=DetailsSearch>

**Elliot Tucker-Drob, Ph. D., Associate Professor  
(IDEP/Clinical)  
Office SEA 4.218; tel: 512-232-4225; email:  
tuckerdrob@utexas.edu**

My research focuses on describing and explaining individual differences in psychological development throughout the life span. In other words, I am interested in how and why people proceed along different life trajectories. The majority of my current research seeks to clarify the dynamic processes through which genes and social and educational experiences combine and interact to influence cognitive development, personality development, and academic achievement.

Full bibliography can be found here: [https://www.ncbi.nlm.nih.gov/pubmed/?term=Tucker-Drob%20EM%5BAuthor%5D&cauthor=true&cauthor\\_uid=29911926](https://www.ncbi.nlm.nih.gov/pubmed/?term=Tucker-Drob%20EM%5BAuthor%5D&cauthor=true&cauthor_uid=29911926)

**Alexandra L. Clark, Ph.D., Assistant Professor (Clinical)**  
Office SEA 3.234; email: [Alexandra.clark@austin.utexas.edu](mailto:Alexandra.clark@austin.utexas.edu)  
Website: <http://munalab.la.utexas.edu/>

Dr. Clark received her Ph.D. in Clinical Psychology with an emphasis in Neuropsychology from the San Diego State University/University of California San Diego Joint Doctoral Program. She completed a full-time postdoctoral fellowship in Interprofessional Polytrauma TBI Rehabilitation at the San Diego VA Healthcare System as well as a part-time fellowship in Neuropsychology and Novel Neuroimaging Metrics for Alzheimer's Disease at the University of California San Diego from 2019-2021. She has extensive training in the neuropsychological assessment of a broad range of neurological and psychiatric disorders (e.g., Alzheimer's disease, stroke, TBI, Parkinson's disease, PTSD) and joined the UT Austin Department of Psychology in 2021.

Dr. Clark's research utilizes novel neuroimaging tools (e.g., diffusion tensor imaging, arterial spin labeling) and biofluid markers (e.g., serum and cerebrospinal fluid) within aging and traumatic brain injury clinical populations to (1) characterize the pathophysiological mechanisms and neural consequences underlying cognitive dysfunction, (2) better understand the temporal course of brain changes and various factors (e.g., genetic risk) that mediate/moderate the neural response, and (3) explore links between social determinants of health and heterogeneity in cognitive, biomarker, and neuroimaging signatures within racially/ethnically diverse older adults.

Full Bibliography can be found here:

<https://pubmed.ncbi.nlm.nih.gov/?term=Alexandra+L+Clark+%5BAuthor%5D>

**Adela Timmons, Ph. D.; Assistant Professor (Clinical)**

Office 4.234; tel: 512-475-9732; email: [adela.timmons@austin.utexas.edu](mailto:adela.timmons@austin.utexas.edu)

Dr. Adela Timmons (she/her/hers) is the director of the [Technological Interventions for Ecological Systems \(TIES\) Lab](#). Dr. Timmons' research lies at the intersection of data science, technology development, and child and family mental health. Her applied work focuses on child, couple, and family psychology and examines how stress, adversity, and trauma become biologically embedded and impact stress reactivity and emotion regulation capacity in the context of interpersonal relationships. She is particularly interested in coregulation, or how people in interpersonal relationships share in their moment-to-moment physiological and emotional states. To conduct her research, she uses both laboratory-based and ambulatory assessment methods to capture complex relationship dynamics as they naturalistically unfold. Her quantitative and technological work focuses on developing pervasive computing software and artificial intelligence models for automatically and passively capturing and quantifying psychological functioning in everyday life. She is currently developing just-in-time adaptive mobile health interventions using machine learning, smartphones, and wearable devices, with the goal of improving mental health outcomes for children, couples, and families.

Full bibliography can be found here:

<https://pubmed.ncbi.nlm.nih.gov/?term=adela+timmons%5BAuthor%5D&sort=>

**Kim Fromme, Ph. D., Professor Emeritus (Clinical)**

Office 3.242; tel: 512-471-0039; email: [fromme@utexas.edu](mailto:fromme@utexas.edu)

**Laboratory 2.302; tel: 512-471-8993; website: <https://labs.la.utexas.edu/sahara/>**

Dr. Fromme received her Ph. D. from the University of Washington in Seattle. Prior to moving to UT Austin in 1993, she was on the faculty at the University of Delaware. Dr. Fromme's program of research examines the etiology and consequences of substance use and other health risk behaviors. Findings from her survey and laboratory investigations have provided the foundation for the development and evaluation of brief motivationally-based cognitive-behavioral interventions for the prevention of substance use and other health risk behaviors. With support of more than \$5 million in grants from the National Institutes on Alcohol Abuse and Alcoholism, Dr. Fromme recently completed a longitudinal study of the alcohol use and other behavioral risks of emerging adults (ages 18-29). This research includes genetic data, phenotypic behavior data, and data from an alcohol challenge (in our simulated bar laboratory).

Dr. Fromme places a high value on facilitating students' professional and personal development through close one-on-one supervision. By providing training in both experimental and survey research, her students gain exposure to a variety of research methodologies and develop a strong theoretical grounding in addictive behaviors. Consequently, Dr. Fromme's graduate students and former postdoctoral fellows have strong records of scholarly publications, presentations at national and international meetings, and successful grant writing experiences.

Dr. Fromme is a Fellow and former President of the American Psychological Association division on Addictions, and currently serves as Chair of the Social and Behavioral Advisory Council of ABMRF: The Foundation for Alcohol Research. Her recreational interests include weight training, international travel, "gentle" hiking, and attending UT football games.

Full Bibliography can be found here:

[https://www.ncbi.nlm.nih.gov/pubmed/?term=Fromme%20K%5BAuthor%5D&cauthor=true&cauthor\\_uid=28930056](https://www.ncbi.nlm.nih.gov/pubmed/?term=Fromme%20K%5BAuthor%5D&cauthor=true&cauthor_uid=28930056)

**Manuel Ramirez, III, Ph. D., Professor Emeritus (Clinical)**  
Office 5.206; tel: 512-475-7012; email: [ramirez@psy.utexas.edu](mailto:ramirez@psy.utexas.edu)

Manuel Ramirez received his Ph. D. from the University of Texas at Austin. He completed his internship at Norfolk State Hospital and Outpatient Clinic in Norfolk, Nebraska. Dr. Ramirez has taught at California State University at Sacramento, Rice University, Pitzer College of the Claremont Colleges, the University of California at Riverside, and the University of California at Santa Cruz. His research interests include multicultural personality development, U.S.-Mexico border culture, cultural values and assessment. His areas of expertise include multicultural personality development and functioning, multicultural psychotherapy and diagnostic assessment. In working with students, Dr. Ramirez aims to (1) provide training in research and practice with people of color and (2) provide training in the relation of cultural values to mental health. Dr. Ramirez is director of the Multicultural Lab and has a part-time private practice in Clinical and Neuropsychology.

Selected publications include:

- Ramirez, M, Argueta, N.I., Castro, Y., Perez, R. and Dawson, D.B. (2016). The relation of drug trafficking fears and cultural identity to attitudes toward Mexican immigrants in five SouthTexas communities. *Journal of Borderland Studies* 31 (1), 91-105.
- Ramirez, M., Argueta, N. I. and Grasso, J.R. (2013). Drugs and immigration: Impact on the borderlands culture of South Texas. *Journal of Latina(o) Psychology* 1 (2), 69-84.
- Ramirez, M., Valdez, G. & Perez, M. (2003). Applying the APA cultural competency guidelines: A cultural and cognitive flex perspective. *The Clinical Psychologist*, 56 (4), 17-23.
- Ramirez, M. (1999). *Multicultural psychotherapy: An approach to individual and cultural differences*. Needham Heights, MA: Allyn & Bacon.

### **E. Students with Disabilities:**

Students who have a disability or condition that may impair their ability to complete assignments or otherwise satisfy course criteria are encouraged to meet with the course instructor to identify, discuss, and document any feasible instructional modifications or accommodations. The student should notify the instructor no later than the end of the second week of the semester in which the course is offered, or no later than the end of the second week after such a disability or condition is diagnosed--whichever occurs earlier. Implementation of significant accommodations or modifications requires evaluation and recommendation by the Office of Services for Students with Disabilities.

Students with disabilities that may affect their progress through the program, including their ability to engage in various practicum placements, need to approach the Director of Clinical Training for assistance in determining the feasibility of alternative placements or appropriate accommodations as early in their training as possible. It is incumbent upon students to notify the appropriate parties of disabilities as specified above, prior to any performance problems that may develop. Significant modifications to applied clinical training requires evaluation and recommendation by the Office of Services for Students with Disabilities. Note that accommodations typically recommended for traditional classroom settings may not be reasonable or appropriate for applied clinical training including practicum placements.

Meeting expectations for applied clinical training is primarily determined by the *Clinical Competency Rating Form* (see Appendix 4). An overall rating of "satisfactory" and "yes" on both "achieved competencies expected for this level of training" as well as "ready for next level of training" are required. Professional behavior competencies include but are not limited to timeliness & accuracy for all patient documentation, timeliness for patient appointments, timeliness & active participation in clinical supervision, effective communication including oral presentations, recording all sessions for supervision sessions, awareness & willingness to discuss in supervision how personal & cultural factors impact the therapeutic relationship,

The student may contact Services for Students with Disabilities (512 471-6259) for information and help (<http://ddce.utexas.edu/disability>).

## **F. Ethical and Professional Guidelines:**

The clinical area of the Department expects both faculty and students to conduct academic, clinical, and research pursuits according to the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct ([www.apa.org/topics/ethics/index.aspx](http://www.apa.org/topics/ethics/index.aspx)). Any student who commits a serious breach of these principles may be dismissed from the program.

The University of Texas at Austin (University) Institutional Review Board (IRB) is responsible for conducting initial and continuing reviews, as well as providing oversight for all research activities involving the use of human subjects performed on the campus or at any location under the purview of the University. All review procedures will meet or exceed the requirements set forth in: [www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html](http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html) (45 CFR 46). Any student, faculty or staff in the Department of Psychology proposing to conduct research involving human subjects for the purposes of contributing to generalizable knowledge must first receive approval from a faculty sponsor, the Departmental Review Committee/Chair, and the University IRB.

### **G. Academic Dishonesty Including Plagiarism:**

“Scholastic dishonesty” includes, but is not limited to, cheating, plagiarism, collusion, falsifying academic records, and any act designed to give unfair or undeserved academic advantage to the student, or the attempt to commit such an act. Definitions and additional information may be found on the Dean of Students webpage at <https://deanofstudents.utexas.edu/conduct/academicintegrity.php> and in even more detail on the same website under *Institutional Rules on Student Services and Activities*.

The Office of the Dean of Students has the delegated responsibility for student discipline. Please go to <https://deanofstudents.utexas.edu/conduct/processesandprocedures.php> for information on Conduct Processes and Procedures at the University of Texas at Austin.

## **H. APA Guidelines on Sharing Authorship with Faculty**

In accordance with the APA Code of Ethics (2002), principal authorship and other publication credits must accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as Department Chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications should be appropriately acknowledged in footnotes or in an introductory statement. A student is usually listed as principal author on any multiple-authored article that is substantially based on the student's dissertation or thesis.

## I. Grievances

### 1. Overview

Most student grievances are essentially appeals of a termination decision. In such situations, the student contacts the Director of Clinical Training and asks that the Clinical Training Committee (CTC) reconsider its decision. On occasion, the committee has reversed itself in this situation upon the presentation of new evidence. If the committee reaffirms its decision, the student can appeal to the departmental executive committee. This committee is composed of the chair of the department, the graduate advisor, and one elected representative from the assistant, associate, and full professors. This committee examines the original facts and obtains new information when available. The committee has the power to affirm an area's decision or reverse it.

Before a grievance is filed, every effort should be made to resolve the problem informally between the student and the faculty member(s) involved or with the assistance of the Graduate Advisor, the chair of the Graduate Studies Committee (GSC), or the chair of the department. However, when problems cannot be resolved informally, the student should submit a written complaint to the Office of Graduate Studies. The Office of Graduate Studies will notify the chair of the GSC that a formal grievance has been filed. Students must initiate their complaints within six months of the incident that is the subject of the grievance.

If you have questions regarding particular grievances, contact the Office of Graduate Studies, Main Building 101, (512) 232-3607. Information is also available online at <https://gradschool.utexas.edu/academics/policies/grievances>

As mentioned above, the Student Judicial Services of the Office of the Dean of Students (<http://deanofstudents.utexas.edu/>) has the delegated responsibility for student discipline, but when there is a recommendation for suspension from the University or dismissal from the graduate student's academic program, Student Judicial Services will work with the Office of Graduate Studies in investigating and recommending resolution of the case.

### 2. Academic-related grievances

Academic grievances involving grade disputes or insufficient progress on clinical competencies should first be discussed with the course instructor. Grade disputes that are not resolved and all other academic grievances should be submitted in writing to the department chairperson or another designated administrator of the academic program to which the grievance relates. Appeals should be directed to the Office of Graduate Studies.

More serious problems—such as dismissal from a graduate program on grounds of insufficient progress, deadlines not met, final projects (thesis, reports, dissertations) not accepted, or failed doctoral defense oral examinations—are handled according to the procedure outlined in the *Handbook of Operating Procedures*. This procedure may be referenced on the web at <https://policies.utexas.edu/policies/graduate-school> as number 9-1240.

Student grievances not related to termination decisions are handled by the chairman of the department on a case-by-case basis. In some situations, an advisory committee may be formed; in others, the chair acts as both fact-finder and decision-maker. Depending upon the situation, the advice of the University Attorney may be

sought. An attempt is made to redress fairly grievances that can be resolved at the departmental level. If a student is dissatisfied with the outcome of a departmental decision, he or she can appeal to the University grievance committee.

### **3. Student program and student activity related grievances**

Grievances related to non-academic student programs and activities should be submitted in writing to the director of the specific student affairs area. If a resolution cannot be reached, appeals may be directed to the Vice President for Student Affairs, and then to the President for final disposition.

### **4. Disability-related grievances**

According to UT policy, no qualified disabled student shall, on the basis of disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any academic program or activity at UT. The official policy, including the procedure for filing a grievance, is outlined in the Handbook of Operating Procedures Policy Number 3-3020, which may be found at <https://policies.utexas.edu/policies/nondiscrimination-policy.edu>. Additional information may be found on the website for Services for Students with Disabilities: <https://diversity.utexas.edu/disability/grievance-procedures/>

### **5. Hazing, sexual and racial harassment, and sexual assault**

As part of our commitment to providing an educational and working environment free from sexual misconduct, The University of Texas at Austin is implementing a revised policy on the Prohibition of Sexual Assault, Interpersonal Violence, Stalking, Sexual Harassment, and Sex Discrimination. The policy, laid out in [HOP 3-3031](#), reflects feedback from the campus community, recommendations from outside consultants at Husch Blackwell, and provisions that comply with the new federal regulations on Title IX. With the acceptance of the Husch Blackwell recommendations and the new Title IX regulations, General Information Catalogue (Institutional Rules) Appendices D, E, and H are now included as part of HOP 3-3031: Prohibition of Sexual Assault, Interpersonal Violence, Stalking, Sexual Harassment, and Sex Discrimination. The University of Texas System Board of Regents approved the policy Wednesday, and it went into effect on **August 14, 2020**.

### **6. Legal Services for Students**

Legal Services for Students attorneys provide students with advice, representation, or referral for legal problems. No charge is assessed for advice, referral, or general assistance, but payment of court costs and other incidental expenses may be required if the office agrees to handle a student's case. The office reserves the right to accept or decline any individual case and to determine the manner of legal representation it will provide. Representation may be provided in civil legal matters only. Cases normally accepted for representation are landlord-tenant disputes, student loan disputes, property damage claims resulting from automobile accidents, employment disputes, credit card complaints, auto repair claims, and consumer protection matters including deceptive trade practices. The Students' Attorney is prohibited from representing students in criminal proceedings, purely business matters, family law, and most civil actions against other students, or in actions directly or indirectly against any part of The University System or its agents. To access this service call (512) 471-7796 or go to their website: <http://deanofstudents.utexas.edu/lss/>

### **7. Student Ombuds Services**

The ombudsperson serves as a neutral third party providing assistance to

students who have University-related complaints of a non-legal nature. The ombudsperson and most of the office staff are students, and they very often serve as an information center for students who are not certain about which grievance procedure they should follow. The office is authorized to investigate grievances and recommend corrective measures involving both academic and nonacademic concerns, usually in cases where a student has followed a required procedure, yet his or her rights were violated. The types of cases the office handles include complaints about grades, parking, financial aid, registration, adds and drops, refunds, residency, housing, and scholastic probation and dismissal. The ombudsperson may decline any case he or she considers inappropriate. All assistance provided by the office is confidential and is available by phone or in person.

Should you need assistance, contact the office at (512) 471-3825, SSB Room G1.404. Students who wish to contact the office via e-mail may write to [utombuds@austin.utexas.edu](mailto:utombuds@austin.utexas.edu). The website is <https://ombuds.utexas.edu/student>. In addition to the University ombudsperson, at the department level, Dr. Catherine Panzarella is available for student consultation in Seay 1.214 or by phone at (512) 232-4626.

## **J. Websites, Blogs, Email, Email signatures, and Voicemail Messages Policy**

In recent years, the Council of University Directors of Clinical Psychology (CUDCP) has observed the following activities connected with student information available on sites like websites, emails, voicemail, answering machine messages, Facebook, and other public venues containing personal information:

- internship programs report conducting web searches for applicants' names before inviting applicants for interviews and ranking applicants in the match.
- clients are conducting web-based searches on trainees' names and finding information about therapists;
- employers are conducting on-line searches of potential employees prior to interviews and job offers; and
- legal authorities are looking at websites for evidence of illegal activities.

Accordingly, psychology students are encouraged to consider the implications of the ways in which their websites, blogs, listserv postings, voicemail messages, and email/email signatures affect how others view them as a professional. If you identify yourself as a graduate student in the program, then we also have some interest in how you portray yourself (see other program policies). We strongly encourage you to approach online blogs and websites, including personal information, in a way that is consistent with professional standards and ethics. Similarly, if you ever use your cell or home phone for research, teaching, or clinical activities, you should be sure that your greeting is appropriate in demeanor and content.

## SECTION II: FINANCIAL AID

The Department of Psychology is able to provide graduate students with three types of **financial support**—research assistantships (RAs), teaching assistantships (TAs)/assistant instructorships (AIs), and fellowships for a minimum of five years. For more information, refer to: <https://liberalarts.utexas.edu/psychology/graduate-program/funding.html>

Detailed Information regarding funding and how appointments are handled is also available in the **Psychology Doctoral Handbook**:  
<https://liberalarts.utexas.edu/psychology/areas-of-study/clinical-psychology/index.html>

As employees of the University, graduate students are eligible for **health insurance** coverage <https://hr.utexas.edu/student/student-employee-insurance-benefits/academic-graduate-student-employee-insurance-options>

## **SECTION III: DEGREE REQUIREMENTS AND PROGRAM POLICIES**

### **A. Overview of Degree Requirements**

To receive a doctoral degree from the clinical area of the UT Department of Psychology, students must (1) complete four academic years of graduate study, (2) complete a second-year research project, (3) complete the clinical practicum sequence, (4) defend a dissertation successfully, and (5) complete a one-year internship. The clinical program is designed to meet both APA & PCSAS requirements, as well as those of the UT Department of Psychology in providing competency in research, clinical practice, and the application of knowledge of diversity and ethics and professional conduct.

Students can receive their doctoral degrees in five years, but most faculty believe that six years is a more realistic time-span for the doctoral degree. Spending an extra year at UT provides time for the additional training and the development of evidence of research productivity that is essential for a student who wishes to be competitive for academic positions. In addition, the faculty realize that research does not always proceed in a linear manner, and that research projects must be changed and redesigned when early results are non-interpretable and when new insights are achieved. Thus, it is typical for students to remain in the program, as active researchers, for five years and then to go on to their internships the sixth year.

## B. Chronological Description of the Curriculum Plan

What follows is a year-by-year listing of the clinical area curriculum. With few exceptions, the first- and second-year curriculum during the academic year is the same for all students: the emphasis is on completion of a sequence of courses that provides a foundation for advanced research and practicum work in clinical psychology, is consistent with APA guidelines, and satisfies the Psychology Department's requirements for core courses and statistics. (Subsequent sections provide more detailed descriptions of the specific departmental and APA requirements regarding course curriculum, research and clinical training.) Students in later years have more freedom to individualize their curriculum, provided it meets all of the area, departmental, and APA requirements. Thus, as students progress through the program, and have an opportunity to develop more specific interests, they are encouraged to select courses and practicum placements that correspond to their individual interests and level of training.

### 1. First Year

Students must satisfactorily complete the first-year clinical assessment courses (Theory and Techniques of Assessment I and II). First year students must also complete Research Methods in Clinical Psychology, Advanced Behavior Pathology (a core course), and Advanced Statistics: Inferential. First year students are required to attend the weekly clinical area seminar (Current Topics in Clinical Psychology, or CARE), which features speakers from inside and outside the department and presentations from clinical students.

[Note on Current Topics in Clinical Psychology (CARE): students' regular attendance in the seminar addresses part of the APA guideline for program coverage of general psychology topics. All clinical students are required to attend the seminar during the first two years, and then for a minimum of four additional semesters. Attendance is required at a minimum of 80% of the meetings.]

First-year curriculum:

#### Fall

PSY 384M	Advanced Statistics: Inferential
PSY 389K	Theory and Techniques of Assessment I
PSY 394Q	Research Methods in Clinical Psychology

#### Spring

PSY 389L	Theory and Techniques of Assessment II
PSY 396	Advanced Behavior Pathology
PSY XXX	Department Core Course

### 2. Summer of First Year

Some students elect to take courses during the summer, particularly the summer after the first year. Many enroll in one statistics course and three hours of research (PSY 390). (Students only need to take one course [3 hours] to be eligible for funding through a summer TA or RA position.)

#### Summer

PSY 390 or 698A	Graduate Research / Thesis
PSY XXX	Stats elective

### 3. Second Year

In the fall semester of their second year, students take Clinical Practicum I, a department core

course (e.g., Fundamentals of Developmental Psychology), and Diversity Issues in Research and Practice. In the spring semester they take Clinical Practicum II and another department core course or elective. Empirically Supported Interventions with Adults is offered every other year and may be offered in fall or spring. When offered, second- and third-year students should all register for it.

The two Graduate Research or Master's Thesis courses should be taken when they can be fit in, which could be fall or spring semester of the second year, summer between the second and third year, or fall of the third year at the latest.

The second-year research project or another project must be turned into a Master's thesis by the end of year 3.

Second-year curriculum:

**Fall**

PSY 394Q	Diversity Issues in Research and Practice
PSY 393	Clinical Practicum I
PSY 390 or 698 A/B	Graduate Research or Master's Thesis
PSY XXX	Department Core course or elective (e.g., 395S Developmental)

**Spring**

PSY 393K	Clinical Practicum II
PSY XXX	Department Core course or elective
PSY 394Q	Empirically Supported Interventions with Adults (offered every other year)
PSY 390 or 698 A/B	Graduate Research or Master's Thesis

**4. Third and Fourth Years**

During their third and fourth years, students are expected to complete a minimum of three semesters of advanced clinical practica, complete the departmental course requirements, and ensure that they have satisfied the APA competency requirements (see "Courses Grouped by APA Guideline Category" below). Students may also wish to take electives during this time. If they are seeing clients, students must be enrolled in Advanced Practicum in Clinical Psychology (PSY 194Q or 394Q). Finally, students must also take History and Professional Issues in Clinical Psychology (offered in alternate years) in either their third or fourth year.

Third-year Curriculum:

**Fall**

PSY 184E	Current Topics in Clinical Psychology (CARE)
PSY 194Q/394Q	Advanced Practicum in Clinical Psychology (1/3 hours)
PSY 190, 290, or 390 or 698 A	Graduate Research (3,6,9 hours) or Master's Thesis
PSY 194Q	History and Professional Issues in Psychology (offered every other year)
PSY XXX	Department Core course or elective

**Spring**

PSY 184E	Current Topics in Clinical Psychology (CARE)
PSY 194Q/394Q	Advanced Practicum in Clinical Psychology (1/3 hours)
PSY 190, 290, or 390 or 698 B	Graduate Research (3,6,9 hours) or Master's Thesis
PSY 194Q	History and Professional Issues in Psychology (offered every other year)
PSY XXX	Department Core course or elective

**Fourth-year Curriculum:****Fall**

PSY 184E	Current Topics in Clinical Psychology (CARE)
PSY 194Q/394Q	Advanced Practicum in Clinical Psychology (1/3 hours)
PSY 190, 290, or 390 or 399W/699W	Graduate Research (3,6,9 hours) or Dissertation (3/6 hours)
PSY XXX	Department Core course or elective

**Spring**

PSY 184E	Current Topics in Clinical Psychology (CARE)
PSY 194Q/394Q	Advanced Practicum in Clinical Psychology (1/3 hours)
PSY 190, 290, or 390 or 399W/699W	Graduate Research (3,6,9 hours) or Dissertation (3/6 hours)
PSY XXX	Department Core course or elective

## 5. Fifth and Sixth Years

During the fifth and sixth years, students should complete their predoctoral internship in one year, and complete their dissertation in the other. **Prior to applying for internship, students must have held their dissertation proposal defense;** the defense should be held by Oct. 15<sup>th</sup> of the year of the application for internship. Again, if they are seeing clients, students must be registered for Advanced Practicum in Clinical Psychology (PSY 194Q or 394Q).

Fifth-year curriculum:

### Fall/Spring

PSY 399W, 699W, 999W	Dissertation (3, 6, or 9 hours)
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Sixth-year curriculum:

Students must enroll for Internship during one semester, and can enroll for either Internship or Dissertation/Research hours the other semester. Some student loans require half-time (4.5 hour) enrollment, so check loan requirements regarding minimum number of hours for which you must enroll. Students should register for 399W the summer they are planning to graduate.

### Fall/Spring

PSY 382K and/or	Internship in Clinical Psychology
PSY 399W, 699W, 999W	Dissertation (3, 6, or 9 hours)

## C. Coursework Requirements

### 1. Overall Course Requirements

To meet all program requirements, the course curriculum for clinical students must include

- three departmental core courses,
- at least two statistics courses,
- coursework that meets requirements specific to the clinical area, and
- coursework that satisfies APA requirements.

**All clinical core courses AND department core courses covering discipline specific knowledge areas for the purposes of APA accreditation must be taken for a grade, even after the first year.** Minimum Level of Achievement needed to fulfill APA standards is a B-. In addition to at least the minimum achievement letter grade, applied clinical courses (Assessment I & II, & clinical practica require that the instructor/supervisor indicates an overall rating of "satisfactory" and "yes" on both "achieved competencies expected for this level of training" as well as "ready for next level of training" on the *Clinical Competency Rating Form* (see Appendix 4).

When applying for a master's degree, up to 20% of courses (which translates into 2 courses) may be taken credit/no credit and still count towards the degree. There are no rules on credit/no credit courses for the doctorate.

Students should meet each semester with their mentors to discuss their programs of study, including current and future semester plans.

### 2. Core Courses

All students in the Psychology Department are required to take at least three departmental core courses, from at least two of the three content groups listed below. Clinical students, at a minimum, take each of the starred courses (and thereby automatically fulfill the Department core courses requirement). These core courses and requirements are listed on the Department website, here:

<http://www.utexas.edu/cola/psychology/graduate/phd.php>

First year students must take at least one core course, and must take all core and quantitative courses on a letter grade basis. Students should aim to complete the core course requirements by the end of the fourth year.

### 3. Quantitative Courses

All psychology department graduate students must complete a minimum of two quantitative (statistics) courses. At least one quantitative course must be taken during the first year. Most first-year students will take PSY 384M during the fall semester of their first year. The second course taken to fulfill the requirement must be PSY 384Q or PSY 384S. Finally, graduate students may choose one of the following courses to fulfill their quantitative requirement: PSY 385J or PSY 384T. The below table includes the full course title.

Any two of the following:		
PSY 384M	Advanced Statistics: Inferential (required)	Fall

PSY 384Q	Advanced Applied Statistics I (available substitute)	Fall
PSY 384S	Advanced Applied Statistics II (required)	Spring
Any one of the following:		
PSY 385J	Linear Models, Regression	Various
PSY 384T	Structural Equation Modeling	Various
PSY 386D	Multivariate Pattern Analysis	Various
PSY 384C	Bootstrap Statistics	Various

Some students choose to earn a Portfolio in Applied Statistical Modeling (<https://stat.utexas.edu/graduate/portfolio-in-applied-statistical-modeling>). This option requires the completion of 12 semester hours of courses as detailed on the website. The goal is to offer a cohesive course of study for graduate students seeking to enhance the statistical modeling component of their research and to prepare for successful research careers.

#### 4. Coursework Meeting Requirements Specific to the Clinical Area

In addition to the core and quantitative courses, core courses required by the clinical area include:

PSY 194Q/184E	Current Topics in Clinical Psychology (Clinical Area Research Event, or CARE)
PSY 194Q	History and Professional Issues in Psychology
PSY 389K	Theory and Techniques of Assessment I
PSY 389L	Theory and Techniques of Assessment II
PSY 396	Advanced Behavior Pathology
PSY 394Q	Research Methods in Clinical Psychology
PSY 394Q	Empirically Supported Interventions with Adults
PSY 394Q	Diversity Issues in Research and Practice
PSY 393	Clinical Practicum I
PSY 393K	Clinical Practicum II
PSY 394Q	Advanced Practicum (minimum 4 semesters)

All clinical core courses must be taken for a grade (not credit/no credit).

#### 5. APA Requirements

The American Psychological Association's regulations for accreditation of clinical psychology graduate programs require that during their training students acquire understanding of and competence in the following areas:

- I. Research
- II. Ethical and legal standards
- III. Individual and cultural diversity
- IV. Professional values and attributes
- V. Communication and interpersonal skills
- VI. Assessment
- VII. Intervention
- VIII. Supervision
- IX. Consultation and interprofessional/interdisciplinary skills

The departmental requirements, together with the clinical area requirements outlined previously, are designed to satisfy these APA guidelines.

## **6. Note on Other Courses**

Clinical students typically elect to take additional courses not specifically mentioned above. These frequently include specialized courses offered within the Psychology Department, such as our neuropsychology sequence (see below). In addition, the Neuroimaging Track in Psychology is popular among clinical students, who often take several courses in the track and sometimes choose to complete all track requirements. Other university departments offer many excellent statistics courses, such as the Portfolio in Applied Statistical Modeling program mentioned above. Clinical students sometimes take courses in the Department of Educational Psychology from faculty associated with the APA-accredited programs in counseling and school psychology.

## D. Research

Students are expected to be active in research throughout their graduate training, starting early the first year. During the first one or two years, students are likely to work on faculty-developed projects or those of more advanced students. Students complete a research proposal in their first semester Research Methods course, and a second-year research project either in conjunction with or independent of faculty-developed projects. In later years, a student's research should be more independent, but still linked to the supervisor's work. Ideally, the dissertation is the project that would be the logical next step in a student's research program at the time that he or she attains the doctoral degree.

To ensure breadth of research training, either the master's or dissertation research must be a study for which the student is primarily responsible for data collection in addition to hypothesis generation, data analysis, and write-up of results.

### 1. Second-Year Research Project/Presentation

The second-year project involves completing an original research project by collecting data or applying to use an open source dataset, conducting statistical analyses, and writing a final manuscript. The second-year project should involve clinically relevant issues and/or populations. This is intended to provide the student with experience in formulating, designing, executing, and reporting research prior to working on the dissertation and is conducted under the continuing and close supervision of a faculty member. It is up to the advisor to weigh in on the format (i.e., whether it should be written in "regular journal article" style or with an extended literature review), and whether students write up what they presented at PsychFest or make changes (e.g., gather more data). An advisor may approve a paper as having met guidelines for a second-year project, but still ask for additional revisions to meet the criteria for a Master's thesis; a Master's thesis is to be approved by a second reader, as well.

### 2. PsychFest

PsychFest, initiated in 2000 as an additional research training opportunity, is a full day event held each April that serves to showcase and honor students' completion of the second-year project, an important research milestone. Each second-year student presents his or her research to the entire clinical area and guests. In addition to the student talks, the Lee Willerman Award for Research Excellence is given to the student published paper judged best for that year; the recipient receives a plaque and a \$500 award, and their name is added to the permanent award plaque displayed in the department. In addition, an outside speaker (chosen with student input) is invited to give a talk and to provide feedback to students and meet with them informally. We have been able to attract an exceptionally distinguished group of researchers as our guest speakers, including Michael Bailey (the "inaugural speaker"; a graduate of our program), John Weisz, Jack Rachman, Edna Foa, Margaret Kemeny, William R. Miller, Andrew Shatté, James Coyne, Julia Heiman, Elizabeth Loftus, Charles Carver, Richard McNally, Matt McGue, Ian Gotlib, Matthew Nock, Sonja Lyubomirsky, and Michael Otto. The festivities are capped with a reception, featuring a presentation to the speaker of a framed limerick honoring their research

### 3. Presentations at the Area Seminar

During their advanced years (3<sup>rd</sup> year and beyond), students are expected to actively participate in the weekly area seminar (Topics in Clinical Psychology / CARE) by contributing to discussions of presentations by others as

well as by making research presentations of their own (a minimum of one is required). Such presentations may involve presenting a research/dissertation idea, discussion of ongoing research projects, or giving a “practice” job talk.

#### 4. Master's Thesis

Students are required to obtain a master's degree (MA) from the psychology department by the end of Year 3. Second-year research projects are usually of sufficient scope to serve as master's theses, though an advisor may request further revision. The ten courses (30 hours) required for the MA degree must include: a core course from two of the core course content areas; a statistics course; and the thesis courses (698A and 698B). The thesis courses may not be taken simultaneously. **PSY 698B must be taken during the semester that the thesis is submitted.** Core courses in the core content areas that do not include the student's own graduate study area may be counted as supporting work courses. No more than two courses taken credit/no credit may be counted.

Any other graduate courses may be used to satisfy the requirement of 30 hours. Please consult with the Graduate Coordinator's Office (Seay 3.21) for more detailed information regarding the requirements, deadlines, and procedures of the Master's degree. Application forms are available from that office. Other information about the graduate school requirements (e.g., thesis format guidelines) is available online at <https://gradschool.utexas.edu/academics/theses-and-dissertations>.

#### 5. Admission to Candidacy for the Doctoral Degree

Most students begin developing their dissertation ideas in the third or fourth year, and students should apply for doctoral candidacy by the beginning of their fourth year. “Candidacy” is a formalized status for students who have completed their required coursework and all other departmental and/or area requirements, with the exception of the dissertation and internship. All of these requirements have been outlined elsewhere in this document (see “Coursework Requirements,” “Research,” and “Clinical Training”).

The Graduate Advisor's office has a policy statement, Admission to Candidacy, which you should consult; it describes the departmental and Graduate School requirements and procedures for admission to candidacy. The required course work for admission to candidacy includes three core courses from at least two of the core content areas, two quantitative courses, the required clinical area courses, and three courses outside the major area (supporting work). The supporting work requirement is satisfied by the core course requirement. Core courses in the core content areas that do not include the student's own graduate study area count as supporting work courses. Students must also submit a form signed by the area head that states that they have satisfied all area requirements. Discuss these requirements with your area head.

#### 6. Dissertation

A general sequence of events for the dissertation is as follows:

- (1) develop an idea with the advisor's help;
- (2) form the dissertation committee;
- (3) conduct a thorough literature search;
- (4) apply for doctoral candidacy;
- (5) write the dissertation proposal, including the introduction, methods, and statistical analysis plan;

- (6) submit the proposal to the dissertation committee and defend it orally;
- (7) collect data;
- (8) complete the dissertation manuscript;
- (9) submit the final manuscript to the dissertation committee and defend it orally.

One or more members of the clinical faculty are to be a part of the dissertation committee. If the committee chair is a core clinical faculty member, that is sufficient. If the chair is one of our affiliated clinical faculty, then the student needs one core clinical faculty member on the committee, in addition. If the chair is neither core nor affiliated clinical faculty, then the requirement is for two clinical faculty members to be a part of the committee, one of whom must be core and the second may be core or affiliated.

While it is always preferable to complete the final dissertation before undertaking the clinical internship, some students return after the internship to complete and defend their dissertations. Program policy does, however, require students to have at least defended their dissertation proposal prior to applying for internships, by October 15 of the internship application year. As with the master's thesis, the final manuscript must be submitted to the Graduate School according to specific formatting requirements before the Ph.D. can be granted.

The program of work for the doctoral degree must consist of at least 20 courses, including the dissertation courses. The program of work includes required department course work (core courses and quantitative courses) and courses in the field of concentration.

Once students have been admitted to candidacy, they must register for "dissertation" — either PSY 399R (3 hours), PSY 699R (6 hours), or PSY 999R (9 hours) — for the first semester. They must then register for PSY 3/6/999W for each following fall or spring semester until the dissertation is submitted to the graduate school (unless the student is on internship and not working on the dissertation). Students are expected to complete the degree within three years from the date of admission to candidacy.

As mentioned above, please consult the Graduate Coordinator's Office for more detailed information regarding the requirements, deadlines, and procedures of applying for candidacy. Application forms are available from that office. Additional information about the graduate school requirements is available online at <https://gradschool.utexas.edu/academics/theses-and-dissertations>.

## **7. Time Limit**

You may not receive TA, AI, and/or GRA support for more than 14 long semesters. This is a university policy that applies to all students.

## E. Applied Clinical Training

The function of the clinical training component of our program is to provide students with training for practice that is sequential, cumulative, and graded in complexity. **Students may wish to purchase liability (malpractice) insurance, and should do so at the beginning of their first year** (APA members call APA Insurance Trust at 1-800-477-1200; others call 1-800-374-2721 to join APA) or go to: <https://www.apa.org/members/your-membership/benefits/insurance>.

### 1. First Year: Assessment Courses

Within the auspices of the courses Theory and Technique of Assessment I and II, taken during the second semester, first-year students conduct intellectual and personality assessments, including clinical interviews, with patients or mock patients.

### 2. Second year: In-house Practicum

During the second year, students begin to learn empirically supported psychotherapy techniques through the in-house practicum at our Psychology Training Clinic. The emphasis of training is primarily based on cognitive-behavioral therapy (CBT), but other approaches may also be introduced. Students enroll in Clinical Practicum I and II, which involves 3 hours per week of didactic training (typically 2 hours of assigned lectures & other training materials & 1 hour of discussion & skills practice) and 3 hours per week of individual and group supervision (typically 2 hours with faculty supervisor & 1 hour with peer supervisor). Each semester, students conduct several integrated assessments with community-referred clients and begin conducting therapy with approximately 2-3 clients per week. Potential clients are screened in advance so that they are appropriate for beginning therapists. Students also gain experience in report writing and case presentation, and they participate weekly in individual and group supervision. Students should begin recording their clinical hours this year, as the Association of Psychology Post-doctoral and Internship Centers (APPIC) application for internships requires a detailed record of hours spent conducting clinical work.

This practicum also provides training in ethics especially relevant to clinical service delivery. All students are expected to complete a clinical ethics presentation satisfactorily. Another area of primary focus is diversity, broadly defined. Students are purposefully assigned clients from diverse backgrounds in terms of ethnicity, culture, socioeconomic status, sexual orientation, and other aspects of diversity. Diversity issues are included in didactics and in supervision and are part of each student's case presentations.

### 3. Third Year and Beyond: External Practica

The clinical area requires that students complete a minimum of three semesters of advanced clinical practica. This training takes place at external training sites, either on campus or in the community, that have consistently been highly rated by students. Most practicum sites require a full academic year commitment; however, some offer summer placements. During the second semester of their second year, students are provided information about each practicum site . and have an opportunity to ask questions & interview with practicum site supervisors. Students then work with their advisors and the Director of Applied Clinical Training to be matched considering student preferences & site needs. Students must be enrolled in Advanced Practicum (PSY 194Q or 394Q) while being trained at external practica. A list of practicum sites is available from the Director of Applied Clinical Training. Practicum sites offer a wide array of training with different clinical populations and approaches.

To allow students adequate time for research—the primary focus of our program—students can do a maximum of 12 hours/week of practicum work throughout their training (including client hours, supervision time, didactic training, and administrative duties). These limits are an average per week over the course of a semester; we recognize that some weeks might require more than 12 hours. All students enrolled in externships must participate in the Advanced Practicum seminar which meets approximately 4 times per year to discuss relevant topics such as enhancing cultural competency and clinical ethics challenges.

Practicum supervisors complete to the *Clinical Competency Evaluation Form* to assess the student's performance (see Appendix 4). Students must complete update their Clinical Training Plan yearly & meet with their advisor as well as the Director of Applied Clinical Training to review their plan

Some classes (e.g., assessment) and some research projects produce hours that may count as "clinical" hours toward internship; these hours do not count toward the 12 hours per week maximum. In addition, students in good standing who have met all program deadlines and show evidence of ongoing research productivity (e.g., conference presentations and papers submitted) may petition the Clinical Training Committee (CTC) to take additional practicum hours. Students with full-time summer funding may carry 12 hours per week of practicum in the summer if they wish. Students who are not TAs or RAs may carry up to 30 hours of practicum if that is the source of their summer income.

Note: In order to satisfy state licensing regulations, students must be registered for practicum hours during any semester in which they are seeing clients, including the summer. For students beyond second year, this typically entails PSY 194Q or PSY 394Q (Advanced Practicum in Clinical Psychology).

#### 4. Internship (coordinated by Andreanna Haley, Director of Clinical Training)

Students usually complete the required yearlong APA-accredited internship during their fifth or sixth years. **Prior to applying for internship, students must have held their dissertation proposal defense.** While on internship, they must be enrolled in Internship in Clinical Psychology (PSY 382K) for either fall or spring semester. They can enroll either in Internship or Dissertation (or Research) the other semester. Some student loans require half-time (4.5 hour) enrollment, so check loan requirements regarding minimum number of hours for which you must enroll. Students should register for 399W the summer they are planning to graduate. The Department has typically been able to provide waivers for the out- of-state portion of tuition during internship. Prior to leaving for internship, students should leave a forwarding address with the Graduate Coordinator.

**Please be aware that, due to strict APA policy, students cannot graduate until completion of the internship.** Accordingly, students who have defended their dissertations prior to this time will graduate in the summer of their internship year. The university does not allow students to participate in the general graduate ceremony prior to the student's official graduation (i.e., you could participate the December or May following summer graduation). The Department, however, allows clinical students who are graduating in the summer to "walk" in the Department graduation ceremony in the May preceding graduation; the title of the dissertation is announced, and advisors are able to "hood" their students. Most clinical students choose this option and invite family and friends to attend this ceremony.

Nationally, students typically apply to approximately 13-15 internship sites, targeting those based on their individual preferences for emphasis of training (research or clinical), type of institution (e.g., medical center, VA, outpatient treatment center), primary rotations (e.g., outpatient care, substance abuse, neuropsychology, children's programs), and location. Applications involve completion of the standardized APPIC form including essays, obtaining letters of recommendation, cover letters, and transcripts. November 1 is a common application deadline. Training sites typically contact students in December to set up interviews for December or January. By approximately the beginning of February, students are asked to rank their selected internship sites in order of preference. The internship sites also rank the applicants in order of preference, and a computer program matches the applicant and site rankings. The final matches are sent via email in late February. The Director of Applied Clinical Training offers a workshop each year to assist students with the internship application process.

While there is an "internship imbalance," with more students applying for internship than there are positions, students in our program typically are matched to one of their top three choices. Our match rate is officially listed by APPIC as 98% from 2011-2019.

Students preparing to apply to internships should subscribe to the APPIC MATCH-NEWS list by sending a blank e-mail message to the following address: [subscribe-match-news@lyris.appic.org](mailto:subscribe-match-news@lyris.appic.org). For more information about the APPIC match and for more specific information regarding internship sites, students should access: [www.appic.org](http://www.appic.org).

## F. Training in Neuropsychology and Neuroimaging

The clinical program offers neuropsychology training, involving both coursework and practicum experiences, in conjunction with the APA-accredited programs in school and counseling psychology at UT. Students interested in pursuing this training should speak with their mentors about how to fit these experiences into their overall graduate training.

### Coursework:

PSY 383C	Functional Neuroanatomy (taken either before or after 380C)
PSY 380C	Human Neuropsychology: Introduction to Classical Neuropsychology and Neuropathology (adulthood and aging)
EDP489H	Neuropsychological Assessment and Intervention (child and adolescent)
PSY 394Q	Neuropsychological Assessment (adult - two semester course)
PSY 194Q or 394Q	Neuropsychology Practicum

In order to meet board-eligibility criteria for certification in Neuropsychology, the following additional courses or training experiences must be satisfied during graduate school, internship, or postdoctoral training

PSY 394P	Foundations of Neuroimaging
PSY 396D	Clinical Psychopharmacology

It is recommended that students also take additional coursework in the Cognitive Neuroscience area (see the American Board of Clinical Neuropsychology website [<http://theabcn.org>] for more detailed information about certification requirements).

In addition to the neuropsychology training in the clinical program, UT's Psychology Department also administers a neuroimaging track that is popular with clinical students. For details, see Appendix 8 or the neuroimaging section of the Program Overview at: [www.utexas.edu/cola/depts/psychology/areas-of-study/clinical/program.php](http://www.utexas.edu/cola/depts/psychology/areas-of-study/clinical/program.php).

## **G. Outside Employment Policy**

“Outside employment” is any employment, paid or unpaid, not directly related to TA duties, RA duties, AI duties, or part of a formal practicum (i.e., arranged through the clinical program and supervised by an adjunct faculty member). We strongly recommend that students consult with their mentors about the advisability of engaging in outside employment. While some outside employment opportunities offer training experiences consistent with our program philosophies, such employment is generally discouraged due to the training demands inherent in our program. The program does not grant extensions for completion of program requirements due to excessive outside employment, and employment that interferes with research progress can jeopardize the student’s standing in the program. The experience of past students in the first two years of the program in particular has been that outside employment is virtually impossible, due to the program requirements of those first two years.

To allow the CTC to monitor student activities, students must complete a "Student Outside Employment Form" (Appendix 7) at the beginning of the fall semester and at the beginning of the summer session.

There are certain types of outside employment that state licensing laws prohibit students from performing. Under Texas state law, students may not be employed by a psychologist and/or engage in the delivery of psychological services, except under the following conditions: (1) the employer is a government agency or a regionally-accredited institution of higher learning; or (2) the provision of services is part of a supervised course of study in a recognized training institution or facility; or (3) the student is licensed by the state Board. If you are unsure whether or not an outside employment activity is consistent with these guidelines, check with the Director of Clinical Training prior to accepting or engaging in the work.

State laws do allow students to work for faculty. The CTC is sensitive, however, to the potential this creates for "dual relationships" (e.g., the faculty member for whom you work may also be assigning you a grade for a class). Accordingly, we urge you to talk to the Director of Clinical Training should a difficult situation arise.

## H. Student Evaluation Process

As an APA-accredited program, we are required to regularly evaluate students and provide them with feedback. To this end, we evaluate students each year in a number of areas including academic performance, clinical performance, research performance, graduate student role, and professional behavior. Academic performance is primarily demonstrated by course grades, while research performance is evaluated via a competency-based evaluation form completed by the student's research mentor that includes ratings made in the context of the student's level of training. Clinical evaluations, also competency-based, are completed by the clinical supervisors of each practicum in which the student is enrolled. See Appendices 1 and 2 for copies of these forms. Various aspects of the performance of the graduate school role and professional behavior evaluations are included in both the research and clinical evaluations and are also considered in the context of the student's level of training.

During the meetings held at the end of each academic year to review each student's performance, his/her progress through the program is also tracked. This Annual Student Evaluation Checklist may be found in Appendix 5. A listing of expected Academic Milestones for students in the program is located in Appendix 6.

In an effort to assess cumulative training experiences and professional development, students are asked to use a standardized format (see UTBox for examples) to prepare curriculum vitae (CVs) documenting their accomplishments. To assist in evaluating the graduate student role and professional behavior/attributes, students should include (in the vita or in a separate document) attendance at area seminars and other talks, workshop and conference attendance, and a list of other accomplishments, such as leadership and/or service to the department, university, or profession, mentoring, volunteering, etc. This overall evaluation of professional development and experience allows the student and faculty to gauge the student's productivity and the degree to which he or she will be competitive when it comes time to apply for clinical internships, postdoctoral positions, and jobs.

Student CVs and input from evaluators (research mentors and clinical supervisors) will be reviewed at a meeting of the Clinical Training Committee (CTC), which is comprised of all faculty members in the clinical area. After discussion, the CTC members reach a consensus regarding each student's performance in the aforementioned areas. The possible outcomes of the CTC evaluation are satisfactory (meets or exceeds expectations), borderline (slightly below expectations), or unsatisfactory (below expectations). The student receives written documentation of the outcome of his or her evaluation, including specific feedback, and is asked to sign a copy to signify his or her receipt of the evaluation.

First-year students are evaluated once at mid-year and again at the year's end. The mid-year evaluation, conducted by the CTC, takes into account the student's first semester grades, research (as reported by the student's mentor), work record (if he or she is a teaching or research assistant), and professional issues (e. g. attendance at colloquia, in-class responsiveness, commitment to psychology). After the review, each student receives a written report indicating his or her status in the program. If a student's performance is less than satisfactory at mid-year, a remediation plan will be provided, and the student will be invited to meet with the Director of Clinical Training to discuss his or her status.

The CTC conducts first-year students' end-of-year evaluations as well. Grades, professional skills, research skills, and work record are evaluated as in the mid-year evaluation, and clinical skills are now evaluated for the first time. If a student's

performance is deemed unacceptable for academic reasons, the area may recommend that he or she be put on probation or terminated depending upon circumstances and collateral information available. These recommendations may be presented to the entire faculty in the last departmental meeting of the year, and the faculty may vote to affirm or modify the area's recommendation. If the result of an evaluation is academic probation, the student is given remedial or alternate coursework with clear performance standards. For example, a student with borderline performance in statistics might be required to take another statistics course and score in the top half of the class. First-year students whose clinical performance is unacceptable are counseled with regard to how they can improve. If appropriate, a remediation plan will be developed, but a student who has serious issues in the clinical performance area may be dismissed from the program.

Second-year students are evaluated at the end of the year. Research competency is evaluated using the second-year research project, performance in the laboratory, and grades in statistical and methodological courses as criteria. The main information used to judge clinical competency is performance in the clinical practicum. When students are judged to be at borderline or unsatisfactory levels, they may be placed on clinical area or departmental probation (depending on the nature and severity of the deficit), and asked to complete specific remedial work to address the problematic domain(s). For example, they may be asked to retake a class for which they received a failing grade, or to obtain additional clinical supervision. Students are notified in writing of the specific remediation required and the time frame in which it must be completed in order to remove the probationary status. If the student is unable to successfully remediate the problem area(s), he or she may be terminated from the program. In such cases, the CTC would meet to discuss the student's progress and reach a consensus regarding the outcome for the student. If termination is the outcome, two options are possible:

1. Redirection: If the problem is with clinical skills and the student has a good academic record, he or she can find a non-clinical area advisor and leave the clinical program. Such students are eventually awarded a degree either in some other area of psychology, or in general psychology.
2. Terminal Master's Degree: If the problem is with academic skills, but the student's academic record is more borderline than failing, he or she can write a thesis and receive a terminal master's degree.

Students in their third-year and beyond are evaluated annually by the CTC with an eye to whether they're making adequate and timely progress in the program. As above, students who receive less than satisfactory ratings in any area are given feedback and a remediation plan to address areas of deficit. Failure to complete program requirements as outlined in the remediation plan can result in probation or termination.

Appendix 1: Strategic Planning SMART goals

**University of Texas at Austin  
Clinical Psychology Program**

**Our Shared Vision: We prepare students for careers in clinical psychological science, that serve the community, in an environment that promotes well-being.**

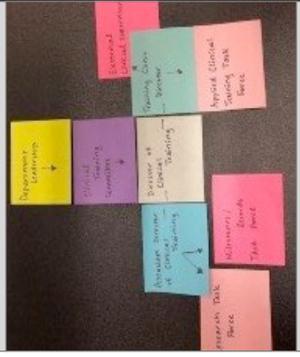
**Our Educational Philosophy**

The University of Texas clinical program is based on the clinical science training model. Our primary goal is to prepare students for careers that leverage their research training, evidence-based clinical practice and knowledge of empirically-supported treatments.

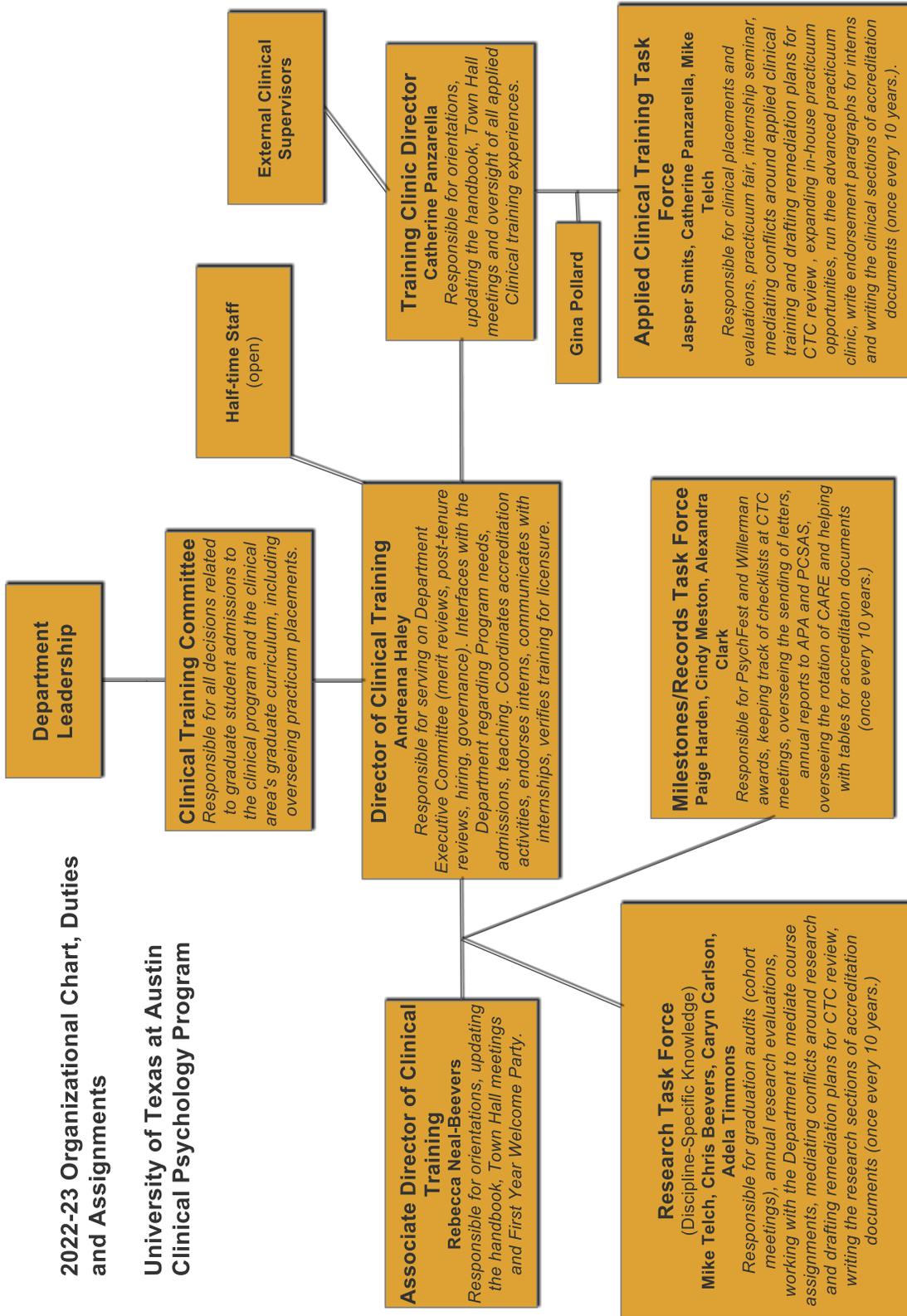
**Clinical Program 2022 - 2025 SMART Goals**

<p><b>Program Culture</b></p>		<p>A. Increase student, faculty and in-house clinic patient diversity* over the average of the past three years (2019-2022). <i>Diversity as defined by racial/ethnic and gender minorities and disability status.</i></p> <p>B. Increase the number of students who are physically present in labs and the in-house clinic.</p> <p><b>Strategies</b></p> <ul style="list-style-type: none"> <li>&gt; Hire diverse faculty and/or faculty who are engaged in research among diverse populations.</li> <li>&gt; Engage more diverse undergraduates through such programs as SURE or post-baccalaureate opportunities.</li> </ul>
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<p><b>Training</b></p>		<p>C. Increase the number of advanced students who are training in the in-house clinic over 2022 levels.</p> <p>D. Maintain the number of Program graduates who are placed in clinical science careers* compared to the 2015 baseline. * <i>Will include careers in academia, teaching, disseminating clinical science theory and knowledge in industry or other settings.</i></p> <p>E. By December 2022, establish a Clinical Advisory Committee for the expansion of the in-house clinic.</p> <p><b>Strategies</b></p> <ul style="list-style-type: none"> <li>&gt; Create clinical training opportunities based in research labs, collaborate with the labs to create these.</li> <li>&gt; Aim to more effectively use faculty teaching and clinical supervision resources.</li> <li>&gt; Expand the in-house clinic.</li> </ul>
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<p><b>Program Infrastructure</b></p>		<p>F. By August 2022, establish a new Clinical Program organizational chart and maintain the structure for at least three years.</p> <p><b>Strategies</b></p> <ul style="list-style-type: none"> <li>&gt; Continue to have a clinical area faculty meeting once a month.</li> <li>&gt; Annually monitor and assess the functioning of the new structure, with feedback from faculty, students, Clinical Director, and Task Forces.</li> </ul>
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Appendix 2: Clinical Area Organization Chart



Appendix 3. Research Competency Rating Form

UNIVERSITY OF TEXAS AT AUSTIN

CLINICAL PSYCHOLOGY

RESEARCH COMPETENCY RATING FORM

**Trainee Name:**

**Year in Doctoral Program:**

**Date Evaluation Completed:**

**Name of Person Completing Form:**

**Evaluation Period:**

**Instructions:** Rate each item below by responding to the following question using the scale below:  
“Is the trainee meeting expectations on this competency?”

**Below  
Expectations**  
1

**Slightly Below  
Expectations**  
2

**Meets or Exceeds  
Expectations**  
3

**Please note that a well-performing trainee should receive a 3 (“Where s/he should be”), and one who needs extra help should receive a 2 (“Slightly below expectations”). Please provide an honest assessment of advisees to allow the program to tailor student training experiences to meet the needs of each trainee.**

If you have not had the opportunity to observe a behavior in question, please indicate this by circling “No Opportunity to Observe” [N/O].

**Near the end of the rating form, you will have the opportunity to provide a narrative evaluation of the advisee’s current level of competence.**

**FOUNDATIONAL COMPETENCIES**

<p><b>1. Professional Values and Attitudes:</b> as evidenced in behavior and comportsment that reflect the values and attitudes of psychology. Demonstrated by integrity (honesty), professional deportment, accountability (reliable), concern for welfare of others, attendance, punctuality, preparedness for research meetings and accepting of supervision.</p>	1	2	3	[N/O]
<p><b>2. Individual and Cultural Diversity:</b> Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy. Demonstrated by awareness of and sensitivity to their and others' cultural backgrounds and diversity, interactions with diverse individuals, and the research and theoretical literatures on individual and cultural diversities when working with diverse individuals in all areas of psychology work (e.g., assessment, intervention, research, relationships with colleagues).</p>	1	2	3	[N/O]
<p><b>3. Ethical Legal Standards and Policy:</b> Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations. Demonstrated by knowledge of ethical principles and code of conduct, awareness of applying ethical decision making models, and demonstrating ethical attitudes, values and behaviors in research and communications with others.</p>	1	2	3	[N/O]
<p><b>4. Reflective/Accurate Self-Assessment/Self-Care:</b> Shows accurate personal and professional self-awareness and reflection; accurate awareness of competencies; appropriate self-care; straightforward, honest and respectful communication with advisor and others.</p>	1	2	3	[N/O]
<p><b>5. Communication and Interpersonal Skills:</b> Relate effectively and meaningfully with individuals, groups, and/or communities. Demonstrated by displaying appropriate interpersonal behaviors, emotional skills, and clear communication of ideas, feelings, and information.</p>	1	2	3	[N/O]

**SCIENTIFIC COMPETENCIES**

<b>6. Scientific Knowledge:</b> Respect for scientifically derived knowledge. Demonstrated by scientific mindedness (uses evidence to support assertions, applies scientific knowledge and skills to solutions of problems, presents own work for scrutiny of others) and understanding of psychology (including its practice) as a science, appreciates the breadth of scientific psychology	1	2	3	[N/O]
<b>7. Research:</b> Generates research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities. Provide ratings in the following subdomains:				
<b>7A. Problem Conceptualization</b>				
Conducts critical review and evaluation of current research, recognizes principal strengths and limitations of specific empirical studies, states research questions using operational terms, defines independent and dependent variables operationally	1	2	3	[N/O]
<b>7B. Research Design</b>				
States rationale for research design used; knows difference between descriptive, correlation and experimental research design; selects appropriate hypotheses to test; states advantages and disadvantages of different sampling techniques in devising a sampling strategy	1	2	3	[N/O]
<b>7C. Data Collection</b>				
Collects data in systematic way and follows guidelines for ethical conduct of research and IRB protocols	1	2	3	[N/O]
<b>7D. Data Analysis</b>				
Makes informed decisions about data reduction and missing data, can identify basic procedures for analyzing data in group design studies (e.g., ANOVA, multiple regression), uses computerized statistical programs, can state assumptions of parametric tests and when to use nonparametric tests.	1	2	3	[N/O]
<b>7E. Communication of Research Findings – Written</b>				
Writes using APA style, develops organized and logical arguments, clear themes and conclusions, and adequate integration of research literature with goals of project	1	2	3	[N/O]
<b>7F. Communication of Research Findings – Oral</b>				
Competently presents research findings in oral form	1	2	3	[N/O]

**8. Advising:** Openness to research advising and training. Demonstrated by knowledge of expectations for research advising, displays of appropriate interpersonal communication with supervisor, and openness to feedback and responsiveness to that feedback.

1

2

3

[N/O]

**9. Mentoring others:** Demonstrates basic knowledge of expectations for supervising others (e.g, undergraduate research assistants) and displays adequate monitoring of advisee performance, useful and consistent feedback and healthy concern for the learning experience of the trainee.

1

2

3

[N/O]

**Overall Assessment of Advisee's Current Level of Competence**

**Student Performance (Circle One):**    **Satisfactory**                      **Unsatisfactory**

Please provide a brief narrative summary of your overall impression of this advisee's current level of competence. In your narrative, please be sure to address the following questions:

- **What are the trainee's particular strengths?**
  
  
  
  
  
  
  
  
  
  
- **What are areas for improvement?**
  
  
  
  
  
  
  
  
  
  
- **Do you believe that the trainee has reached the level of competence expected by the program at this point in training?**
  
  
  
  
  
  
  
  
  
  
- **If applicable, is the trainee ready to move to more advanced training in research, including supervising less advanced graduate students, or going on to a postdoctoral position (if applicable)?**

**Student acknowledges being briefed on the contents of this evaluation:**

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

*Advisor/ mentor:* After discussing this evaluation with the student and obtaining the student's signature, please return it to Andreana Haley, PhD, Director of Clinical Training, at: haley@austin.utexas.edu or complete the online form. Thanks very much for your help!

Appendix 4: Clinical Competency Rating Form

**CLINICAL COMPETENCY RATING FORM** ✓

Student Trainee Name:

Review Date:

Training Dates Covered:

Placement Name:

Is Supervisor a Licensed  
Psychologist?

\_\_\_ Yes

Reviewing (Primary)  
Supervisor Name:

\_\_\_ No

*If no*, what is supervisor degree  
& license?

\_\_\_\_\_

Was student supervised by others? \_\_\_ Yes

\_\_\_ No

*If yes*, Name of other Supervisor 1:

License of Other Supe 1:

\_\_\_ Psych

Degree other Supe 1?:

\_\_\_ Social Work

\_\_\_ MFT

\_\_\_ Counselor

\_\_\_ Primary Supe  
responsible

*If yes*, Name of other Supervisor 2:

License of Other Supe 2:

\_\_\_ Psych

Degree other Supe 2?:

\_\_\_ Social Work

\_\_\_ MFT

\_\_\_ Counselor

\_\_\_ Primary Supe  
responsible

Did Supervision Include Direct \_\_\_ Yes

Observations\* of Trainee Clinical  
work? (APA requires at least one  
direct observation per term)

\_\_\_ No

Approximately how many direct observations occurred in review period? \_\_\_\_\_

*If no, explain:*

\*Direct observations include reviewing video recordings of sessions, live observations, listening to audio recordings, co-facilitation of sessions. Direct observations are an expected component of supervision.

**Instructions:** Please rate each item by responding to the following question using the scale below ***“Is the trainee meeting expectations on this competency in the context of their current level of training?”***

<b>Below Expectations</b>	<b>Slightly Below Expectations</b>	<b>Meets or Exceeds Expectations</b>
1	2	3

**Please note that a well-performing trainee should receive a 3 (“Meets or Exceeds Expectations”),** and one who needs some but not significant extra help should receive a 2 (“Slightly below expectations”). A rating of 1 (“Below Expectations”) should be used if the trainee’s clinical performance falls significantly short of what is expected for a student at their level of training.

If you have not had the opportunity to observe a behavior in question either due to it not being an offering of your site or other circumstances, please indicate this by checking “No Opportunity to Observe” [N/O].

Please provide an honest assessment of trainees to allow for proper placement and tailored training experiences to meet the needs of each trainee.

Supervisors should review this evaluation with their student supervisee. These evaluations must be submitted at the end of each term (Fall, Spring, Summer).

## Profession Wide Competencies

<b>A.</b>	<b>Ethical and Legal Standards</b>	<b>1 Below Expectations</b>	<b>2 Slightly Below Expectations</b>	<b>3 Meets or Exceeds Expectations</b>	<b>No Opportunity to Observe</b>
A-1	Demonstrates knowledge of & adherence to the ethical standards of the profession including APA's ethical guidelines for psychologists as well as pertinent federal, state & local standards.				
A-2	Displays ethical attitudes, values and behaviors in professional interactions.				
<b>A.</b>	<b>Ethical and Legal Standards Cont'd</b>	<b>1 Below Expectations</b>	<b>2 Slightly Below Expectations</b>	<b>3 Meets or Exceeds Expectations</b>	<b>No Opportunity to Observe</b>
A-3	Demonstrates ability to recognize ethical/legal dilemmas as they arise & apply ethical decision-making models.				
A-4	Uses supervision and consultation well to navigate ethical challenges.				
A-5	Is consistent with obtaining & documenting informed consent as well as clear communications to patients on limits of confidentiality.				
A-6	Responsible in keeping patient appointments, returning messages, timely & accurate chart documentation & communicating with supervisors.				

<b>B.</b>	<b>Individual and Cultural Diversity</b>	<b>1 Below Expectations</b>	<b>2 Slightly Below Expectations</b>	<b>3 Meets or Exceeds Expectations</b>	<b>No Opportunity to Observe</b>
B-1	Demonstrates knowledge of the current theoretical and empirical literature as it relates to addressing diversity in all professional activities.				
B-2	Demonstrates knowledge of APA's Multicultural Guidelines. (An Ecological Approach to Context, Identity, and Intersectionality, 2017).				
B-3	Integrates awareness & knowledge of individual and cultural differences in the conduct of psychotherapy & clinical assessment.				
B-4	Displays self-awareness including understanding of personal/cultural history, attitudes, and biases, and how they may affect one's interactions with patients.				

<b>C.</b>	<b>Professional Values, Attitudes, and Behaviors</b>	<b>1 Below Expectations</b>	<b>2 Slightly Below Expectations</b>	<b>3 Meets or Exceeds Expectations</b>	<b>No Opportunity to Observe</b>
C-1	Demonstrates professional values and attitudes as evidenced in behavior and comportment that reflect the values and attitudes of psychology: integrity (honesty), professional deportment, accountability (reliability), concern for welfare of others, punctuality, preparedness for patients & responsive to supervision.				
C-2	Demonstrates reflective practice including self-assessment & self-care skills. Approaches practice with personal and professional self-awareness & reflection. Shows accurate awareness of competencies & supports professional work with appropriate self-care.				
<b>C.</b>	<b>Professional Values, Attitudes, and Behaviors Cont'd</b>	<b>1 Below Expectations</b>	<b>2 Slightly Below Expectations</b>	<b>3 Meets or Exceeds Expectations</b>	<b>No Opportunity to Observe</b>
C-3	Is straightforward, honest & respectful in communications with supervisors, patients & colleagues.				
C-4	Makes timely progress towards completing clinical training experiences & increasing proficiencies with clinical competencies.				

<b>D.</b>	<b>Communication and Interpersonal Skills</b>	<b>1 Below Expectations</b>	<b>2 Slightly Below Expectations</b>	<b>3 Meets or Exceeds Expectations</b>	<b>No Opportunity to Observe</b>
D-1	Relates effectively & meaningfully with patients, clinical supervisors & colleagues.				
D-2	Demonstrates effective communication of knowledge of psychology & research contributions in clinical applications.				
D-3	Displays appropriate interpersonal behaviors & clear communication of ideas, feelings & information.				
D-4	Displays empathy, warmth, genuineness, respect, credibility & professional confidence/expertise with patients.				
D-5	Cultivates collaborative engagement with patients.				
D-6	Proficient psycho-education to patients taking into account individual and cultural considerations.				
D-7	Identifies and attends effectively to problems in the therapeutic alliance.				
D-8	Demonstrates ability to work with high emotionality & negative affect.				

D-9	Demonstrates ability to produce concise & integrated written assessment and therapy reports that meet professional standards & inform continuity of care.				
D-10	Demonstrates proficiency in timely, informative & concise documentation of treatment sessions.				
D-11	Effective oral presentations of case conceptualizations & treatments including outcomes data.				
D-12	Proficient at identifying & establishing effective professional communications with other key contributors to patients' care including medical & psychiatric providers as well as other collaterals &/or family members as appropriate.				

<b>E.</b>	<b>Clinical Supervision</b>	<b>1 Below Expectations</b>	<b>2 Slightly Below Expectations</b>	<b>3 Meets or Exceeds Expectations</b>	<b>No Opportunity to Observe</b>
E-1	Demonstrates knowledge of expectations for supervision, displays appropriate interpersonal communication with supervisor & supervision group, openness & responsiveness to feedback.				
E-2	Contributes to enhancing the professional functioning of others on clinical treatment & supervision teams (e.g. constructive contributions to case discussions & feedback to others).				
E-3	Prepares for supervision (e.g. cued tapes, measures reports, data linked to problem, questions that advance conceptualization & treatment, reflection on challenges and struggle).				
E-4	Progress toward relevant areas of self-reflection & awareness of how personal & cultural influences impact the clinical relationship.				
E-5	Peer supervisors demonstrate basic knowledge of expectations for supervising others & adequate monitoring of peer supervisee performance including useful & consistent feedback delivered with a strong concern for the learning experience of the supervisee.				

<b>F.</b>	<b>Consultation and Interprofessional/Interdisciplinary Skills</b>	<b>1 Below Expectations</b>	<b>2 Slightly Below Expectations</b>	<b>3 Meets or Exceeds Expectations</b>	<b>No Opportunity to Observe</b>
F-1	Demonstrates knowledge and respect for the roles and perspectives of other professions.				
F-2	Demonstrates knowledge of consultation models and practices.				
F-3	Appropriately communicates with primary care providers and mental health professionals who are also providing services to their patients (e.g., psychiatrist, social worker, etc.).				

<b>G.</b>	<b>Assessment</b>	<b>1 Below Expectations</b>	<b>2 Slightly Below Expectations</b>	<b>3 Meets or Exceeds Expectations</b>	<b>No Opportunity to Observe</b>
G-1	Demonstrates knowledge of psychological assessment, with emphasis on current theoretical, conceptual, research, ethical, & diversity issues in the context of stages of human development.				
G-2	Applies the knowledge of functional and dysfunctional behaviors including cultural context & developmental considerations to the assessment process.				
G-3	Demonstrates knowledge of and ability to select appropriate assessments to inform treatment recommendations & monitor patient progress.				
G-4	Demonstrates knowledge of measurement & psychometrics including knowledge of the scientific, theoretical, & contextual basis of test construction & interviewing.				
G-5	Demonstrates proficiency at identifying patient strengths & reflecting them in assessment reports & feedback sessions.				
G-6	Demonstrates knowledge of diagnostic classification systems as applied to differential diagnosis.				
G-7	Demonstrates proficiency in selecting, administering and interpreting domain specific assessment & treatment monitoring measures (e.g. QIDS, YBOCS).				
G-8	Demonstrates facility with structured clinical interviews (e.g. SCID).				
G-9	Demonstrates facility with personality measures (e.g. MMPI, SCID-PD).				
G-10	Demonstrates competence with cognitive assessment using IQ & other standard tests.				
G-11	Demonstrates proficiency in psychiatric risk assessment.				

<b>H.</b>	<b>Case Conceptualization</b>	<b>1 Below Expectations</b>	<b>2 Slightly Below Expectations</b>	<b>3 Meets or Exceeds Expectations</b>	<b>No Opportunity to Observe</b>
H-1	Demonstrates basic knowledge of formulating diagnosis & case conceptualization.				
H-2	Demonstrates understanding of target problems and maintaining factors.				
H-3	Demonstrates knowledge of CBT diagnostic conceptualizations & translates them to intervention.				
H-4	Develops individualized conceptualization (e.g. Beck Cognitive Conceptualization Diagram) & uses it appropriately to tailor treatment approach for optimal effectiveness.				
H-5	Identifies & integrates client strengths effectively into case conceptualizations.				

<b>I.</b>	<b>Intervention/Evidence-Based Practice</b>	<b>1 Below Expectations</b>	<b>2 Slightly Below Expectations</b>	<b>3 Meets or Exceeds Expectations</b>	<b>No Opportunity to Observe</b>
I-1	Demonstrates knowledge of evidence-based intervention, with emphasis on current theoretical, conceptual, research, ethical, diversity, & human development considerations.				
I-2	Demonstrates the ability to establish and maintain effective & collaborative relationships with patients.				
I-3	Integrates research & clinical knowledge for proficient treatment planning & monitoring appropriate to patient goals, culture & developmental challenges.				
I-4	Applies clinically & culturally appropriate intervention techniques including <ul style="list-style-type: none"> <li>○ Skill with accurate identification of maladaptive beliefs &amp; skill with guided discovery.</li> <li>○ Skill with behavioral techniques including role plays, various exposure techniques, behavioral experiments &amp; skills training.</li> </ul>				
I-5	Demonstrates ability to incorporate therapy homework effectively into treatment with homework non-compliance appropriate managed.				
I-6	Demonstrates effective approaches to crisis situations in clinical work & training simulations including adequate assessment, appropriate interventions, appropriate use of consultation/supervision & effective communications with other relevant treatment providers.				
I-7	Demonstrates ability to evaluate intervention effectiveness & adapt intervention methods &/or goals accordingly.				
I-8	Plans & implements appropriate treatment termination with patients.				



- If applicable, is the trainee ready to move to the next level of training (next practicum placement or internship)?
  
- Optional: Other Comments?

**Trainee acknowledges being briefed on the contents of this evaluation:**

**Trainee Signature**

**Date**

**Supervisor Signature**

**Date**

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***Clinical Supervisor:*** After discussing this evaluation with the student and obtaining the student's signature, please return it online to the Academic Program Coordinator, [utclinicalpsych@austin.utexas.edu](mailto:utclinicalpsych@austin.utexas.edu). You may provide a copy directly to the student if you choose. Note that the copy you return to the program becomes part of the student record and student access to obtain copies or view is governed by FERPA.

Please direct questions or concerns to the Director of Training Clinic/Externships, Catherine Panzarella [cpanzarella@austin.utexas.edu](mailto:cpanzarella@austin.utexas.edu).

Thanks very much for your help!

Appendix 5: Annual Student Evaluation Checklist

**Annual Student Evaluation Checklist**

Date:

Student Name:

Year Entered:

Advisor:

Current year in program:

**The purpose of this form is to indicate faculty consensus that the student does or does not meet program expectations in the following areas, based on his or her level of training in the program:**

- Y N N/A Academic coursework and grades
- Y N N/A Research progress (see Research Evaluation)
- Y N N/A Clinical progress (see Practicum Evaluation)
- Y N N/A Teaching Assistant performance
- Y N N/A CARE attendance (Current Topics in Clinical Psychology)
- Y N N/A CARE presentation (one required before internship)
- Y N N/A Psychfest research presentation (2<sup>nd</sup> year students)
- Y N N/A Clinical science case presentation (2<sup>nd</sup> year students)
- Y N N/A Second year research project (due by beginning of 3<sup>rd</sup> year)
- Y N N/A Dissertation proposed (must be prior to Oct. 15 of internship application year)
- Y N N/A Dissertation defended
- Y N N/A Student is ready to apply for internship (3<sup>rd</sup> year students and above)
- Y N N/A Scholarly activities this academic year

\_\_\_\_\_Number of publications

\_\_\_\_\_Number of conference presentations/posters

\_\_\_\_/\_\_\_\_Grant proposals submitted / funded

\_\_\_\_\_Date\_\_\_\_\_

Andreanna Haley, Ph.D.

Checklist completed by Director of Clinical Training, following review of student by faculty

Appendix 6: Academic Milestones

**The University of Texas at Austin**

**Academic Milestones for Students in the Clinical Psychology Program**

**Year 1**

Write research proposal (in Research Methods) that may serve as second year project

**Year 2**

Present second year research project at Psychfest in April

Present clinical science case presentation at CARE meeting in April

Submit abstract of second year project to program Administrative Associate by first class day of third year, along with letter from advisor stating project was satisfactorily completed

**Year 3**

Begin dissertation research project

External practicum placement

Apply for doctoral candidacy before beginning of 4<sup>th</sup> year

**Year 4**

Complete all required departmental and clinical area courses

External practicum placement

Defend dissertation proposal prior to applying for internship

**Year 5**

Submit applications for APA-accredited internships if dissertation proposed by October 15

Present research project in CARE meeting before leaving for internship

External practicum placement (optional)

Complete and defend dissertation prior to leaving for internship (strongly recommended)

**Year 6**

Clinical internship, APA-accredited

Defend dissertation prior to end of internship

Appendix 7: Outside Employment Form

**University of Texas at Austin**  
Clinical Psychology

**Student Outside Employment Form**

*Please be aware of the state licensing laws on student employment, which are as follows: students may not be employed by a psychologist and/or engage in the delivery of psychological services **except** under the following conditions (1) the employer is a government agency or a regionally-accredited institution of higher learning; or (2) the provision of services is part of a supervised course of study in a recognized training institution or facility; or (3) the student is licensed by the state Board.*

**Directions:** This form is to be completed at the beginning of each fall and summer term, and at any other time when a student obtains new employment outside the University.

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

I am working at a job that is ***not*** a TA, RA, or practicum for course credit: Y N

**If “no” you may stop here. If “yes” please complete the rest of this form.**

Name of employer or agency: \_\_\_\_\_

Is this a government agency or accredited institution of higher education? Y N

Name of supervisor (if different than employer): \_\_\_\_\_

Start date of this job \_\_\_\_\_ Anticipated end date \_\_\_\_\_

How many hours a week do you work? \_ Are you being paid for this work? Y N  
\_\_\_\_\_

Does this work require psychological education and training: Y

Brief description of duties:

\_\_\_\_\_  
\_\_\_\_\_

## Appendix 8: Neuroimaging Track

### Neuroimaging Track in Psychology

Multiple brain imaging methodologies support the integration of psychology and neuroscience research. Such methods allow study of how complex cognitive phenomena are implemented by the human brain. To provide technical training for our Ph.D. students, the Psychology Department at The University of Texas has created a graduate training track in neuroimaging.

Supported by world-recognized faculty in the field, the courses offered through this track are intended to provide students with the knowledge and skills necessary to conduct human neuroimaging research in their own areas of interest.

#### The track provides:

1. **Strong training in neuroimaging**, including the design and implementation of neuroimaging experiments as well as analysis of neuroimaging data.
2. **Strong cognitive neuroscience training**, including comprehensive training in functional neuroanatomy and neurophysiology as well as foundational knowledge of how cognitive neuroscience has informed psychological theory and research.

### Neuroimaging Track Course Requirements

Take the following two core courses:

- PSY383C Functional Neuroanatomy
- PSY394U Methods for fMRI

Take any two of the following courses:

- PSY387D fMRI Brain Decoding
- PSY394S Studying the Brain: Findings from Development
- PSY394U Introduction to Psychophysiology
- PSY394V Social Neuroscience

For more information, visit the Imaging Research Center's website at: [www.irc.utexas.edu](http://www.irc.utexas.edu).