

University of Southern California

Clinical Science
Handbook

2023-2024

(Revised August 2023)

**Ph.D. Program in Clinical Science
Department of Psychology
University of Southern California
Los Angeles, CA 90089-1061**

Table of Contents

I.	Introduction	4
	-- Important Training Documents	5
II.	Mission of the Clinical Psychology Program	5-6
III.	Program Characteristics and Professional Identity	6-9
	III.a. Current Clinical and Departmental Contacts	6
	III.b. Additional Resources	6-7
	III.c. Special Requests and Exceptions	7
	III.d. Required Meetings and Events	7-8
	-- Required Meetings	
	III.e. Professional Organizations	8
	III.f. Professional Conferences and Workshops	8-9
IV.	Program Overview	9-10
	IV.a. Preliminary Competencies, Material Review, and Paperwork	9-10
	IV.b. Paperwork Requirements—Deadlines first semester, first year	10
V.	Diversity	10-13
	V.a. Aspirations	10-11
	V.b. Program Actions	11-12
	V.c. Recent Initiatives	12
	V.d. Science	12-13
VI.	Curricular Requirements	13-20
	Coursework	13-20
	-- Required Courses	14-16
	-- Other Requirements	16-17
	-- Optional Enrollment/Courses	17-18
	• Sample Course Sequence	18-19
	-- Sample Student Schedule	
	• Monitoring Progress	19
	• Enrollment	19-20
	• Clinical Seminars	20
	• Statistics Training	20
VII.	Research Experience and Requirements	20-31
	VII.a. Research and the Mentor Model	21
	VII.b. Working with More than One Advisor	21
	VII.c. Switching Advisors	21-22
	VII.d. Troubleshooting	22
	VII.e. Ethical Conduct of Research	22
	VII.f. Research Milestones	22-23
	VII.g. Research Milestones Timeline	23-24
	VII.h. First Year Project Proposal	25
	VII.i. Second Year Project (Master's Research Project)	25
	VII.j. Qualifying Exam	26-30

VII.k.	Dissertation	30
VII.l.	Clinical Science Funding for Research	30
VIII.	Teaching Experiences and Requirements	30
IX.	Clinical Experiences and Requirements	31-35
IX.a.	Supervision	31-32
IX.b.	External Practicum Placements	33-34
IX.c.	Year-long Internship	34-35
IX.d.	Alternatives to Pursuing Training in Clinical Applications	35
X.	Evaluation	35-37
X.a.	Feedback about Student Performance	35-36
X.b.	Record-keeping and Student Files	36
X.c.	Student Feedback to the Program and Faculty	37
X.d.	Student Representation to Faculty	37
XI.	Personal Therapy	37-38
XI.a.	The Rationale for Therapy and How to Obtain It	37
XI.b.	Personal Problems and their Interference in Clinical Work	37-38
XII.	Faculty-Student and Peer Relations	38-40
XII.a.	Collaborative Relationships	39
XII.b.	Dual Relationships	39
XII.c.	Coercion or Discrimination in Relationships	39-40
XII.d.	Grievances, Settling Disputes, and Due Process	40
XIII.	Specific Ethical Issues	41-42
XIII.a.	Graduate Students' Relations with Undergraduates	41
XIII.b.	Academic Integrity	41
XIII.c.	Professional Identity and Use of Public Websites	41-42
XIV.	Students' Financial Support and Financial Obligations	42-43
•	Summer Support	43
	References	44-45
	Appendix A: Summary of Available Statistics Courses	46-47

I. INTRODUCTION

The purpose of this document (referenced as the “Clinical Handbook” or “Clinical Science Handbook” throughout the text) is to describe the philosophy and structure of the Clinical Science Program at the University of Southern California. In addition to the Clinical Handbook, another important reference document is the Psychology Department’s Graduate Student Handbook (<https://dornsife.usc.edu/psyc/handbook-for-doctoral-students/>), what has been referred in the past as the “Blue Book.” The Graduate Student Handbook contains all additional information regarding departmental requirements not mentioned in the Clinical Science Handbook. We have included reference points whenever a policy is further explicated in the Graduate Student Handbook. Both handbooks should be read carefully upon entering the program and should be used as a frequent reference. Please note students are required to sign, date, and email the last page of the Psychology Department’s Graduate Student Handbook to the Director of Graduate Studies (DGS, JoAnn Farver) indicating you have read the handbook. In addition, the graduate school has additional policies and procedures which may be relevant for you during your training in the program. Specifically, the following reference points may be useful when looking for guidance on specific policies: 1) USC Catalogue: <https://catalogue.usc.edu/>; 2) The Graduate School: <https://catalogue.usc.edu/content.php?catoid=14&navoid=5290>; 3) Graduate and Professional Education: <https://catalogue.usc.edu/content.php?catoid=14&navoid=5289>; 4) Academic and University Policies: <https://catalogue.usc.edu/content.php?catoid=14&navoid=5287>; and 5) TA/RA/Assistant Lecturers Handbook: <http://graduateschool.usc.edu/current-students/guidelines-forms-requests/#ga-handbook>. As always, please do reach out if you need assistance gathering information or interpreting any policy to the DCT, ADCT, DGS or Department Chair.

The Clinical Science Handbook has been written so that all students are alerted to important issues. It is the student’s responsibility to become familiar with the policies contained in each document and to abide by them. However, please approach the Director of Clinical Training (DCT), the Associate Director of Clinical Training (ADCT) or your advisor with questions when they arise. In addition, all program requirements will be reviewed with students in the new required course, Professional Issues for Clinical Scientists.

The material provided here supplements the Graduate Student Handbook with information about clinical requirements, integration of research, coursework and clinical work, clinical program milestones, and recommended steps to completion of the program in an effective and timely fashion. In general, the milestones and deadlines are the same in both Handbooks. However, there are some discrepancies that we highlight in the clinical version. The Clinical Science faculty feel strongly that all noted deadlines in the Clinical Science Handbook should be the rule for all students. However, a student is not placed on warning status unless they fail to meet the departmental deadline. If you have any questions about these Handbooks and possible differences, please consult with the DCT, the ADCT, or your advisor.

A student’s requirements are based on the handbooks for that student’s year of entry. If changes are instituted in program requirements after students have begun the program (e.g., format of qualifying exam changes), students are able to choose whether they wish to complete the requirements listed in their year of entry Handbook or those of a later year. Copies of the handbook for recent years of admission are available on the clinical science webpage: <https://dornsife.usc.edu/psyc/clinical-documents-forms/>. In addition, the clinical area requirements for the previous four years of cohorts plus the current entering cohort are located in the Clinical Science Program’s google drive in the Program Requirements folder.

A handbook cannot supplant the importance of direct communication or offer all the answers to specific, individualized questions. Students are urged to explore these topics as needed with faculty advisors, the DCT, or the ADCT. Advanced students can be a useful resource as well but their experience may not apply directly to another student for many reasons. One important reason is that significant program changes may have been implemented after they entered the program. It is important that you obtain the most current information, relevant for your cohort year.

The program also provides students and faculty with up-to- date announcements about program and national meetings, upcoming professional opportunities, and funding opportunities via our listserv. These listserv announcements often contain time-sensitive information and it is important to read them when received.

IMPORTANT TRAINING DOCUMENTS

- ** The Psychology Department's Graduate Student Handbook
- ** The Graduate Assistant Handbook ** Information on Teaching Assistants (TAs), Research Assistants (RAs), and Graduate Assistant Lecturers (ALs)
- ** The USC Catalogue Graduate and Professional Education (see latest version at USC website)
- ** The Psychological Services Center Manual (located in the PSC Google Drive; access to the drive is handled by the director of the PSC)
- ** SCAMPUS—Guidebook on University Policies for USC Students
- ** The APA Ethical Principles of Psychologists and Code of Conduct, including 2010 and 2016 amendments.
- **The Code of Ethics of USC (2014)

II. MISSION OF THE CLINICAL SCIENCE PROGRAM

The USC Clinical Science Program adheres to the clinical science model of training and education that was developed 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 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.”

By providing an education based on the integration of science and practice we endeavor to prepare our graduates to contribute to the understanding of psychological functioning and the prevention and treatment of psychological problems. We anticipate that our graduates will not just be active consumers of psychological knowledge but will also advance the field. **We have a wide vision of what types of contributions our graduates might make. Some graduates might advance knowledge through traditional scientific means, such as journal publications, whereas others might advance knowledge 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, we emphasize critical thinking. In light of the breadth of information and rapid changes in the field, clinical scientists must be able to sift through new knowledge and applications, incorporating what they deem worthwhile into their work. Critical thinking skills will equip our graduates 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 allows students to develop one of two specialties, now referred to as major areas of study (APA, 2012). They are Clinical Geropsychology, and Couples, Child and Family Psychology. Clinical Neuropsychology, another potential area of concentration, is not currently being offered in a formal capacity. Nevertheless, we include guidelines for Clinical Neuropsychology in the Clinical Handbook so that students with this interest may follow them and develop this expertise. Students may also choose to pursue a master's degree in public health through a formalized agreement between the Department of Psychology and the Department of Population and Public Health Sciences at USC's Keck School of Medicine psychology.

III. PROGRAM CHARACTERISTICS AND PROFESSIONAL IDENTITY

III.a. Current Clinical and Departmental Contacts

A list of current contacts for our clinical area as well as the department appears in the Clinical Science google drive: https://drive.google.com/drive/u/2/folders/1h5Lt60a0Mbi0B_coF2hl-fmaBTzW33Vx

III.b. Additional Resources

The university has a wide variety of available resources to help students navigate graduate school, including complaints or concerns about faculty or students.

Trojans Care for Trojans (TC4T). This initiative within the Office of Campus Wellbeing and Crisis Intervention is an anonymous way to express concern about a student, faculty or staff member at USC regarding personal difficulties. Find more information about TC4T or report a concern here: <https://campussupport.usc.edu/trojans-care-4-trojans/>

Relationship and Sexual Violence Prevention (RSVP). RSVP offers confidential services and advocates for the experience of sexual assault or relationship violence. Find more information here: <https://studenthealth.usc.edu/sexual-assault/>

Mindful USC. Mindful USC offers free classes to students, faculty and staff. Sign up for their listserv to hear when new classes are released: <https://mindful.usc.edu/classes/>

Office of Religious and Spiritual Life. USC's Office of Religious and Spiritual Life sponsors a wide variety of events on campus (most are currently online), and offers the ability to connect with others from many different religions. Find more information here: <https://orsl.usc.edu/>

Office of Student Accessibility Services (OSAS). OSAS offers resources and information for the accommodation of disabilities to increase accessibility to quality education. Find more information here: <https://osas.usc.edu/>

Student Basic Needs. This department helps any student facing food, housing or financial insecurity. Find more information here: <https://sites.usc.edu/engage/student-basic-needs/>

Office of the Ombuds. The USC Office of the Ombuds provides a confidential resource for navigating difficult interpersonal situations with faculty, students or staff. The office also provides a place to have facilitated difficult conversations if desired. Find more information here: <https://ombuds.usc.edu/>

Office of International Services. This office provides information and resources for international students including information on visas and employment. Find out more here: <https://ois.usc.edu/>

USC Office for Equity, Equal Opportunity, and Title IX. The EEO-TIX office provides information on policies related to Title IX and equity, along with reporting options if desired. Find more information here: <https://eeotix.usc.edu/>

Student Resource Groups. A wide variety of student resource and advocacy groups exist on campus (e.g., Asian Pacific American Student Services, Center for Black Cultural and Student Affairs, Latinx/Cicanx Center for Advocacy and Student Affairs, LGBTQ+ Student Center, and Veterans Resource Center). See here for a link for contact information for these groups: <https://eeotix.usc.edu/report/confidential-and-private-resources/>

III.c. Special Requests and Exceptions

If a student wishes to have an exception made to what is contained in this Clinical Handbook, the 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, the research advisor prior to submitting it to the DCT. Exceptions to departmental requirements or procedures must be approved by the Director of Graduate Studies.

III.d. Required Meetings and Events

There are a variety of program events where we require student attendance. Several special curricular topics are met through “infusion,” which means that they are included in courses comprising the required clinical science sequence as well as through these events. These events are a central part of the curriculum in the program, and as such are treated similarly to expectations that students attend classes, lab meetings, and other commitments. A list of the required meetings can be found in the box below. It is expected students will discuss any schedule conflict with program leaders as soon as practicably possible. Typically, students email Erika Quinly and the DCT or ADCT if a conflict prevents them from attending a program event.

REQUIRED
<p><i>Clinical Science Colloquiums</i> take place at least once a month and last 60-90 minutes. We have a wide range of talks including research, professional development, and case conferences. Often times the speakers are from outside the university. We usually hold these meetings during the first week of the month.</p> <p><i>Workshops</i> are usually daylong events in which an outside speaker addresses important clinical research or clinical practice matters. In the past, we have had speakers on ethics, interventions for youth, supervision, and psychopharmacology. We have tried to hold the workshops on Friday to maximize participation from our clinical supervisors but the workshop schedules vary.</p> <p><i>The Leibovitz Annual Conference</i> takes place at the end of the academic year, usually the week of graduation. Each year 4 to 6 students present their research. In addition, student cohorts say goodbye to peers going on internship. A dinner typically follows the meeting. We ask students to hold off their end-of-year travel plans until after graduation (usually the second Friday in May) so that they are available to participate in this important annual celebration. Each student is required to present their research at the Leibovitz Conference at least once before the end of their fourth year. Students typically present their master’s research projects but can select any piece of research conducted at USC to present.</p> <p><i>Department Poster Presentations</i> of students’ 2nd year projects. Third year students are required to present their research and all other students are strongly encouraged to attend and support their peers. The poster presentations usually take place early in the students’ third year.</p>

Annual Clinic Orientations. Each year, during the first or second week of di-prac, there will be a mandatory clinic orientation held during class time, and other orientations may be scheduled as deemed necessary.

Other Clinical Program Events. Occasionally, additional events are scheduled that students are required to attend. This can include clinic or program orientations, presentations of applicants for faculty positions, information sessions on important issues (e.g., documentation, evaluating clinical risk), or cohort/feedback meetings where students are given an opportunity to air concerns, make suggestions for program improvements, or get clarification on programmatic issues. It is expected that students attend these meetings when scheduled, and in some cases a make-up session will be scheduled if a scheduling conflict arises.

Required meetings mean that all students are expected to attend. Seeing clients and collecting data should be scheduled at times that do not conflict with these planned meetings. Conflicts due to teaching assistantship obligations and externships should be discussed with the DCT ahead of time. In those rare cases when students are not able to attend, especially for the colloquiums and workshops, they MAY be required to complete a make-up assignment. APA accreditation requires that all students have exposure to the key topics covered in these meetings.

III.e. Professional Organizations

Students are encouraged to join professional organizations in psychology and/or in their specialty and to establish at least one membership by the end of the first year. The benefits of membership include access to journals, newsletters, notices of meetings, and listservs where relevant discussions occur, as well as reduced registration fees for annual meetings. Below you will find some organizations and their websites where information about student memberships can be found, but you may wish to join a different organization after discussing with your research mentor. It is an important part of professional development to join organizations, participate in listserv conversations, read organization publications, and attend and present at conferences.

American Psychological Association (APA) <http://www.apa.org/>

Association of Behavioral and Cognitive Therapies (ABCT) <http://www.abct.org/>

Association for Psychological Science (APS) <http://www.psychologicalscience.org/>

Gerontological Society of America (GSA) www.geron.org/

Society for Behavioral Medicine (SBM) <http://www.sbm.org>

Society of Clinical Psychology <http://www.div12.org/>

Society for Affective Science: <https://society-for-affective-science.org/>

Society for the Improvement of Psychological Science: <https://improvingpsych.org/>

Society for Neuroscience: www.sfn.org/

Society for Research on Adolescence (SRA) <http://www.s-r-a.org>

Society for Research on Child Development (SCRD) <http://www.srkd.org/>

Society for a Science of Clinical Psychology (SSCP) <http://sscpweb.org/>

III.f. 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, to develop habitual ways of updating and refining knowledge, and to meet other professionals in the field. Attending conferences is a great way to learn about the most recent developments in specific fields of interest, as well as to expand into new

interests. There are many conferences locally, as well as nationally.

Presenting research at professional conferences is an excellent way to get feedback from others in the field, to move research to completion, and to become known in broader professional circles. The Graduate School provides funding for students who present their own research at conferences (<http://gsg.usc.edu/student-funding/travel-grant/>). Our department has equipment to make professional quality posters. A number of organizations, including APA, provide student travel grants to conferences or hire students to work at conferences. Externally-funded student fellowships as well as faculty members' grants might also include travel funds.

Advisors can provide information about relevant conferences and advice about writing an abstract. Advisors should be consulted on any abstracts submitted. Students typically practice presentations or show early versions of their posters to their faculty advisors and colleagues in their lab or in the department.

IV. PROGRAM OVERVIEW

Students in our program should plan to spend 5 years full-time on campus as well as an additional year in a full-time clinical internship. USC has a strictly enforced limit of eight years from enrollment to defense of dissertation. Students who fail to complete the program within that period can be terminated from the program.

Students who are up-to-date with research requirements and want to extend their research experiences and expertise may elect to spend more than five years on campus *if* (a) the additional time is advantageous to their educational program and career planning; and (b) they have discussed possibilities for additional funding with their advisor, the DCT, and possibly the Director of Graduate Studies or the Department Chair. The risk in taking more than six years to complete the program is not having sufficient funding past the sixth year as well as delaying their entry into the field.

Students need to be aware that financial support packages offered with admission typically cover five years, and those packages are conditional upon successful progress through the program.

In general, decisions about spending ***more than 5 years on campus or fewer than 5 years on campus*** should be made in consultation with the research advisor and with their approval.

Students are simultaneously involved in three types of learning experiences—classroom learning, research training, and training in clinical assessment and intervention. In addition, most students obtain teaching experience, either through a paid TA position or through other means, e.g., volunteering to be a TA or through the teaching fellowship program offered by the Graduate School (<http://dornsife.usc.edu/poir/provosts-mentored-teaching-fellows-program/>).

IV.a. Preliminary Competencies, Material Review, and Paperwork

In order to prepare for the advent of clinical and research work, each student will receive and will be required to read the following documents on ethical and legal responsibilities in clinical work and research. Copies of all of these materials can be found in the USC Clinical Science Program google drive in the "Initial Program Paperwork" folder:

- 1) APA Ethical Principles of Psychology and Code of Conduct;
- 2) The PSC's Risk Management Procedures (including information on child and elder abuse, and on suicide and violence risk)
- 3) The California Department of Consumer Affairs brochure "Professional Therapy Never Includes Sex."
- 4) The PSC Policies and Procedures Manual
- 5) The Clinical Science Handbook

Entering students will be asked to document that they have received and read the USC-specific materials

by printing and signing the document located in the Initial Program Paperwork folder titled "Acknowledgement of Program Policies and Procedures" (located in "Initial Program Paperwork" folder in USC Clinical Science Program google drive), and turning it into the Program Administrator, Erika Quinly, by **October 30th** in the **first semester** of the clinical program.

In addition, all students are required to enroll in the USC Office of Compliance HIPAA Online Education Program. Upon completion of the online course, students will receive a certificate. Entering students are to turn in the certificate to Erika Quinly, no later than **December 1 during students' first semester** of the program.

Finally, as part of the research community, you are expected to comply with ethical policies of both USC and the American Psychological Association ethics code (APA Ethical Principles Sections 8.01 through 8.15 are pertinent to conducting research and disseminating findings) currently in force. All graduate students should take the IRB-required online CITI Human Subjects education course--
<http://oprs.usc.edu/education/citi/>--within a few weeks after arriving on campus, if not before. This course is required prior to conducting **any research with human** subjects, and **no later than October 30th** in any case.

IV.b. Paperwork Requirements—Summary of First semester, First year Deadlines

October 30: Read the noted ethics and procedures documents (1 through 5 above); turn in signed form located in the USC Clinical Science Program google drive in the "Initial Program Paperwork" folder, to the Program Administrator, Erika Quinly, no later than October 30.

December 1: Take HIPAA on-line training program; return completed certificate to the Program Administrator, Erika Quinly no later than December 1.

Prior to any research involvement or by October 30: (whichever comes first): Complete CITI Human Subjects training and submit completion certificate to the Program Administrator, Erika Quinly.

V. DIVERSITY

At USC, we believe it is essential to understand context and culture – of our students, our clients, our research participants, our faculty, and our staff. Consistent with the definition in APA policy (APA Standards of Accreditation, 2018, p. 3), we define culture and diversity broadly as including, but not being limited to: "age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status." (See also APA's 2017 Multicultural Guidelines for its attention to intersectionality). As a program, we work together to promote an environment characterized by **inclusion and support**.

V.a. Our program believes in, and strives to work toward, the following aspirations:

1) Development of Personal Awareness: We believe it is important to develop a personal understanding of how **one's own cultural background and worldview** (including conscious and unconscious biases toward any sociocultural groups) influence the way we think about research and clinical concepts, and the way we understand and interact with our peers, colleagues, and clients.

2) Development of Cultural Knowledge: We believe it is critical to increase one's understanding of **current theoretical and empirical knowledge** to include an understanding of how culture and diversity interact with all of our professional activities, including research, training, supervision, consultation, and clinical practice.

3) Development and Application of Cultural Skills: We also feel it is vitally important to be able to combine one's awareness of one's own cultural background and relevant societal influences (e.g., discrimination) with

the knowledge base acquired on individual and cultural differences throughout training at USC, to **integrate and apply** this knowledge and perspective to clinical cases, research paradigms, and other professional roles.

4) Development of Competence in Working with Different Worldviews: We believe it is important for all students and faculty to be able to work effectively with individuals whose group membership, demographic characteristics, or worldviews may be different from, or even in conflict with, their own. We fully endorse APA's recent statement regarding preparing professionals to serve a diverse public. For the full statement, see: <http://www.apa.org/ed/graduate/diversity-preparation.aspx?tab=1>

5) Cycle of Feedback and Response to Diversity-Related Concerns: We believe a central component to developing a supportive and inclusive environment with respect to diversity at USC is feedback and program responsiveness to concerns raised by any member of the program.

To accomplish these goals, we take a variety of actions as a program, including:

Diversity Within the Program and Program Culture:

- Our students and faculty come from an array of different backgrounds: ethnicities, socioeconomic circumstances, sexual orientations, national origins, languages spoken, etc. We view this diversity as a significant **strength** of our program, and we encourage students and faculty from diverse backgrounds (broadly defined) to apply for positions at USC.
- We feel strongly that a welcoming environment where culture can be discussed openly, and where students and faculty are able to learn and contribute as clinical scientists **without threat of discrimination or exploitation**, is of paramount importance.
- We take a developmental approach to student skill and competency acquisition and support individual students in the process of developing competencies to work with diverse populations. **We respect the right of students to maintain their personal belief systems while acquiring such professional competencies.** An important piece of this competency development is the process of personal introspection involving the exploration of personal beliefs, attitudes, and values, which all members of our program aspire to model.

Diversity Incorporated into Coursework and Program Curricula:

- Consistent with recent perspectives and research on developing cultural competence (e.g., APA, 2017), we are expanding our current training to include opportunities to reflect on one's own cultural lens, prior history with various cultural groups, and issues of privilege and oppression, and how these concepts all influence the activities we engage in as clinical scientists.
- The content of each clinical core course is designed to address substantive issues of how culture interfaces with the content area being studied, i.e., how issues of diversity are pertinent to diagnosis, assessment, and intervention.
- Our colloquium and workshop series plays an important role in diversity education by providing additional exposure to research involving diverse client groups and research directly evaluating the role of culture. These seminars also provide an avenue for exposure to clinical case conferences that comment on diversity and its role in the case.

Diversity Integrated into Research:

- **We expect that a student's research and scholarship (e.g., master's project, dissertation project, qualifying exam paper, and other research projects) will address aspects of diversity.** For example, this may include considering how particular aspects of one's sample may affect the interpretation of the results or inform the theory being tested, or directly considering how cultural group membership, attitudes, experiences, etc., may play an important role in one's area of research.
- We support students and encourage them to bring up cultural and diversity issues in the context of their research. **Engaging faculty and other students in conversations about cultural influences** not only adheres to APA's ethical principle of actively cultivating cultural competence, but also continually develops critical thinking skills and personal awareness and reflection, all of which are fundamental in becoming a skilled clinical scientist.

Diversity Integrated into Clinical Work and Supervision:

- Our on-site training clinic, the **Psychology Services Center (PSC)**, draws clients from the **diverse Los Angeles community**, which allows students to work with clients from a variety of socioeconomic backgrounds, sexual orientations, gender identities, ages, and ethnicities, amongst other forms of diversity.
- Training to work with diverse clients is integral to the curriculum and consists of both didactic coursework and practical training. Thus, students entering our program should have **no reasonable expectation of being exempted from having any particular category of potential clients assigned to them for the duration of training**.
- We encourage students to evaluate their clinical experiences from multiple cultural lenses and request, as needed, to work with specific client groups to **broaden their experience with diverse groups**.
- Within supervision, we encourage **open dialogues** on topics such as how diversity can impact client engagement, clients' understanding of the reasons they are seeking therapy compared to our understanding, case conceptualization, whether the type of treatment identified is suitable for a client given their particular background (and how the literature may or may not inform this decision), and any client-therapist differences in culture or worldview that may impact treatment or the lens used by the therapist. Students are strongly encouraged to bring such issues to the forefront in group and individual supervision on clinical cases.
- The clinical science program at USC has a commitment to helping students **navigate conflicts that arise between their worldviews**, beliefs or religious values and our commitment to offering culturally responsive psychological services to **all** members of the public, including those from traditionally marginalized groups. For example, a student may experience strong negative reactions toward clients/patients who are of a particular sexual orientation, religious tradition, age, or disability status.

V.b. Recent Diversity Initiatives:

In June 2020, the Committee on Leadership In Multicultural Advancement & Training for Everyone (CLIMATE) was initiated by clinical students and faculty in response to the social injustice and brutality facing Black, indigenous, and people of color (BIPOC) communities. CLIMATE seeks to improve diversity, equity, and inclusion in the Department of Psychology at USC. Students and faculty serve on committees to advance initiatives in three areas: curriculum and training, retention and belongingness, and equitable recruitment. Although CLIMATE was initiated within the clinical area, the departmental graduate student association (GASP) and other psychology faculty have joined with CLIMATE to broaden the initiatives to include the Department as a whole.

V.c. Here is the Science behind Our Philosophy on Diversity:

As clinical scientists, we believe in the importance of providing state-of-the-art training consistent with current standards of practice in our field and grounded in empirical work. We list here some research that informed our thinking about diversity training at USC.

Research on Implicit Biases: It has been well-established that endorsing egalitarian views (i.e., not having an explicit bias) is not protective against learning stereotypes in our society (i.e., being equally able to list what others might think about individuals from a particular group; see for example, Devine, 1989). Research using implicit measures (i.e., not relying on one's conscious report of cultural views) has found that *behaviors* toward particular groups are associated with implicit bias measures (e.g., meta-analysis from Greenwald et al., 2015), and that pro-White biases can be observed even in the absence of biases toward other groups. Even in the absence of explicit bias, implicit bias has been shown to impact healthcare-related decision-making (Sabin et al., 2012) and therapists' predictions of the working alliance (Katz et al., 2014).

Research on the Unintentional Communication of Implicit Biases: As noted above, implicit bias is important not only because it can unintentionally affect thought processes and decision-making related to clinical care, but also because implicit bias is associated with real-world behavior. Scores on implicit bias measures have been associated with clinician behaviors such as non-verbal indicators of friendliness (Dovidio et al., 2002) and lower levels of patient-centered care (Blair et al., 2013). In addition, clients report experiences of microaggressions in therapy (i.e., everyday verbal, nonverbal, or behavioral expressions of bias), and when they occur it is detrimental to the working alliance between client and therapist (e.g., Owen

et al., 2010; Shelton & Delgado-Romero, 2011).

Research on Competency Development and Developing Cultural Competence: Longstanding work within competency development (a broad field concerned with how one develops the ability to do numerous jobs) has suggested that competencies have 3 main components: attitudes, knowledge, and skills (e.g., Kaslow, 2004). APA, along with 30 other psychology groups, had a conference to determine by consensus those competencies most central to the practice of psychology (Kaslow et al., 2004). The Competencies Conference workgroup considers the domain of individual and cultural diversity as a foundational skill that is required to develop competency in functional domains, such as research and intervention (Rodolfa et al., 2005). The APA has published a number of guidelines to assist clinicians and in some cases researchers in working with diverse communities including multicultural communities [2017], older adults [2014], sexual minority persons [2021], low income and economic marginalization [2019], girls and women [2018], persons with disabilities [2011], transgender and gender nonconforming people [2015], and others (Daniel et al., 2004; Sue, Sue, Neville, & Smith, 2019). The guidelines suggest that developing personal awareness of one's own biases and experiences – including factors such as oppression, privilege, and discrimination – in combination with learning about the empirical work related to cultural values and psychological factors associated with various cultural groups is necessary for the successful application of culturally competent work as a psychologist. Attempts to validate these models of cultural competence development are still in their infancy, but research suggests there are promising improvements on patient and client health outcomes (Truong et al., 2014). Programs grounded in competency development and emphasizing developing competency in individual and cultural diversity are consistent with the current standards of practice in psychology (e.g., Falender, Shafranske & Falicov, 2014).

VI. CURRICULAR REQUIREMENTS

The department's graduate program has a set of core requirements that apply to all areas of the department. Each area may add to those requirements. The requirements of the Clinical Science Program thus encompass departmental requirements (detailed in the Graduate Student Handbook) and requirements specific to the program. The following table presents departmental and Clinical Science requirements and ways of fulfilling them.

Coursework

Below, please find a list of the courses that are required (as well as choices to fulfill particular requirements when relevant). Please keep in mind that as new faculty join the department and develop courses in their area of expertise - and as other faculty retire or move on from the department - the specific courses listed below might change in title or emphasis. If you have questions about specific courses that may or may not count for a particular requirement, please contact the DCT or the ADCT. There may be appropriate options that are not listed below. If you have questions about whether a course can meet APA or other requirements (e.g., substitute for a 660, fit into a major area of study requirement), please reach out to the DCT and/or ADCT to discuss. The information in the tables below appear together in our Program Requirements Worksheet, located in the Program Requirements subfolder of the Clinical Science google drive. The ADCT will meet with each student yearly (or more often if desired) to review progress towards course requirements.

CLINICAL AREA, STATISTICS, NON-APA-RELATED DEPARTMENTAL REQUIREMENTS

COURSE OR COURSE OPTIONS	WHAT WAS TAKEN AND WHEN
595a Clinical Interviewing and Professional Issues	
515 Clinical Assessment	
514 Psychopathology	
619 Psychological Intervention	
599 Professional Issues for Clinical Scientists	
595b Assessment Practicum (2 semesters)	Semester 1: Semester 2:
695 Advanced Didactic-Practicum (academic year, options include Adult, Child-Family, Lifespan)	Course 1: Course 2: Course 3 (if applicable):

660 Clinical Seminar (2 semesters required)	Course 1: Course 2:
504 Research Design	
Historical Foundations of Psychology (embedded in the 514 psychopathology course)	
Two courses from <i>Quantitative Methods and Computational Psychology</i> in the Graduate Handbook (2 courses <i>in addition to</i> 504)	Course 1: Course 2: Other courses (if applicable):
794 Doctoral Dissertation (every semester after defending qualifying exam) *** ***enroll in 691 Internship in Clinical Psychology while on internship instead of 794	
PSYC 593 Practicum in Teaching Psychology (required during 1 st semester as TA)	

APA Requirements: YOU MUST MEET THE MINIMUM REQUIREMENTS DESCRIBED IN THE LEFT-

COURSE OR COURSE OPTION	WHAT WAS TAKEN AND WHEN
<p>AFFECTIVE (partially fulfilled by 514)</p> <p>Any TWO of the following courses:</p> <ol style="list-style-type: none"> 1) PSYC 540 Cognitive Neuroscience 2) PSYC 547 Functional Neuroanatomy and Behavior 3) PSYC 612 Self-Concept and Motivation 4) PSYC 612 Social Neuroscience <p>OR any ONE of the following courses:</p> <ol style="list-style-type: none"> 1) PSYC 534 Social and Emotional Development in Children 2) GERO 494 Emotion-Cognition Interactions and Aging 3) PSYC 599 Developmental, Cognitive and Affective Neuroscience <p>OR Other approved sequence described below:</p>	

COURSE OR COURSE OPTION	WHAT WAS TAKEN AND WHEN
-------------------------	-------------------------

<p>COGNITIVE (partially fulfilled by 515)</p> <p>Any ONE of the following courses:</p> <ol style="list-style-type: none"> 1) PSYC 506 Learning and Memory 2) PSYC 533 Cognitive Development in Children 3) PSYC 612 Current Issues in Social Cognition 4) PSYC 612 Metacognition and Embodiment 5) GERO 620 Psychology of Aging 6) PSYC 612 Social Neuroscience 7) PSYC 612 Social Psychological Understanding of Cultural Psychology 8) PSYC 545 Neuropsychology** 9) PSYC 612 Mind & Society: Perspectives on Misinformation, Conspiracy Theories, and Science Denial <p>OR Other approved sequence described below:</p>	
<p>DEVELOPMENTAL (partially fulfilled by 515, 619, 512, 595, and a developmentally focused diprac (Couple, Child, Family or Lifespan))</p> <p>Any ONE of the following courses:</p> <ol style="list-style-type: none"> 1) PSYC 533 Cognitive Development of Children 2) PSYC 534 Social and Emotional Development in Children 3) PSYC 599 Developmental, Cognitive and Affective Neuroscience 4) GERO 620 Psychology of Aging <p>OR other approved sequence described below:</p>	
<p>SOCIAL</p> <p>Select any version of 512 or 612 (ONE required)</p> <p>OR other approved sequence described below:</p>	
<p>BIOLOGICAL</p> <p>Select ONE of the following courses:</p> <ol style="list-style-type: none"> 1) PSYC 540 Cognitive Neuroscience** 2) PSYC 547 Functional Neuroanatomy and Behavior** 3) PSYC 599 Developmental, Cognitive and Affective Neuroscience** 4) PSYC 612 Social Neuroscience (please note, does NOT fulfill Category B) 5) PSYC 545 Neuropsychology 6) NSCI 525 Advanced Overview of Neuroscience II <p>OR Other approved sequence described below:</p>	

COURSE OR COURSE OPTION	WHAT WAS TAKEN AND WHEN
-------------------------	-------------------------

INTEGRATIVE

Select **ONE** of the following courses:

- 1) PSYC 533 Cognitive Development in Children
- 2) PSYC 540 Cognitive Neuroscience
- 3) PSYC 612 Current Issues in Social Cognition
- 4) GERO 620 Psychology of Aging
- 5) PSYC 612 Social Neuroscience
- 6) PSYC 612 Social Psychological Understanding of Cultural Psychology
- 7) PSYC 545 Neuropsychology**
- 8) PSYC 599 Developmental, Cognitive and Affective Neuroscience

These course requirements address all the APA requirements as well as the clinical area requirements. These requirements map onto the departmental course requirements in the following way. The department requires that students take two courses in quantitative methods. By fulfilling the clinical area quantitative methods requirement, clinical students fulfill the departmental quantitative methods. Students must ensure they have completed all departmental course requirements prior to finishing the qualifying exam (i.e., prior to the end of the Fall semester of the 4th year).

On the table, it also states “OR other approved sequence described below”. This is to offer flexibility in exceptional circumstances where students have been exposed to significant material within the APA category, but don’t quite meet the requirements. Please speak to the ADCT and DCT if you are in this position. Please also note, departmental requirements must be fulfilled and are unlikely to be approved for exemptions.

OT

During summer sessions: Enroll in 595, 695, and/or 696 each summer (as assigned and discussed with the PSC Clinic Director)

Clinical Science Colloquiums: Clinical area colloquiums (1.5 h presentations, typically held 1 time per month) are REQUIRED and a central part of the curriculum

Workshops: Day-long workshops are typically held 1 time per semester; student attendance is REQUIRED as this is central part of the curriculum

Professional Issues for Clinical Scientists: This is a new course for first year students, which covers a wide variety of professional issues (e.g., antiracism, applying for grants, navigating difficult relationships, etc.) as well as reviews all of the requirements for the program.

MAJOR AREA OF STUDY COURSE REQUIREMENTS

Couples, Child and Family

One of the DiPracs selected **must** be Couples, Child and Family OR Lifespan (depending on course offerings)

3 additional courses from any of the following options:

660s related to child-family topics (e.g., Child Interventions). One 660 on child-family topics can be counted as both fulfilling Couples, Child and Family Major Area of Study AND Clinical program requirements.

Courses in Developmental Psychology (including 533, 534, 574, or special topic seminar, including 599 Developmental, Cognitive, and Affective Neuroscience)

Other in-department or external-to-department courses on child-family related topics relevant to: diagnostic and assessment issues, intervention, policy, child development, child psychopathology and treatment, learning disabilities, family systems (external courses offered in Social Work, Education, Sociology, Law – obtain approval before enrolling)

Clinical Geropsychology

One of the DiPracs selected **must** be PSYC 695 Clinical Aging OR Lifespan (depending on course offerings).

GERO 620 Life Span Developmental Psychology

One methodological course related to lifespan development, specifically PSYC 524 Developmental Research Design, PSYC 621 Seminar in Quantitative Psychology (with an aging focus), or equivalent.

OP

2nd Year Project/Master's Thesis credits: During the second semester of Year 2, it is optional to enroll in PSYC 590 (if completing 2nd year project) OR PSYC 594ab (if submitting 2nd year project as a master's thesis to the graduate school)

While preparing for Qualifying Exam: It is optional to enroll in 1 unit of GRSC 800 (enrolling counts as full enrollment)

GUIDANCE FOR AN INTEREST IN NEUROPSYCHOLOGY

This guidance is provided for informational purposes for those students interested in eventually becoming certified in neuropsychology and those who would like to obtain neuropsychology-oriented internships. Consulting with Duke Han and affiliated faculty (e.g., Drs. Petkus, McCleary, D'Orazio) is highly recommended if pursuing neuropsychology interests.

- Students **must complete at least one external placement** in clinical neuropsychology, in addition to the two required 695 DiPracs. Examples of past external placements include:
 - ADRC
 - § English speaking (Dr. Carol McCleary)
 - § Spanish speaking (Dr. Freddi Segal-Gidan; Dr. Lina D'Orazio)
 - USC Neurology Department (Dr. Carol McCleary)
 - USC Neurology Department (Dr. Kecia Watari Knoell; Dr. Lina D'Orazio)
 - USC Neurology Department (Dr. Andrew Petkus)
 - UCLA MPAC (Medical Psychology Assessment Center)
 - § Assessment of Neurodegeneration (Dr. Kathy Tingus)
 - § General Adult MPAC (Dr. Patricia Walshaw)
 - § Cultural Neuropsychology (Dr. Xavier Cagigas)
 - § Longevity Center/Geropsychology (Dr. Karen Miller; Dr. Linda Ercoli; Dr. Kathleen Van Dyk)
 - Harbor-UCLA Neuropsychological Assessment (Dr. Matthew Wright)
 - Cedars-Sinai Medical Center- Neuropsychology Program (Dr. Jeffrey Wertheimer)
 - VA Long Beach Neuropsychology Clerkship (Dr. Christine Kim)
- Students **must complete at least two of the three** following courses, in addition to the core clinical courses required by the program (*note: course offerings vary from year-to-year*):
 - PSYC 547 - Functional Neuroanatomy
 - PSYC 545- Neuropsychology
 - PSYC 660- Clinical Neuropsychology

- Students are **strongly recommended** to take at least one additional course broadly related to neuropsychology courses (*note: course offerings vary from year-to-year*). Interested students should consult with course instructor and DCT to determine whether the selected course is appropriate. Examples of past courses include:
 - PSYC 555- Introduction to Functional Magnetic Resonance Imaging
 - NSCI 524- Advanced Overview of the Neurosciences
 - BISC 423- Epilepsy to Ecstasy: Biological Basis of Neurological Disorders
 - GERO 626- Current Research in Alzheimer's Disease and Related Dementias
 - GERO 566- Cognitive Decline: Alzheimer's Disease and Dementia
- Students **must participate in at least one** didactic experience broadly related to neuropsychology. Examples of didactic experiences include:
 - USC Association of Neuropsychology Students in Training (ANST) monthly meetings
 - USC Aging & Lifespan Journal Club
 - USC Neurology
 - § Grand Rounds (email Leana.Tossonian@med.usc.edu)
 - § Observe Wada tests (Dr. Carol McCleary; Dr. Lina D'Orazio)
 - Gerontology Colloquium Series (email mayng@usc.edu to get on listserv)
 - UCLA Didactics (if at UCLA externship)
 - § Functional Neuroanatomy (Psychiatry 292)
 - § Neuropsychology Informal Brown Bag Lunch (NIBBL) (Psychiatry 453)
 - § Advanced Topics in Adult Neuropsychology (Psychiatry 454)
 - § Neuropsychological Syndromes Seminar (Psychiatry 495)
 - § Neuropsychology Case Conference/Professional Development
 - § Psychodiagnostic Assessment Seminar (Psychiatry 494)
 - § Cultural Neuropsychology Seminar (Psychiatry 463)
 - § Brain Cutting Conference (Thursdays @ 9am)
 - § Observe Wada test (Dr. Patricia Walshaw)
 - Cedars-Sinai Didactics (if at Cedars externship)
 - § Weekly Didactics- fact-finding practice & lectures for boards preparation
 - § Neurology/Neurosurgery Grand Rounds

The information provided in the Recommended Schedule is intended for guidance. However, in all cases, it is important that students discuss their course selection with their advisor to assist them in obtaining the coursework that best fits their research interests and assists them in reaching their milestones. The ADCT is also available to consult on courses vis-à-vis departmental and APA requirements. Recent syllabi for courses are provided in the USC Clinical Science google drive in the "Program Requirements" folder. Please note that instructors regularly revise syllabi, and thus these are provided for informational purposes, rather than a guarantee of what will be offered in these classes. Please note that PSYC 599 and 612 and the requirements it fulfills depends on the version of 599 and 612 being offered. Please record the specific course, instructor, and semester taken on your Program Requirements Worksheet and ask if there is any confusion about which requirements it meets.

RECOMMENDED STUDENT SCHEDULE	
Term	Course Title
Year 1, Fall Semester*	<ul style="list-style-type: none"> • Psyc 595a Practicum in Clinical Psychology (Clinical Interviewing and Professional Issues) • Psyc 571 Foundations of Statistical and Data Analytic Methods for Psychology • Psyc 515 Clinical Assessment • Psyc 599 Professional Issues for Clinical Scientists
Year 1, Spring Semester	<ul style="list-style-type: none"> • Biological basis of behavior (e.g., 547, 545) or Developmental basis of behavior (e.g., 533, 534) • Psyc 595b Clinical Assessment Practicum I • Psyc 504 Research Design • Psyc 619 Clinical Interventions

Year 1, Summer	<ul style="list-style-type: none"> • Psyc 595c Clinical Assessment Practicum II •
Year 2, Fall Semester*	<ul style="list-style-type: none"> • Psyc 695 Advanced Practicum in Clinical Psychology (Adult, Child-Family, Lifespan) • Psyc 514 Psychopathology (which includes historical foundations of psychology) • Another Quantitative course, cognitive basis of behavior, or social basis of behavior
Year 2, Spring Semester	<ul style="list-style-type: none"> • Psyc 695 Advanced Practicum in Clinical Psychology (continued from Fall semester) • If 3rd course, Psyc 660, Statistics course
Year 2, Summer	<ul style="list-style-type: none"> • Psyc 695 Advanced Practicum in Clinical Psychology (continued supervision of di-prac cases)

*Enroll in PSYC 593, Practicum in Teaching Psychology for the first semester of being a Teaching Assistant

Monitoring Progress Towards Completing Requirements. Students will be required to document their progress toward completion of these requirements each year by completing a Program Requirements Worksheet. Students will complete the worksheet each year with the ADCT via a shared document in google drive. The student, DCT, ADCT, and Program Specialist all have access to these worksheets in real time to help guide the student through the program requirements. The worksheet should be completed no later than May 1st each academic year. In addition, students can find all the cohorts' worksheets with specific dates that correspond to their program progression in the USC Clinical Science Program google drive in the "Program Requirements" folder.

Enrollment. To be considered a full-time student at USC (which has important implications for funding), students must be enrolled for 6 units per semester (8 units minimum per semester during the first year). Twelve units is the maximum allotted for any given semester. Dissertation units, master's thesis units, etc. count towards this minimum of 6 units per semester. Enrolling in dissertation or master's units requires the advisor's signature on a form submitted to the Department's Graduate Student Advisor. If a student is not taking any other courses during the semester and they are preparing for or are defending their qualifying exam, they should enroll in GSC 800 to maintain full-time enrollment. Students are required to enroll in dissertation units during every semester after defending the qualifying exam (PSYC 794), with the exception of the internship year, in which students are required to enroll in PSYC 691. While on internship, students are to take PSYC 691 for one unit and there is no cost to the student. Enrolling in 794 or 691 is equivalent to full-time enrollment.

If a student wishes to exceed 12 units, or is requesting summer units and is currently funded via a Dornsife fellowship mechanism (e.g., Kellerman, Merit, Annenberg), they will have to request additional units from the Graduate Student Advisor. While these requests have historically been granted, it is not guaranteed, and thus it is advisable to plan ahead and request units early.

D-Clearance. D-Clearance (stands for Departmental Clearance) must be obtained for all coursework. The Graduate Student Advisor assists in obtaining D-clearance for all coursework.

Summer Enrollment. There are some courses that have only been offered in the summer and thus during the summer months after the first and second years in the program, it may be necessary to enroll in summer coursework. In addition, all first years are required to take 2 semesters of 595b, typically offered in spring of the 1st year and summer following the 1st year. All students from the 2nd year on are required to enroll in 595 or 695 during summer months to protect liability for engaging in clinical work over the summers. You will be instructed which section to enroll in by the Director of the PSC, and this may or may not correspond to who will provide your summer supervision. We

recommend staying in close contact with the Director of the PSC and your current supervisor to ensure a smooth supervision transition in May.

Clinical Seminars (PSYC 660). Students are required to enroll in 2 semesters of 660 as part of program course requirements. Students are encouraged to select courses that best meet their training needs and/or most efficiently meet all requirements for the program. Examples of recently taught 660s include: Racial Bias, Clinical Geropsychology, Trauma, and Child-Family Interventions. These courses also often serve to meet requirements related to major area of study (e.g., Child-Family Interventions for Couples, Child and Family major area of study). Please consult your advisor or the DCT/ADCT for any advising on the best courses to select for your training needs.

Statistics Training. Most students elect to begin the program with an entry-level statistics class. Students are strongly encouraged to begin by taking PSYC 500 in the first semester of their first year. In this course students will have the opportunity to learn multiple statistical software packages and apply the most relevant one for their research. Other reasonable options might include PSYC 501 Statistics in Psychological Research, or Preventative Medicine 511A (located on the Health Sciences Campus). This year, given current offerings, PSYC 571 is the recommended first statistics course. In the second semester of the first year, the required course is PSYC 504. PSYC 504 is a required design and methods course that will be critical for helping you to get your second-year project off the ground.

Following these foundational courses, students can elect additional courses that best fit their statistical needs. We strongly recommended that students review the courses' content (see Appendix A for a course overview of the available courses) and discuss their choices with their advisor. In addition, recent Statistics course syllabi are available in the USC Clinical Science Program google drive in the "Syllabi" folder.

Students also have the option of earning a specialty minor in quantitative training (which is described in the graduate handbook). This opportunity provides additional training and will broaden students' expertise in statistical methodology. To complete the minor, students are required to take 5 courses listed in Quantitative Methods and Computational Psychology courses in the Graduate Student Handbook. They may petition to substitute a quantitative course taken outside psychology to the advisor, Quantitative Methods and Computational Psychology area head and DGS. Once requirements have been completed, students will submit the Minor form to the QMCP Area head and Academic Program Administrator.

See the Graduate Student Handbook for more details. In addition, there are resources and programming available through the GC3 Graduate Consultation and Computer Center. For more information, go to <https://dornsife.usc.edu/psyc/gc3/>.

VII. RESEARCH EXPERIENCE AND REQUIREMENTS

Students will be actively involved in research throughout their graduate education. Our overriding goal is that students become competent at conceptualizing, designing, conducting, and writing scholarly articles. Toward this goal, the master's and dissertation projects can be written up in 'publication-ready' format.

The program is designed to foster knowledge, skills, attitudes, and behaviors consistent with meeting the rigorous demands of a productive, scientific and professional career. We endeavor to provide a context in which all students can publish works of sufficient quality and volume to set them on the pathway of becoming

competitive for jobs in academic clinical psychology as well as in other wide-ranging clinical psychology positions that require evidence of competence in scholarship.

VII.a. Research and the 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**. When the research advisor is a core member of the clinical science faculty, that individual also is the academic advisor. That individual is available to discuss any aspect of the student's training, including courses, financial support, etc. The student is responsible for discussing all commitments related to the practice of psychology (e.g., teaching courses at USC or outside USC, doing

volunteer work, seeking external clinical training experiences etc.) with the research/academic advisor.

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; faculty and students share the responsibility to ensure that regular contact occurs. Each relationship will be unique based on the particular needs of the student and the student's research. There are times when more frequent contact is needed (e.g., when generating research ideas or analyzing data) and other times when less frequent contact might suffice. At a minimum, we anticipate that students meet individually with their mentor at least 3 times during each semester while in residence in the program. It is highly likely that students will have additional meetings with their mentor through lab or research group meetings.

VII.b. Working with More than One Advisor or a Research Advisor *not* in the Clinical Science Area

Although students typically work primarily with one faculty mentor, some students may choose to be active with more than one lab group. Under these conditions, the student should have one primary research advisor.

Students can add other research mentors to their second-year project and dissertation committee.

If a student has a research advisor who is not a member of the clinical science faculty, the student needs to have a clinical science academic advisor. The decision of who should be that advisor sometimes is made as part of the admissions decision but could be made after the student arrives. The student should regularly meet with the clinical science academic advisor and discuss with them significant training issues before decisions are made regarding externship, teaching courses, doing volunteer work, or additional responsibilities. It generally is a good idea to participate in the clinical science academic advisor's lab meetings for several semesters. Both the research advisor and the academic advisor are members of the student's committee for their second-year project and their guidance committee which pertains to the student's qualifying exam and dissertation. The research advisor typically serves as chair of the student's committees. Both the research advisor and academic advisor are invited to participate in the student's annual evaluation.

VII.c. Switching Advisors

Although most students stay in the same lab throughout their time at USC, there is no requirement to do so and 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 original research/academic advisor and the DCT should be involved in these discussions early in the process.

There are a number of reasons a student may wish to switch advisors—the student may develop new interests, may find it easier to work with another faculty member, or an advisor may leave for a new position. In initiating a 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 a third party or after the switch is made. It is important to make plans to complete any ongoing projects with the current advisor so that neither the student's work nor the advisor's work suffers. For changes due to an advisor's leave/retirement, plans should be discussed with the advisor. The advisor may be able to facilitate the student's transition to a new research advisor.

Sometimes switching advisors can be awkward and uncomfortable. Communication with the DCT early in the process can be helpful. The student should inform the DCT about the potential change and discuss with the DCT the best ways to handle the change. Or, if the DCT is the student's advisor, the Director of Graduate Studies should be consulted. In general, the DCT and Director of Graduate Studies are available for consultation about such changes at any step in the process.

VII.d. Troubleshooting

In the event that problems develop in the research collaboration, both the mentor and student are encouraged to discuss the difficulties together. If this discussion fails to resolve the problems, the student may speak with the DCT, ADCT, or any other clinical faculty member, as well as take advantage of the resources listed in III.b, and meet with all concerned parties to figure out reasonable next steps.

VII.e. Ethical Conduct of Research

No research with human subjects can be conducted until approval for the study has been obtained from the University Institutional Review Board (IRB), also known as the Office for the Protection of Research Subjects (OPRS). The USC OPRS website (<http://oprs.usc.edu/about/>) contains valuable guidance about all human subjects research, e.g., even archived de-identified data sets need to be submitted to the IRB/OPRS although ultimately they are likely to be designated as exempt research or Not Human Subjects. All Human Subjects applications must be submitted through iSTAR (<http://oprs.usc.edu/review/istar/>) and approved and co-signed by the research advisor.

Procedures for the ethical conduct of research are specified in the USC Policy on Scientific Misconduct (<https://policy.usc.edu/research-and-scholarship-misconduct/>) and in the APA Ethical Principles of Psychologists and Code of Conduct (<http://www.apa.org/ethics/code/>). 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, and violation of federal, state, or university research rules).

VII.f. Clinical Science Program Research Milestones

The following steps and deadlines are provided to assist students to develop the necessary skill set for conducting independent research and, simultaneously, for meeting the research requirements of the Ph.D. The minimal research requirements to complete the Ph.D. are listed below. We encourage students not to limit their research to the specific requirements. We also encourage students to recognize that not all research will go as planned. As is the case even for the most advanced researchers, not all research projects result in publishable products. In general, it is good to partake in research opportunities that might be available rather than focus exclusively on the master's and dissertation projects. Exceeding the specified requirements is necessary to get a full and rich experience as a researcher as well as to initiate a pathway that opens doors to academic and/or research career tracks. The timeline indicates deadlines but students are not prohibited from meeting milestones ahead of schedule.

VII.g. Research Milestones Timeline

By the end of	
1 st year, 1 st semester	Develop ideas for first year proposal, e.g., specific aims and hypotheses, and know what data will be used or collected. Apply for external funding, such as the NSF GRFP if eligible.
1 st year, 2 nd semester	Recommended: April 1 of first year: Submit research proposal to committee Required: No later than last day of classes Spring Semester: Defend first year proposal with 3-person committee (proposal must be submitted 2 weeks prior to the defense date)
Summer before 2 nd year	Start data collection and preliminary analyses for 2nd year project
2 nd year, 1 st semester	Complete data collection, analyses for second year project and start writing up 2nd year project
2 nd year, 2 nd semester	Recommended: April 1 of 2nd year: Submit second year project to 3-person committee Required: No later than last day of classes: 2 nd year project must be approved by committee (project must be submitted to committee 2 weeks prior to the defense date)
Summer before 3 rd year	Prepare 2 nd year project for publication, and/or work on other data.

3 rd year, 1 st semester	<p>Work on publication and conference presentation/s.</p> <p>Talk with advisor about your qualifying exam. Select which research papers you will include in your research portfolio.</p> <p>Discuss your dissertation topic and the formation of your Guidance Committee.</p> <p>Required: Departmental poster display of 2nd year projects.</p>
3 rd year, 2 nd semester	<p>Recommended: March 1 establish Guidance Committee. Please be aware that guidance committee paperwork must be submitted no later than 6 months prior to submitting Part II of your qualifying exam (the dissertation proposal). All departmental course requirements must be completed before students can finish their qualifying exam (see Graduate Student Handbook). We therefore recommend that all departmental course requirements be completed by end of 3rd year.</p> <p>Required: No later than the last day of classes – the research portfolio must be submitted to your committee.</p>
Summer before 4 th year	Work on your dissertation proposal.
4 th year, 1 st semester	<p>Required: By September 15, students must hold their oral defense of Part I of the qualifying exam (i.e., their oral defense of their research portfolio).</p> <p>Per graduate school policies, the oral and written components of Part II of the qualifying exam (the dissertation proposal and proposal defense) must be completed within 60 days after passing Part I of the qualifying exam (the portfolio and portfolio defense). Accordingly, by 60 days after completing Part I, you must submit and defend your dissertation proposal. Note that the proposal must be given to your committee members at least 2 weeks prior to the oral defense.</p>

	No later than the last day of classes, 1st semester of 4th year , both parts of the qualifying exam must be completed and you must formally be admitted to doctoral candidacy.
4 th year, 2 nd semester	Dissertation research.
5 th year, 1 st semester	Dissertation research. Apply for internship.
5 th year, 2 nd semester	Dissertation research. Students going on internship should strive to defend their dissertation before the internship.
6 th year, 1 st semester	Internship
6 th year, 2 nd semester	Internship

As noted previously, recommended guidelines are ***strongly preferred*** because they help students stay on track and not spend too much time on any one milestone; however, the required deadlines must be met to avoid being given a warning status.

For clinical science students, ***all academic years other than the third year include a committee meeting*** to review research projects, keep students on track, and set goals for the upcoming year.

Year 1, 2 nd semester	Presentation of 1 st year proposal
Year 2, 2 nd semester	2 nd year project defense
Year 3	No required meeting but research portfolio is submitted.
Year 4, 1 st semester	Separate oral defense/advisory meetings for Part I and Part II of the qualifying procedure.
Year 5 or later	Dissertation defense

<u>Milestone</u>	<u>Required Paperwork</u>	<u>Where to Find It*</u>
------------------	---------------------------	--------------------------

1 st year project proposal	1 st Yr Graduate Research Screening Form Appointment of Master's Committee Form	Download First Year Proposal Form from: https://dornsife.usc.edu/psyc/wp-content/uploads/sites/81/2023/07/year-1-screening-form.pdf and submit to the Clinical Program Administrator. Download Master's Committee Form from: https://graduateschool.usc.edu/current-students/guidelines-and-forms/ Turn in to Graduate Student Advisor
2 nd year project/Master's defense	2 nd Yr Project Defense Form Approval to Submit Final Copy of Master's	Download Second Year Project Defense Form from: https://dornsife.usc.edu/psyc/wp-content/uploads/sites/81/2023/07/2nd_Yr_Project_for_m.pdf Submit to the Graduate Student Advisor with a copy of the thesis by last day of classes, spring, 2 nd year Created digitally when registering thesis; student initiates email to committee to sign electronically. Find instructions here: http://graduateschool.usc.edu/current-students/thesis-dissertation-submission/
Research Portfolio (Part 1) and Dissertation Proposal (Part 2) (together they comprise the Qualifying Exam)	Appointment of Qualifying Exam or Dissertation Committee Form Dissertation Proposal Approval Form	Download from: https://graduateschool.usc.edu/current-students/guidelines-and-forms/ Submit form to Graduate Student Advisor no later than 6 months prior to submitting quals review paper Download Dissertation Proposal Form from: https://dornsife.usc.edu/psyc/clinical-documents-forms/
Dissertation Defense	Approval to Submit Defended and Final Copy of Dissertation	Created digitally when registering thesis; student initiates email to committee to sign electronically

*All forms are also located on our website and in "Program Requirements" folder in the USC Clinical Science google drive.

VII.h. First Year Project Proposal

The first year is spent developing a research question and writing a proposal for the second-year project. The purpose of this proposal is to develop the skill sets involved in generating a testable idea and writing up the proposal in a format that is used for grant proposal submission. Thus, to learn these skills, the proposal is to be written in close collaboration with one's research advisor and in consultation with the other two members of the student's 3- person committee.

The committee should include the research advisor, another faculty member within the clinical area (should be academic advisor if the research advisor is outside the clinical area), and a member of the psychology department outside the clinical area. Typically, all members of the committee are tenure track faculty. Students should discuss the composition of their committee with their advisor(s). A student can submit a petition to the DCT to include a committee member whose appointment is outside the department or who is not tenure track. The petition should indicate the rationale for such an appointment. For example, the student could propose that the faculty member outside the department has expertise in areas congruent with the research and not present in clinical or nonclinical departmental faculty. By the **last day of classes in spring of the first year**, the student meets with their 3-person committee to defend that proposal. A written version of the completed proposal be submitted to the faculty committee at least two weeks prior to the scheduled defense meeting.

Students are encouraged to pre-register their research plan for the Second Year Project (see <https://www.cos.io/initiatives/prereg> for more information), and it is permissible to submit the First Year Project Proposal in the format of a pre-registration prepared for a website such as OSF.io, if the advisor deems it appropriate to do so.

VII.i. Second Year Project (typically submitted as Master's Thesis Research Project)

As soon as the 3-person committee approves the first-year proposal, the student can conduct the project. Typically, the second year, starting the summer after the first year, is spent conducting, analyzing, and writing the second-year project. It is recommended that a written version of the completed project be submitted to the 3-person committee by **no later than 2 weeks prior to the defense date**. The student will meet in person with their 3-person committee to defend the second-year project during a **1-hour** meeting. The student must defend and pass the second-year project **no later than the last day of classes in spring of the second year**. These meetings are typically held in person; one committee member may attend remotely, but the chair of the committee and the student must be present in person. Students can appeal to the DCT for exceptions to this policy.

The student has the option of submitting the second-year project as a master's research project for the purpose of earning a master's degree from the University. One or more members of the student's 3-person committee may decide that the second-year project is sufficient for passing the second-year project requirement, but that it requires additional revisions to serve as a master's thesis. In such cases, the committee member(s) will provide the student with written revisions required for the master's research project, and the student will make such revisions and re-submit the paper as soon as reasonably practicable. Note that to receive a master's degree, the student must request from the Graduate School that they send to the committee members an online form to approve the project for their master's degree. Not completing this administrative step will result in satisfying the departmental requirement of the second-year project but will not result in the student receiving a master's degree. Check the graduate school guidelines for the procedures and deadlines for submitting the master's thesis.

It should be noted that the second-year Project is required, even if a student has earned a Master's from another program. The goal of the second-year Project is to develop research ideas, obtain research training, and become more fully integrated into the research advisor's lab and immersed in research. Accordingly, the second-year project is not optional, even with prior work of the highest quality.

VII.j. Qualifying Exam

The qualifying examination consists of two parts, each of which includes both a written and oral component: Part I - A written research portfolio (described below) accompanied by an oral advisory meeting and defense; Part II – a written dissertation proposal, accompanied by a second oral advisory meeting and defense. All components of the qualifying examination must be submitted to a 5-person Guidance Committee. The student may also choose to meet with any members of the committee prior to the submission of materials, or to ask for additional advisory meetings at any point in the process. The advantage of additional meetings/discussions is that more feedback can result in a high-quality end product that is likely to be publishable.

Guidance and Dissertation Committee: Per departmental rules (see Graduate Student Handbook), the committee must have 4 within Psychology Department members, and one outside member. At least 3 members must be tenure-track members of the Department of Psychology at USC.

Member 1 and Member 2: Clinical area faculty

Member 3: Within the Psychology Department, but outside Clinical

Member 4: "Outside" member – full time faculty at Assistant Professor or above from a Ph.D. granting department outside Psychology. Check with Graduate Student Advisor to ensure the selected committee member meets these criteria

Member 5: Another Clinical faculty, another Psychology Department faculty, faculty with a joint appointment in Psychology and another department, faculty from other USC departments, faculty from other universities. If the 5th member is Research, Teaching, Clinical, Practice faculty (i.e., non-tenure-track) or from outside the Psychology Department generally, the advisor must give approval.

In general, the guidance committee is the same as the dissertation committee. However, after both parts of

the Qualifying Exam are passed, it is possible to reduce committee membership to 4 members for the Dissertation Defense. At least 3 members must be tenure-track faculty. The final composition of the Dissertation Committee must include:

- Member 1 and Member 2: Clinical area faculty
- Member 3: Within Psychology Department, but outside Clinical
- Member 4: "Outside member" as defined above

Any changes to the composition of the committee must be submitted to the Graduate School using the Appointment or Change of Qualifying Exam or Dissertation Committee Form (the same form used to set the Guidance Committee).

Timeline. Part I of the qualifying procedure is to be submitted to one's Guidance Committee by the last day of classes for the 2nd semester, third year. The oral defense/advisory meeting for Part I of the qualifying procedure must be held early enough in the fall that students can hold their Part II meeting by the end of the fall semester in their fourth year. Assuming that students take the full 60 days between the two meetings, this means that the Part I meeting should happen by mid-September.

There is a relatively constrained window between completion of Part I (portfolio or literature review and associated meeting) and the due date Part II (proposal and associated meeting). According to Graduate School guidelines, Part II of the qualifying exam must be completed within 60 days after completion of Part I. **Both Part I and Part II of the qualifying exam must be completed by the last day of classes in the fall semester of the 4th year, usually the first week of December. Not meeting this deadline will result in the student receiving a warning status.**

Part 1 of Qualifying Exam: Research

Portfolio Overview

The goal of Part 1 of your qualifying exam is to facilitate academic development and assess current abilities and progress. The task will consist of a written component, which is described below, as well as a one-hour oral defense that is also described below.

Written Component

The written section will consist of a "portfolio" that mimics materials that might be submitted with either an academic job application or a tenure review. The portfolio **MUST** include the items listed below (a research plan, a first-author submitted manuscript or review paper, and a first-author conference presentation) as well as a current CV.

Students are strongly encouraged to include any additional work completed since coming to USC. The objective is for the portfolio to be a summary of your full program of research and scholarly thought. For example, some students will have multiple conference presentations or manuscripts they wish to incorporate in their portfolio. Grant proposals, funded or unfunded, should also be added. In addition, students are encouraged to include supplemental papers and presentations on which they are not the first author.

The portfolio must reflect independent thought and effort. However, research is a collaborative enterprise. All of the components of the portfolio may include collaborators and co-authors with the exception of the research plan/theoretical summary (as described below).

One way to build a successful portfolio would be to have a coherent program of investigation. An example might be a student whose master's thesis, conference presentations, and planned dissertation build on a specific set of closely interrelated topics. However, a very strong portfolio could also summarize research activities from a variety of areas of inquiry. For example, students may have participated in a number of different projects during their early years at USC but eventually shift to a new area of inquiry for their dissertation.

The main objective should be to put together a portfolio that demonstrates an active involvement in

research and a thoughtful agenda for future empirical activities. It is fine to change your area of inquiry over the course of your graduate years or to be involved in multiple projects that touch on different themes.

1. Research Plan/Theoretical Summary

A three to five-page single-spaced description of the students' academic objectives, research and theoretical questions, past work that is relevant and planned program of investigation. This statement should specifically address the following questions:

- 1) What empirical questions, theoretical concepts, and overriding hypotheses motivated your research activities during the first three years at USC? What are the specific empirical issues that you have sought to address?
- 2) What approaches, research designs, and methods have you used to address these questions? What have you found? What important questions do you see as unresolved? What are possible steps that you or someone might take to build on your initial findings and conclusions?
- 3) Thinking toward your dissertation, what research questions do you wish to address? What literatures and theories inform your current dissertation ideas? What do you see as the strengths and limitations of that literature? What are your hypotheses? What are the possible research designs and methods that can be used to test those hypotheses and what specific methods are you planning? How do you evaluate the validity and feasibility of your design and methods? What contribution do you ultimately hope to make?
- 4) How might your hypotheses, research methods, conclusions, and overriding theoretical premises inform or be informed by other disciplines (e.g., areas of psychology outside of clinical; other biological, social, and behavioral sciences; public policy, engineering or computer science; health sciences)? Are there aspects of your research that might contribute to developments in other domains of scientific inquiry? To what extent, has your own thinking about the primary research area been informed by multidisciplinary perspectives?

The research plan/theoretical summary is the only aspect of the full portfolio on which students are expected to work without direct involvement of collaborators. Students may discuss all aspects of the project with research advisors, lab mates, or other collaborators. However, the final document should be an independent effort.

Concretely, the student may discuss their planned responses to each of the questions above with advisors, committee members, or lab mates. Students may also share outlines with advisors and get help/assistance formulating ideas. However, advisors cannot read drafts, suggest specific changes, or directly edit the document.

2. Manuscript

Students must submit an article that has been submitted for publication in a peer-reviewed academic journal or high-quality edited book. The outlet should be selected with the advisors' advice and approval. Just as quality of outlet is an important consideration in a tenure review or job application, quality will be a consideration to the student's committee. Students may choose to submit a first author empirical paper, or a first author review paper (e.g., meta-analysis, systematic review, theoretical overview, book chapter), that was written during their time at USC. It is expected this work is driven by the student, given the first author status, but the student is likely collaborating with their faculty mentor and other colleagues in producing the manuscript.

At the time of portfolio construction, the manuscript can be in any stage of the editorial review process (e.g., under review, revised for resubmission, in press). Manuscripts that have been submitted for publication in the recent past but were rejected by editorial boards are acceptable. In that case, committee members may choose to encourage students to submit to an alternative source or they may offer students recommendations regarding potential changes. Students will not be required to respond to this feedback in order to receive a passing score on this component of the qualifying exam.

A manuscript that has yet to be submitted for publication would NOT satisfy this requirement. For example, a manuscript that is still being prepared for publication at the time of the qualifying examination would not be suitable.

The manuscript that is submitted may be based on any work that has been completed since the student began graduate studies at USC (including manuscripts derived from the 2nd year project). Research conducted prior to enrollment at USC would not qualify.

3. Conference Presentation

Students must also include at least one first-author conference presentation or abstract that has been submitted for presentation at an academic conference. The presentation can be in any format (e.g., poster, conference talk, roundtable, conference proceedings). The student may choose to include either the actual presentation or the submitted abstract in the portfolio. The presentation must at least be under review at the time of the qualifying exam. Planned submissions will not qualify. However, conference submissions that were submitted and were not accepted for presentation are appropriate to include in the portfolio.

The conference presentation cannot be the same as the written paper that is included in the dossier. These two aspects of your dossier should reflect projects that are at least partially distinct.

Oral Component

The oral exam will be an opportunity for a student to demonstrate mastery over their research questions. An understanding of the broader theories and principles that underlie the research agenda will also be assessed.

A good model for the defense might be a shortened “job talk” in which the student will give a brief (20 minute) presentation describing the evolution of the research agenda, initial projects, and plans for future inquiry. The rest of the meeting should be used for the student to discuss their dissertation plans and introduce potential projects that they might tackle. This is an opportunity for the student to get feedback on their early stage ideas before they formally propose the dissertation several months later. For example, a student may highlight challenges or problems that they need help addressing before moving forward with work on a dissertation proposal.

Evaluation

At the end of the oral meeting, the members of the student’s committee will hold an anonymous vote with options being pass and fail. A student who fails the Part I procedure is encouraged to use feedback from committee members. Committee members are allowed to give suggestions and feedback on how to revise the portfolio. The student may then resubmit the written portfolio and schedule a new oral defense.

Part 2 of Qualifying Exam: Dissertation Proposal

Written Component

The format for the dissertation proposal should be discussed with the dissertation advisor and committee. Some will choose to write the dissertation proposal in the style of a NRSA individual predoctoral grant proposal but others will not. Alternatively, students might wish to pre-register their study hypotheses and prepare their proposal in the form of a pre-registration (see details on **First Year Project Proposal** section). If using the NRSA format, no training plan is needed. All proposals will include the following: specific aims, background, methods, analyses, timeline and references. Most proposals should also address the question of whether there are any special human subjects considerations although IRB approval does not need to be sought prior to defending the dissertation proposal.

Whereas the first-year proposal is written in close collaboration with the research advisor, the dissertation proposal, as part of your qualifying exam, is to be written with more independence. 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 advisor may read and comment on drafts.

Oral Component

Students will defend their proposal in an oral meeting with their full committee that will be scheduled for a 2- hour block. The student should prepare a slideshow presentation to present to the committee.

Evaluation

A pass/fail vote for the qualifying exam will occur following the defense of the dissertation proposal. More than one dissenting vote means that the oral defense of the dissertation proposal is reported to the Graduate School as a failure. For a failed oral defense, the Guidance Committee can decide to dismiss the student from the program or allow the student to retake the oral exam for the dissertation proposal. The retaking of any portion of a qualifying exam (the research portfolio or the dissertation proposal) **must take place between one and six months from the date of the first examination**. If the student does not pass the dissertation proposal defense a second time, then they are dismissed from the program.

A pass on the dissertation proposal defense cannot be contingent on other factors. However, the committee can request changes to the dissertation proposal before the dissertation is conducted and/or completed. The ***Dissertation Proposal Approval Form*** is to be used after the oral exam on the dissertation proposal to list changes that are to be made before commencement of work on the proposed dissertation. 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 are being addressed. Committee members need to sign off on the revised proposal if the recommendations involve changes before work on the dissertation begins.

VII.k. Dissertation

Once the dissertation proposal has been approved, the student can start to work on the project. It is strongly recommended that the student have the dissertation proposal approved before conducting the research, although it often makes sense to collect some pilot data to guide decision-making in the proposal. If the student (and advisor) wants to make changes in procedures after the proposal has been approved, this is possible with the approval of all members of the committee.

It is strongly recommended that the student complete and defend the dissertation before leaving for internship. Although students technically have until the end of the internship year to finish the dissertation, students generally find it difficult to make significant progress on the dissertation during this year of full-time employment. It is worth noting that internship directors look carefully at dissertation progress in ranking applicants and many job opportunities and post- doctoral fellowships are contingent upon having completely defended and submitted the dissertation.

The dissertation may be written up as 1 large, multi-faceted study or 2-3 related but separate manuscripts with the committee's approval. Multiple shorter papers are often easier to convert into publishable manuscripts.

The dissertation defense is a **2-hour** meeting with all members of the Dissertation Committee (defined above). The dissertation defense is an "open" meeting (i.e., anyone within the "general university community" is invited to attend) and a notice will be posted in the Psychology Department. The first hour is a formal presentation of the dissertation including time to field questions from guests. In the second hour, only the dissertation committee is present for questions and discussion. Discussion about passing or failing the dissertation defense is made without any guests present.

It is a good idea to attempt to schedule committee meetings with considerable lead-time as it often is difficult to find a time for everyone to meet. Getting schedules from committee members at least one month in advance is advised. Summers are a particularly difficult time to schedule a meeting as faculty may not be on campus. In addition, it is important to determine far in advance of scheduling if a committee member is

unavailable due to a sabbatical etc. In such cases, it is the student's responsibility (a) to identify a willing substitute whose participation is agreeable to one's advisor and who is eligible (according to university guidelines) to serve as a substitute member and (b) to make sure the appropriate paperwork is completed in advance of the meeting (i.e., a change of committee form must be submitted to the Graduate School). Traditionally, this meeting is required to be in person, with no more than one member attending remotely. Students should petition the DCT if exceptions are needed.

Before deciding upon a specific date, it is recommended that the project is far enough along to defend on the scheduled date (e.g., it is not advisable, for example, to schedule a defense prior to having analyses completed). The anticipated timeline for distributing the proposal should include time for 1-3 complete readings by the research advisor with revisions in between. Advisors can help make realistic estimates about a timetable to schedule a defense date. It is also recommended that the student consult with their advisor about reasonable turn-around times on the part of the advisor to aid in devising a timeline.

VII.I. Clinical Science Program Funding for Research

The Clinical Science Graduate Research Fund provides funding (up to \$1750 for each student during their doctoral studies) to help defray the costs of conducting and presenting research. The funding can be requested all at once or in several smaller requests. A total of \$1000 can be used for general research purposes such as: purchasing software, photocopying, translating instruments, subject reimbursements, paying undergraduate research assistants, and similar costs involved in conducting research. Up to \$750 can be used for travel to present research at national conferences. Reimbursable expenses include plane fare, hotel, food, conference registration and car rental. Amounts cannot exceed university per diem rates. Please note: these funds **must** be used prior to the student's degree being granted. It is advisable to spend your full amount prior to April of the year the student will graduate. **Late requests cannot be accommodated.**

Research funding requests are reviewed on an ongoing basis throughout the year and submitted to Erika Quinly and Dr. Stan Huey. Please email Erika Quinly for application.

Original receipts are needed to document expenses in order to be reimbursed.

For travel funds, students also can apply to the Graduate School-- <http://grad.usc.edu/TravelAwardApply/>

VIII. TEACHING EXPERIENCES AND REQUIREMENTS

It is expected that all students in the clinical science program will obtain teaching experience. Generally, this will take the form of being a Teaching Assistant, which can provide experience teaching small sections, lecturing to a large class, developing teaching materials, observing master professors, planning for the complexities of grading, and dealing with student issues. A student who does not have a paid TA position can choose to be a volunteer TA or obtain some other teaching experience. Opportunities sometimes arise for more independent teaching (e.g., teaching a mini-course associated with PSYC 100, the Writing Program, summer school classes at USC or elsewhere, or, for very advanced students, part-time teaching positions at local universities and colleges). **Students who are interested in such positions should discuss possible options with their research advisor, clinical science academic advisor (if the research advisor is an outside mentor), DCT, and department chair prior to accepting such positions.** For more resources on teaching fellowships, programs, and workshops, visit the Center for Teaching Excellence at USC (<http://cet.usc.edu/>). It is important to note that *it is against the students' financial agreement to receive payment for employment during the academic year that is outside their TA, RA or fellowship responsibilities unless they are given a formal exception. In addition, some funding sources or student statuses (e.g., international students) make getting approval for any outside employment difficult. Please seek assistance far in advance of any planned activities or accepting any opportunities.*

Teaching assistants are evaluated by undergraduate students as well as by the faculty mentor at the end of each semester. Responsible and professional performance is required to continue to receive TA positions. At the end of the academic year, graduate students are required to turn in their TA evaluation summaries along with their annual activities report to the Program Assistant. These evaluations become part of the written documents considered in the annual review of students.

IX. CLINICAL EXPERIENCES AND REQUIREMENTS

The goal of our clinical training is to help students develop and hone their clinical skills in a stepwise fashion throughout their training. The required clinical sequence of coursework spans three years on-campus. The typical sequence is as follows but may vary based on course availability. During Year 1 students enroll in Clinical Interviewing (Fall, PSYC 595a) and Assessment (Fall, PSYC 515); Psychological Intervention (Spring, PSYC 619); and Assessment Practicum (Spring, PSYC 595b). During year 2, students take Psychopathology (Fall, PSYC 514) and a full academic year of Didactic-Practicum (DiPrac, PSYC 695). For year 3, students enroll in another year of a different DiPrac (PSYC 695).

During the 4th and 5th years students either continue cases in the PSC with individual supervisors, take an additional year of DiPrac if that fits with the student's training objectives, or take part in an external practicum placement.

Students are also welcome to approach the Clinic Director with ideas for advanced training affiliated with the Psychological Services Center (e.g., consulting with local schools, group therapy, additional experience with a particular therapeutic approach, such as DBT). Students see the ADCT if they have questions regarding potential external practicum placements (see below). Students are expected to enroll in PSYC 695 or 595 during the summer if they are doing any assessment or intervention during that time, following the instructions of the Clinic Director. Additionally, students are expected to enroll in PSYC 696 during any semester in which they are involved in clinical work outside of a diprac course. Two sections below (Supervision and External Practicum Placements) provide important information about how advanced students obtain clinical training in years 4 and beyond in the program.

Students are encouraged to meet regularly with the Clinic Director or ADCT to discuss current hours accrual and future goals to select the best clinical training experiences prior to internship. In addition, in the **PSC Google Drive, in the Clinical Hours and Experiences folder, students can find averages of clinical hours accrual for each year in the program, a list of possible externship sites (which is not exhaustive), a list of externship sites students have enrolled in during the last 10 years, and a list of internship sites to which students have matched.** A year-long APA approved internship is required prior to earning the Ph.D.

The program's model of clinical work is empirically based. We do not subscribe to one theoretical orientation but we do subscribe to a careful review of our clinical work with operationally defined outcomes and regular monitoring and evaluation of those outcomes (e.g., using validated scales to monitor symptom or problem progress). Systems for monitoring client progress continually evolve as students and supervisors design and develop measurements to be sensitive to the needs of specific clients.

As part of students' first three years of required practicum work (PSYC 595 and 695), students are to keep a clinical portfolio. Faculty review all elements of the portfolio through the student's participation in 595 and 695. The clinical portfolio should be maintained by the student in their own files as potential components to submit (de-identified) as part of externship or internship applications. The student should document the completion of these components of the clinical portfolio on their Program Requirements Worksheet. This portfolio contains the following (all in a format that removes any identifying information about the client):

- (a) One completed assessment report (i.e., full testing battery, interpretation of results, diagnosis, and recommendations).
- (b) At least two case reports generated through the DiPrac courses. In each DiPrac the report will include process and outcome data plus case conceptualizations (see instructions and examples in DiPrac syllabi). These case reports are also presented orally at the end of each semester. The case reports are evaluated by the DiPrac instructors and are discussed as part of the annual student review.

IX.a. Supervision

Under NO circumstance are students permitted to treat clients or engage in psychology-related, quasi- psychological or quasi-therapeutic activities on- or off-campus without supervision. The supervisor and clinical experience must be approved by the program BEFORE the student engages in any on- or off-campus clinical work. If there is any question whether something is considered a

“clinical activity” the student must consult with the PSC Director and the ADCT.

In general, cases seen in the DiPrac are supervised by the instructors of those courses or by a supervisor appointed and approved by the DiPrac instructors.

During the summer months, when any cases from year 2’s DiPrac are still being seen in year 3, or for any advanced clinical work in the PSC, the PSC Director will make supervisor assignments. 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 PSC Director. At any time, a student may have more than one supervisor; however, it is recommended that students limit their total number of

supervisors and discuss with the PSC Director if they believe they have too many supervisors. There often are questions about how long to work with a supervisor and how many cases to take to any one supervisor. These are good questions to review with the PSC Director, DCT, ADCT and faculty advisor. It is important that at least two supervisors can comment in detail on a student’s clinical work prior to internship.

DiPrac instructors will provide at least two hours of group supervision per week as part of the scheduled DiPrac. In addition, the instructor will have an individual supervision session with each student at least once per month. Students may also be assigned to a supervisor outside the DiPrac instructor, as described above. We expect that each student will meet with their supervisor (either individually or in a small group) for at least one hour each week that clients are seen. All psychotherapy supervision, by DiPrac instructors or outside supervisors, will be based on direct observation. Direct observation includes in-person observation (e.g., in room or one-way mirror observation of client contact; co-leading a group), live video streaming, or video recording. Audio recording alone is not sufficient to meet the requirements of direct observation. Within the DiPracs, students can expect full sessions to be watched by supervisors at least once per month, though in practice, sessions are typically watched in full weekly or biweekly. With outside supervisors, prior to weekly meetings with students, supervisors are expected to watch at least portions of sessions and on occasion full sessions, especially early on in the student’s development. During the supervision meeting, supervisors and students often review together portions of the session. Externship placements have their own requirements for direct observation, with the minimum being one instance of direct observation every 6-month evaluation period. Supervisors also need to review and sign all case notes and reports (e.g., intake and discharge).

Each supervisor will provide feedback on a supervisee at least once per semester. These supervisor evaluations are part of the written documents considered in the annual activities review of students (see Mid-Year and Year End Clinical Evaluation forms here: <https://dornsife.usc.edu/psyc/clinical-documents-forms/>), and are completed via Time2Track.

In addition, students have the opportunity to provide anonymous feedback for their supervisors at the end of the Fall and Spring semesters. There will be mechanisms in place to share this feedback with supervisors in a way that protects students’ anonymity (e.g., summary of student feedback once at least 3 students have provided feedback on a particular supervisor). As these evaluations are anonymous, there is no way to follow up with individual students to request evaluations that have not been submitted. As such, if there has been a significant problem encountered working with a particular supervisor, the best way to ensure it is addressed with the supervisor quickly is to meet with the PSC Director or another faculty member to discuss these concerns. This ensures faculty are aware an issue needs to be addressed in a timely manner. For all other issues, as noted above, feedback will be given to supervisors after 3 anonymous evaluations have been received. Supervisors as a group may also receive global feedback to highlight supervision components that have been helpful or unhelpful per student report (e.g., all students endorse video review to be an important component of effective supervision).

Additional information about supervision, supervision assignments, obtaining clinical cases, recordings, documentation, and evaluations are all included in the PSC Manual, with many accompanying documents in the PSC’s google drive. It is the student’s responsibility to review these materials and ask questions to PSC staff and the PSC Director whenever there are points of confusion. Students are also expected to attend any mandatory PSC training events and encouraged to come to optional events when the topic would be helpful to them.

IX.b. External Practicum Placements

External practicum placements (a.k.a., “externships”; clinical training experiences that occur in community settings rather than the Psychology Services Center) may be an appropriate next step in student training during the 4th or 5th years, depending upon the student’s progress in coursework and research, as well as the student’s other sources of funding. Our program has adopted a policy that we will only participate in developing and offering externship opportunities with sites that provide placements with a maximum of 16 hours. The purpose of the policy is twofold: (a) to formalize and standardize policies with externship sites so that individual

students are not placed in the position of needing to negotiate with supervisors; and (b) to protect students’ time. In the rare case when the student’s training needs require more than 16 weekly hours of externship, the student must discuss this with their advisor and ADCT and obtain their approval.

Students may secure paid or unpaid positions to do research or clinical work at facilities other than the PSC. Payment is only in lieu of a graduate assistantship—not to supplement other funding and must occur formally through standard university mechanisms. A student who already is employed through a TA, RA or has a fellowship cannot accept another paid position during the academic year unless there are unusual circumstances and an exception is made by the clinical faculty. As noted above, obtaining any paid placement requires advance approval and may not be possible for all students. Most externships are still offered as unpaid experiences at this time.

STUDENTS MUST HAVE THE PERMISSION OF THEIR ADVISOR before pursuing external practicum placements of ANY KIND (even shorter time commitments that require only a few hours a week). In addition, students **MUST** inform the ADCT of their training plans. The ADCT is the “point person” for external training and needs to be aware in any case. Students will be permitted to participate in external placement for a period up to one year (subject to the approval from the research/clinical advisor and, as required, the DCT).

Students interested in participating in more than one external placement (e.g., separate external placements in years 4 and 5) must obtain the prior written approval of their academic advisor and the DCT, and they must provide a written rationale and justification as to why the additional training would further contribute to their academic development and/or professional career plans. It is important that external placements do not interfere with students’ progress with their dissertation research.

In some cases, a student may opt for a second external practicum placement that is time limited in scope. For example, a student might arrange to supplement skill development in a particular domain by working with a small number of clients. Students **MUST** get approval of the ADCT and their advisor prior to seeking and obtaining any external training.

Procedure for Selecting and Applying for External Practicum Placements

Eligibility for External Placements. As mentioned, students must seek prior approval from their research or academic advisor prior to applying for (or considering) an external placement. If the student is currently on a remediation plan, they will need to obtain permission from both the DCT and their advisor before applying for an external placement. 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 and progressing in a timely fashion toward academic requirements. In addition, the faculty will consider whether any issues have been raised in the annual student review indicating that such a placement is advisable or inadvisable.

In the case of applying for a second externship placement, the procedure noted above must be followed to ensure that the external placement is worthwhile for the student compared to carrying out other competing activities (e.g., research productivity; TA responsibilities, etc.). Advisors can provide input in helping students balance competing demands, as well as making recommendations about what types of externship placements may be most beneficial to the student. Only in very rare circumstances can students apply for an external placement prior to the 4th year. In those rare circumstances, both the student’s advisor and the DCT must approve the petition.

Selecting External Placements. Students are encouraged to review the list of placements where other USC students have previously undertaken external training (provided in the USC Clinical Science google drive labeled “Externships”). Students are also encouraged to speak with the ADCT about placements that may be a good fit for them. In addition, the ADCT holds a meeting with students, typically between mid-October and mid-November to review the externship application process. The drive also contains sample cover letters to help

prepare students for the application process. Also, students should carefully consider time commitments. All external placements **MUST** be approved formally by the program.

If a student would like to develop an idea for a program outside of this list, they are encouraged to talk to the ADCT about their ideas. We need to follow a formal procedure to ensure the site will provide suitable training.. Our typical procedure is to request the CV(s) of any possible supervisor(s) on the external placement; to review any available materials for the site’s training (e.g., website or handbook), and often for the ADCT to meet directly with supervisors or director of the site. We then summarize this information to the faculty for a formal vote. We hope this process ensures the student will have a good training opportunity, and ensures that the student has clear guidelines about what they will experience at the site (e.g., number of hours expected, populations seen, etc.) before agreeing to be an extern at the placement.

Forms and Notifications. There are often forms that are required by the site (e.g., verification of liability coverage). **If a student is offered an external placement, they are required to inform the ADCT and provide them with the name and contact details of the person(s) they spoke with at the site.** The ADCT will then be able to contact these individuals to ensure all paperwork agreements between the program and the site are completed, as well as to obtain evaluative feedback mid-year and end of year. The student may also be required to submit to other procedures to be able to participate in the external placement, such as TB testing, vaccines, background checks, etc. It is typically the student’s responsibility to obtain, pay for, and submit supporting materials to the site if these additional steps are required.

The terms of any external placement 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 ADCT and seek written consent to resign from the placement. If a student is having significant issues or problems at an external site, they are encouraged to speak with the ADCT and clinical advisor as soon as possible.

Furthermore, a placement, while generally not paid, must be regarded in many respects as employment. Students who are committed to be on a placement may not schedule travel or vacations that might disrupt their placement schedule without first seeking approval from their placement supervisor as well as their DiPrac and other on-campus practicum supervisors, if applicable.

At the completion of their external placement, all students complete a form to evaluate the quality of training and supervision at the site (the Practicum-Internship Evaluation Form located on our website <https://dornsife.usc.edu/psyc/clinical-documents-forms/> which will be sent to the student as a Google Form), as well as to provide helpful information to the program and other students about experiences at the site (e.g., hours obtained during the year at the placement, types of clients seen or therapy modalities learned).

Students are requested to complete this evaluation within 1 month of completing their placement.

IX.c. Year-long Internship

A full-time pre-doctoral APA-approved clinical internship is required as part of the training for the Ph.D. in Clinical Psychology. Students generally apply for the internship during the 5th or 6th year of training, depending upon the student’s specific goals. It is our policy that students are eligible to apply for internship only after they have passed all parts of the qualifying examination (i.e., the research portfolio and the dissertation proposal.) As noted above, students are required to submit all parts by the last day of classes of the first semester (last day of classes – NOT end of finals week) of the 4th year. If the student fails either part of the qualifying exam, they **must resubmit and pass prior to submitting internship applications.**

It is assumed that students will be seeking and accepting APA-approved internships. In selecting an internship, students should consult APA's list of APA-accredited internship sites (<http://www.apa.org/ed/accreditation/programs/>), and the APPIC Directory (<https://www.appic.org/>). APPIC approved internships that are not APA-accredited are alternative sites that a student can consider in rare instances with a specific rationale. In the rare case that a student wishes to apply to a non-APA-approved internship, the student must discuss this request with the ADCT and their research advisor. Students are to follow APPIC Policy during both the application process and the notification procedure. At the completion of their internship, all students complete the Practicum-Internship Evaluation Form to evaluate the internship site. See our website <https://dornsife.usc.edu/psyc/clinical-documents-forms/>). Students will meet with the ADCT throughout the internship application process for assistance, and will participate in a mock interview day to help prepare for internship interviews.

Meeting the internship requirement is reflected in enrollment in PSYC 691A and PSYC 691B during the internship year. Students must enroll in these one-unit "classes" during their internship. Failing to do so could delay their graduation from the program. In the recent past, students have not had to pay for this one unit.

IX.d. Alternatives to Pursuing Training in Clinical Applications of Psychology

A small number of students determine, during the course of their Ph.D. training, that they do not intend to deliver clinical services and do not want to apply for the clinical internship. These students may elect to pursue a Ph.D. in psychology but *not in clinical psychology*. Such students may request to fulfill all requirements for the Ph.D. in one of the other areas in the Department of Psychology (quantitative and computational modeling, social, developmental, or brain and cognitive sciences). Such a request must be made in writing to the Director of Graduate Studies and to the pertinent Area head, and is subject to approval by faculty in the other area.

Another option is to obtain a Ph.D. in Psychology without a specialization. Students who, with the counsel of their research advisor and the DCT, conclude that completion of the year-long internship does not serve their career objectives can submit a petition (after three years in the program) to the clinical area faculty to receive a Ph.D. in Psychology without clinical specialization*. Prerequisites for the petition are that the student has completed all academic course requirements (including all required PSYC 595 and 695 courses) and has satisfactorily completed all research requirements in a timely fashion. A clinical area faculty member would remain the student's research advisor unless it is decided that the student's current interests match better with another Psychology Department faculty member.

**Without specialization means that the student is to refrain from using the word "clinical" in any description of their degree from USC, e.g., on a CV or resume or in a public statement. If a graduate pursues clinical training at a later date or secures internship hours after receiving the Ph.D., the doctorate degree from USC still would not be in clinical psychology.*

X. EVALUATION

An important part of developing as professionals and as a program is the solicitation and reception of frequent feedback and evaluation. The following is a description of the feedback and evaluation undertaken in our program.

X.a. Feedback about Student Performance

At the end of each academic year, the clinical faculty meets as a group to review each student's progress. This is done for all students who have not yet completed their Ph.D. The material we examine includes an updated CV and an annual activities report provided by the student (see "Evaluation Forms" folder in Program Requirements in USC Clinical Science Program Google Drive). Other data sources include course grades, written evaluations from clinical supervisors and research advisors, audit record of student's charting and

documentation at the PSC, summary of hours from Time2Track, TA evaluations from students and faculty, and reports from other faculty members who have had contact with the student. In addition, the student's advisor provides a paragraph detailing student progress over the past year, and completes the Research and Professional Competencies form for the student (see "Evaluation Forms" folder on the google drive).

Following this meeting, each student and their advisor receives a letter from the DCT summarizing their progress. The goal of the evaluation process 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 remedial strategy (e.g., specific coursework, additional supervision, etc.) and the letter will indicate that remedial action is needed, and a meeting with the student, advisor, and DCT may be warranted. If the problem persists, then the faculty may take more serious actions that range from deriving further remediation plans with clear consequences if identified steps are not completed to dismissing the student from the program.

All students should expect to have both areas of weakness and areas of strength identified. Identifying these strengths and weaknesses is intended to facilitate student growth rather than be a list of what a student is doing "wrong." Engaging in self-reflection and receiving feedback from others is an extremely important piece of professional development, and a process that should continue across one's career as a psychologist. Students are welcome to request clarification or additional feedback from the DCT and/or to request a meeting with the advisor and DCT. If the student disagrees with any of the feedback they have received they are strongly encouraged to discuss this disagreement with the DCT or other faculty in the program and at minimum have the student's point of view documented in their file.

X.b. Record-keeping and Student Files

The program maintains a file documenting the student's progress. The main documents in the student files are: their most recent annual activities report and CV that are collected at the end of each academic year; the most recent checklist of course requirements indicating which courses have been met and which ones are still pending (i.e., the most recently completed Program Requirements Worksheet); all annual DCT letters; all clinical evaluation forms; all forms required by the clinical area relevant to milestones (sign off on 1st year proposal defense, the qualifying exam paper evaluation form, and the dissertation proposal evaluation form); any clinical area correspondence between the DCT and the student concerning identified problem areas and remediation plans; teaching evaluations; documentation from advisory meeting held with the Guidance Committee (if relevant). The files are maintained by the Program Administrator and are secure electronic files. No file is deleted in case students require a letter for credentialing purposes.

The Department also maintains files for student records pertaining specifically to the Department. They are maintained by the Graduate Student Advisor and kept in a secure location.

X.c. Student Feedback to the Program and Faculty

Students have five ways to provide feedback on the instructional quality of the program. The first is 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. The second feedback mechanism is students' evaluation of their clinical supervisors. Students are instructed to complete supervisor evaluation forms 2 times per year. As noted elsewhere, these are kept confidential and only feedback that can be provided anonymously will be shared with the supervisor. The third formal way of obtaining student feedback is through the student's annual activities report. In addition to students reporting their research and course accomplishments, students identify what aspects of the program they are pleased with and what aspects they would like to see changed. These reports are not anonymous and are viewed by the DCT but can be shared with faculty. The fourth way to provide feedback is to talk with the DCT or ADCT about a given course and share any concerns. The student can choose to not have their views shared with anyone except the DCT/ADCT and problem solve with the DCT/ADCT regarding how best to address the student's concerns.

X.d. Student Representation to Faculty

Each student cohort (years 1 through 5) is invited to select a student representative to attend and participate in clinical area faculty 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 placed on the agenda. It is important that the student representatives are available at the time slotted for the clinical faculty meetings (typically the third Wednesdays from 10:30am – 12:00pm). If they are not available another representative should be selected.

Student assistance and input are most welcome and needed during our admissions process. In 2020, students formed an admissions committee to promote our program with applicants through pre-interview communications and interview day activities. The students' efforts have been most successful as reflected in the excellent entering classes. We are continuing this significant student involvement. It includes communicating with prospective applicants about their experiences in the program and making them feel welcome during their virtual or in-person visits to campus. Students are also asked to interview applicants, especially if the applicant is interested in working in the same research lab. When we hold admission days, students sometimes host applicants by having them stay with them one or two nights, or by taking them to and from campus. Not all students are in a position to serve as hosts. Moreover, students are not required to host applicants, to cook them meals, or to take them to and from the airport. All students are encouraged, however, to interact with applicants as they are in a unique position to inform them of the program as well as evaluate them at the same time.

Student participation and input also are encouraged when we conduct faculty recruitment in the clinical area. Students are expected to attend job talks, some of which will be scheduled during our colloquium series. In addition, all faculty applicants will have time set aside in their interview schedules to meet 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.

Student participation and representation in the department is encouraged, e.g., participation in the Graduate Association for Students in Psychology (GASP) and in the previously noted diversity initiative (CLIMATE), as well as ad hoc committees that form for specific issues (e.g., colloquium committee, newsletter committee, etc.).

XI. PERSONAL THERAPY

XI.a. The Rationale for Therapy and How to Obtain It

Clinical work and graduate training can be stressful, and many of our students seek to enter therapy as clients themselves. This is not a formal requirement of our program, but we do recommend that students seriously consider participating in therapy as a client.. In addition, seeking therapy helps to see what it is like to "be in the other chair," as this can be a great empathy building tool for working with clients!

Students are enrolled in the university health plan, which includes coverage for mental health. A list of providers who take the insurance plan can be found on USC's insurance website. Graduate students are also eligible to receive services at USC's Counseling Center, although this may not be ideal if a student plans to apply for an externship or internship there.

If a student requests a referral for therapy from any member of the faculty, we would provide a name but have no other involvement or contact with the student's therapist (except in the improbable circumstance where such contact would be allowed by law and mandated by duties of care, such as if your therapist had good cause to fear for your immediate safety and felt compelled to contact someone at USC in order to locate you). Recently, a graduate student-led effort has resulted in a list of therapists utilized previously by other students and/or have agreed to provide lower-cost services for USC graduate students. A list of these providers can be found in the PSC's google drive in the "Therapy-Psychiatry Referrals for Grad Students"

folder. There is also a link to provide any new information anonymously (e.g., an experience good or bad with one of the therapists, knowledge about therapist fees, another provider seen who is not on the list, etc.). This anonymous link is always monitored by a graduate student in the program who will update the file to benefit all students.

XI.b. Personal Problems and their Interference in Clinical Work

It occasionally happens that personal problems interfere with one's ability to function as a psychologist. In line with Standard 2.06 of the APA Ethical Principles of Psychologists and Code of Conduct, it is the student's responsibility to be alert to personal problems that may interfere with effectiveness in clinical work. It is the student's responsibility to refrain from activities if their performance is impaired and clients/colleagues/students may be harmed. As a trainee, a first step would be to discuss the possible impact of personal problems with a clinical supervisor and/or academic advisor. There are a variety of avenues to explore, including obtaining assistance with personal problems, suspending/postponing training in direct service, or taking a leave of absence from the program.

We (faculty and students) collectively share a responsibility to take action if we are concerned that a student's personal problems may be harmful to clients. A first step is to bring concerns to the attention of the trainee who is thought to be having significant personal problems. If that does not result in a corrective response and there still appears to be a risk, it would be appropriate for students 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 recommend or require that: (a) the student take a leave of absence until the student no longer is impaired or (b) the student discontinue the program. Examples of behaviors that would elicit a recommendation for a leave from the program include irresponsible or erratic behavior with clients or more generally (e.g., being late for sessions, poor record keeping, flirtatious or belligerent behavior with a client, repeatedly acting in a manner that is detrimental to the client even after receiving supervision about the behavior).

If the plan is for a temporary leave from client-related work or from the program more generally, that decision should be made in consultation between the student, the faculty advisor, and the DCT. The goal will be to generate a specific plan that includes actions for amelioration or rehabilitation. Returning from the leave will be conditional on demonstrating that the plan has been enacted and has had the intended effect. Prior to taking the leave, the student's advisor and the DCT will create a written statement that documents: (a) length and reason for leave; (b) plans for remediation; (c) how it will be determined that the student is fit to return; and (d) plans for monitoring the student after returning.

As stated in the USC catalog, and in compliance with the Rehabilitation Act and the Americans with Disabilities Act (ADA), USC offers equal access to its degree programs to academically qualified applicants with physical, psychological or learning disabilities. USC is committed to providing appropriate, reasonable accommodations to students with disabilities. The Office of Student Accessibility Services (OSAS, formally Disability Services Program [DSP]) is dedicated to maintaining an environment that ensures all students with documented disabilities at USC equal access to its educational programs, activities and facilities. Accommodations are designed to level the playing field for students with disabilities, while maintaining the integrity and standards of our academic program. The website is <https://osas.usc.edu/>.

XII. FACULTY-STUDENT AND PEER RELATIONS

We aim for collegial, mutually respectful relationships between faculty and students in the clinical science 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.

Should you have difficulties with a faculty member or fellow student it is best to talk with them and iron out the concern. However, if that does not seem to be a viable option, students have a number of other options. The student could consult the DCT, ADCT, DGS, Chair, or another faculty with whom they feel

comfortable.

Another option is to contact the USC Ombud's office. The ombudsperson is trained to help students and staff explore ways to address difficult interpersonal situations in a confidential nonjudgmental manner. The current ombudsperson presented at our colloquium series in 2020 and is familiar with our program. Students also have the option to submit their concern to a university based anonymous forum that is referred to as Trojans Care for Trojans (TC4T). <https://studentaffairs.usc.edu/trojans-care-for-trojans-tc4t/>. This private and confidential platform was developed by the Office of Campus Wellness and Crisis Intervention. The goal is to empower USC students, faculty and staff to take action when they are concerned about a fellow Trojan facing personal difficulties. Anonymous forms of communication have the advantage of informing others of a particular concern. The disadvantage, however, is that those receiving the communication are not able to follow-up with those submitting the concern, limiting the likelihood of a resolution. We hope that anonymous reports will not be a primary tool for problem resolution. In general, it is best for difficulties to be resolved through more direct interactions. Nonetheless, students can always feel free to use the resources described here. Regardless of

the mechanism, serious difficulties should not be ignored and every effort should be taken to promote a respectful educational environment.

XII.a. Collaborative Relationships

In collaborative research: (a) faculty and students should discuss ownership of data and authorship on presentations/publications early enough in the process so that each is aware of their role; and (b) faculty and students should publicly acknowledge one another's contributions at conferences, in written work etc. Guidelines about authorship and authorship order are addressed further in the APA Ethical Principles of Psychologists and Code of Conduct (Code 8.12).

XII.b. 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 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 could 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 becomes known to others in the program (e.g., the DCT) rather than kept a secret. In addition, the Department Chair should be informed.

Psychotherapeutic relations between faculty and students 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.

XII.c. 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 university has explicit policies against discrimination and sexual harassment as stated in the Policy on Prohibited Discrimination, Harassment, and Retaliation, : "The University of Southern California (University) believes that all members of the University community, including students, faculty, staff, patients, and visitors, should pursue their work, education, and engagement in University programs and activities in a safe environment, free from discrimination and harassment based on protected characteristics, and retaliation. The University's primary concern is the safety and security of students, staff, faculty, and the University community. The purpose of this Policy is to prevent and respond to discrimination and harassment for all protected characteristics for all students, faculty, staff, patients, and visitors. The University is an equal-opportunity educator and employer,

proudly pluralistic, and firmly committed to providing equal opportunity for persons of all backgrounds and a diverse, inclusive, equitable environment. The University is committed to providing a safe and transparent University community where discrimination, harassment, and retaliation are universally recognized as intolerable, where those who are harmed are provided support and resolution options, and where a fair and impartial resolution process is provided to all parties.” ” <https://policy.usc.edu/discrimination/>

Complaints should not go unreported. Every effort should be made to break a sometimes-expected norm of silence. Students have multiple options in bringing attention to discriminatory encounters. They can raise the concern with the person who initiated the discriminatory encounter, they can talk with their advisor or DCT, they can contact the ombudsperson, and they can contact the Office of Equity and Diversity at <https://eeotix.usc.edu/> or 213-740-5086.

Coercive relationships additionally would be defined as taking advantage of the faculty-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. Faculty members are to commit themselves to impartially evaluating student performance and avoiding discrimination based on irrelevant personal or demographic characteristics (including the student’s race, ethnicity, sex, age, sexual orientation, religious faith or lack thereof, national origin, gender identity, physical disability, medical condition, marital status, pregnancy or veteran status).

XII.d. Grievances, Settling Disputes, and Due Process

When a dispute or grievance arises between a student and faculty member, or between two students, the goal is to resolve the matter as quickly and informally as possible. The student(s) first should attempt to resolve the matter directly with the faculty member or student. 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, see SCampus: Part B – University Student Conduct Code (<https://policy.usc.edu/wp-content/uploads/2021/04/SCampus-Part-B.pdf>). Another resource is the Office of Equity, Equal Opportunity, and Title IX (EEO-TIX) = (<https://eeotix.usc.edu/>).

In general, if the student believes they have been evaluated unfairly, the Graduate School offers the following steps:

- *The student schedules a meeting to discuss the problem with either the faculty or staff in question, or the student’s supervising faculty or staff.*
- *If the problem is not resolved, the student schedules a meeting with the DCT, Department Chair, or Director of Graduate Studies.*
- *If the problem is still not resolved, the student schedules a meeting with the Dean of the division in which the program or department is located.*
- *If the problem remains unresolved, the student brings the problem to the attention of The Graduate School, which may resolve the issue via informal mediation with the concerned parties.*

In general, the University offers support for student advocacy, and further information about these resources are provided in the graduate and graduate assistant handbooks.

XIII. SPECIFIC ETHICAL ISSUES

XIII.a. Graduate Students' Relations with Undergraduates

When serving as a teaching assistant or mentoring an undergraduate in the lab, the graduate student is in a position of authority with the undergraduate students. According to the Graduate Assistant Handbook (page 2), "All TAs, RAs, and Assistant Lecturers shall respect the rights and opinions of students and uphold the academic and community standards of the university as set forth in the Student Conduct Code and in the USC

Code of Ethics in the performance of their responsibilities." (<http://graduateschool.usc.edu/current-students/guidelines-forms-requests/#ga-handbook>). 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: <http://policy.usc.edu/faculty/faculty-handbook/>). For purposes of emphasis, the university considers it inappropriate conduct for a teaching assistant, research assistant, or assistant lecturer to have a dating relationship with one of their students. Students are advised to exercise foresight and reasonable caution in any dating relationship involving a USC student, especially if that student is an undergraduate, recognizing that a relationship that begins innocently may entail conflicts of interest later on that were not originally anticipated (such as if a dating partner switched majors and became a psychology major, which ultimately involved them having you or your classmates as their TAs).

All instructors, including Teaching Assistants, are required to complete the University's Harassment Prevention Training prior to the beginning of their first semester of teaching. For continuing instructors, the course must be repeated every two years (or sooner if the first course is taken during the university's collective non-training year). The training is offered in an online format and in live training sessions, if necessary. New Teaching Assistants will not be permitted to teach until they complete the training and submit the documentation to their home department.

An additional issue involves clients in the PSC. It is not uncommon for undergraduate psychology majors to seek therapy at the PSC. Students should not see a client for whom they have previously served as a TA or research mentor. In addition, one should recuse oneself from any group supervision or peer consultation regarding a client with whom you have had a previous relationship of any sort (TA, personal, or research). If a dual relationship later arises (e.g., a previous or current client is in the class you have just been assigned to TA), you should discuss the situation immediately with your supervisor (and probably also the clinic director).

XIII.b. 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 (e.g., Code B.11.) as well as in the APA Ethical Principles. 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.

Violations of academic integrity can result in dismissal. 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 course instructor, research advisor, or other faculty members.

XIII.c. Professional Identity and Use of Public Websites

As students enter the Ph.D. program in clinical science, they need to assume the role of a professional in clinical science and USC communities. One dimension of this is taking care at all times and in all circumstances to maintain the confidentiality of personal and sensitive information related to clients,

colleagues, and undergraduate students.

Another dimension is being aware of and careful about personal information posted or statements made on social media, as well as any statements posted in any public forum. Clients have access to all such sites and the public image conveyed should be one that is appropriate for any client to read. In addition, whether on- or off-campus, any on-line behavior with another member of the USC community must be viewed with the same respect and recognition of professional boundaries as any face-to-face encounter. Particular care should be exercised in on-line communications between graduate students and faculty, and graduate students and undergraduate students. Having any member of the USC community as a social media friend or follower subjects your postings to public access and scrutiny and potentially subjects your posting to the USC harassment standards.

XIV. STUDENTS' FINANCIAL SUPPORT AND FINANCIAL OBLIGATIONS

USC Dornsife and the Graduate School require 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 (TAs), research assistantships (RAs), graduate school fellowships, and training grant traineeships. In addition, there are several types of support that students can obtain on their own, or with the assistance of the faculty, for example, NIH and NSF predoctoral awards, stipends from private granting agencies, research assistantships outside the department, etc. All support is contingent upon being a student in good standing in the program, i.e., maintaining at least the minimal enrollment in coursework and maintaining academic standards. In addition, continuance of support as a research assistant or teaching assistant is contingent upon professional and competent performance in those positions.

The source of students' financial support varies. Some students receive support based solely on TAs and RAs. These positions typically require 20 hours per week of work. They are both usually funded by Dornsife College of Letters, Arts and Sciences but the RA is linked to a faculty's funded research program. Other students receive University or external funded fellowships that require no specific form of employment other than that they be engaged in their research. These are usually funded by the Graduate School or Dornsife. Students can request to be on fellowship or TA for a given year but all such requests need to fit within the overall departmental funding picture and thus are decided at the departmental level. When possible, the years without specific responsibilities linked to a student's funding, if available, are best taken when the student wants more time to complete research.

All forms of support, either from the College or the Graduate School, cover the following fees: health insurance, dental insurance, and fall and spring Health Center fee. When funded by Dornsife, the summer health center fee and additional minor fees are **not** covered. When funded by the Graduate School the summer health center fee and minor fees **are** covered.

In general, students are strongly urged to be active in applying for outside means of support (e.g., their own grant support). Although the clinical science program requires at least one semester of being a teaching assistant (this could be volunteer), other forms of funding may be more consistent with a student's career goals (e.g., neuropsychological assessment clinical placements at the USC Alzheimer Disease Research Center; independent undergraduate teaching through the Writing Program; TA with the Joint Educational Project; PSC Clinic Assistant). Students should discuss all such options with their faculty advisor before submitting an application.

Students are strongly encouraged to apply for predoctoral research funding through NSF (https://www.nsf.gov/funding/pgm_summ.jsp?pims_id=6201) or NIH National Service Research Awards (NSRA - <https://researchtraining.nih.gov/programs/fellowships>) or more specialized fellowships through professional organizations such as APA's Minority Fellowship program (<https://www.apa.org/pi/mfp>). Faculty advisors often know what sources of funding are available for specific areas of research. Applying for such awards requires time, effort, and planning. However, because master's and dissertation research

proposals can be written in a format for the NRSA award, some work can be synergistic with research milestones.

In general, efforts toward obtaining extramural funding are an essential part of establishing an academic and related career. Applying for funding while in graduate school is likely to make it easier to get funding later on, and grant applications help build a trainee's skill set and CV in important ways.

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, and as noted above, requests for summer units are necessary for some forms of financial support (Dornsife fellowships), which do not automatically include summer 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.

Summer Support. Some entering support packages include summer support but most do not. Other forms of summer support through the University, College, and Department vary from year to year. In some cases, one's advisor has external funding and can provide a summer research assistantship for a specific project. When other sources of support are available, we notify students and encourage them to apply. Students who receive departmental summer support propose to accomplish specific goals (e.g., complete a manuscript or write a fellowship application). The department will evaluate whether the goals were met and this can influence whether a student obtains future departmental funding. By and large, students should be proactive in seeking out summer funding options. Applications for these departmental awards will typically be emailed in the month of March by the graduate student advisor.

References

- American Psychological Association. (2012). *Education and training guidelines: A taxonomy for education and training in professional psychology health service specialties*. Retrieved from <http://www.apa.org/ed/graduate/specialize/taxonomy.pdf>
- American Psychological Association. (2011). Guidelines for assessment and intervention with persons with disabilities. Retrieved from: <https://www.apa.org/pi/disability/resources/assessment-disabilities-introduction>
- American Psychological Association. (2012). Guidelines for psychological practice with lesbian, gay and bisexual clients. *American Psychologist*, 67(1), 10-42.
- American Psychological Association. (2014). Guidelines for psychological practice with older adults. *American Psychologist*, 69(1), 34-65.
- American Psychological Association. (2015). Guidelines for psychological practice with transgender and nonconforming people. *American Psychologist*, 70(9), 832-864.
- American Psychological Association. (2017). Multicultural guidelines: An ecological approach to context, identity, and intersectionality. Retrieved from: <http://www.apa.org/about/policy/multicultural-guidelines.pdf>
- American Psychological Association. (2018). Standards of Accreditation for Health Service Psychology: Approved February 2015. <http://www.apa.org/ed/accreditation/about/policies/standards-of-accreditation.pdf>
- American Psychological Association, Girls and Women Guidelines Group. (2018). APA guidelines for psychological practice with girls and women. Retrieved from <http://www.apa.org/about/policy/psychological-practice-girls-women.pdf>
- Blair, I.V., Steiner, J.F., Fairclough, D.L., Hanratty, R., Price, D.W., Hirsh, H.K., Wright, L.A., Bronsert, M., Karimkhani, E., Magid, D.J., & Havranek, E.P. (2013). Clinicians' implicit ethnic/racial bias and perceptions of care among Black and Latino patients. *Annals of Family Medicine*, 11(1), 43-52.
- Daniel, J.H., Roysircar, G., Abeles, N., & Boyd, C. (2004). Individual and cultural-diversity competency: focus on the therapist. *Journal of Clinical Psychology*, 60(7), 755-770.
- Devine, P.G. (1989). Stereotypes and prejudice: their automatic and controlled components. *Journal of Personality and Social Psychology*, 56(1), 5-18.
- Dovidio, J.F., Kawakami, K., & Gaertner, S.L. (2002). Implicit and explicit prejudice and interracial interaction. *Journal of Personality and Social Psychology*, 82(1), 62-68.
- Falender, C.A., Shafranske, E.P., & Falicov, C.J. (Eds.), *Multiculturalism and diversity in clinical supervision: A competency-based approach*. Washington, D.C.: American Psychological Association.
- Greenwald, A.G., Banaji, M.R., & Nosek, B.A. (2015). Statistically small effects of the Implicit Association Test can have societally large effects. *Journal of Personality and Social Psychology*, 108(4), 553-561.
- Kaslow, N.J. (2004). Competencies in professional psychology. *American Psychologist*, 59(8), 774-781.
- Kaslow, N. J., Borden, K. A., Collins, F. L., Forrest, L., Illfelder-Kaye, J., Nelson, P. D., et al. (2004). Competencies conference: Future directions in education and credentialing in professional psychology. *Journal of Clinical Psychology*, 60, 699-712.
- Katz, A.D., & Hoyt, W.T. (2014). The influence of multicultural counseling competence and anti-Black prejudice on therapists' outcome expectancies. *Journal of Counseling Psychology*, 61(2), 299-305.
- Owen, J., Tao, K., & Rodolfa, E. (2010). Microaggressions and women in short-term therapy: Initial evidence. *Counseling Psychologist*, 38(7), 923-946.

- Rodolfa, E., Bent, R., Eisman, E., Nelson, P., Rehm, L., Ritchie, P. (2005). A cube model for competency development: Implications for psychology educators and regulators. *Professional Psychology: Research and Practice*, 36(4), 347-354.
- Sabin, J.A., & Greenwald, A.G. (2012). The influence of implicit bias on treatment recommendations for 4 common pediatric conditions: pain, urinary tract infection, attention deficit hyperactivity disorder, and asthma. *American Journal of Public Health*, 102(5), 988–995.
- Shelton, K., & Delgado-Romero, E.A. (2011). Sexual orientation microaggressions: The experience of lesbian, gay, bisexual, and queer clients in psychotherapy. *Journal of Counseling Psychology*, 58(2), 210-221.
- Sue, D. W., Sue, D., Neville, H. A., & Smith, L. (2019). *Counseling the culturally diverse: Theory and practice* (8th edition). Hoboken: John Wiley & Sons.
- Truong, M., Paradies, Y., & Priest, N. (2014). Interventions to improve cultural competency in healthcare: a systematic review of reviews. *BMC health services research*, 14(1), 1-10.

APPENDIX A

SUMMARY OF AVAILABLE STATISTICS COURSES

{Please note, this listing is for your information. Any course listed in Category A in the Graduate Student Handbook plus some outside courses, e.g., PM511, can be taken to fulfill the quant requirement.}

PSYC 500 OVERVIEW OF QUANTITATIVE METHODS IN PSYCHOLOGY

This course is primarily a workshop in data analysis for psychological research. The emphasis is on model construction and comparison. Students are encouraged to utilize their own data, although datasets will be available. Students will (1) address issues and arguments for Null Hypothesis Significance Testing vs. Point Estimation and Effect Sizes; (2) review fundamental characteristics of measurement, samples and sampling, and analyses of group differences vs. covariance structures; (3) practically reflect on the need for replication and how meta-analyses offer a means to integrate findings across replications; and (4) develop an appreciation for how research can be planned from within an “Open Science” perspective to better advance our science. These objectives will be alternately supported across several statistical computer programs: R, SAS, and SPSS.

PSYC 501 CLASSIC AND MODERN STATISTICAL METHODS I

The primary goal is to provide a strong foundation for understanding and applying basic statistical techniques. The basics include sampling distributions, expected values, hypothesis testing, the difference between parameters and statistics, least squares regression and correlation, and the basics of probability theory. No prior training in statistics is assumed. Classic methods are covered as well as some modern methods developed during the last half century that are aimed at dealing with skewed distributions, heavy-tailed distributions and heteroscedasticity.

PSYC 502 CLASSIC AND MODERN STATISTICAL METHODS II

This course expands on the methods covered in Psych 501 assuming familiarity with the software R, which was covered in 501. It is well known in the statistics literature that modern robust methods can provide a deeper and more accurate understanding of data. Many non-statisticians are now using modern techniques. So, the goal is to help students gain access to these improved methods. This course covers:

- ANOVA, including robust two-way, three-way and within-subjects techniques;
- Multiple comparisons are covered such as Fisher’s method, Scheffe’s method and the TukeyKramer technique. Included are heteroscedastic techniques designed to deal effectively with outliers in a manner that avoids masking. In the statistics literature, commonly used methods for dealing with outliers are well known to be unsatisfactory;
- Some multivariate methods such as MANOVA and outlier detection techniques that take into account the overall structure of the data;
- Robust regression, including smoothers aimed at dealing with curvature. These methods can deal with both outliers and heteroscedasticity and play a fundamental role in ANCOVA. Modern methods for dealing with interactions are covered as well. Included are substantially improved methods for dealing with interactions;
- ANCOVA, including robust methods that deal with both types of heteroscedasticity as well as curvature; and
- Some basic techniques for analyzing categorical data.

PSYC 503L REGRESSION AND THE GENERAL LINEAR MODEL

The overall goals of the course are to provide students in the behavioral sciences the opportunity to understand and apply the concepts and methods of multiple regression and the general linear model, and to see how these methods apply to the analysis of variance and covariance. Some coverage of both path analysis and logistic regression will also be included. Students will have hands-on experience with real data sets throughout the course. This is a first course in multivariate statistics, and serves as preparation for other multivariate analyses, including factor analysis and structural equation modeling with latent variables.

PSYC 504, RESEARCH DESIGN AND METHODS

Participants will learn about the methodologies used in psychological research, including design, measurement and interpretation. The goals are for participants to improve their ability to design their own research and to evaluate research findings. The designs and methods are applicable to a broad range of

questions in psychological, behavioral and social science research. The course emphasizes individual-differences – addressing questions about why people are different from each other. Conceptual issues to be covered include: formulating hypotheses, importance vs significance, threats to internal and external validity, construct validity, statistical inference, understanding mechanisms (causal attributions, mediators, moderators), and exploratory vs hypothesis-driven research.

PSYC 524 RESEARCH DESIGN IN DEVELOPMENTAL PSYCHOLOGY

The focus of this course is on methodological issues associated with the study of development, broadly defined, from a life-span perspective. General areas of concern include the conceptualization of research problems, research design, measurement, and data analysis and modeling. Course goals are to promote: 1) acquisition of knowledge and skills for the formulation of research questions and study design; 2) selection of appropriate measurement devices for longitudinal studies; and 3) application of data analysis for the examination of research issues from a life-span developmental perspective.

PSYC 577 ANALYSIS OF COVARIANCE STRUCTURES

This course offers an introduction to structural equation modeling (SEM), a general quantitative technique used to simultaneously evaluate complex, multivariate relationships among both manifest (observed) variables and latent (unobserved) variables. The principal emphases will consider basic SEM techniques such as path analysis, latent variable analysis, and confirmatory factor analysis. Our discussions will broaden across the semester to consider how such basic elements can be combined in multiple, interconnected ways within a single structural model.

PSYC 621 SEMINAR IN QUANTITATIVE PSYCHOLOGY

The topic shifts given the interest of the quantitative area faculty. One of the recent course offerings examined Bayesian Methods (Richard John, Course Faculty). Another focused on multilevel modeling (Mark Lai, Course Faculty)

PREVENTIVE MEDICINE 511A DATA ANALYSIS

Students will learn how to manage and analyze data. We will use SAS software. Topics include:

- SAS basics: inputting data, etc.
- Preparing data for analysis
- Exploratory data analysis: understand distributions, detect outliers, etc.
- Hypothesis testing: t-tests, nonparametric procedures, chi-square tests, etc.
- Regression
 1. Simple and multiple linear regression
 2. Techniques for building and evaluating a regression model
 3. Confounding and effect modification
 4. Model selection
 5. Logistic regression
- Analysis of variance (ANOVA) models
- Sample size and power