

University of Southern California

Clinical Science  
Handbook

**2018-2019**

(Revised Feb 2019)

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

## Table of Contents

I.	<u>Introduction</u>	4-5
	• <u>Important Training Documents</u>	4-5
II.	<u>Mission of the Clinical Psychology Program</u>	5
III.	<u>Program Characteristics and Professional Identity</u>	6-8
	III.a. <u>Current Clinical and Departmental Contacts</u>	6
	III.b. <u>Special Requests and Exceptions</u>	6
	III.c. <u>Required Meetings and Events</u>	7
	III.d. <u>Professional Organizations</u>	7-8
	III.e. <u>Professional Conferences and Workshops</u>	8
IV.	<u>Overview</u>	9-10
	IV.a. <u>Preliminary Competencies, Material Review, and Paperwork</u>	9
	IV.b. <u>Paperwork Requirements—Deadlines first semester, first year</u>	10
V.	<u>Diversity</u>	10-13
VI.	<u>Curricular Requirements</u>	13-17
	VI.a. <u>Coursework</u>	13-17
	• <u>Required Courses</u>	13-14
	• <u>Major Area of Study Course Requirements</u>	14-15
	• <u>Sample Course Sequence</u>	15-16
	• <u>Enrollment</u>	16
	• <u>Clinical Seminars</u>	16
	• <u>Statistics Training</u>	16
	• <u>Changes in Program Requirements</u>	17
	VI.b. <u>Additional Curricular and Training Requirements</u>	17
VII.	<u>Research Experience and Requirements</u>	17-27
	VII.a. <u>Research and the Mentor Model</u>	17-18
	VII.b. <u>Working with More than One Advisor or a Research Advisor not in the Clinical Science Area</u>	18
	VII.c. <u>Switching Advisors</u>	18-19
	VII.d. <u>Troubleshooting</u>	19
	VII.e. <u>Ethical Conduct of Research</u>	19
	VII.f. <u>USC Clinical Science Leibovitz Research Conference</u>	19-20
	VII.g. <u>Clinical Science Program Research Milestones</u>	20
	VII.h. <u>Research Milestones Timeline for Entering Class of 2016-2017</u>	20-21
	VII.i. <u>First Year Project Proposal</u>	22
	VII.j. <u>Second Year Project (Master's Research Project)</u>	22
	VII.k. <u>Qualifying Exam</u>	22-26
	VII.l. <u>Dissertation</u>	26
	VII.m. <u>Clinical Science Funding for Research</u>	27
VIII.	<u>Teaching Experiences and Requirements</u>	27
IX.	<u>Clinical Experiences and Requirements</u>	27-32
	IX.a. <u>Supervision</u>	28-29
	IX.b. <u>Externships</u>	29-31
	IX.c. <u>Year-long Internship</u>	31
	IX.d. <u>Alternatives to Pursuing Training in Clinical Applications of Psychology</u>	31-32
X.	<u>Evaluation</u>	32-33
	X.a. <u>Feedback about Student Performance</u>	32
	X.b. <u>Record-keeping and Student Files</u>	32-33
	X.c. <u>Student Feedback to the Program and Faculty</u>	33
	X.d. <u>Student Representation to Faculty</u>	33-34

XI.	<u>Personal Therapy</u>	34-35
XI.a.	<u>Personal Problems and their Interference in Clinical Work</u>	34-35
XII.	<u>Faculty-Student and Peer Relations</u>	35-37
XII.a.	<u>Collaborative Relationships</u>	35
XII.b.	<u>Dual Relationships</u>	35
XII.c.	<u>Coercion or Discrimination in Relationships</u>	35-36
XII.d.	<u>Grievances, Settling Disputes, and Due Process</u>	36-37
XIII.	<u>Graduate Students' Relations with Undergraduates</u>	37
XIV.	<u>Academic Integrity</u>	37-38
XV.	<u>Professional Identity and Use of Public Websites</u>	38
XVI.	<u>Students' Financial Support and Financial Obligations</u>	38-39
	• <u>Summer Support</u>	39
	<u>References</u>	39-40
	<u>Appendix A: APA Course Requirements Table</u>	41-44
	<u>Appendix B: Summary of Available Statistics Courses</u>	45-47

## 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 Handbook for Graduate Students (<https://dornsife.usc.edu/psyc/handbook-for-doctoral-students/>), aka, the “Blue Book”. The Blue Book contains all additional information regarding departmental requirements not mentioned in the Clinical Handbook. We have included reference points whenever a policy is further explicated in the Blue Book. Both handbooks should be read carefully upon entering the program, and should be used as a frequent reference. This handbook has been written so that all students are alerted to important issues and have the same basic information. It is the student’s responsibility to become familiar with the policies contained in each document and to abide by them.

The material provided here supplements the Blue Book 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 the Clinical Science Handbook and the Blue Book. However, there are some discrepancies that we point to throughout the Clinical Handbook. Every discrepancy is in the direction of completing requirements EARLIER in the Clinical Handbook compared to the Blue Book. The Clinical Science faculty feel strongly that all noted deadlines in the Clinical Handbook should be the rule for all students. However, a student is not placed on probation unless they fail to meet the Blue Book deadline. If you have any questions about these Handbooks and possible differences, please consult with your advisor, the Director of Clinical Training (DCT), or the Associate Director of Clinical Training (ADCT).

A student’s requirements are based on the Departmental and Clinical Science Handbooks for that student’s year of entry. However, if requirements change during a student’s tenure in the program, that student can elect, with their faculty advisor’s approval, to follow the requirements of a later year. In other words, the student can elect, if approved, to follow ALL deadlines within the chosen (later entry) cohort year; it is not permissible to pick and choose the deadlines or requirements from multiple years. 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 (i.e., entering 2012-2013 academic year through 2016-2017 academic year) are provided in the Clinical Science Program’s google drive in the Program Requirements folder.

A handbook cannot supplant the importance of direct communication, however. Nor can it 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.

In addition to the information in the following section, the Clinical Science Program sends students and faculty a newsletter with information about speakers, workshops, personal announcements and achievements. The program also provides students and faculty with up-to-date announcements about program and national meetings, upcoming professional opportunities, and funding opportunities. Newsletters are archived during the semester on the clinical science website (<https://dornsife.usc.edu/psyc/clinical-newsletters/>). The newsletters can contain time-sensitive information and it is important to read them on a regular basis.

### IMPORTANT TRAINING DOCUMENTS

\*\* The Psychology Department Handbook for Graduate Students (the “Blue Book”)  
(<https://dornsife.usc.edu/psyc/handbook-for-doctoral-students/>)

\*\* The Graduate Assistant Handbook (<http://dornsife.usc.edu/teaching-assistant-handbook/>)

- \*\* Information on Teaching Assistants (TAs), Research Assistants (RAs), and Graduate Assistant Lecturers (ALs) (<http://graduateschool.usc.edu/current-students/guidelines-forms-requests/#ga-handbook>)
- \*\* The USC 2018- 2019 Catalogue Graduate and Professional Education (<http://catalogue.usc.edu/index.php?catoid=6>)
- \*\* The Psychological Services Center Manual (located in the PSC Google Drive; access to the drive is handled by the director of the PSC)
- \*\* SCAMPUS—2018-2019 Guidebook for USC Students (<http://scampus.usc.edu/>)
- \*\* The APA Ethical Principles of Psychologists and Code of Conduct, including 2010 and 2016 amendments. (<http://www.apa.org/ethics/code/>)
- \*\*The Code of Ethics of USC (2014) (<https://about.usc.edu/policies/>)

## 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 be active consumers of psychological knowledge but also to go further – to be on the forefront of advancing 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, is an emphasis on critical thinking. In light of the breadth of information and rapid changes in the field of clinical psychology, graduates must be able to sift through new knowledge and applications, incorporating what they deem worthwhile into their work. The critical thinking skills they develop serve as the tools to evaluate, integrate, and generate new information.

Our curriculum at USC entails a set core of didactic courses on the theory, research, and applications of clinical psychology. There are also experiential requirements involving mentored research experiences and supervised clinical experiences. In addition to the required core curriculum, the program allows students to develop specialty areas, now referred to as major areas of study (APA, 2012). We have three major areas of study: Clinical Geropsychology, Child and Family Psychology, and Neuropsychology. A formalized agreement also allows students simultaneously to pursue a Master's in Public Health along with the Ph.D. in psychology.

### III. Program Characteristics and Professional Identity

#### III.a. Current Clinical and Departmental Contacts

**Director of Clinical Training (DCT):** David Schwartz ([davschw@usc.edu](mailto:davschw@usc.edu))

*Resource for: Program policies and procedures; Exceptions to program policies and procedures; Annual student review letters; student/faculty/staff complaints; Departmental funding; leave of absence (including parental leave)*

**Associate Director of Clinical Training (ADCT):** Patricia Tan (incoming)

*Resource for: Program policies and procedures; student/faculty/staff complaints; externship and internship advisement; annual clinical work evaluations; advisement about PhD/MPH dual degree*

**Director, Psychology Services Center (PSC):** Lauren Shapiro ([lsphies@usc.edu](mailto:lsphies@usc.edu))

*Resource for: Program policies and procedures; Clinic policies and procedures; student/faculty/staff complaints; clinic complaints; externship and internship advisement; annual clinical work evaluations; PSC video recording equipment; access to clinic and program google drives*

**Program Specialist to Clinical Science area and the PSC:** Erika Quinly ([quinly@dornsife.usc.edu](mailto:quinly@dornsife.usc.edu))

*Resource for: Program policies and procedures; Clinic policies and procedures; Forms and documents; Clinical travel and research funds*

**Psychology IT staff:** Carlos Garibay ([cgaribay@dornsife.usc.edu](mailto:cgaribay@dornsife.usc.edu))

*Resource for: Computer issues; Network issues; Setting up accounts; Trouble logging into accounts*

**Psychology Department Chair:** Jo Ann Farver ([farver@dornsife.usc.edu](mailto:farver@dornsife.usc.edu))

*Resource for: Departmental policies and procedures; TA assignments; complaints; Departmental funding; leave of absence (including parental leave)*

**Director of Graduate Studies:** Stanley Huey ([hueyjr@usc.edu](mailto:hueyjr@usc.edu))

*Resource for: Departmental policies and procedures; Exceptions to departmental policies and procedures; Probation; Clinical travel and research funds; Departmental funding; leave of absence (including parental leave)*

**Graduate Student Advisor:** Jennifer Vo ([jennivo@usc.edu](mailto:jennivo@usc.edu))

*Resource for: Asking for d-clearance; Departmental forms and committee questions; Implementation of Graduate School policy*

**Director of Undergraduate Studies:** Ann Renken ([arenken@usc.edu](mailto:arenken@usc.edu))

*Resource for: Issues that come up during TAs involving undergraduates; undergraduate program policies and procedures*

**Audio-Visual Technician II:** Gabriel Gonzalaz ([gonzaleg@usc.edu](mailto:gonzaleg@usc.edu))

*Resource for: student posters; assistance with any audio-visual equipment (except PSC video recording); office keys*

#### III.b. 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.c. Required Meetings and Events

There are a variety of frequently held, special, and yearly events where we require student attendance. These events are a central part of the curriculum in the program (as noted in the following section), and as such are treated similarly to expectations that students attend classes, lab meetings, etc. A list of the required meetings can be found in the box below. Students are often asked to RSVP to these events to ensure we have appropriate number of food/beverage, space, and handouts, when relevant. It is expected students will discuss any conflict with the DCT, ADCT or PSC Director as soon as practicably possible.

#### REQUIRED MEETINGS

*Brown Bags* take place at least once a month and last 60-90 minutes. We have a wide range of talks during this time. They include research, professional development, and case conferences. Oftentimes the speakers are from outside the university. We currently hold these meetings from 11:30 AM to 1:00 PM on the first Monday of the month.

*Workshops* 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 scheduling is dependent on availability of campus venues.

*The Leibovitz annual conference* 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 their internship. A dinner 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 annual celebration.

*Department Poster Presentations* of students' 2<sup>nd</sup> 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 in September on a Wednesday. The specific date will be announced early in the year.

*Annual Clinic Orientations.* Each year, from noon to 1pm on the first day of classes, there will be a mandatory clinic orientation for all students enrolled in the didactic-practicum courses.

*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 generally 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. Scheduled 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 brown bags and workshops, they can be required to complete a make-up assignment (the specific format depends on the event, but typically involves a reading and writing assignment), typically within 15 days of the missed meeting. APA accreditation requires that all students have exposure to the key topics covered in these meetings. These make-up assignments not only help us document that all students have indeed participated in this important part of the training, but also ensure that each student receives training we feel will benefit them both currently and in their future endeavors.

### III.d. 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. Student membership provides the benefits of regular membership (e.g. journals, newsletters, notices of meetings, reduced registration at meetings, and access to listservs where relevant discussions occur). Examples of such organizations include: APA, APS, ABCT, GSA, SRCD, SBM, etc. Information about student memberships can be found on-line.

Many faculty and students in the program are active in professional organizations. It is an important part of professional development to join organizations, participate in listserv conversations, read organization publications, and attend and present at conferences. The following organizations represent those consistent with current faculty interests.

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/](http://www.geron.org/)

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

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

Society for Neuroscience: [www.sfn.org/](http://www.sfn.org/)

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

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

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

### **III.e. 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. NRSA grants as well as faculty members' grants also might include travel funds.

Advisors can provide information about relevant conferences and advice about writing an abstract, and 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.

Although attending and presenting research at conferences is encouraged, both the student and advisor should monitor the number of conferences students attend. Participating in too many conferences can in some cases slow down one's research productivity and ability to reach one's milestones. Students should strive for a balance of attending conferences and working on submitting one's research for publication, as well as reaching one's milestones. Keeping a list of conferences/workshops attended may be useful in the internship application process and (depending on the State) could also assist with license.



## IV. Overview of the Program

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.

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.

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. (For more information, see XVI. Student Financial Support on pp. 38-39).

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 his or her approval. It is required, with no exceptions, that students spend at least 3 years in-residence on campus.

Students are simultaneously involved in three types of learning experiences—classroom learning, research training, and training in clinical assessment and intervention. In addition, all students obtain experience teaching, 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 these 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 Specialist, 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, that can be found at the website, <https://ooc.usc.edu/data-privacy/health-information/hipaa-privacy-education-program/>. Upon completion of the online course, students will receive a certificate. Entering students are to turn in the certificate to the Program Specialist 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 30<sup>th</sup>** in any case.

#### **IV.b. Paperwork Requirements—Deadlines first semester, first year**

**October 30, 2018:** 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 Specialist no later than October 30, 2016.

**December 1, 2018:** Take HIPAA on-line training program; return completed certificate to the Program Specialist no later than December 1, 2018.

**Prior to any research involvement or by October 30, 2018** (whichever comes first): Complete CITI Human Subjects training and submit completion certificate to the Program Specialist

#### **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, p. 5), 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.” As a program, we work together to promote an environment characterized by **inclusion and support**.

**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 cultural 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 responsivity to concerns raised by any member of the program.

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

#### 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., Sue & Sue, 2015), 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 brown bag 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 some aspect 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.

### **Here's 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, the seminal study by 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 scores on 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). APA Guidelines (e.g., for Multicultural Education, Training and Research; for Psychological Practice with Older Adults; Psychological Practice with Gay, Lesbian, and Bisexual Clients; Psychological Practice with Girls and Women; Assessment and Interventions with Persons with Disabilities; Psychological Practice with Transgender and Gender Non-Conforming People) and others (Daniel et al., 2004; Sue & Sue, 2015) 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., APA Standards of Accreditation).

## 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 course and substantive requirements of the Clinical Science Program thus encompass departmental requirements (detailed in the Blue Book) and requirements specific to the program. The following table presents departmental and Clinical Science requirements and ways of fulfilling them. Students will be required to show their progress toward completion of these requirements each year by completing and submitting a Requirements Worksheet (located in the USC Clinical Science Program google drive in the "Program Requirements" folder) with completion dates to their research advisor and the DCT for signature. Students will submit the completed and signed form along with their annual activities report to the Program Specialist each year (typically in late April/early May).

### VI.a. Coursework

Below, please find a list of the courses that are required (as well as choices to fulfill particular requirements when relevant). A worksheet containing this information (along with other program requirements) is presented for each cohort in the USC Clinical Science Program google drive in the "Program Requirements" folder as noted above. In addition, another table (labeled APA requirements table) is listed in Appendix A in order to provide information about how program requirements map on to APA requirements.

<b>REQUIRED COURSES</b>	
595a	Clinical Interviewing
595(b,c)	Assessment Practicum (2 semesters; Spring & Summer or Summer & Fall depending on cohort year)
515	Clinical Assessment
514	Psychopathology
619	Psychological Intervention
695	2 Didactic Practicums (selected from: Adult, Child/Family/Couple, Older Adult)
660	2 Clinical Seminars
504	Research Design
508	Historical Foundations of Psychology (History and Systems requirement may also be satisfied through other means)
612	Self-Concept and Motivation OR Current Issues in Social Cognition
<b><u>Biological Aspects of Behavior: 1 of the following options:</u></b>	
544	Psychophysiology***
540	Cognitive Neuroscience***
547	Functional Neuroanatomy*** plus 660 Clinical Neuropsychology
660	Biological Bases of Health and Behavior*
<b><u>Cognitive Aspects of Behavior: 1 of the following options:</u></b>	
506	Learning and Cognition***
533	Cognitive Development in Children
612	Current Issues in Social Cognition*
<b><u>Integrative Knowledge: 1 of the following options:</u></b>	
533	Cognitive Development in Children
540	Cognitive Neuroscience***
612	Current Issues in Social Cognition
<b><u>*Please note that 660 and 612 are NOT listed in Category B for DEPARTMENTAL requirements. One course must be taken from Category B to fulfill the department's criteria for graduation. These courses reflect fulfilling APA requirements. Category B options are denoted with ***.</u></b>	
<b><u>Techniques of Data Analysis: 2 of the following courses:</u></b>	

500	Techniques of Data Analysis
501 or PM511A	Statistics in Psychological Research or Data Analysis
502	Analysis of Variance and Experimental Design
503	Regression and the Linear Model
524	Research Design in Developmental Psychology
575	Multivariate Analysis of Behavioral Data
621	Seminar in Quantitative Psychology

### **OTHER REQUIRED ENROLLMENT**

**During 1<sup>st</sup> semester as a TA:** Enroll in MDA 593 Practicum in Teaching in the Liberal Arts

**After defending Qualifying Exam** (review paper plus dissertation proposal):

Enroll in 794 (Doctoral Dissertation) every semester until the dissertation is defended\*\*

\*\*when on internship, enroll in 691 instead

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

**Brown bags:** Clinical area brown bags (1.5 h presentations, held 1-4 times 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 a central part of the curriculum

### **OPTIONAL ENROLLMENT/COURSES**

**2<sup>nd</sup> Year Project/Master's Thesis credits:** During the second semester of Year 2, it is optional to enroll in PSYC 590 (if completing 2<sup>nd</sup> year project) OR PSYC 594ab (if submitting 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)

### **MAJOR AREA OF STUDY COURSE REQUIREMENTS**

#### **Child-Family**

- One of the di-pracs selected **must** be child-family
- 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 Child-Family Major Area of Study AND Clinical program requirements.
  - Courses in Developmental Psychology (including 533, 534, 574, or special topic seminar)
  - 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 di-pracs selected **must** be older adult
- One of the required 660 seminars **must** be related to older adults (e.g., Clinical Neuropsychology or Health Psychology). One 660 could be fulfilled by taking a course within another department that is clinically oriented and related to older adults (e.g., GERO 522 Counseling Older Adults and Their Families).
- 3 additional courses as follows:
  - o A course providing an overview/broad introduction to adult development and aging in Psychology or Gerontology is REQUIRED (e.g., GERO 620 Life Span Developmental Psychology)
  - o A course covering longitudinal research design and data analysis is REQUIRED (e.g., PSYC 524 Developmental Research Design)
  - o A course covering some other aspect of aging (e.g., biology of aging, neuroanatomy, neuroscience of aging, epidemiology, social policy) in PSYC, GERO, or another department (obtain advisor approval; course should be consistent with student's interest within geropsychology)

#### **Neuropsychology**

- Coursework
  - o Functional Neuroanatomy (PSYC 547; Dr. Bechara) - REQUIRED
  - o Seminar in Clinical Psychology – Clinical Neuropsychology (PSYC 660; Dr. McCleary) - REQUIRED
  - o Neuropsychology (PSYC 545; Dr. Bechara) - REQUIRED
  - o Advanced Overview of the Neurosciences (NSCI 524) – pending approval of the course instructor - OPTIONAL
  - o Advanced Overview of the Neurosciences (NSCI 524) – pending approval of the course instructor - OPTIONAL
  - o Introduction to Functional Magnetic Resonance Imaging (PSYC 555) - OPTIONAL
- Clinical Placements in Clinical Neuropsychology (2 REQUIRED)
  - o ADRC RA-ship (Supervisor, Dr. McCleary)
  - o USC Family Medicine - Neuropsychology Unit (Supervisor, Dr. Han)
  - o USC Neurology Department (Supervisor, Dr. McCleary)
  - o UCLA Department of Psychiatry and Behavioral Sciences (Supervisor, Dr. Bilder)
- Additional didactics and experiences (2 REQUIRED)
  - o Neurology grand rounds – Dr. Chui
  - o Neuropathology didactic seminar -- Brain cutting – Dr. Miller
  - o Research seminars and conferences broadly relevant to neuropsychology – Dr. Nation
  - o Neuropsychology Journal Club – Dr. Nation
- Research (REQUIRED)
  - o Demonstrated research experience broadly relevant to neuropsychology (Nation can provide guidance)

### **Sample Course Sequence**

The information provided below 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. 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 see example course schedules and consult with your advisor or other faculty. (And please ask questions about points of confusion!).

<b>SAMPLE STUDENT SCHEDULE 2017-2018</b>	
<b><u>Term</u></b>	<b><u>Course Title</u></b>
Year 1, Fall semester*	<ul style="list-style-type: none"> <li>• PSYC 595a Practicum in Clinical Psychology (Clinical Interviewing)</li> <li>• PSYC 501L or PM511 Statistics</li> <li>• PSYC 515 Clinical Assessment</li> </ul>
Year 1, Spring semester	<ul style="list-style-type: none"> <li>• PSYC 660 Biological Bases of Health and Behavior or PSYC 533 Cognitive Development in Children</li> <li>• PSYC 595b Clinical Assessment Practicum</li> <li>• PSYC 504 Research Design</li> </ul>
Year 1, Summer	<ul style="list-style-type: none"> <li>• PSYC 595c Practicum in Clinical Psychology (Assessment Practicum)</li> <li>• PSYC 508 Historical Foundations</li> </ul>
Year 2, Fall semester*	<ul style="list-style-type: none"> <li>• PSYC 695 Advanced Practicum in Clinical Psychology (Adult, Child-family, or older adult)</li> <li>• PSYC 514 Psychopathology</li> </ul>
Year 2, Spring semester	<ul style="list-style-type: none"> <li>• PSYC 695 Advanced Practicum in Clinical Psychology (continued from fall semester)</li> </ul>

	<ul style="list-style-type: none"> <li>• PSYC 619 Psychological Intervention</li> <li>• If 3<sup>rd</sup> course: PSYC 660 or Statistics course</li> </ul>
Year 2, summer	<ul style="list-style-type: none"> <li>• PSYC 695 Advanced Practicum in Clinical Psychology</li> </ul>

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

**A Word on Enrollment.** To be considered a full-time student at USC (which has important implications for funding and any loans obtained during graduate school), students must be enrolled for 6 units per semester. Twelve units is the maximum allotted for any given semester. Dissertation units, masters 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 Graduate Student Advisor. If a student is not taking any other courses during the semester 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.

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 (e.g., Historical Foundations), 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 1<sup>st</sup> year and summer following the 1<sup>st</sup> year. All students from the 2<sup>nd</sup> 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.

**A Word on 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: Clinical Neuropsychology, Health Psychology, Trauma, and Child-Family Interventions. These courses also often serve to meet requirements related to major area of study (e.g., Clinical Neuropsychology meets requirements for the Clinical Geropsychology and Neuropsychology major areas of study). Please consult your advisor or the DCT/ADCT for any advising on the best courses to select for your training needs.

**A Word on Statistics Training.** All clinical students are required to enroll in PSYC 504 Research Design as part of their statistics training. Students take this during the second semester of their first year. This course is helpful as students design their second year research project as part of the course requirement.

Most students elect to begin the program with an entry-level statistics class such as PSYC 501 Statistics in Psychological Research, or Preventative Medicine 511A (located on the Health Sciences Campus). In the third semester, students are encouraged to take PSYC 500L Overview of Quantitative Methods in Psychology. In this course students will have the opportunity to learn multiple statistical software packages and apply the most relevant one for their second year project. Following these foundational courses, students can elect additional courses that best fit their statistical needs. It is strongly recommended that students review the



courses' content (see Appendix B 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.

**Changes in Program Requirements.** As a result of reviewing all coursework for the APA self-study and site visit and the changes to APA requirements in the new Standards of Accreditation, there are some notable changes in coursework requirements compared to prior years. In most instances, these changes actually provide some additional choices for students. For example, PSYC 533 Cognitive Development in Children can fulfill needed courses in Cognitive Aspects of Behavior as well as fulfilling the Integrated Knowledge requirement. Similarly, as an integrative course in social and cognitive aspects of behavior and providing a solid foundation in each topic, Current Issues in Social Cognition (one of the PSYC 612 options) can fulfill the cognitive, social and integrative course requirements. Students are encouraged to view each selection in the requirements closely, and, in consultation with their advisor, select the course sequence that fulfills program requirements and also best meets individual training needs.

## **VI.b. Additional Curricular and Training Requirements**

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 the "brown bag" clinical science professional development meetings and the day-long clinical science invited workshops. Brown bags are typically held on Monday mornings 11:30am-1pm. Lunch is provided and all students are **required** to attend. These meetings may include guest speakers, clinical case presentations, or informational sessions (e.g., review of clinic procedures; how to apply to internship). Day-long invited workshops typically occur on Fridays (though other days may be selected based on speaker availability). Our supervisors from the community, faculty and students are all invited to attend. Students are required to attend these workshops given that the content is considered an additional part of the curriculum. In the rare instance that a student is unable to make a workshop, they will be required to complete a make-up assignment. These assignments may include the following: watching the workshop on DVD, completing readings, completing a writing assignment, participating in a discussion of the material with a faculty member.

## **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. A related goal is that students become competent at writing scholarly review papers. Thus, the requirement for the qualifying exam review paper is to demonstrate the ability to review critically a body of literature and to discuss that literature in an original and integrative fashion.

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 course selection and load, financial support, etc. The student is responsible for discussing all commitments related to the

practice of psychology (e.g., taking on a job, accepting an assistantship, doing volunteer work, 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, hopefully fit to the needs of the student and the research. We have no intention of structuring the mentor-advisee relationship to the extent that it restricts optimal collaboration. Certainly 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 (e.g., when writing the qualifying exam paper). 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 also will have more frequent lab or research group meetings with the mentor.

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

Although students are assigned and typically work with one faculty mentor, it is valuable for students to receive mentorship from multiple faculty members. This takes place over the course of the program as students are exposed to other faculty through coursework and their research guidance committees. To encourage this further, the clinical program will adopt a second mentorship policy beginning with the entering class of 2017. Students decide on a primary mentor prior to entering the program. In addition, they will be asked to meet with multiple faculty throughout the first year and choose a second mentor. The focus of the additional mentor can take on many forms. It could be a shared intellectual focus, a secondary research project, more clinical matters, or general mentorship regarding a wide range of topics on which students could benefit from additional faculty input, including career development. The goal of the second mentorship would be to encourage students to obtain input from more than one faculty member on the usual student-mentor topics. In addition, the second mentor could serve as an invaluable source of support should tensions arise between the student and their primary mentor. The quality of the relationship between the primary mentor and student contributes greatly to the success of any given student. Facilitating additional mentor-student relations should contribute further to positive student outcomes.

Before taking on a secondary mentor, the student should consult with her/his primary research advisor to consider whether she/he is on schedule with research milestones, and how his/her research progress will be impacted by branching out into a second lab. Students are encouraged to request meetings with faculty members whose research is of interest to them.

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. It generally is a good idea to participate in that person's lab meetings for several semesters. Both the research advisor and the academic advisor are members of all guidance committees, with the research advisor typically serving as chair and the academic advisor from the clinical area serving as a member of the second-year project or guidance committee. Both faculty are invited to participate in the 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 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. 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, alternatives and plans should be discussed with the advisor.

Early in the process, 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 advisor involved, 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 faculty member they feel comfortable with. That discussion will be used 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/scientific-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, violation of federal, state, or university research rules, and inappropriate behavior in the relationship of misconduct).

#### **VII.f. USC Clinical Science Leibovitz Research Conference**

The Clinical Science program sponsors its own annual research conference in which students make formal research presentations. The purpose of this meeting is to share information across labs and to prepare students for professional presentations elsewhere. Students are required to attend this conference. This meeting typically occurs just after the end of classes, typically during the final exam period before commencement every spring semester. The date for the conference cannot be determined until a venue is secured, which typically cannot be booked until February. As such, students should schedule summer vacation plans after commencement. If this is not feasible for a specific reason, students are encouraged to speak to the DCT or ADCT about this scheduling conflict.

Each student is required to present her or his research at the Leibovitz Conference at least once during their graduate studies. Students typically present their master's research projects but can select any piece of research conducted at USC to present. The Call for Abstracts will be announced through our weekly newsletter, typically before Spring break in March.

## VII.g. 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.h. Research Milestones Timeline with Dates for Entering Class of 2018-2019. (Dates for entering classes beginning with academic year 2012-13 are in the USC Clinical Science Program google drive in the "Program Requirements" folder)

By the end of . . . .	
1 <sup>st</sup> year, 1 <sup>st</sup> semester	Develop ideas for first year proposal, e.g., specific aims and hypotheses, and know what data will be used or collected
1 <sup>st</sup> year, 2 <sup>nd</sup> semester	<b>Recommended: April 1, 2019:</b> Submit research proposal to committee  <b>Required: No later than last day of classes Spring Semester:</b> Defend first year proposal with 3-person committee (proposal must be submitted 2 weeks prior to the defense date)
Summer before 2 <sup>nd</sup> year	Start data collection and preliminary analyses for 2 <sup>nd</sup> year project
2 <sup>nd</sup> year, 1 <sup>st</sup> semester	Complete data collection, analyses for second year project and start writing up 2 <sup>nd</sup> year project
2 <sup>nd</sup> year, 2 <sup>nd</sup> semester	<b>Recommended: April 1, 2019;</b> Submit second year project to 3-person committee  <b>Required: No later than last day of classes:</b> 2 <sup>nd</sup> year project must be approved by committee (project must be submitted to committee 2 weeks prior to the defense date)
Summer before 3 <sup>rd</sup> year	Prepare 2 <sup>nd</sup> year project for publication, and/or work on other data.
3 <sup>rd</sup> year, 1 <sup>st</sup> semester	Work on publication and conference presentation/s; Talk with advisor about qualifying exam paper and dissertation topic and about forming Guidance Committee.  <b>Required: September, 2020,</b> departmental poster display of 2 <sup>nd</sup> year projects.
3 <sup>rd</sup> year, 2 <sup>nd</sup> semester	<b>Recommended: March 1, 2021,</b> establish Guidance Committee and submit form ( <b>Required:</b> Guidance Committee paperwork must be submitted no later than <b>6 months prior to submitting qualifying exam paper to committee</b> )  <b>Recommended: May 1, 2021</b> submit 1-2 page prospectus of both parts of the qualifying exam to committee chair and committee members. Students may meet with committee members to discuss progress toward completion of qualifying exam paper and dissertation proposal.  <b>Required:</b> All departmental course requirements (see p.6-7 in Blue book) must be completed before students can take their qualifying exam. It is therefore recommended that all departmental course requirements be completed by end of 3 <sup>rd</sup> year.
Summer before 4 <sup>th</sup> year	Students will be working on their qualifying exam paper, dissertation proposal or both.
4 <sup>th</sup> year, 1 <sup>st</sup> semester	<b>Recommended: September 1, 2021,</b> submit quals paper/portfolio to Guidance Committee.  (The dissertation proposal defense date must be <b>within 60 days</b> of passing the qualifying exam paper portion of the qualifying exam).

	<b>Required: No later than the last day of classes</b> the dissertation proposal and qualifying exam review paper should be approved by the guidance committee (dissertation proposal must be submitted 2 weeks prior to defense).
4 <sup>th</sup> year, 2 <sup>nd</sup> semester	Dissertation research. Work on internship application materials.
5 <sup>th</sup> year, 1 <sup>st</sup> semester	Dissertation research. Apply for internship.
5 <sup>th</sup> year, 2 <sup>nd</sup> semester	Dissertation research. Students going on internship should strive to complete their dissertation before the internship.
6 <sup>th</sup> year, 1 <sup>st</sup> semester	Internship
6 <sup>th</sup> year, 2 <sup>nd</sup> 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 put on probation.

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

Year 1, 2<sup>nd</sup> semester      Presentation of 1<sup>st</sup> year proposal

Year 2, 2<sup>nd</sup> semester      2<sup>nd</sup> year project defense

Year 3      No required meeting

Year 4, 1<sup>st</sup> semester      Qualifying exam meeting (**Required:** Dissertation proposal defense, **Optional:** A separate or integrated meeting to discuss the qualifying exam review paper)

Year 5 or later =      Dissertation defense

<b>Milestone</b>	<b>Required Paperwork</b>	<b>Where to Find It*</b>
1 <sup>st</sup> year project proposal	1 <sup>st</sup> Yr Graduate Research Screening Form  Appointment of Master's Committee Form	Download First Year Proposal Form from: <a href="https://dornsife.usc.edu/psyc/clinical-documents-forms/">https://dornsife.usc.edu/psyc/clinical-documents-forms/</a> and submit to the Clinical Program Specialist.  Download Master's Committee Form from: <a href="http://graduateschool.usc.edu/current-students/guidelines-forms-requests/">http://graduateschool.usc.edu/current-students/guidelines-forms-requests/</a> Turn in to Graduate Student Advisor
2 <sup>nd</sup> year project/Master's defense	2 <sup>nd</sup> Yr Project Defense Form  Approval to Submit Final Copy of Master's	Download Second Year Project Defense Form from: <a href="https://dornsife.usc.edu/psyc/clinical-documents-forms/">https://dornsife.usc.edu/psyc/clinical-documents-forms/</a> Submit to the Graduate Student Advisor with a copy of the thesis by last day of classes, spring, 2 <sup>nd</sup> year  Created digitally when registering thesis; student initiates email to committee to sign electronically. Find instructions here: <a href="http://graduateschool.usc.edu/current_thesis_dissert_02.html">http://graduateschool.usc.edu/current_thesis_dissert_02.html</a>
Quals paper/Dissertation Proposal (aka, the Qualifying Exam)	Appointment of Qualifying Exam or Dissertation Committee Form  Dissertation Proposal Approval Form  Evaluation Form of Written Qualifying Exam	Download from: <a href="http://graduateschool.usc.edu/current-students/guidelines-forms-requests/">http://graduateschool.usc.edu/current-students/guidelines-forms-requests/</a> Submit form to Graduate Student Advisor no later than 6 months prior to submitting quals review paper  Download Dissertation Proposal Form from: <a href="https://dornsife.usc.edu/psyc/clinical-documents-forms/">https://dornsife.usc.edu/psyc/clinical-documents-forms/</a>  Download Quals Paper form from: <a href="https://dornsife.usc.edu/psyc/clinical-documents-forms/">https://dornsife.usc.edu/psyc/clinical-documents-forms/</a>
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.i. First Year Project Proposal**

The first year is spent developing a research question and writing a proposal for the second year project. In most cases, that project also will become the student's master's 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. By the **last day of classes in spring of the first year**, the student meets with a 3-person committee (research advisor, another member of the clinical science area, and a member of the psychology department faculty outside the clinical area, all tenure-track faculty) to defend that proposal. It is recommended that a written version of the completed proposal be submitted to the 3-person committee by **April 1, 2019**, or at least two weeks prior to the scheduled defense meeting. Students should discuss the composition of their committee with their advisor.

#### **VII.j. Second Year Project (typically submitted as Master's Research Project)**

As soon as the 3-person committee approves the first year proposal, the student can conduct the project. The summer following the first year is a good time to devote to that project. Typically, the second 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 **April 1<sup>st</sup>, 2020, or no later than 2 weeks prior to the defense date**. The student will meet in person with his/her 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**. Because it can be difficult to find a time for the student and all committee members to meet, it is highly advisable that the student allow considerable lead-time to schedule this meeting (e.g., at least one month in advance). Students have found poll scheduling websites to be helpful in coordinating several people's availability (e.g., doodle.com). It is permissible for one committee member to attend this meeting remotely (e.g., by Skype or other comparable audio-visual technology); however, the chair of the committee and the student must be present in person. The student would be fully responsible for setting up any remote technology for the meeting.

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. Check the graduate school guidelines for the deadlines to submit 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, and thus is not optional even with high quality prior work.

#### **VII.k. Qualifying Exam**

The qualifying examination contains 3 main components: 1) Qualifying Exam Review Paper; 2) Written Dissertation Proposal, 3) Oral Defense of Dissertation Proposal. All components of the qualifying examination must be submitted to a 5-person Guidance Committee. If desired by the student and/or the student's advisor, the Qualifying Exam Review Paper can also be discussed in the Oral Defense of the Dissertation Proposal meeting, or in a separate dedicated meeting. The advantage of this additional meeting/discussion is that more feedback often results in a better quality end product that is more likely to be publishable.

**Guidance and Dissertation Committee:** Per departmental rules (see Blue Book), 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 5<sup>th</sup> 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 and procedures.*** The clinical area and the department strongly recommend that the qualifying exam review paper be submitted to one’s Guidance Committee by **September 1st** of the student’s fourth year. Students have the option of holding a committee meeting to review and evaluate their qualifying exam paper or to carry out the evaluation component electronically, with no committee meeting. For the latter, committee members will send the chair their comments and he or she will organize and share them with the student. Whichever option is selected, the Guidance Committee has two weeks to evaluate the paper and give feedback to the student. If the paper is approved, students can then schedule a 2-hour oral exam that will focus on the dissertation proposal.

There is a relatively short time between turning in the qualifying exam paper and defending the dissertation proposal. According to Graduate School guidelines, the defense of the proposal is to occur 60 days following passing the written qualifying exam. Thus, the student should be developing their dissertation ideas during their 3rd year of graduate school.

The dissertation proposal should be submitted to the Guidance Committee at least two weeks prior to the oral exam. The dissertation proposal must be approved by **the last day of classes in the fall semester of the 4<sup>th</sup> year**. **Not meeting this deadline will result in the student being placed on probation.**

***Qualifying Exam Review Paper.*** The qualifying exam paper is usually a comprehensive conceptual or integrative review paper on a topic of the student’s choosing. It is an evaluation of students’ independent conceptual and critical thinking and knowledge of clinical psychology. As such, students are expected to write their qualifying exam paper independently, with limited feedback or guidance from their advisor, committee members, lab members, or other faculty and peers. Students ***may*** seek face-to-face input via discussion with their advisor, committee members or other lab members about the scope and focus of the paper, general ideas for the paper, a general conceptual model, a time-line, a list of papers for a meta-analysis or for a theoretical review, or the format of tables and figures. Students ***may*** submit a 2-page outline of the paper for verbal, consultant-style feedback from their advisor, committee members, or lab members. Students ***may NOT*** solicit or receive feedback or comments on any portion or drafts of the written paper, or feedback on any specific ideas, arguments, hypotheses or conclusions in the paper. If students are unsure about what aspects of this project they may or may not discuss with others, they should discuss this issue with their advisor or the DCT, who will then provide the student with guidance as to their specific question(s).

As with any good review, this paper should aim to provide a critical review and address a significant conceptual question; the paper needs to go beyond just summarizing the literature. It helps to have a specific question in mind so that the paper can be organized around answering that question, e.g., to what extent is there empirical support for a specific method of assessment or a specific intervention? What variables moderate the relationship between X and Y, and why is this important? The paper also can propose a new model of understanding some psychological phenomenon. In general, quals papers should clarify what is known about a topic and what still remains to be known and thereby point to future directions and/or clinical implications if appropriate. The key (and the challenge) to a good review paper is to provide a critical evaluation and focused synthesis and interpretation of the findings. Another key characteristic is to have a relevant take-home message that highlights what are the significance and implications of these findings. A summary of the existing literature with minimal efforts to critically evaluate past research will be evaluated less favorably.

Writing a qualifying exam review paper is greater than taking one course. We recommend that students devote one summer (prior to the fourth year) to this project. If you work on quals during the academic year, it will be necessary to set aside time in your schedule to complete the qualifying exam paper, e.g., cut back a course or two for an entire academic year. When you are working on either your qualifying exam review paper or your dissertation proposal, you can enroll in GRSC 800 if you are not enrolled in other classes. If you are enrolled in other classes you do not need to enroll in GRSC 800.

Qualifying exam papers are to be focused and to fit the format for a journal. Many journals publish review papers and it can be useful to have a journal outlet in mind when writing the paper. Some journals to look at include: *Alzheimer Disease and Associated Disorders*, *Clinical Psychology Review*, *Applied and Preventive Psychology*, *Current Directions in Psychological Science*, *Journal of Abnormal Child Psychology*, *Journal of Child Psychology and Psychiatry*. *Psychological Bulletin* is, of course, another excellent outlet but typically *Psychological Bulletin* authors spend considerably longer than one semester writing articles for that journal.

Common questions regarding the qualifying exam paper:

**(a) How long should the paper be?** If you are writing in journal style, please consider the length of papers for a journal. The qualifying exam manuscript ordinarily should not exceed 50 pages (inclusive of all text, references, and tables). If the quals review includes extensive tables or graphic material or Appendices making it considerably longer than 60 pages, this should be discussed with your advisor and Guidance Committee prior to submitting the paper. Examples of strong qualifying exam papers are available on the USC Clinical Science Program google drive in the "Program Requirements" folder.

**(b) Can the qualifying exam paper be on a topic that is close in subject matter to my dissertation proposal?** This is a question to be discussed and agreed upon with your research advisor and your Guidance Committee. There is nothing that precludes a quals paper from being on a topic highly related and preliminary to proposing a dissertation. Certainly a qualifying exam paper can inform the research questions of a dissertation. However the purpose of a quals paper, i.e., a well-synthesized and critical review of a substantive topic or question, is different from the purpose of the dissertation proposal, where you are setting up the importance of, theory behind, and strategy for answering the specific research questions to be investigated in the dissertation.

**Evaluation of the qualifying exam review paper:** The rating sheet that the faculty will use to evaluate the quals paper is on the clinical science website under "Documents and Forms" (also found in the USC Clinical Science Program google drive in the "Program Requirements" folder). It is strongly recommended that the student become familiar with these criteria before starting to write the paper. The committee will review the paper and then present the evaluation as a pass or fail to the student. The student also will receive ratings from each Guidance Committee member along with substantive feedback about the strengths and weaknesses of the paper. Each committee member votes pass/no pass and 4 passes are needed to complete, i.e., pass, this portion of the qualifying exam. If the qualifying exam review paper is not passed, the student can resubmit



a revised paper one time (within 1 to 6 months of receiving the feedback). A second failure, however, means that the student cannot move forward and is terminated from the department.

A student who fails the quals paper on the first submission is encouraged to use the written feedback from committee members and to seek verbal feedback. Committee members are allowed to give suggestions and feedback on how to revise the paper (as a journal editor might do) but should not offer their own scientific ideas or writing.

**Dissertation Proposal:** 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 pre-doctoral grant format but others will not. If using the NRSA format, no training plan is needed. All proposals will include the following: specific aims, background, methods, analyses, time line 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.

An option to students is to schedule an “advisory” meeting on the dissertation proposal. Rather than consulting separately with committee members (or perhaps in addition to consulting separately with committee members or others), the student can use this meeting to get preliminary feedback on the proposal with all committee members present. It is particularly useful if the student wishes to get started collecting dissertation data and working on the dissertation, and/or if the student is submitting the proposal to be evaluated for outside funding. More generally, committee members typically have good ideas for improving dissertation proposals and often recommend useful but substantial changes. By scheduling an advisory meeting, the student can incorporate these changes into the final dissertation proposal, which can lead to a substantially improved proposal and a better dissertation overall. The advisory meeting will not lead to a pass/fail vote. Information from the advisory meeting will be recorded, signed by the advisor and student, and placed in the student's file. It is the responsibility of the faculty committee to be very clear with the student what further work and future steps are recommended before discussing the proposal again.

The dissertation proposal defense should be scheduled for a 2-hour block. The student should prepare a Powerpoint presentation to present to the committee.

**Passing the Qualifying Exam:** One pass/fail vote is taken for the qualifying exam review paper and one for the dissertation defense. The first pass/fail vote (on the quals review paper) is taken prior to the scheduling of the orals for the dissertation proposal defense. According to graduate school guidelines, if the written qualifying exam paper is marginal, and a committee meeting was not held, the committee can hold an oral exam on the quals paper to confirm or alter its decision. However, the committee is not obliged to give an oral examination. More than one dissenting vote means that the qualifying exam paper is reported to the Graduate School as a failure. A quals paper that is not passed can be resubmitted. The student should allow adequate time for substantial revision. Developing a reasonable time-line with the advisor is recommended.

The second pass/fail vote for the qualifying exam takes place at the oral defense of the dissertation proposal. As with the qualifying exam review paper, 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 review paper 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 qualifying exam paper or 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.

To complete and to "pass" the qualifying exam, both written products (qualifying review paper and dissertation proposal) as well as the oral defense of the dissertation proposal must be acceptable to at least four of the five members of the committee. The passing date is recorded as the date of the passed oral. **Students are placed on probation if they do not pass both components of the qualifying exam by the last day of classes of their seventh semester**

### VII.I. 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) want 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 collect data and make as much progress as possible on the dissertation before leaving for internship. Ideally, the student actually defends the completed dissertation before leaving for internship, or at least is well into analyzing and writing it up. Students generally find it difficult to make significant progress on the dissertation during the internship year. 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 *if the committee approves this latter approach*. One piece, for example, could be a theoretical or measurement study.

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). There are university/college rules specifying that the chair and outside member must be physically present although tele- or video-participation is possible for other committee members.

On the other hand, 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. Faculty members may have prior commitments at a given time (e.g., conference travel scheduled) that may lead to a longer than anticipated time period to provide detailed feedback.

### VII.m. Clinical Science 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. 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 the Program Specialist and Director of Graduate Studies. **Original receipts are needed to document expenses in order to be reimbursed.**

For travel funds, students also can apply to the Graduate School--  
<https://gsq.usc.edu/finance/conference-travel-grants>

### 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, DCT and department chair. 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.*

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. Graduate students are required to turn in their TA evaluation summaries. 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 step-wise 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

Interviewing (Fall, PSYC 595a) and Assessment (for the 2016-2017 academic year, Spring; PSYC 515); Psychological Intervention (Spring; PSYC 619); and Assessment Practicum (summer, PSYC 595b). During year 2 students take Psychopathology (Fall, PSYC 514), a second semester of Assessment Practicum (fall, PSYC 595c), and a full academic year of Didactic-Practicum (PSYC 695). For year 3 students enroll in another year of a different Didactic-Practicum (PSYC 695).

During the 4<sup>th</sup> and 5<sup>th</sup> years students either continue cases in the PSC with individual supervisors, take an additional year of Didactic-Practicum (di-prac) if that fits with the student's training objectives, or take part in an externship placement (see next section on Externships). 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) or externships (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. Two sections below (Supervision and Externships) provide important information about how advanced students obtain clinical training in years 4 and beyond in the program (provided they have not elected to take a third Didactic-Practicum). 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 have reviewed all elements of the portfolio through the student's participation in 595 and 695. The clinical portfolio should be maintained by the student in his/her own files as potential components to submit (de-identified) as part of externship or internship applications as required. This portfolio contains the following (all in format that removes any identifying information about the client):

- (a) A clinical intake report (i.e., intake write-up conducted at the beginning of therapy).
- (b) Two completed assessment reports (i.e., full testing battery, interpretation of results, diagnosis, and recommendations).
- (c) At least two case reports generated through the di-prac courses. In each di-prac the report will include process and outcome data plus case conceptualizations (see instructions and examples in di-prac syllabi). These case reports are also presented orally at the end of each semester. The case reports are evaluated by the di-prac instructors and are discussed as part of the annual student review.
- (d) A two-page theory of change paper that reflects the student's personalized, integrated, theoretical perspective of what brings about clinical change.

### **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.**

In general, cases seen in the Didactic-Practicum are supervised by the instructors of those courses or by a supervisor appointed and approved by the di-prac instructors.

During the summer months, when any cases from year 2's di-prac 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.

Di-prac instructors will provide at least two hours of group supervision per week as part of the scheduled di-prac. In addition, the instructor will have an individual supervision session with each student at least once per month. Students may also be assigned to a supervisor outside the di-prac instructor, as described above. We expect that each student will meet with his or her supervisor (either individually or in a small group) for at least one hour each week that clients are seen. All psychotherapy supervision, by di-prac 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 di-pracs, students can expect full sessions to be watched by supervisors at least once per month. With outside supervisors, the supervisors are expected to either watch full sessions, portions of sessions, or review portions of sessions with the student in supervision every week. 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/>).

In addition, students provide evaluation forms to the DCT and/or PSC Director regarding supervisors at least once per year. The DCT and/or PSC Director will review these forms when there are enough forms completed (at least 3) for a given supervisor to protect student anonymity. The DCT/PSC Director will address any problems that may arise, and students are encouraged to discuss any supervisor issues with the PSC Director or ADCT.

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. Externships**

Externships (work other than that in the Psychology Services Center) may be an appropriate next step in student training during the 4<sup>th</sup> or 5<sup>th</sup> years, depending upon the student's progress in coursework and research, as well as the student's other sources of funding. Externships usually require at least a two-day commitment per week. 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. A student who already is employed through a TA, RA or has a fellowship cannot accept another paid position unless there are unusual circumstances and an exception is made by the clinical faculty.

Students will be permitted to participate in one off-campus externship for a period up to one year (subject to the approval process described in this section). Students interested in participating in more than one off-campus externship must obtain the prior written approval of their academic advisor and the DCT (the DCT MAY opt to consult with the full faculty), and they must provide a written rationale and justification as to why the additional externship(s) would further contribute to their academic development and/or professional career plans. It is important that externships do not interfere with students' progress with their dissertation research.

### ***Procedure for Selecting and Applying for Externships.***

Eligibility for Externships. Research or clinical externships can be highly beneficial for students' educational or career objectives. However, students should seek prior approval from the DCT and their research or academic advisor prior to beginning any externship application process. First, if the student is currently on a remediation plan, it is unlikely the DCT will approve the student's request to obtain an externship. 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 the externship is a helpful and productive time for the student compared to other competing goals (e.g., research milestones or productivity; TA responsibilities, etc.). Advisors can provide excellent 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. Students cannot apply for an external placement prior to the 4<sup>th</sup> year.

Selecting Externships. Students are encouraged to review the list of placements where other USC students have previously undertaken externships (provided in the PSC google drive under "Clinical Hours and Experiences"). Students are also encouraged to speak with the PSC Director and/or ADCT about externship placements that may be a good fit for them. It may also be beneficial to conduct internet research to seek out a new placement if there are no options that are a good match for career or clinical goals. If other USC students have previously attended an externship program, and/or the program is on our list of externships in google drive, we have already approved that program as an externship site.

If a student would like to develop an idea for a program outside of this list, we welcome this creativity! However, we do need to follow a formal procedure to ensure the site will provide suitable training. Students are encouraged to talk to the ADCT or PSC Director with their ideas. Our typical procedure is to request the CV(s) of any possible supervisor(s) on the externship site; to review any available materials for the site's training (e.g., website or handbook), and often for the PSC Director and/or the ADCT to meet directly with supervisors or director of the site. We then provide a summary of 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 externship placement, they are required to inform the ADCT and/or PSC Director and provide them with the name and contact details of the person(s) they spoke with at the site. The ADCT and/or PSC Director 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 externship 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 externship 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 DCT or the ADCT and seek written consent to resign from the placement. If a student is having significant issues or problems at their externship site, they are encouraged to speak with faculty about these issues 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 di-prac and other on-campus practicum supervisors, if applicable.

At the completion of their externship, all students complete a form to evaluate the quality of training and supervision at the site, 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 will be emailed this form by the ADCT and/or PSC Director and requested to complete it 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 5<sup>th</sup> or 6<sup>th</sup> year of training, depending upon the student's specific educational program. 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 review paper 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 4<sup>th</sup> 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 are an alternative if a student is worried about matching. In the rare case that a student wishes to apply to a non-APA-approved internship, the student must discuss this request with the DCT or the ADCT and the research advisor.

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

Students are to follow APPIC Policy during both the application process and the notification procedure.

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

Some students determine, during the course of their Ph.D. training, that they plan to have careers focused on conducting research and do not intend to deliver clinical services and do not want to apply for the clinical internship. For such students, not doing the clinical internship can be a logical and good career decision albeit one that could not be foreseen until starting clinical work. Other students may determine that clinical training does not fit with their temperaments. Or, sometimes, clinical supervisors and faculty will initiate discussions with the student as to her/his suitability for clinical work.

Students who choose not to do the full educational experience in clinical applications 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, 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, come to the conclusion 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\*. Pre-requisites 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 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 her/his 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 resume and an annual activities report provided by the student (see "Evaluation Forms" folder in Program Requirements in USC Clinical Science Program google drive; Activities report will be distributed by the Program Specialist and students will be provided a due date). Other data sources include course grades, written evaluations from clinical supervisors and research advisors, summary of hours from Time2Track, and TA evaluations from students and faculty. In addition, we oftentimes obtain verbal reports from all faculty members who have had contact with the student, in a class or on their guidance committee.

Following this meeting, each student receives a letter from the DCT summarizing the information obtained. The research/academic advisor receives a copy of the letter. That letter can provide a good opportunity for the advisor and student to review the student's progress and map out goals for the upcoming year. The student also is welcome to request clarification or additional feedback from the DCT and/or to request a meeting with the advisor and DCT.

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.). If the student appears to be struggling early on in their training (e.g., difficulties in clinical work or not meeting/passing research milestones), the letter will indicate that remedial action is needed. The problem is stated and a meeting involving the student, advisor and DCT is requested. The goal of that meeting is to develop a specific course of remediation. If the problem persists, then the faculty may take more serious actions 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. If information is included in any evaluation form that the student disagrees with, they are strongly encouraged to



discuss this disagreement with the writer (or another faculty member they feel comfortable with) and at minimum have this disagreement 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 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 Specialist and are in a locked file cabinet. After the students complete their doctoral studies, the folders are moved to an unoccupied office in the Psychology building and placed in a locked file cabinet. No file is thrown away 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 locked file cabinet in her office.

### **X.c. Student Feedback to the Program and Faculty**

Students have four formal 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. Another option would be to talk to the DCT or ADCT if further discussion could be useful. The second feedback mechanism is students' evaluation of their clinical supervisors. Students are instructed to complete yearly supervisor evaluation forms. As noted elsewhere, these are kept confidential until a sufficient number of students have completed evaluations for a specific supervisor. Then feedback is tabulated and shared anonymously 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. The fourth structured feedback mechanism is through the end of the year anonymous survey. Students complete a series of rating scales and offer comments about program strengths and weaknesses. Maintaining the students' anonymity allows them to share their concerns about the program more freely than the individual annual activities report.

### **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 Wednesdays from 10:30am – 12:00pm). If they are not available another representative should be selected.

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

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

Student participation and representation in the department is encouraged, e.g., participation in the Graduate Association for Students in Psychology (GASP).

## **XI. Personal Therapy**

A common way of managing personal problems and high levels of stress or sorting out reactions to seeing clients (beyond what is dealt with in supervision) is to enter into therapy as a client oneself. This is not a requirement of our program; however, it is strongly recommended that students seriously consider participating in therapy as a client. Graduate school can be stressful, seeing clients can bring a variety of reactions to the surface, and as such therapy may be an excellent tool for coping effectively with these stressors. In addition, it is helpful 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 externship or internship there.

If a student requests a referral 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 an email sent by the Clinic Director to provide lower-cost services for USC graduate students. A list of these provides 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.a. Personal Problems and their Interference in Clinical Work**

It occasionally happens that personal problems interfere with one's ability to function as a psychologist. The important issue, however, is how to deal with such problems. 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 for and to recognize if personal problems are interfering with effectiveness in clinical work. It is the student's responsibility to refrain from activities if her/his 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 believe that a student's personal problems may be harmful to clients. The appropriate action would be 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 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; and (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 catalogue, 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. Disability Services and Programs (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.

## **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, there may be circumstances where you would prefer to raise the concern anonymously. You can do this in two ways. Within the clinical area, we have set up an anonymous qualtrics link ([https://usc.qualtrics.com/jfe/form/SV\\_2tK3xPpY0AIGNpP](https://usc.qualtrics.com/jfe/form/SV_2tK3xPpY0AIGNpP)). The student can voice their concern by submitting their comments via the anonymous link and indicating to whom they want to direct their message, whether it be students on the Student-Faculty committee, faculty on the Student-Faculty committee, both students and faculty on the committee, or a third party. If a request is made, the contacted individuals will do their best to address the concern.

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.

### **XII.a. Collaborative Relationships**

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

### **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 and/or the relationship is exclusionary from other faculty-student relationships. Examples of dual relationships include, but are not limited to, romantic/sexual involvements, financial partnerships, long-time personal friendships, family relations, etc. The effects of the dual relationship are not limited to the two individuals involved but potentially 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 become 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 student must be avoided altogether.

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

### **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 SCampus, Part E, Section 3: "The University of Southern California is committed to maintaining an environment that is free from all forms of discrimination and harassment based on a protected characteristic. The protected characteristics under this policy include race, color, national origin, ancestry, religion, sex, gender, gender identity, gender expression, sexual orientation, age, physical disability, medical condition, mental disability, marital status, pregnancy, veteran status, genetic information, and any other characteristic which may be specified in applicable laws and governmental regulations. No student may take actions that are harassing, abusive or intimidating against anyone based on any protected characteristic, or commit actions which adversely affect another because of a protected characteristic, when the conduct is sufficiently severe, persistent or pervasive such that it has the purpose or effect of unreasonably interfering with an individual's academic or work performance, or creating an intimidating, hostile or offensive academic, work or student living environment."

(<https://policy.usc.edu/scampus-part-e/>)

Complaints should not go unreported. Every effort should be made to break a sometimes expected norm of silence. Complaints related to discrimination or harassment should be directed to the Office of Equity and Diversity at <http://equity.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, as well as 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/scampus-part-b/>). Another resource is the Office of Equity and Diversity (<http://equity.usc.edu/>).

In general, if the student believes she/he has 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 chair of the department or program.*
- *If the problem is still not resolved, the student schedules a meeting with the dean of the school 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 the following sources of student advocacy:

Support Systems, <http://graduateschool.usc.edu/faculty-n-staff/academic-conduct-n-support-systems/>;

Student Support and Advocacy, <https://studentaffairs.usc.edu/ssa/>

Formal Appeal Procedures, <http://graduateschool.usc.edu/current-students/student-resources/#appeal-panel-guidelines>.

## **XIII. 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 his/her 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, print the certificate of completion, 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).

#### **XIV. Academic Integrity**

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

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

#### **XV. 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 Facebook or any similar site, 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 Facebook friend subjects your postings to public access and scrutiny and potentially subjects your posting to the USC harassment standards.

#### **XVI. 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, research assistantships, graduate school fellowships, and training grant traineeships. In addition, there are several types of support that students can generate on their own, or with the assistance of the faculty, for example, NIH and NSF pre-doctoral 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 on Teaching Assistantships (TAs) and Research Assistantships (RAs) only. TAs and RAs typically require 20 hours per week of work. They are usually funded by Dornsife College of Letters, Arts and Sciences. 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 TAship 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, 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 minor fees (e.g., student program fees total all under \$100 @ semester) 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, research or clinical opportunities off-campus). Although the clinical science program requires at least one semester of being a teaching assistant (this could be volunteer or other teaching experiences), other forms of funding may be more consistent with a student's career goals (e.g., neuropsychological assessment positions with the USC Alzheimer Disease Research Center; independent undergraduate teaching through the Writing Program; TAship 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 pre-doctoral research funding through NSF or NIH National Service Research Awards (NSRA - <https://researchtraining.nih.gov/programs/fellowships>) or more specialized fellowships through professional organizations. Even if the awards do not provide a full year of funding, they can help considerably by providing funding for conducting research. 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 NSRA award, a good part of the work can already be part of the research requirements.

In general, efforts toward obtaining extramural funding are an essential part of establishing an academic 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 RAs and TAs 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. When such support is 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 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>
- APA Standards of Accreditation for Health Service Psychology. <http://www.apa.org/ed/accreditation/about/policies/standards-of-accreditation.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.
- 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.
- 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.



Sue, D.W., & Sue, D. (2015). *Counseling the culturally diverse: Theory & practice*. (7<sup>th</sup> ed). Hoboken, NJ: Wiley & Sons.

## APPENDIX A

### APA Course Requirements Table

**APA REQUIREMENTS TABLE (for 2016-2017 and 2017-18 cohorts)**

TOPIC	GENERAL WAY OF FULFILLING REQUIREMENT
Techniques of Data Analysis (3 courses are required by the Clinical Science Program)	Overview of Quantitative Methods in Psychology (500); Statistics in Psychological Research (501); Analysis of Variance and Experimental Design (502); Regression and the General Linear Model (503); Research Design (504); Research Design in Developmental Psychology (524); Multivariate Analysis of Behavioral Data (575); Seminar in Quantitative Psychology (621); Data Analysis (Preventative Medicine 511A)
Biological Aspects of Behavior	1 of the following options: Psychophysiology (544) OR Cognitive Neuroscience (540) OR Functional Neuroanatomy and Behavior (547) OR (660) Biological Basis of Health and Behavior
Cognitive Aspects of Behavior	Clinical Assessment (515) PLUS 1 of the following options: Learning and Cognition (506) OR Cognitive Development in Children (533) OR Current Issues in Social Cognition (612)
Developmental Aspects of Behavior	Infusion throughout the following requirements: Clinical Assessment (515); Psychopathology (514); Psychological Interventions (619); Clinical Interviewing (595); AND 1 of the 2 following 695s: Child/Family OR Older Adults
Affective Aspects of Behavior	Social Psychology (612 or 512) PLUS Psychopathology (514) PLUS 1 of the following options: 1) Psychophysiology (544) 2) Cognitive Neuroscience (540) 3) Functional Neuroanatomy and Behavior (547) AND Clinical Neuropsychology (660)
Social Aspects of Behavior	Social Psychology (612)
Integrative Knowledge	1 of the following options: Cognitive Development in Children (533) OR Cognitive Neuroscience (540) OR Current Issues in Social Cognition (612)
History and Systems of Psychology	Historical Foundations of Psychology (508)
Psychological Measurement	Psychological Assessment (515) and Research Design (504)
Research Methodology (1 course and mentoring in lab)	Research Design (504)—counts for both Techniques of Data Analysis and Research Methods
Individual Differences in Behavior (2 courses required)	Psychological Assessment (515) AND Psychopathology (514)
Dysfunctional Behavior or Psychopathology	Psychopathology (514)
Professional Standards and Ethics	Clinical Assessment (515); Beginning Clinical Practicum (595ab), Advanced Clinical Practicum (695), Brown bags, and Workshop
Theories and Methods of Assessment and Diagnosis	Psychological Assessment (515) AND Psychopathology (514) AND Beginning Clinical Practicum (595a and 595b) AND Brown bags
Effective Intervention (619 and 4 semesters of 695 required)	Psychological Intervention (619); Advanced Clinical Practicum (695)

Consultation and Supervision	Consultation in Psychological Intervention (619); Peer supervision in Beginning Clinical Practicums (595ab) and Advanced Clinical Practicums (695); brown bag series; workshops; mentoring in lab; community consultation
Evaluating the Efficacy of Interventions (619 and 4 semesters of 695 required)	Psychological Intervention (619); Advanced Clinical Practicums (695)
Cultural and Individual Diversity	Psychopathology (514); Psychological Assessment (515); Beginning Clinical Practicum (595ab); Psychological Intervention (619); Advanced Clinical Practicum (695); Brown bags
Attitudes essential for life-long learning, scholarly inquiry, etc.	Completion of qualifying exam and other research requirements; mentoring in lab; Brown bags, job talks
Advanced clinical topics (2 courses required)	Clinical Seminars (660)

**APA REQUIREMENTS TABLE (for 2012-2013 to 2015-2016 cohorts)**

TOPIC	GENERAL WAY OF FULFILLING REQUIREMENT
Techniques of Data Analysis (3 courses are required by the Clinical Science Program)	Overview of Quantitative Methods in Psychology (500); Statistics in Psychological Research (501); Analysis of Variance and Experimental Design (502); Regression and the General Linear Model (503); Research Design (504); Research Design in Developmental Psychology (524); Multivariate Analysis of Behavioral Data (575); Analysis of Covariance Structures (577); Seminar in Quantitative Psychology (621); Data Analysis (Preventative Medicine 511A)
Biological Aspects of Behavior (1 course required)	Psychophysiology (544) OR Cognitive Neuroscience (540) OR Functional Neuroanatomy and Behavior (547)
Cognitive Aspects of Behavior (1 course required)	Learning and Cognition (506)
Affective Aspects of Behavior	Social Psychology (either 512 or 612) PLUS Psychopathology (514) PLUS 1 of the following options: 1) Psychophysiology (544) 2) Cognitive Neuroscience (540) 3) Functional Neuroanatomy and Behavior (547) AND Clinical Neuropsychology (660)
Social Aspects of Behavior (1 course required)	Seminar in Social Psychology (PSYC 512) OR Advanced Seminar in Social Psychology (PSYC 612)
History and Systems of Psychology	Historical Foundations of Psychology (508)
Psychological Measurement (1 course required)	Psychological Assessment (515)
Research Methodology (1 course and mentoring in lab)	Research Design (504)—counts for both Techniques of Data Analysis and Research Methods
Individual Differences in Behavior (2 courses required)	Psychological Assessment (515) AND Psychopathology (514)
Human Development	Advanced Clinical Practicum (695: Older Adults, or Child/Family) AND Psychological Assessment (515) AND Psychopathology (514)
Dysfunctional Behavior or Psychopathology	Psychopathology (514)
Professional Standards and Ethics	Beginning Clinical Practicum (595ab), Advanced Clinical Practicum (695), Brown bags, and Workshop
Theories and Methods of Assessment and Diagnosis	Psychological Assessment (515) AND Psychopathology (514) AND Beginning Clinical Practicum (595a and 595b) AND Brown bags
Effective Intervention (619 and 4 semesters of 695 required)	Psychological Intervention (619); Advanced Clinical Practicum (695)
Consultation and Supervision	Peer supervision in Advanced Clinical Practicums (695); brown bag series; workshops; mentoring in lab; community consultation
Evaluating the Efficacy of Interventions (619 and 4 semesters of 695 required)	Psychological Intervention (619); Advanced Clinical Practicums (695)
Cultural and Individual Diversity	Psychological Assessment (515); Beginning Clinical Practicum (595); Advanced Clinical Practicum (695); Brown bags
Attitudes essential for life-long learning, scholarly inquiry, etc.	Completion of qualifying exam and other research requirements; mentoring in lab; Brown bags, job talks
Advanced clinical topics (2 courses required)	Clinical Seminars (660)

APPENDIX B

SUMMARY OF AVAILABLE STATISTICS COURSES

## SUMMARY OF STATISTICS COURSES

### PSYC 501 INTRODUCTORY STATISTICS

Rand Wilcox

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.

### PM 511A DATA ANALYSIS

Sandy Eckel

Students will learn how to manage and analyze data. We will use SAS software. Topics that will be covered 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

### PSYC 504, RESEARCH DESIGN AND METHODS

Richard S. John

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 500 WORKSHOP IN DATA ANALYSIS FOR PSYCHOLOGICAL RESEARCH

Richard S. John

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. Models include: classical test theory, item response theory, factor analysis, multiple regression, hierarchical linear modeling (HLM), logistic regression, and survival analysis.

### PSYC 502 STATISTICS

Rand Wilcox

The general goal is to cover ANOVA, multiple comparisons procedures, ANCOVA, basic multivariate methods and regression methods. Both classic and modern techniques are covered. Psychology 501 covers basics, including least squares regression, methods for comparing means as well as robust measures of central tendency. Valid methods for dealing with outliers, heteroscedasticity and skewed distributions are covered,

including explanations of why commonly used strategies are ineffective and in some cases invalid. Psychology 502 extends 501 by covering both classic and modern methods aimed at dealing with more complex designs.

### **PSYC 503L REGRESSION AND THE GENERAL LINEAR MODEL**

Laura Baker

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 575 MULTIVARIATE ANALYSIS OF BEHAVIORAL DATA**

The course focuses on both theory and application of multivariate data analysis. Techniques range from simple regression and factor analysis to advanced multi-group models, including structural equation modeling. New computer programs from R-code will be used extensively and compared with others (e.g., SAS, Mx, M+, MATLAB, LISREL, and COSAN).

### **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)