Clinical Psychology Handbook

2007

Doctoral Program in Clinical Science
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I. Introduction

This handbook for clinical psychology students has been prepared as a supplement to:

** the Psychology Department Handbook for Graduate Students (sometimes called the “Blue Book”)
** the Graduate Assistant Handbook (updated each year)
** the Graduate Student Handbook
** USC Guidelines for Ethical Faculty and Graduate Student Relations
** SCAMPUS—A Guidebook for USC Students (updated each year)

Please make sure you have a copy of each of these other documents and file them together with this handbook for reference as you progress through the program. You might set up a loose-leaf notebook for these documents, and name the notebook “rules.” Some of these documents are updated on a yearly basis. When changed, the documents will be distributed to you. It is your responsibility to become familiar with the policies contained in each document.

This handbook has been written so that all students are alerted to important issues and have the same basic information. A handbook cannot supplant the importance of direct communication, however. Nor can it offer all the answers to your specific, individualized questions. You are urged to explore these topics as needed with your faculty advisor, the Director of Clinical Training, or the Associate Director of Clinical Training.

At least once every three years a committee comprised of faculty and students will review this handbook and recommend changes. Changes will be adopted based on a majority vote in a clinical faculty meeting, with student representatives participating in that vote.
II. Mission of the Clinical Science Program

The USC Clinical Science Program jointly follows the scientist-practitioner, or Boulder, model of training as well as the clinical-science model. According to the 1990 Gainesville Conference Report, "The scientist-practitioner model...is an integrative approach to science and practice wherein each must continually inform the other...Scientist-practitioner psychologists embody a research orientation in their practice and a practice relevance in their research...The graduate of the training model is capable of functioning as an investigator and as a practitioner, and may function as either or both." At USC, we provide training in the science and practice of clinical psychology, each complementing the other, with an emphasis on research.

The clinical science model of training emerged more recently, promulgated by the Academy of Psychological Clinical Science. Our program is a founding member of that body, whose mission is “to advance...a psychological science directed at the promotion of adaptive functioning; at the assessment, understanding, amelioration, and prevention of human problems in behavior, affect, cognition or health; and at the application of knowledge in ways consistent with scientific evidence. The Academy’s emphasis on the term ‘science’ underscores its commitment to empirical approaches to evaluating the validity and utility of testable hypotheses and to advancing knowledge by this method.”

An education based on the integration of science and practice prepares our graduates to contribute knowledge to the understanding of psychological functioning and the prevention of psychological problems. We expect our graduates not only to be active consumers of psychological knowledge but also to be on the forefront of contributing to advances in the field. We have a wide vision of what types of contributions our graduates might make. Some graduates might be contributing to the advancement of knowledge through traditional scientific means, such as journal publications, whereas others might contribute by evaluating and shaping organizations and systems that provide psychological services, by developing intervention programs, by training others who provide psychological services, or by educating the public in ways that promote societal and individual well-being.

At the cornerstone of this educational model, and spanning all training components of the model, is an emphasis on critical thinking. In light of the breadth of information and rapid changes in the field of clinical psychology, graduates must be able to sift through new information, incorporating what they deem worthwhile into their work. The critical thinking skills they have developed will serve as the tools to evaluate, integrate, and generate new information.

Our curriculum at USC entails a set core of didactic courses on the theory, research, and applications of clinical psychology. There are also experiential requirements involving mentored research experiences and supervised clinical experiences. In addition to the required core curriculum, the program is flexible, allowing students to develop specific interests and specialty areas. The most formalized specialty areas are clinical-aging and child and family psychology, which are joint tracks with the life span development and aging areas of the department and include coursework in other units on campus (Gerontology, Education, Social Work). A formalized agreement also allows students simultaneously to pursue a Master’s in Public Health alongside their Ph.D. Other, less formalized areas of specialization include health psychology, psychopathology, addictions, cross cultural issues in clinical psychology, and family violence.
Three themes run through the required and specialized training. Although not all faculty embody all aspects of these frameworks, the student who graduates from the program has access to each of these themes:

1. The clinical-science/scientist-practitioner model, as stated above, with their strong empirical emphasis integrated with clinical concerns.

2. A concern with diverse populations, such as, older adults, abusive families, criminal and violent populations, chemically dependent persons, physically ill individuals, gays and lesbians, and ethnic and cultural minorities

3. An appreciation for the multiple interacting influences on human development, behavior, and psychopathology, e.g., behavioral risk factors in physical illness, biological and social context correlated of delinquent behavior and schizophrenia.

**III. General Structure of the Program**

Students in our program generally spend 4-5 years full-time on campus, in addition to a one-year full time clinical internship. Students are simultaneously involved in three types of learning experiences—formal classroom learning, experimental research training, and experimental clinical training. In addition, most students also obtain experience teaching, either through a paid TA position or by volunteering to be a teaching assistant.

1. Course Requirements

   The Psychology Department Handbook for Graduate Students contains all information regarding departmental and clinical area course requirements, research requirements, and applied clinical requirements. That book should be read carefully upon entering the program and used as a reference when planning your course registration.

   **Area A requirements:** Clinical area students have the option of taking one of the three required Area A courses from the following list: SOC 621 Quantitative Methods and Statistics II or SOC 523 Advanced Quantitative Research Methods or PM 511A Data Analysis A. These options were approved based on syllabi by the faculty teaching them in the 03-04 academic year. It would be wise to consult with your advisor or the DCT to be certain the courses continue to be appropriate. Area A is usually met by taking three psychology courses chosen from among 501, 502, 503, 504, 524, and 575.

2. Research Experience and Requirements

   It is assumed that students will be actively involved in research throughout their training. One goal is that students become competent at conceptualizing, designing, conducting, and writing up independent scientific investigations. A second goal is that students become competent at writing a scholarly review paper (e.g., Psychological Bulletin type article), demonstrating the ability to review critically a body of literature and to discuss that literature in an original and integrative fashion.

   Throughout training, an over-arching goal of the program is to foster knowledge, skills, attitudes, and behaviors consistent with meeting the rigorous demands of a productive, scientific career. We
endeavor to provide a context in which all **fully committed** students can publish work of a sufficient quality and volume to make them competitive for jobs in academic clinical psychology. While students may fulfill the minimal requirements of the program without becoming highly productive scholars, we provide mentorship and access to resources geared to help each and every student into a potential member of the professoriate. Students who aim for tenure-track positions should expect to exceed the minimal standards listed in this book.

The research requirements, as detailed in the Psychology Department Handbook for Graduate Students, follow a sequence across four years of training.

(a) **The first year** is spent developing a research question and writing a proposal (due April 15th) for the second year project. This is done in close collaboration with your research advisor. By April 30th, the student meets with, at minimum, a 3-person committee (research advisor, another member of the clinical area, and a member of the psychology department faculty outside the clinical area) to defend that proposal. It generally is a good idea to discuss the composition of your committee with your advisor.

(b) **The second year** is spent conducting, analyzing, and writing the second year project with the completed project submitted by May 15th and defended by May 30th with the same 3-person committee. If necessary, students may petition the clinical area faculty to extend the deadline until later in the summer if dictated by the scope of the project. Such a petition would need to be submitted by February 14.

(c) **The third year** is the time for preparing for your qualifying examination. Details about the qualifying examination are found under Requirements of the Clinical Program in the Department Handbook. The written part of the qualifying exam is comprised of two components: A comprehensive review paper **AND** a dissertation proposal. The oral exam can be scheduled either as one 2-hour oral examination on both of these projects, or as two separate 1-hour meetings. For the oral examination, you will have a 5-person committee (adding a member from another USC department, i.e., the “outside member,” and one other member from within the department, generally from the clinical area).

(d) **The fourth year** (and sometimes the fifth year) is spent conducting, analyzing, and writing the dissertation. This process culminates with an oral defense of your completed dissertation with, at minimum, a 4-person committee.

Toward the goal of developing skills in proposal and grant writing, both the 1st year proposal and the dissertation proposal are to be written in the format of a NIMH pre-doctoral grant proposal. Talk with your advisor about the nature and format of the first year and dissertation proposal.

Whereas your first year proposal is written in close collaboration with your research advisor, the dissertation proposal, as part of your qualifying exam, is to be written relatively independently. It is understood, however, that the conceptualization and design of this research will be discussed with your advisor and others in your research lab.

The quals paper, in contrast, is to be written independently without feedback from anyone on either the specific contents of the paper or on written drafts. That paper must be an independent piece of
work by the student with only verbal consultation from the discussion with the advisor (no editing, reading of drafts, written feedback from the advisor, or direct input).

If the dissertation proposal is accepted with changes, the chairperson lists the changes that are to be made before commencement of work on the proposed dissertation. This is done on the Dissertation Proposal Approval Form. It is the student's responsibility to provide the committee members with a cover letter stating exactly what changes have been made and how the recommendations have been addressed. Committee members need to sign off on the revised proposal and the recommended changes before work on the dissertation begins.

For all committee meetings, you should provide your committee with a copy of the completed proposal, paper, project, etc. at least two weeks prior to the date of your scheduled meeting.

You should attempt to schedule committee meetings with considerable lead-time. It is commonly found that scheduling committee meetings is quite difficult. Getting schedules from your committee members at least one month in advance is advised. If you find that one of your members is unavailable due to sabbatical leave, etc., it is your responsibility to identify a willing substitute whose participation is agreeable to your advisor and who can legally serve as a substitute member and to make sure the appropriate paperwork is completed in advance of the meeting.

We encourage students not to limit their research to the specific requirements, but to partake of additional research opportunities that might be available to them.

3. Clinical Experiences and Requirements

It is likewise assumed that students will develop and hone their clinical skills throughout their training. The required clinical sequence spans three years on-campus (Interviewing and Assessment, which generally are taken in the first year, and 2 years of Didactic-Practicum). As discussed below under the section on Clinical Training, most students continue their clinical training during their fourth and fifth years on-campus to obtain additional skills and/or to work with specific populations. Also required is a one-year off-campus clinical internship.

4. Special Requests and Exceptions

If there is a reason you wish to have an exception made to what is contained in the Departmental Handbook or this Clinical Area Handbook, your request needs to be addressed in a formal petition to the clinical faculty. Such requests are submitted to the DCT for discussion in a clinical faculty meeting. The petition should be discussed with, and approved by, your research advisor prior to submitting it.

IV. Research Training and Advisement

1. Mentor Model

Students are matched with a faculty member during the admissions process, but are admitted to the program, not to a specific lab group. Changes are possible (see below).
Collaboration between students and their research mentors provides one of the most important contexts of learning experiences in our program. Research mentors and advisees should be in regular contact throughout the student’s time in the program, and students have some responsibility to ensure that regular contact occurs. Each relationship will be unique, hopefully fitted to the needs of the student and the research. We have no intention of structuring the mentor-advisee relationship to the extent that it restricts optimal collaboration. Nonetheless, minimal levels of contact are required. Each student should expect to meet individually with his or her mentor at least three times during each semester while in residence in the program. Both the student and the mentor are responsible for setting up these meetings. It is highly likely that students also will have more frequent lab or research group meeting with the mentor.

2. Switching Advisors

Although most students stay in the same lab throughout their time at USC, there is no requirement to do so. There is no stigma associated with changing mentors. Students who may be interested in changing labs should feel free to approach other faculty members to discuss the available options. The student’s research mentor should be involved in these discussions early in the process.

There are number of reasons you may wish to switch advisors—you may develop new interests, you may find it easier to work with another faculty member, or your advisor may leave for a new position. Whatever the reason for change, it is your responsibility as a student to arrange for a new advisor.

If you are initiating the change, there are some guidelines to follow. The possibility of changing advisors should be discussed at about the same time with both the prospective advisor and the current advisor. Neither the prospective nor the current advisor should be uninformed or receive information about the switch from someone other than you. If you are planning to switch advisors, it is best to inform your current advisor and begin talking to prospective advisors at about the same time. Be sure to establish a plan to complete any ongoing projects with the current advisor so that neither your work nor the advisor’s work will suffer.

If the change is due to the leave/retirement of your advisor, please discuss with that individual how it is best for you to proceed and what might be likely alternatives.

All changes of advisors should be discussed with the Director of Clinical Training or, if the DCT is the advisor involved, with the Associate Director of Clinical Training. The DCT and Associate DCT are available for consultation about such changes at any step in the process.

3. Working with more than one Advisor

It is not uncommon for a student to find that his/her interests span more than one lab and the question arises as to whether it is possible to work in more than one lab. The answer is “yes.” If you make such an arrangement, you will have a primary research affiliation and a secondary research affiliation. Before taking on the secondary commitment, please consider whether you are on schedule with your primary research program. Also, please be sure to discuss this possibility with your primary research advisor before initiating plans to branch out into a second lab.
4. Role of the Research Advisor

Your research advisor is also your academic advisor. That individual is available to discuss any aspect of your training, including course selection and load, financial support, etc. While you are still full-time on campus, your advisor should be kept informed of all significant commitments in your training (e.g., taking on a job, accepting an assistantship, doing volunteer work, etc.)

Occasionally clinical students elect to have a research advisor who is not a member of the clinical area but is a full-time member of the Psychology Department. In this circumstance, the student must also have a clinical area mentor who serves as the academic advisor.

5. Troubleshooting

In the unlikely event that problems develop in the research collaboration, the mentor and student should discuss them together. Both student and mentor are strongly encouraged to speak to one another should they experience difficulties. If this discussion fails to resolve the problem, the student may speak confidentially with the Director of Clinical Training or the Associate Director of Clinical Training, except of course in cases where confidentiality is precluded by reporting obligations or concerns about a student’s ethics or possible harm to clients.

V. Professional Development

Pursuing knowledge and keeping abreast of cutting edge developments in the field are continual processes. Graduate school is the time to begin engaging in professional development activities that you will continue throughout your career in clinical psychology.

1. Professional Conferences and Workshops

Students are encouraged to attend professional conferences and workshops to supplement the material presented in classes, to become active members of the psychology community, and to develop habitual ways of updating and refining knowledge. There are many conferences locally, as well as nationally. Attending conferences is a great way to learn the most recent developments in your field of interest, as well as to expand your interests into new areas. When you attend conferences, ask questions, introduce yourself to persons whom you wish to meet, or have your advisor introduce you. Our Clinical Program Administrator sends out periodic notices of upcoming meetings. There also are bulletin boards for cultural diversity and for clinical-aging where conferences of special interest to those fields are posted.

Keeping a list of conferences/workshops attended may be useful as you prepare your internship applications and is a professional behavior increasingly required for licensure.

Students also are encouraged to present their own research at professional conferences. Your advisor can help direct you to the relevant conferences and advise you how to write an abstract. Once your paper has been accepted, you may wish to practice your presentation for your colleagues in your lab. Poster presentations are a marvelous way to meet other psychologists who share your interests.
Sometimes funding is available to graduate students to attend professional conferences. Sources of funding to investigate include: graduate school resources, APA travel grants, your mentor’s research grant, a training grant, or clinical area funds (e.g., Leibovitz funds).

2. Responsibility for Testing Materials in Assessment Courses and at the Psychological Services Center (PSC)

Psychological testing materials are available through PSC and can be checked out for two weeks at a time. The student who has the materials checked out will be held responsible for their return, the completeness of the testing materials, and the condition of them. Replacement costs for test materials will be charged to the student who is shown on the records as having last had them checked out. At the end of each semester, PSC and Clinical Area staff review the list of students who have tests overdue. Students who have not returned materials or who have unpaid damage or replacement costs will not be cleared to register for the next semester until materials are returned or the costs have been paid.

3. Professional Organizations

Students are encouraged to join professional organizations. Student membership gives you the benefits of regular membership (e.g. journals, newsletters, notices of meetings, reduced registration at meetings). Examples of such organizations include: APA, APS, ABCT, GSA, SRCD, etc. The Program Administrator has a file of membership applications in her office.

4. Clinical area Speakers/Colloquia/Job talks

Every effort should be made to attend all clinical area and departmental colloquia and presentations. Each year there are several exceptionally interesting colloquia presented in our department. The clinical area also runs a series of presentations by our own faculty and alumni, as well as by esteemed visiting colleagues. Observing others is your best training for learning how to present your own work.

5. The USC Clinical Area Leibovitz Research Conference

We are in the unique and fortunate position of being able to sponsor our own yearly research conference in which students make formal research presentations. The Leibovitz Conference is a great feature of our program in that we have our own in-house conference that includes all the roles of any such professional meeting.

The purpose of this meeting is to share information across labs and to prepare students for professional presentations elsewhere. It generally is scheduled toward the end of spring semester and always is one of the highlights of our year. Please be sure to mark this event in your calendar as soon as the date is announced. If there is some reason you are unable to attend, please inform the Director of Clinical Training in advance of your absence.
You are strongly encouraged to present your own research at one or more Leibovitz Conferences and to participate in the preparation of these conferences. To present your research, you need to respond to the Call for Abstracts and to go through a peer review process. This process is meant to be instructive and, over the years, there is an opportunity for each student to present. The research presented should be a project conducted while at USC.

Each year we seek volunteers to review abstracts for the Leibovitz conference and to help with the conference arrangements. Volunteering to be on the review panel is useful in terms of your own learning of how to write a good abstract and, of course, is helpful to the smooth running of this conference.

**VI. Clinical Training**

1. Required Clinical Training

As outlined in the Departmental ‘Blue Book,’ you are required to enroll in 6 semesters of practicum courses. First, you take two semesters of PSYC 595 (Didactic Practicum in Clinical Psychology). Following 595, 695 starts in your 2nd year. Your enrollment in PSYC 695 should be with a different instructor each year. You are strongly encouraged to obtain additional clinical expertise by continuing to see clients during your fourth year of training and/or taking a third year of PSYC 695. You may continue to see clients during the summers following your second, third, and fourth years as long as this is discussed with the Director of the PSC and you have adequate supervision.

2. Supervision

All students who are seeing clients through the PSC will be assigned to an approved supervisor by the Executive Director of the PSC (sometimes with the consultation of the di-prac instructor). Students may not make arrangements by themselves for supervision. However, we encourage students to discuss their training needs and to identify appropriate supervisors in collaboration with the Director of the PSC and the di-prac instructor. It is recommended that students be certain that they have three or four positive reference letter writers from among clinical supervisors in time to apply for internship. This would imply at least two in addition to di-prac faculty.

**Under NO circumstance are students permitted to treat clients without supervision.**

Di-prac instructors will provide two hours of group supervision per week as part of the scheduled di-prac. In addition, the instructor will have an individual supervision session with each student at least twice per semester. Students may also be assigned to an outside supervisor, as described above. We expect that each student will meet individually with his or her supervisor for at least one hour each week that clients are seen. When students are working as co-therapists, supervision would include both co-therapists. All psychotherapy supervision, by di-prac instructors or outside supervisors, will include viewing and/or listening to video or audio recordings on a regular basis. We also expect supervisors to review case notes.
Each supervisor will be asked to provide feedback on a supervisee at least once per year. In addition, you will be asked to provide anonymous evaluation forms to the DCT regarding your supervisor at least once per year. The DCT will review these forms and address any problems that may arise.

3. Externships

Externships (work other than that in the Psychological Services Center) may be acceptable depending upon your progress in coursework and research. Additional clinical experience often is encouraged during the 4th and 5th years. Students may: (a) secure paid or unpaid positions to do research or clinical work at outside facilities; and/or (b) provide professional services in an independent practice under the supervision of a qualified clinical psychologist. However, students must seek the approval of their faculty advisor prior to engaging in any professional activities on or off campus. Such consultation with the advisor is useful in terms of keeping the advisor informed of the student’s training experiences as well as obtaining the advisor’s input as to what areas of the student’s skill might best be strengthened. Advisors also often have good ideas about where to seek externships that complement the student’s other work. In addition, there is a form to be completed and signed by the DCT for all non-course-related psychological work.

For any practicum/externship work that is done as part of a class (e.g., the assessment practicum), the intended primary supervisor should become part of our supervisor pool. The Executive Director of the PSC and The Associate DCT are available to help facilitate that process. The faculty wishes to know where students are providing clinical services and to be in contact with the supervisors at those sites. As USC students, please be aware that what you do in the community reflects upon our program.

If an externship position is obtained, it is the student’s responsibility to provide the DCT with the name of and address of the facility, and the name, address, and phone number of the supervisor so that that supervisor can be contacted for periodic evaluations of the student.

The terms of any externship placement – whether required or elective – are negotiated agreements of three parties: the student, the clinical program, and the placement site. As such, students may not unilaterally terminate any placement agreement. Should the student feel a need to end a placement before the agreed end date, the student must first consult with the Director of Clinical Training or the Associate Director of Clinical Training and seek written consent to resign the placement.

Furthermore, a placement, while generally not paid, must be regarded in many respects as an employer. Students who are committed to be on a placement may not schedule travel or vacations which might disrupt their placement schedule without first seeking approval from their placement supervisor, and their di-prac supervisor, if applicable.

Even if students obtain paid, outside clinical work, they must seek approval of the arrangement, including the supervisory arrangement, from the DCT’s office, and appropriate documents must be placed in the student’s file, prior to commencing outside clinical work, to verify that appropriate permissions were obtained.

In order to be granted permission to do external clinical placements that exceed the requirements of the program, students must generally be in good standing, progressing in a timely fashion toward
academic requirements, and receive an endorsement of preparedness for the external work by current and past diprac supervisors.

If a student wants to secure unpaid clinical placement experience beyond that required by the program (i.e., in the third or fourth year), it is far better to begin the process in late December or early January before the start of the academic year in which the placement experience is to occur. Clinical placement sites in the Los Angeles area are highly sought by professional school students, and the professional schools have organized a highly formalized and very competitive process of applying to clinical placement sites. Although some sites may occasionally agree to take a USC student who did not go through the formal process, you are likely to be excluded, automatically, from many sites if you do not begin the process in synchrony with the professional schools, who train far more students than USC and UCLA do. It is wise to begin talking to the Associate Director of Clinical training at least 6 months before you plan to commence external clinical work, and it is best to plan on an August or September start date.

4. Internship

A full-time pre-doctoral APA-approved clinical internship is required as part of the training for the Ph.D. Students generally apply for the internship during the fourth or fifth year of their training. It is our policy that students are eligible to apply for internship only after they have passed both parts of the qualifying examination (i.e., the review paper and the dissertation proposal). Since internship applications generally are due in November of the year preceding internship, it is necessary to have passed the qualifying exam by October 15th in order for the DCT to write a letter saying you are eligible for internship.

It is assumed that students will be seeking and accepting APA-approved internships. In selecting an internship, students should consult the APPIC Directory as well as SSCP’s Directory of Research Opportunities for Clinical Psychology Interns. Should you wish to apply to a non-APA-approved internship, a petition indicating your reasons for this should be submitted to the clinical faculty. Please attach information about the program to the petition.

Meeting the internship requirement is reflected in enrollment in PSYC 691A and PSYC 691B during the internship year. This requires payment of 1 unit of tuition per semester and is typically not covered by USC tuition support.

Students are to follow APPIC Policy (See Appendix B) during both the application process and the notification procedure.

Occasionally students feel that they are not well suited for clinical work and would prefer not to apply for an internship. Should you wish to pursue this option, it may be possible to get a Ph.D. in Psychology, but not in Clinical Psychology. This possibility should be discussed with both your advisor and the Director of Clinical Training.

5. Personal Therapy

A common way of dealing with personal problems and high levels of stress, or simply sorting out reactions to seeing clients (beyond what is dealt with in supervision) is to become involved in
therapy oneself. This is not a requirement of our program. Certainly, however, there is no stigma associated with the decision to see a therapist and, in fact, the decision is likely to reflect positively on you.

The Director of the PSC and the Associate Director of Clinical Training have a list of persons in the community who have agreed to provide therapy to our students on a low fee basis. Your work with the therapist would be strictly confidential. Other than providing the list of names, the PSC Director, Associate DCT (and other faculty) will have no involvement or contact with your therapist.

6. Personal Problems and their Interference in Clinical Work

It is not unusual for personal problems to interfere with one’s ability to function as a psychologist. The important issue, however, is how to deal with such problems. As stated in Standard 1.13 of the APA Guidelines, it is your responsibility to be alert for and to recognize if personal problems are interfering with your effectiveness. It is your responsibility to refrain from activities if your performance is impaired and patients/colleagues/students may be harmed. As a trainee, a first step would be to discuss the possible impact of your personal problems with your clinical supervisor and/or academic advisor. There are a variety of avenues to explore, including obtaining assistance with your personal problems, suspending/postponing your training in direct service, taking a leave of absence from the program, etc.

We (faculty and students) collectively share a responsibility to take action if we believe that a person’s personal problems may be harmful to clients. The appropriate action would be to bring your concern to the attention of the person whom you believe to be impaired. If that does not result in a corrective response and you still perceive a risk, it would be appropriate to consult with a member of the faculty.

If there is sufficient evidence supporting a student’s impairment due to an emotional, neuropsychological, or substance abuse condition, the faculty may (a) recommend that the student take a leave of absence until the student no longer is impaired or (b) recommend that the student discontinue the program.

VII. Faculty-Student Relations

We aim for collegial, mutually respectful relationships between faculty and students in the clinical psychology program. This applies among faculty and among students as well. Our program is known for its non-competitiveness and mutually supportive environment. Maintaining this ambiance requires a high level of professionalism and integrity on the part of everyone.

Collaborative Relationships

In collaborative research: (a) faculty and student should discuss ownership of data and authorship on presentations/publications early enough in the process so that each is aware of his/her role; and (b) faculty and student should publicly acknowledge one another’s contributions at
conferences, in written work etc. Guidelines about authorship and authorship order are addressed further in the APA Ethical Standards.

Dual Relationships

A dual relationship between a faculty member and student exists when the individuals fill roles beyond what is typical in faculty-student relationships and/or the relationship is exclusionary from other faculty-student relationships. Examples of dual relationships include, but are not limited to, romantic/sexual involvements, financial partnerships, long-time personal friendships, family relations, etc. The effects of the dual relationship are not limited to the two individuals involved but potentially affect many persons in the program. Ideally, dual relationships should be avoided. In the event that a dual relationship arises, however, it is important that the dual relationship become known to others in the program rather than kept a secret.

Psychotherapeutic relations between faculty and student must be avoided altogether.

Should a dual relationship exist, the guidelines are as follows: a faculty member involved in a dual relationship should not be: (a) instructing or supervising that student; (b) participating in the research or clinical guidance of the student; or (c) participating in the evaluation process of the student. Depending upon the nature of the dual relationship, these guidelines may also be applied even if the dual relationship is terminated.

Coercion or Discrimination in Relationships

There is no place for coercive or exploitative relationships in any professional activities or work in our program. Coercive relationships take a number of different forms. The most clearly defined is sexual harassment, against which the university has explicit policies as described in SCampus and in our departmental handbook. Coercive relationships additionally would be defined as taking advantage of the faulty-student relationship by requesting work unrelated to academic development, inhibiting a student’s progress in order to benefit from the student’s proficiencies, or demands on the student unrelated to the student’s professional development.

It is the responsibility of each faculty member to create an atmosphere conducive to the student’s learning and professional development. As stated in the Guidelines for Ethical Faculty and Graduate Student Relations, “faculty should always interact with students in a professional and civil manner.” Faculty should impartially evaluate student’s performance, and not discriminate based on the student’s race, sex, sexual orientation, or national origin.

Student Feedback to Professors

Students provide feedback on the instructional quality of the program through course evaluations, which are filled out every semester. Students are encouraged to write comments to give specific and detailed feedback to their instructors. Instructional issues that arise during a course should be discussed with the course instructor.
Settling Disputes

When a dispute or grievance arises between a student and faculty member, the goal is to resolve the matter as quickly and informally as possible. The student first should attempt to resolve the matter directly with the faculty member. If this is unsuccessful, the student should seek assistance at the next level of administrative command, e.g., the DCT or the departmental chair.

The university has particular policies and procedures for certain types of student grievances. For issues related to discrimination, sexual harassment, or disputed academic evaluation, you are referred to SCampus.

Graduate Students in the Role of Instructing Undergraduates

When you are serving as a teaching assistant, you are in a position of authority with the undergraduate students. According to the Graduate Assistant Handbook (1995-96, page 9), “they (graduate assistants) are governed by the same standards of conduct in the performance of their academic responsibilities as are members of the faculty (see Faculty Handbook). For purposes of emphasis, the university considers it inappropriate conduct for a teaching assistant or assistant lecturer to have a dating relationship with one of his/her students. All graduate assistants shall respect the rights and opinions of students and uphold the academic standards of the university.”

VIII. Evaluation

At the end of each academic year, the clinical faculty meet as a group and discusses each student’s progress. This is done for all students who have not yet completed their Ph.D. The material we examine includes course grades and written evaluations from clinical supervisors. In addition, we generally get verbal reports from faculty who have served as the research advisor or who supervised the student in a teaching assistantship.

The goal of our discussion is to identify both strengths and weaknesses of the student. If a weakness seems to be interfering with the student’s progress in the program, the faculty will map out a corrective strategy (e.g., specific coursework, additional supervision, etc.)

Following this meeting, each student receives a letter from the DCT or Associate DCT summarizing the information obtained. The student always is welcome to request clarification or additional feedback from the research advisor and/or DCT. If the faculty think additional discussion is warranted, that will be communicated in the letter.

The department has a standard procedure for evaluating teaching assistants. The professor of the course completes a written evaluation of the teaching assistant, which is given to the teaching assistant as feedback. Each year, recognition is awarded to an outstanding teaching assistant in the department.
IX. Diversity

Our program respects diversity and promotes an understanding of cultural and individual diversity in each of our three training components—classroom activities, research experience, and clinical experience. Each clinical course is designed to address substantive issues of how ethnic, cultural, and/or gender issues interface with the content area being studied, i.e., how issues of diversity are pertinent to diagnosis, assessment, and intervention. With respect to research, it is a requirement of the qualifying exam that you be prepared to discuss how issues of diversity might be addressed or might affect your proposed research design. Because the clinical population in the PSC tends to be quite diverse, it is our expectation that you will work with clients of diverse backgrounds over the course of your training. We maintain a list of supervisors who represent varied ages and ethnicities and, upon occasion, have called upon other colleagues in the area who have expertise with a particular population.

We aspire to have a diverse student body. By maintaining close relationships with alumni, we have, upon request, been able to provide students with alumni mentors representing diverse backgrounds. Should this be of interest to you, speak to your research advisor and the DCT. These mentors are available to supplement what the research advisor provides by periodically meeting with the student to discuss issues of professional development and to serve as role models.

X. Research Ethics

As part of the research community, you are expected to comply with ethical policies of both USC and the APA.

Procedures for the ethical conduct of research are specified in the USC Policy on Research Ethics and Scientific Misconduct and in the APA Ethical Principles and Code of Conduct. Specifically, the USC Policy sets out ethical aspirations as well as minimum requirements that define grounds for discipline (e.g., falsification of data, plagiarism or abuse of confidentiality, improprieties of authorship, administrative and financial responsibility, violation of federal, state, or university research rules, and inappropriate behavior in the relationship of misconduct).

APA Ethical Principles Sections 6.02 through 6.26 are pertinent to conducting research and disseminating findings.

No research with human subjects can be conducted until approval has been obtained from the University Institutional Review Board (IRB) and/or the Departmental Committee representing the IRB. There are two types of Human Subject approval forms. One form is for departmental review. For unfunded studies using the Departmental Subject Pool, this form is sufficient. An additional form is required by the IRB for any research involving all funded projects, regardless of how subjects are recruited. Both types of forms are available in the main office in hard copy and on computer diskette. All Human Subjects applications must be approved and co-signed by your research advisor.
XI. Academic Integrity

We assume that all members of our clinical area function with the highest regard for academic integrity. The following, however, is provided as a means of avoiding incidents that may reflect unfavorably upon the student, the program, and the university.

Academic integrity violations are spelled out in detail in SCampus as well as in the APA Ethical Guidelines.

These include, but are not limited to: (a) fabrication of data; (b) plagiarism; (c) the acquisition of papers or other assignments and representing them as one’s own; and (d) cheating on an examination.

Additional issues that raise questions of academic integrity include: (A) submitting a paper in fulfillment of a class or research requirement if that paper, or one similar to it, was submitted in fulfillment of any other requirement; and (b) duplicate publication or republishing data. If you are uncertain about the boundaries of these issues (and sometimes these boundaries are difficult to define), be sure to seek advice and consultation from your research advisor or other faculty members.

XII. Student Representation

Each year level (years 1 through 4) is invited to select a student representative to attend and participate in our clinical area meetings. These representatives serve as liaisons between faculty and students, bringing student issues to the faculty and reporting to their classes on what happened in the faculty meeting. Any representative who wishes to have a particular issue addressed in the faculty meeting should contact the DCT prior to the meeting so that the issue can be put on the agenda.

Student assistance and input is welcome and needed during our admissions process although, for the protection of the individuals under consideration, the admissions folders and formal admissions discussions are limited to faculty. During admissions, it is very helpful if students talk with (by phone or in person) prospective applicants about their experiences in the program and help them feel welcome during their visits to campus. Student feedback from those discussions is welcome.

Student involvement and input also are encouraged when we are conducting faculty recruitment in the clinical area. Students are expected to attend job talks. In addition, all faculty applicants will have time set aside in their interview schedules to talk, in private, with students. Following a candidate’s visit, we will ask the student representatives to poll students as to their opinions, and present the students’ feedback at a faculty meeting. Formal discussion among faculty, however, and the final vote will be taken without the students present.

XIII. Students' Financial Support and Financial Obligations

USC College requires that admission letters include an assurance of 5 years of financial support. The faculty recognizes the importance of financial support so that students devote themselves fully to
their graduate training without feeling pressured to obtain employment unrelated to psychology. Several types of financial support are offered through faculty, department, or university resources: teaching assistantships, research assistantships, graduate school fellowships, and training grant traineeships. In addition, there are several types of support that students can generate on their own, or with the assistance of the faculty, for example, NIMH pre-doctoral awards, stipends from private granting agencies, research assistantships outside the department, etc.

Students are strongly urged, however, to be active in applying for outside means of support (e.g., their own grant support, research opportunities off-campus). Faculty look favorably upon students who put forth such efforts to obtaining their own support and may consider this in later funding decisions.

It is in the student’s best interest to be alert for funding opportunities and to respond quickly to announcements for funding. It is the student’s responsibility to discuss funding options with the research advisor. Students should also be aware that continued support is contingent upon maintaining at least the minimal enrollment in coursework and maintaining academic standards.

Some funding opportunities include tuition remission whereas others do not. Please consult your advisor and your appointment letter for detailed information about the tuition covered by your funding offer. In general, University RA’s and TA’s come with some tuition remission as do University Fellowships. Private foundation research assistantships may or may not include tuition remission.

With respect to all funding options, students are advised to check with appropriate departmental staff to determine the exact level of support (as this changes from year to year) and the amount of tuition and university fees that might be covered.
## Possible Course of Study for USC Clinical Psychology Program

This is only a suggestion. Each student's course of study will depend on their training needs.

<table>
<thead>
<tr>
<th>Fall Semester</th>
<th>Spring Semester</th>
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</thead>
<tbody>
<tr>
<td><strong>Year 01</strong></td>
<td></td>
</tr>
<tr>
<td>515 – Assessment (4)</td>
<td>619 – Intervention (4)</td>
</tr>
<tr>
<td>595 – Interviewing (1)</td>
<td>595 – Assessment Practicum (1)</td>
</tr>
<tr>
<td>599 – Proseminar (4)</td>
<td>599 – Proseminar (4)</td>
</tr>
<tr>
<td></td>
<td>504 Research Methods</td>
</tr>
</tbody>
</table>

**Summer of Year 1:** 508 – Historical Foundations of Psychology (4)

<table>
<thead>
<tr>
<th><strong>Year 02</strong></th>
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</thead>
<tbody>
<tr>
<td>514 – Psychopathology (4)</td>
<td>Elective Outside Clinical Psychology (4)</td>
</tr>
<tr>
<td>695 – Di-prac (1-4)</td>
<td>695 – Di-prac (1-4)</td>
</tr>
<tr>
<td>Stats course (Area A)</td>
<td>Stats course (Area A)</td>
</tr>
<tr>
<td>594 – Masters Units (2)</td>
<td>594 – Masters Units (2)</td>
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</tbody>
</table>

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<tr>
<th><strong>Year 03</strong></th>
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<tbody>
<tr>
<td>695 – Di-prac (1)</td>
<td>695 – Di-prac (1)</td>
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<tr>
<td>660/680 – Clinical Seminar (4)</td>
<td>660/680 – Clinical Seminar (4)</td>
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<tr>
<th><strong>Year 04</strong></th>
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<tbody>
<tr>
<td>794 – Dissertation (2)</td>
<td>794 – Dissertation (2)</td>
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<tr>
<th><strong>Year 05</strong></th>
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</thead>
<tbody>
<tr>
<td>691 – Internship (0(^1))</td>
<td>691 – Internship (0)</td>
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</tbody>
</table>

( ) designates units per course  
Total = 64 of 64 required units

This example includes 24 substantive units outside of the clinical area  
3 of the following 5 courses: 501, 502, 503, 504, 524 = 12 units  
8 units of Proseminar = 8 units  
4 units of Historical Foundations (508) = 4 units  
Total = 24 UNITS

The example includes 26 or more substantive units within the clinical area  
515, 619, and 514 = 12 units  
2 clinical seminars (660 and 680) = 8 units  
Practicum/di-prac courses each semester for 3 years = 6 units  
Total = 26 UNITS

Departmental regulations will also apply, so be sure to review them carefully as you plan your coursework.

\(^a\) Note: We now encourage students to register for 4 units di-prac whenever feasible

\(^1\) During internship, students must register for 0 units of credit, which costs 1 unit per semester
# University, Departmental, and Clinical Area Course Requirements

<table>
<thead>
<tr>
<th>Course #</th>
<th>Units</th>
<th>Course Title</th>
<th>Semester(s) When Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.</td>
<td></td>
<td>Three Area A courses (e.g., 501, 502, 503, 504, 524, 575)</td>
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<tr>
<td>II.</td>
<td></td>
<td>Two Semesters of Department Proseminar</td>
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<tr>
<td>599</td>
<td>4</td>
<td>Proseminar Semester 1</td>
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<td>599</td>
<td>4</td>
<td>Proseminar Semester 2</td>
<td></td>
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<tr>
<td>III.</td>
<td></td>
<td>Core Clinical Area courses</td>
<td></td>
</tr>
<tr>
<td>514</td>
<td>4</td>
<td>Psychopathology</td>
<td></td>
</tr>
<tr>
<td>515</td>
<td>4</td>
<td>Clinical Assessment</td>
<td></td>
</tr>
<tr>
<td>619</td>
<td>4</td>
<td>Psychological Intervention</td>
<td></td>
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<tr>
<td>IV.</td>
<td></td>
<td>Two Clinical Seminars (660 or 680)</td>
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<tr>
<td>V.</td>
<td></td>
<td>Clinical Practica (minimum requirement of 1 per semester for 6 semesters; you are encouraged to register for up to four units of each advanced practicum each semester)</td>
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</tr>
<tr>
<td>595a</td>
<td>1</td>
<td>Practicum (Interviewing)</td>
<td></td>
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<tr>
<td>595b</td>
<td>1</td>
<td>Practicum (Assessment)</td>
<td></td>
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<tr>
<td>695</td>
<td>1-4</td>
<td>Advanced Practicum in Clin. Psyc. (Y1)</td>
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<tr>
<td>695</td>
<td>1-4</td>
<td>Advanced Practicum in Clin. Psyc. (Y2)</td>
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<tr>
<td>VI.</td>
<td></td>
<td>Research Units (e.g., 590, 594, 690, 790, 794). Student must enroll in 4 – 8 units of 794; 2 units per semester for every semester after passing qualifying exam until completion of degree, except while on internship.</td>
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<tr>
<td>VII.</td>
<td></td>
<td>Internship: Register for 0 units per semester for 2 semesters. 1 unit of cost per semester.</td>
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<tr>
<td>691</td>
<td>0</td>
<td>Internship</td>
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<tr>
<td>VIII.</td>
<td></td>
<td>Other</td>
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<tr>
<td>508</td>
<td>4</td>
<td>Historical Foundations</td>
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</tr>
</tbody>
</table>

Departmental regulations will also apply, so be sure to review them carefully as you plan your coursework.

**Total Units Completed:**
- Substantive Units in Clinical (>26)
- Substantive Units outside Clinical (>28)

**Signatures:**
- Student: 
- Research Advisor: 
- Director of Clinical Training: 
# University, Child and Family Clinical Course Requirements

<table>
<thead>
<tr>
<th>Course #</th>
<th>Units</th>
<th>Course Title</th>
<th>Semester(s) When Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.</td>
<td></td>
<td>Three Area A courses (e.g., 501, 502, 503, 504, 524, 575. The 524 course may be counted as an Area A course or as a Child Developmental and Family Systems Course.)</td>
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<tr>
<td>II.</td>
<td>599</td>
<td>Proseminar Semester 1</td>
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<td></td>
<td>599</td>
<td>Proseminar Semester 2</td>
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<tr>
<td>III.</td>
<td>514</td>
<td>Psychopathology</td>
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<tr>
<td></td>
<td>515</td>
<td>Clinical Assessment</td>
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<td></td>
<td>619</td>
<td>Psychological Intervention</td>
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<td>IV.</td>
<td></td>
<td>One Clinical Seminar (660, or 680)</td>
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<td>V.</td>
<td></td>
<td>Clinical Development and Family Systems: 3 additional courses (12 units) from Psychology, Sociology, Social Work, or Education (e.g. PSYC 524, 535a, 675, or Social Work 604, 634, 624.) One of these must be a child clinical seminar (a PSYC 660 or PSYC 680 on a child/family topic) or a broad introduction to child development (PSYC 535a.)</td>
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<tr>
<td>VI.</td>
<td>595a</td>
<td>Practicum (Interviewing)</td>
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<td></td>
<td>595b</td>
<td>Practicum (Assessment)</td>
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<td></td>
<td>695</td>
<td>Advanced Practicum in Clin. Psyc. (Y1)</td>
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<td></td>
<td>695</td>
<td>Advanced Practicum in Clin. Psyc. (Y2)</td>
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<tr>
<td>VII.</td>
<td>794a,b</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Research Units (e.g., 590, 594, 690, 790, 794; must enroll in 4-8 units of 794; 2 units per semester for every semester after passing qualifying exam until completion of degree except while on internship)</td>
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<tr>
<td>VIII.</td>
<td>691a, b</td>
<td>Internship</td>
<td></td>
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<tr>
<td>IX.</td>
<td>508</td>
<td>Historical foundations</td>
<td></td>
</tr>
</tbody>
</table>

**Total Units Completed:**

Departmental regulations will also apply, so be sure to review them carefully as you plan your coursework.

**Signatures:**

Student:  
Research Advisor:  
Director of Clinical Training:
University, Clinical-Aging Course Requirements

<table>
<thead>
<tr>
<th>Course #</th>
<th>Units</th>
<th>Course Title</th>
<th>Semester(s) When Completed</th>
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</thead>
<tbody>
<tr>
<td>I.</td>
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<tr>
<td>Three Area A courses (e.g., 501, 502, 503, 504, 524, 575. The 524 course may be counted as an Adult Development &amp; Aging Course.)</td>
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<td>II.</td>
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<tr>
<td>Two Semesters of Department Proseminar</td>
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<tr>
<td>599</td>
<td>4</td>
<td>Proseminar Semester 1</td>
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<td>599</td>
<td>4</td>
<td>Proseminar Semester 2</td>
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<td>III.</td>
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<tr>
<td>Core Clinical Area courses</td>
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<tr>
<td>514</td>
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<td>IV.</td>
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<tr>
<td>One Clinical Seminar (660, or 680.) This typically will not be an aging seminar.</td>
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<tr>
<td>V.</td>
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<tr>
<td>Adult Development and Aging: 3 additional courses from Psychology or from GERD. One of these must be a clinical-aging seminar, e.g., PSYC 660 on an aging topic, GERD 522, a clinical neuropsychology assessment course. One must be a broad introduction to adult development and aging, e.g., PSYC 531, PSYC 535, GERD 520, GERD 555.</td>
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<td>VI.</td>
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<tr>
<td>Clinical Practica (minimum requirement of 1 per semester for 6 semesters; you are encouraged to register for up to four units of each advanced practicum each semester). One year must be an aging dipractic.</td>
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<tr>
<td>595a</td>
<td>1</td>
<td>Practicum (Interviewing)</td>
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<tr>
<td>595b</td>
<td>1</td>
<td>Practicum (Assessment)</td>
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<td>695</td>
<td>1-4</td>
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<td>695</td>
<td>1-4</td>
<td>Advanced Practicum in Clin. Psyc. (Y2)</td>
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<td>VII.</td>
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<tr>
<td>Research Units (e.g., 590, 594, 690, 790, 794; must enroll in 4-8 units of 794; 2 units per semester for every semester after passing qualifying exam until completion of degree except while on internship)</td>
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<tr>
<td>794a,b</td>
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<td>Dissertation</td>
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<tr>
<td>VIII.</td>
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<td></td>
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<tr>
<td>Internship: register for 0 units per semester for 2 semesters (1 unit of cost per semester).</td>
<td>Internship</td>
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<tr>
<td>691a, b</td>
<td>0</td>
<td>Internship</td>
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<tr>
<td>IX.</td>
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<tr>
<td>Other</td>
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<tr>
<td>508</td>
<td>4</td>
<td>Historical Foundations</td>
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</tbody>
</table>

Total Units Completed: 

Departmental regulations will also apply, so be sure to review them carefully as you plan your coursework.

Signatures:

Student: 

Research Advisor: 

Director of Clinical Training:
Ph.D./M.P.H.  Dual Degree Requirements

CLINICAL PSYCHOLOGY

Psychology Core Requirements
Three Area A courses, statistics and methods 12 units
Two semesters Proseminar 8 units
PSYC508 Historical Foundations 4 units

Clinical Core Requirements 26 units
PSYC514 psychopathology
PSYC515 assessment
PSYC619 intervention
Two clinical seminars: PSYC660 or 680
Practica: Two semesters PSYC595 and four semesters PSYC695

Clinical internship (PSYC691) 0 units

Elective (PSYC590, PSYC594, or additional substantive units) 2-4 units

Dissertation (PSYC794) 4-8 units

*Area A = PSYC501, 502, 503, 504, 524, 575, 616, 621

Total units listed here 56+ units

This worksheet must be read in conjunction with all other relevant department and clinical area regulations in order to ensure completion of all degree requirements, and it must be read in conjunction with the APA worksheet to ensure completion of APA requirements

PUBLIC HEALTH

MPH Core Requirements 27 units
PM501 Foundations in Health Education Behavior
PM508 Health Service Delivery in the U.S.
PM510 Biostatistics
PM512 Principles of Epidemiology
PM529 Environmental and Occupational Health
PM593 Practicum in Public Health 4-8 units

Health Promotion Track Requirements 19 units
PM525 Culture and Health: An International Perspective
PM526 Communications in Public Health
PM528 Program Planning and Evaluation
Health Promotion electives (4 units)
Other track electives (3 units)

Biometry/Epidemiology Track Requirements 19 units
PM511aL Data Analysis (SAS)
PM523 Design of Clinical Studies OR
PM536 Program Evaluation & Research
PM537 Chronic Disease Epidemiology OR
PM527 Infectious Disease Epidemiology
Biometry/Epidemiology Track electives (6 units)
Other track electives (3 units)
Total units needed to graduate 42-46 units

All students admitted into the dual degree program must complete all requirements for each program.

A total of 8 units from Preventive Medicine may be counted toward the psychology degree:
PM510 may substitute for one Area A course in Psychology.
PM528 may substitute for one clinical seminar in Psychology (PSYC660 or PSYC680).

A total of 7 units from Psychology may be counted towards the M.P.H., substituting for the track elective and other track electives requirements. Relevant courses would include: PSYC660 Seminar in Clinical Psychology or PSYC680 Seminar in Psychopathology on topics such as health psychology or substance abuse; PSYC612 Seminar in Advanced Social Psychology on topics such as persuasion; PSYC612 Seminar in Quantitative Psychology on topics such as measurement.

In addition, for PM593, which allows enrolling in 4 units during each of two semesters (for a total of 8 units), while completing a 400 hour placement in a public health setting, dual degree students would enroll in 4 units total, and would complete a 200 hour placement. The other 4 units would be waived because students will spend 200 hours during their clinical internship acquiring relevant practical experience. NOTE: This is consistent with the established dual degree programs with medicine and with pharmacy.
Clinical Program Worksheet

Committee on Accreditation guidelines and principles encompass the areas listed below. Each needs to be satisfied by a course or by inclusion in multiple courses. For the areas noted as being included in multiple courses, we recommend that students keep copies of course syllabi so that this inclusion can be documented in the future. The need to do so most commonly arises in the course of challenges from the licensing boards of some states when alumni seek licensure.

<table>
<thead>
<tr>
<th>AREA</th>
<th>COURSES TAKEN TO SATISFY</th>
<th>SEMESTER COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biological, Cognitive, Affective, and Social bases of behavior</td>
<td>2 (Two) Semesters of Proseminar</td>
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<td>Individual differences</td>
<td>PSYC 515, 514</td>
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<td>History and systems</td>
<td>PSYC 508</td>
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<tr>
<td>Research design</td>
<td>Commonly PSYC 504, or other Area A course with substantial design component</td>
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<tr>
<td>Statistics</td>
<td>Any 3 from Group A or 1 may be from other Courses approved by Clinical Area faculty (see Handbook)</td>
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<tr>
<td>Psychological Measurement</td>
<td>PSYC 515</td>
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<tr>
<td>Interviewing</td>
<td>PSYC 595a</td>
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<tr>
<td>Psychopathology</td>
<td>PSYC 514</td>
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<tr>
<td>Psychological Assessment</td>
<td>PSYC 515</td>
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<tr>
<td>Intervention</td>
<td>PSYC 619 and 2 years of 695</td>
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<tr>
<td>Professional Ethics</td>
<td>addressed in every clinical course</td>
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</tr>
<tr>
<td>Diversity</td>
<td>Addressed in every clinical course</td>
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