

GRADUATE STUDENT HANDBOOK

**Clinical Psychology Ph.D. Program
Department of Psychology
Southern Methodist University**

Academic Year 2019-2020



SMU | DEDMAN COLLEGE
OF HUMANITIES & SCIENCES

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I. The Doctoral Program in Clinical Psychology

A. Mission Statement

The APA-accredited Clinical Psychology Ph.D. program at Southern Methodist University (SMU) follows a clinical scientist model and is a member of the Academy of Psychological Clinical Science. As such, the primary goal of the program is to train clinical scientists, and the single most important component of the doctoral training is research. To that end, we expect our students to be actively engaged in research throughout their training through collaborative, lab-directed studies as well as independent mentored projects. Students are expected to participate substantially in scientific publications, conference presentations, grant applications, and make other meaningful contributions to research. Moreover, the clinical science model recognizes the reciprocal relationship between research and clinical application. Students should apply scientific knowledge to their clinical work as well as use their clinical work to inform their research. State-of-the-science training will be provided in evidence-based assessment, diagnosis, and intervention.

Diversity Mission Statement

The Department of Psychology at Southern Methodist University values diversity and is committed to (1) recruiting and retaining faculty members, students, and staff from various backgrounds, and (2) contributing to research and education that emphasizes multicultural issues. Diversity is broadly defined to include (but is not limited to) race, ethnicity, nationality, sexual orientation, sex, gender identity, religion, age, ability, and socioeconomic status. Members in the Department strive to create and maintain an inclusive, welcoming, and supportive environment, and to embrace individual and group differences. We strongly believe that diversity informs the best practices in research, teaching, clinical practice, and social justice in our profession.

We seek to:

- Actively recruit and retain faculty members, students, and staff from historically underrepresented populations and diverse sociocultural backgrounds;
- Conduct and produce high quality research that sheds light on multicultural issues across disciplines of psychology;
- Engage in educational efforts about diversity and inclusion through multicultural-oriented classes, invited speakers, research and clinical presentations, continuing education, and other forums;
- Represent the values of the department by supporting and engaging in social activism.

Research Training

Our faculty and students are dedicated to producing cutting edge research that promotes the understanding of factors that impact psychological, family, and physical well-being as well as developing innovative interventions to promote functioning and reduce impairment. Students receive extensive training in psychological theory, research methods, and quantitative methods, and are expected to generate and publish original research. Research training is provided through coursework, active collaboration with faculty, and completion of student-directed research.

Coursework covers research and quantitative methods and the foundations of clinical, developmental, social, biological, cognitive, and affective science to provide students with a sound basis in psychological research and theory. Membership in a research lab allows students the opportunity to contribute to the design, completion, and presentation of research. Student-directed research includes three major benchmarks: the thesis, a review paper, and the dissertation. Students are also expected to publish at least two articles in peer-reviewed outlets, participate regularly in professional conferences, and attend departmental colloquia. The ultimate goal of research training is to produce clinical scientists who can independently generate high quality scientific contributions in their area of research.

Clinical Training

Clinical training focuses on evidence-based practice and is integrated with research training. Students master evidence-based practice in a variety of intervention and assessment domains so that they may provide the highest quality psychological services and promote the awareness and use of evidence-based practice in their future careers, through research, teaching, supervision, and/or direct service provision. Coursework addresses theory and research on clinical problems, assessment and intervention techniques, and methods for evaluating clinical outcomes. Students provide psychological services through the SMU Psychology Clinic in their second year and then advance to external practicum experiences throughout the Dallas/Fort-Worth community, all closely supervised by licensed psychologists with the goal of providing students exposure to a diversity of patient populations and evidence-based interventions. Clinical training also takes part in many research labs through studies of clinical phenomena and evaluation of specific assessment and intervention techniques.

B. Administrative Structure

The doctoral program in clinical psychology was established in 2004 and has been accredited by the American Psychological Association since 2009. The program is administered by the Director of Graduate Studies (“DGS,” also referred to as the Director of Clinical Training or “DCT”) and the Associate DCT in conjunction with the program faculty and a student representative (a student volunteer who attends faculty meetings). The DCT and Associate DCT are appointed by the chair of the department. The faculty meet regularly throughout the year to address student training concerns, development and maintenance of clinical coursework and practicum training experiences, reviews of student progress, and graduate admissions, among other topics (the student representative is not present for discussion of student progress and evaluation).

C. Faculty

The faculty of the clinical psychology program consists of eight tenured/tenure-track clinical faculty members, eight tenured/tenure-track associated faculty members who conduct clinically relevant research, one non-tenure-track clinical faculty member (the Associate DCT/Clinic Director), and one non-tenured lecturer. Drs. Calvert, Hampson, Kamata, N. Tabak, and Rosenfield do not serve as primary faculty advisors for graduate students.

Austin Baldwin, Ph.D., Associate Professor (University of Minnesota, 2006, Social Psychology). The broad goal of Dr. Baldwin’s research is to better understand the decisions that people make about their health-related behaviors. Specifically, he investigates how the social cognitive factors that guide these decisions are influenced by relevant contextual and individual difference factors. The questions that guide his research sit at the interface of social, clinical, and health psychology and include such topics as behavior change maintenance (e.g., Why are most people unsuccessful at maintaining behavior changes?) and health communications (e.g., Why are people’s own persuasive arguments effective in changing behavior?). This research has important clinical and public health implications, as it seeks to identify important factors on which interventions can be more effectively tailored, as well as important theoretical contributions to behavioral decision-making.

Holly J. Bowen, Ph.D., Assistant Professor (Ryerson University, 2013, Cognitive Psychology). Dr. Bowen’s research focuses on how affective states, specifically emotion and motivation, influence how we form memories and remember past experiences. She is also interested in how the links between emotion, motivation and memory are impacted by age-related cognitive changes. To understand the cognitive and neural mechanisms that support affect modulated encoding and retrieval Dr. Bowen uses multiple methods. This includes behavioral paradigms, computational modelling, and neuroimaging with event-related potentials (ERP) and functional magnetic resonance imaging (fMRI). Dr. Bowen is currently interested in investigating whether motivation and emotion compete for attentional and cognitive resources or whether they can interact, to delineate under what experimental circumstances emotion and motivation are similar and when they diverge in their influences on memory. Further, in collaboration with researchers at the University of Denver and University of Nottingham, she is starting a line of work focused on how motivational goals modulate decision making in healthy older adults using computational

modelling and physiological measures to delve into the cognitive and biological mechanisms that support this interaction across the lifespan.

James Calvert, Ph.D., Lecturer (Louisiana State University, 1989, Clinical Psychology). Dr. Calvert is a licensed clinical psychologist and former Director of Clinical Training for the postdoctoral fellowships and APA-accredited doctoral psychology internship programs at Child and Family Guidance Centers and the Salesmanship Club Youth and Family Centers in Dallas, TX. Dr. Calvert is also an APA accreditation site visitor and Fellow of APA. In addition to holding a Texas license, he is a licensed prescribing psychologist in Louisiana. He has done extensive work with juveniles with sexual behavior problems and is a licensed sex offender treatment provider and state-approved supervisor. Dr. Calvert's recent publications have been on ethical issues in informed consent and duty to warn. Dr. Calvert provides graduate student training in psychopharmacology and supervision/consultation.

Michael Chmielewski, Ph.D., Assistant Professor (University of Iowa, 2012, Clinical Psychology). Dr. Chmielewski's program of research broadly covers psychopathology and normal-range personality with an emphasis on structure and assessment in both domains. He is interested in how psychopathology and personality relate to each other as well as how to best conceptualize and classify both domains (e.g., is psychopathology dimensional or categorical in nature? How valid and reliable are *DSM* diagnoses?). As such, his research is based on a strong measurement foundation and the use of empirically based quantitative models, both of which he views as essential for the continued advancement of psychology as a science. One of the long-term goals of his research is to expand recent quantitative models of psychopathology (i.e., the Internalizing/Externalizing model) incorporating excluded diagnoses and integrating them with normal-range personality traits. Within this broad research framework he also has several specific lines of research in psychopathology (schizotypy, depression/anxiety, and personality disorders), assessment (e.g., scale and measure creation, measurement error), and personality (e.g., personality stability and change).

Robert (Buck) Hampson, Ph.D., Associate Professor and Director of Graduate Studies (University of Virginia, 1977, Clinical Psychology). Dr. Hampson's research over the years has focused on family assessment and evaluation and using assessment to guide and facilitate interventions with families. With his colleague, W. Robert Beavers, M.D., he developed and tested the Beavers Systems Model of family assessment, which uses both observational and self-report methodology. Dr. Hampson has studied the effectiveness of couple and family therapy in clinic settings, studied the relationship between family functioning and treatment response in families with obese adolescents, and studied family functioning in a variety of special-needs families (adoptive families, families with disabled children). Dr. Hampson is currently analyzing archival clinic data to determine what therapist and family factors predict success and early termination in family therapy.

George W. Holden, Ph.D., Professor and Chair (University of North Carolina, Chapel Hill, 1984, Developmental Psychology). Dr. Holden focuses on understanding the determinants and significance of the parent-child relationship in both normal and atypical development. He has investigated the proximate influences on parental behavior, with an emphasis on parental social cognition. One specific problem he has focused on is why parents use corporal punishment and

other punitive disciplinary practices. He is currently investigating different approaches to parental intervention, both in the US and internationally, including the use of motivational interviewing. In addition, he is conducting research into some of the manifestations of the “positive parenting” approach to childrearing and its efficacy in promoting children’s well-being. Finally, Dr. Holden investigates the utility and limitations of different methodologies for studying the family, from attitudes and behavioral surveys to ecological momentary assessments.

Nathan W. Hudson, Ph.D., Assistant Professor (University of Illinois at Urbana-Champaign, 2016, Personality/Social Psychology). Dr. Hudson’s research focuses on, 1) adult personality development, 2) adult attachment, and 3) motivation. Specifically, he seeks to understand how and why individuals’ personalities change over time. He is particularly interested in people’s desires, goals, and attempts to actively change their own personality traits. With respect to adult attachment, his research focuses on understanding how people perceive their romantic relationships, what goals people want to fulfill in their partnerships, and which strategies people use to promote desired relational outcomes and avoid feared ones. Dr. Hudson studies these issues using a wide array of methods, including longitudinal experiments and dyadic designs.

Ernest N. Jouriles, Ph.D., Dale McKissick Endowed Professor and Dedman Family Distinguished Professor (SUNY at Stony Brook, 1987, Clinical Psychology). Dr. Jouriles has two overlapping programs of research. One focuses on violence in adolescent romantic relationships. He is attempting to better understand risk factors for sexual and relationship violence among adolescents, and to use this knowledge to develop and evaluate interventions for preventing such violence. Exciting new developments in this research involve the use of virtual reality and film technology. This research is being conducted with colleagues at SMU as well as colleagues at universities across the United States. A second research program focuses on children’s exposure to interparental conflict and violence. Together with Dr. Renee McDonald (also on SMU’s faculty), he is attempting to better understand why children’s exposure to interparental conflict and violence sometimes leads to mental health problems and sometimes does not. He is also using this knowledge to develop and evaluate interventions to assist children in high-conflict and violent families.

Akihito Kamata, Ph.D., Professor (Michigan State University, 1998, Measurement and Quantitative Methods). Dr. Kamata’s research focuses on psychometrics and educational and psychological measurement, particularly implementation of item-level test data analysis methodology through various modeling frameworks, including item response theory, multilevel modeling, and structural equation modeling. Other interests include developing effect size measures for testlet modeling, developing reliability measures of growth trajectory for longitudinal data modeling, and Bayesian inference for complex psychometric models.

Chrystyna D. Kouros, Ph.D., Associate Professor and Co-Director of Undergraduate Studies (University of Notre Dame, 2008, Developmental Psychology). Dr. Kouros’ research focuses on understanding how and why the family environment contributes to children and adolescents’ socio-emotional development, with a specific interest in adolescent depression. Her program of research examines 1) family stress as a predictor of individual differences in the etiology, maintenance, and progression of child and adolescent depression and 2) children’s responses to family stress—at the physiological, emotional, cognitive, and behavioral level—as possible

mechanisms linking the family environment to child and adolescent adjustment. Among family stressors, Dr. Kouros' has a particular interest in exposure to everyday marital conflict and parental psychopathology. A second line of research examines the interplay between relationship functioning (e.g., conflict, satisfaction) and depressive symptoms in married and dating couples, with a focus on underlying mechanisms. The long-term goal of this research is to use the findings to develop and strengthen existing family-based programs aimed at promoting adolescent and family well-being.

Priscilla Lui, Ph.D., Assistant Professor (Purdue University, 2016, Clinical Psychology). Dr. Lui's research examines ethnocultural diversity issues relevant to understanding and assessing psychopathology. Guided by a social ecological framework, she investigates, 1) intercultural contact (e.g., acculturation, racial discrimination, international studies), 2) close social relationships (e.g., romantic relationships, intergenerational conflict), and 3) intrapersonal characteristics (e.g., personality, cultural orientations, emotion regulation) as determinants of psychopathology, primarily substance (mis)use. Dr. Lui's research also examines the impact of cultural and demographic factors on the validity and utility of psychological assessment instruments. The goals of this program of research are to inform and influence clinical interventions that are most effective in alleviating distress and improving mental health functioning across diverse ethnocultural groups.

Renee McDonald, Ph.D., Professor and Senior Associate Dean for Research and Academic Affairs (University of Houston, 1994, Clinical Psychology). Dr. McDonald's research interests have focused on understanding how specific child adjustment problems, such as aggression and antisocial behavior, are associated with exposure to family conflict and violence. Developing and disseminating effective interventions for children in violent families is a second emphasis of her research. Her research, together with her colleague, Dr. Jouriles, has also focused on prevention of sexual assault and racist behaviors, and reduction of risk for sexual assault victimization, among high-school and college students.

Alicia E. Meuret, Ph.D., Associate Professor (University of Hamburg, 2003, Clinical Psychology). Dr. Meuret directs the Anxiety and Depression Research Center (ARC) at SMU. Dr. Meuret received her Ph.D. in Clinical Psychology from the University of Hamburg based on her doctoral work conducted at the Department of Psychiatry and Behavioral Sciences at Stanford University. She completed postdoctoral fellowships at the Center for Anxiety and Related Disorders at Boston University and the Affective Neuroscience Laboratory in the Department of Psychology at Harvard University. Her research program focuses on novel treatment approaches for anxiety and mood disorders, biomarkers in anxiety disorders and chronic disease (asthma), fear extinction mechanisms of exposure therapy, and mediators and moderators in individuals with affective dysregulations, including non-suicidal self-injury. Dr. Meuret is the founder of Capnometry-Assisted Respiratory Training (CART).

Thomas Ritz, Ph.D., Professor (University of Hamburg, 1996, Clinical Psychology). How does our experience impact our physiology? Can this impact lead to, or perpetuate, chronic disease, and if yes, under which conditions? These are some of the general questions that Dr. Ritz addresses with his biologically focused research program in psychology. Some of the major areas he has been working on in recent years are the psychophysiology and psychoimmunology of the

airways in asthma, the autonomic and respiratory regulation in anxiety disorders and depression, the psychophysiology of vagal regulation, and behavioral interventions to improve pathophysiology and management of chronic respiratory disease.

David Rosenfield, Ph.D., Associate Professor (University of Texas at Austin, 1976, Social Psychology). Dr. Rosenfield's current research focuses on the application of recent advances in statistical methods to psychological research. New tools for statistical analysis allow us to answer questions we never could address before. They also provide greater power to detect effects than previous analytical techniques. In particular, Dr. Rosenfield is interested in applying hierarchical linear modeling and structural equation modeling to longitudinal data analysis. His goal is to develop tools that allow us to understand the processes which drive individual change over time. Once we understand the factors that are truly responsible for change, we can design more effective treatments and interventions.

Benjamin A. Tabak, Ph.D., Assistant Professor (University of Miami, 2011, Clinical Psychology). Dr. Tabak's research examines neurobiological and psychological factors that influence social processes (e.g., social cognition, prosocial behavior, interpersonal stress and conflict) and mental health. To conduct this work, he uses an interdisciplinary approach that integrates clinical and social psychology with neuroscientific methods including pharmacological administration, genetic analysis, neuroendocrine measurement, and neuroimaging. His current focus is to understand the role of the neuropeptides oxytocin and vasopressin in social sensitivity, anxiety, and depression.

Naomi T. Tabak, Ph.D., Clinical Assistant Professor, Associate Director of Clinical Training, and Director of the SMU Psychology Clinic (University of Miami, 2012, Clinical Psychology). Dr. Tabak is a licensed clinical psychologist and clinical researcher. She has extensive experience in delivering empirically-supported treatments for varied clinical presentations, with an expertise in cognitive-behavioral therapy for psychosis (CBTp) and mindfulness-based cognitive therapy (MBCT). Her research has focused on improving functional outcome for individuals with psychotic disorders through the development and application of innovative psychosocial interventions.

Stephanie J. Wilson, Ph.D., Assistant Professor (The Pennsylvania State University, 2015, Human Development and Family Studies). Dr. Wilson's research investigates the biopsychosocial paths by which close relationships shape health and well-being across adulthood and older age. This work has examined both healthy and chronically ill couples using a variety of methods: observational and experimental designs; in the lab and daily life; with biomarker, physiological, self-report, and observational coding modalities; analyzed using a wide range of advanced quantitative methods; and across temporal frames (i.e., across moments, hours, days, months, and years). A central aim of her recent work has been to integrate social-emotional theories of aging with a dyadic perspective to examine how couples' interactions and their inflammatory responses may evolve across adulthood. One of Dr. Wilson's long-term objectives is to understand how to optimize relational resources to extend our healthy years and to close the gap for disadvantaged families, by applying basic biobehavioral findings to develop and improve interventions.

D. APA Accreditation

SMU's doctoral program in clinical psychology was founded in 2004 and has been accredited by the American Psychological Association (APA) since 2009. The next evaluation for accreditation will take place in 2020. APA accreditation is essential for students who are applying for internships, post-doctoral training, and jobs, as it indicates that the primary professional organization and evaluating body has concluded that the program provides training experiences that are consistent with the national standards established by the field of clinical psychology.

Questions relate to the program's accredited status should be directed to the Commission on Accreditation:

*Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: 202-336-5979 / E-mail: apacred@apa.org
Web: www.apa.org/ed/accreditation*

E. Areas of Focus and Minor in Quantitative Methods

All graduates of the doctoral program in clinical psychology at SMU receive training in the foundations of clinical psychology and in research and clinical practice. Students may also choose to pursue additional training in two areas of focus: Family & Child and Health. Students are not required to complete focus training, but those graduate students working with faculty affiliated with a specific focus typically do so. Students may also opt to complete a minor in Quantitative Methods, which includes additional advanced courses in research methods and statistical techniques (declaring the minor is not a requirement to take the advanced courses).

The department holds weekly research colloquia on Fridays, 2-3pm, during the academic year. Faculty, students, and outside speakers present on a variety of topics, many of which are related to the areas of focus and/or quantitative methods.

Family & Child Focus

The psychology department provides the opportunity for doctoral students to develop specialized knowledge and skills for research and clinical work with children, adolescents, couples, and families. The SMU family and child focus is unique in that it is comprised of family/child psychologists representing different disciplines within psychology (clinical, developmental, and social) and integrates research, clinical work, and academic coursework.

Doctoral students interested in participating in the family and child focus will complete all core requirements for the doctoral program in clinical psychology, and may supplement these requirements with training experiences from the family and child focus, including:

Research. The department has six active family/child research labs, with many faculty members and students working together across labs. Research focuses on understanding certain types of family and child problems, as well as the development and evaluation of interventions designed to prevent or treat them. Topics that have been addressed in these labs include:

- Specific child and adolescent externalizing, internalizing, and interpersonal problems
- Reciprocal influences of couple functioning with child adjustment and adult physical and mental health
- Evaluation of intervention programs targeted at problems related to families, couples, children, and adolescents
- Family violence and violence prevention
- Acculturation and intergenerational conflict

Students have the opportunity to learn specialized methodologies for working with families and children, as well as advanced data analysis. Please view the web pages of the faculty members affiliated with the specialty (listed below) to obtain additional details on research.

Clinical Training. Students interested in family/child clinical practice have opportunities to learn about evidence-based practices and to obtain training and experience. Current types of training experiences that have recently been available include:

- Evidence-based interventions for couples
- Evidence-based interventions for internalizing and externalizing disorders among children and adolescents
- Assessment of emotional and behavioral symptoms and cognitive, learning, and attention difficulties among children and adolescents

Coursework and Family/Child Seminar. Formal coursework includes the required courses for the clinical psychology training program, many of which incorporate a focus on families and children (e.g., *Developmental Psychopathology, Methods of Psychotherapy/Assessment*). Courses in advanced quantitative methods are also offered so that students can learn sophisticated, state of the art data analytic techniques useful for examining couple and family data.

Participating faculty members include:

Robert Hampson, Ph.D.
 George Holden, Ph.D.
 Nathan Hudson, Ph.D.
 Ernest Jouriles, Ph.D.
 Chrystyna Kouros, Ph.D.
 Priscilla Lui, Ph.D.
 Renee McDonald, Ph.D.

Health Focus

Another area of faculty members' expertise is in health psychology. The health focus is unique in that it is comprised of health psychologists representing several different disciplines within the field (i.e., clinical, social, & biological) and integrates research, clinical work, and academic coursework.

Doctoral students interested in participating in the health psychology training focus will complete all core requirements for the doctoral program in clinical psychology, and may supplement these requirements with training experiences within the health focus. These training opportunities include:

Research. SMU has five active health psychology research labs, with many faculty members and students working together across labs. Research focuses on understanding certain types of health problems and health-related decision-making, as well as the development and evaluation of interventions designed to prevent or treat them. Topics that have been addressed in these labs include:

- Treatment programs for respiratory disease, including asthma and COPD
- Decisions about various health behaviors (e.g., physical activity, vaccinations)
- Health-related cognitions and illness perception
- Biopsychosocial development and maintenance of chronic disease
- Neurobiological factors that affect social relationships and mental health

- Intrapersonal characteristics that affect substance use and misuse

Clinical Training. Students interested in health and behavioral medicine clinical work have opportunities to learn about evidence-based practice and to obtain training and experience. Current types of training experiences that have recently been available include:

- Treatment of respiratory disorders, including comorbid anxiety disorders
- Evidence-based interventions for obesity and bariatric surgery post-operative follow-up
- Consult/liaison services in general medicine settings
- **Coursework and Health Psychology Seminar.** Formal coursework includes the required courses for the clinical psychology training program, which incorporate a focus on health and biological psychology (*Seminar in Physiological Psychology*), and a focused elective seminar course, *Health Psychology*. Courses in advanced quantitative methods are also offered so that students can learn data analytic techniques useful for examining effects of specific interventions and time-series data.

Participating faculty members include:

Austin Baldwin, Ph.D.
Priscilla Lui, Ph.D.
Alicia Meuret, Ph.D.
Thomas Ritz, Ph.D.
Benjamin Tabak, Ph.D.
Stephanie Wilson, Ph.D.

Minor in Quantitative Methods

The Minor in Quantitative Methods for doctoral students in Psychology consists of 12 course credits (4 classes) required for all doctoral students plus an additional 12 course credits (4 classes) in quantitative methods offered through the psychology, economics, and statistics departments, as well as the School of Education. Students participating in the minor also attend departmental presentations on quantitative methods. The minor is intended to encourage students to obtain expertise in relevant statistical and quantitative methods over and above required courses. This expertise is increasingly important in academic psychology and will enhance students' research productivity, their ability to contribute to research teams, and to obtain research positions post-graduate school.

	<i>Credit Hours</i>
<hr/> <i>Required Courses for All Psychology Doctoral Students</i>	
	12
PSYC 6305	Quantitative Methods I (offered annually in fall)
PSYC 6307	Quantitative Methods II (offered annually in spring)
PSYC 6324	Research Methods (offered annually in fall)
PSYC 6353	Psychometrics, Test Construction, and Assessment (offered annually in fall)
<hr/> <i>Elective Courses to Complete Minor (choose 4 or more)</i>	
	12
PSYC 6322	Contemporary Issues in Scientific Psychology: Longitudinal Data Analysis Using Multilevel Models (offered annually in fall)
PSYC 6323	Structural Equation Modeling (offered biannually in spring)
EDU 7320	Advanced Assessment Methods II (offered biannually in spring)
EDU 7321	Quantitative Research Methods II (offered annually in fall)
EDU 7309	Special Topics: Multilevel and Structural Models
ECO 5380	Computing for Economics
ECO 6352	Applied Econometric Analysis (offered annually in spring)
ECO 6380	Predictive Analytics for Economists (offered annually in spring)
STAT 5304	Introduction to Statistical Computing (offered annually in fall)
STAT 6304	Computational Statistics (offered annually in fall)
STAT 6308	SASII and Databases (offered annually in spring)
STAT 6360	Statistical Methods in Epidemiology (offered biannually)

Students must declare their intention to complete the minor to the DGS by the end of their third year (July 31) using the Declaration of Minor in Quantitative Methods Form (see **Appendix L**).

II. Program Requirements

Program requirements include performance in all areas of graduate study (i.e., coursework, research, and clinical training). The training experiences were designed to meet the APA accreditation requirements by containing the following elements: “a) integration of empirical evidence and practice: practice is evidence-based, and evidence is practice-informed, (b) training is sequential, cumulative, graded in complexity, and designed to prepare students for practice or further organized training, and c) the program engages in actions that indicate respect for and understanding of cultural and individual differences and diversity” (APA Standards of Accreditation for Health Service Psychology, 2015).

A typical load for enrolled students is three courses per semester, some of which may be research hours. Students wishing to take more than this load must obtain permission from their advisor and the DGS. Students should be enrolled full-time (nine credit hours per semester) while in residence and must complete 70 hours to graduate. In addition to the courses listed below, students completing a clinical practicum must enroll in the appropriate practicum course (PSYC 6331 and 6332; when involved in the Psychology Clinic, PSYC 6354, 6361, or 7091), those working on a master’s thesis should enroll in PSYC 6398, and those working on a dissertation should enroll in PSYC 8096. Students who have completed other course requirements and are actively involved in research may also enroll in PSYC 7171 and 7272, PSYC 7371 and 7372, or PSYC 8049 (graduate full-time equivalent). When on internship, students enroll in PSYC 8091 and 8092. Practicum and internship courses do not count toward the total 70-hour requirement. See **Appendix J** for more details.

A. Curriculum

In conjunction with other elements of the doctoral program in clinical psychology, the program’s curriculum is designed for all students to gain graduate-level knowledge in the discipline of psychology and to develop certain profession-wide competencies as part of their preparation for practice in clinical psychology.

1. Discipline-specific knowledge: The program’s curriculum includes courses that ensure broad familiarity with the discipline of psychology, including the history and systems of psychology, affective, biological, cognitive, developmental, and social aspects of behavior, and research methods, statistical analysis, and psychometrics. Several courses are also designed to allow for integrative knowledge across these discipline-specific content areas (e.g., *Affective and Social Neuroscience*). The following required and elective graduate courses are designed to meet these objectives:

- Foundations in Psychology: Social and Cognitive Psychology (PSYC 6364)
- Ethics and History (PSYC 6380)
- Seminar in Developmental Psychopathology (PSYC 6334)
- Seminar in Health Psychology (PSYC 6309)
- Research Methods (PSYC 6324)
- Biological and Neuroscientific Bases of Behavior (PSYC 6317)
- Psychometrics, Test Construction, and Assessment (PSYC 6353)

- Quantitative Methods I and II (PSYC 6305, 6307)
 - Affective and Social Neuroscience (PSYC 6381)
 - Contemporary Issues in Scientific Psychology: Longitudinal Data Analysis Using Multilevel Models (PSYC 6322)
 - Structural Equation Modeling (PSYC 6323)
 - Multilevel and Structural Models (EDU 7309)
 - Seminar in Psychopharmacology (PSYC 6330)
 - Graduate Study in Applied Forensic Psychology (PSYC 6364)
2. Profession-wide competencies: Coursework is also designed to provide exposure to and training in certain profession-wide competencies that are essential for the development of clinical psychologists. These competencies include research, ethical and legal standards, individual and cultural diversity, professional values and attitudes, communication and interpersonal skills, assessment, intervention, supervision, and consultation and interprofessional/interdisciplinary skills. While a good deal of training in these areas takes place in research labs and through clinical practicum experiences, successful completion of the following courses provides one method of ensuring student competence:
- Ethics and History (PSYC 6380)
 - Cultural and Individual Diversity: Principles and Best Practices in Research and Applications (PSYC 6345)
 - Seminar in Adult Psychopathology (PSYC 6314)
 - Theories and Methods of Psychotherapy (PSYC 6351)
 - Applied Clinical Skills (PSYC 6355)
 - Supervision and Consultation in Psychology (PSYC 6366)
 - Assessment Practicum I and II (PSYC 6354, 6361)
 - Integrated Practicum Seminar (PSYC 6091)

Students receive letter grades for their performance in courses. Grades can be interpreted as follows:

- | | |
|----|--|
| A | Student has mastered all or the majority of performance criteria; excellent performance |
| A- | Student has mastered most of the performance criteria and showed high levels of scholarship in the remaining criteria |
| B+ | Student has shown high levels of scholarship across most performance criteria and good scholarship in the remaining criteria |
| B | Student has shown good scholarship across the performance criteria |
| B- | Student has shown good scholarship across many performance criteria, but there are problems in one or two areas that need remediation. If a student receives a grade of B-, a remediation plan for the material must be developed and completed. |
| C | Unsatisfactory scholarship across more than two performance criteria; the student does not receive passing credit |

To maintain good standing in the program, graduate students must maintain a B average across all courses that they take while enrolled in the program that are relevant to their course of study. Any student whose GPA drops below 3.0 is automatically placed on academic probation by the program and the Office of Graduate Studies. A student may not remain on academic probation for more than one semester (i.e., they will be dismissed from the program). Grades of C or “No Credit/No Pass” are failing grades. Failure of two or more classes is grounds for dismissal from the program without further qualification, regardless of the student’s overall GPA. An instructor who gives a grade of C or “No Credit” is indicating that the student has failed the class and is in jeopardy of being dismissed from the program. Three grades of B- or lower are also grounds for dismissal from the program without further qualification, regardless of the student’s overall GPA. A grade of B- should thus be considered a serious warning of inadequate scholarship.

A typical rotation of required course offerings is posted below, with the course number and the name of the faculty member who typically teaches the course. A list of elective courses is provided below the required courses. Be aware that this schedule may occasionally change; students are responsible for ensuring they complete all the required coursework:

Year in Program	Fall	Spring	Summer
1	Quantitative Methods I (PSYC 6305; Kouros)	Quantitative Methods II (PSYC 6307; Rosenfield)	Methods of Psychotherapy (PSYC 6351; N. Tabak)
1	Research Methods (PSYC 6324; Jouriles)	Psychometrics, Test Construction, and Assessment (PSYC 6353; Chmielewski)	Psychotherapy Practicum I (PSYC 6331; N. Tabak)
1	Adult Psychopathology (PSYC 6314; Meuret)	Applied Clinical Skills (PSYC 6355; Hampson)	
2	Assessment Practicum I (PSYC 6354; Hampson)	Assessment Practicum II (PSYC 6361; Hampson)	
2	Biological and Neuro. Bases of Behavior (PSYC 6317; Ritz; odd years)	Developmental Psychopathology (PSYC 6334; Jouriles)	
2	Cultural and Individual Diversity (PSYC 6345; Lui; odd years)	History and Ethics (PSYC 6380; Calvert)	
2-5	Supervision & Consultation (PSYC 6366; Calvert; even years)	Social and Cognitive Psychology (PSYC 6364; Baldwin/Bowen; even years)	
2-5	Social Affective Neuroscience (PSYC 6381; B. Tabak; odd years)		

2,3,4, and 5	Integrated Practicum Seminar (PSYC 6091; N. Tabak; biweekly, if enrolled in practicum)*	
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Elective courses include:

- Seminar in Health Psychology (PSYC 6309; Baldwin)
- Psychopharmacology (PSYC 6330; Calvert; odd years)
- Structural Equation Modeling (PSYC 6323; Kamata; odd years)
- Longitudinal Data Analysis using Multilevel Models (PSYC 6322; Rosenfield)
- Forensic Psychology (PSYC 6367; Lindsey; odd years)

B. Research Benchmarks

Students are expected to be active members of their faculty advisor's research lab and to conduct research throughout their enrollment in the doctoral program. To facilitate their involvement and training, the program has several "research benchmarks" that students must complete prior to graduation. Research benchmarks must be completed in accordance with the SMU graduate catalogue (see www.smu.edu/catalogs/).

1. *First Year Research*: First-year students work on a research project with their faculty advisor. This research experience should provide students with exposure to a research area and help shape the skills necessary to develop hypotheses, design studies, analyze data, and communicate the results. Students present their first-year research during the weekly departmental research meetings at the beginning of their second year.
2. *RESEARCH BENCHMARK 1: Thesis*: Students complete a student-directed empirical research project by the end of their second year in the program (July 31). Students must complete a written proposal (provided to the committee no less than one week before the defense date) and an oral defense of the proposal prior to initiating thesis research. The proposal is presented to a thesis committee that consists of three faculty members (the student's faculty advisor, one additional tenured/tenure-track psychology department faculty member, and a third faculty person with expertise in the area who may or may not be a member of the department). Students must complete the Establishment of Examination Committee for the master's degree form at <https://www.smu.edu/graduate/CurrentStudents/Forms>. The thesis proposal should be conducted during the summer of the student's first year in the program or the fall of the second year. Upon passing the thesis proposal, students may initiate their research.

After completing the research, students will write the thesis in the form of a manuscript that could be submitted to a professional journal (using APA style), followed by an oral defense of the research. The student will provide a copy of the thesis to their committee no less than one week before the defense date.

At the time of the proposal and the defense, the committee will evaluate the quality of the work to determine if it is sufficient to meet the benchmark. The committee may: 1) pass the proposal/defense as written, 2) require revisions from the student to address specific limitations, or, 3) indicate that the proposal/defense is insufficient as written. Committee decisions are based on several criteria, including the quality of the written product and oral presentation, the student's understanding of the research literature and theory in the area of study, their understanding and application of research methodology and quantitative methods, ability to interpret the results of their research in the context of prior research and theory, and ability to answer questions about the research, its meaning, and implications. See **Appendix A** for more information.

3. *RESEARCH BENCHMARK 2: Presentation of Research*: All graduate students are required to publish at least two manuscripts in peer-reviewed outlets, at any level of authorship, prior to advancing to candidacy. The research needs to be work completed

while the student was enrolled in the doctoral program at SMU and it is expected that at least one publication will be generated by work completed in conjunction with the faculty advisor. *Please note, although two publications are required to meet this benchmark, graduate students should be active in presentation of research throughout their graduate career (with the expectation that students will participate in at least one conference presentation or journal publication per year after the first year).*

4. **RESEARCH BENCHMARK 3: Review Article:** To demonstrate in-depth knowledge of their research area, and to demonstrate their ability to interpret and synthesize the research literature and theory, students write a review article on a topic related to their area of research. The review paper should be a thorough qualitative or quantitative (e.g., meta-analysis) interpretive report and analysis of the literature. The review paper may lead to a specific research question that their dissertation could address. Students are expected to work closely with their mentors throughout their third year in the program to conceptualize what would form an appropriate review article for their research area.

This benchmark ideally should be completed by the middle of the fourth year (February 1). See **Appendix B** for more information about Review Paper guidelines and expectations. The review paper constitutes the qualifying examination for advancement to candidacy and must be completed before the student proposes the dissertation.

5. **RESEARCH BENCHMARK 4: Dissertation:** The dissertation is an original empirical research project designed and completed by the student that has the potential to contribute to the knowledge base in their specific area of clinical psychology. Before the student can officially begin the dissertation, he/she must advance to candidacy (see below). As with the thesis, students must complete a written and oral defense of their proposal to a committee before beginning the research. The written product must be submitted to the committee no less than one week before the defense date. The dissertation committee must consist of: 1) the faculty advisor, who is a tenured/tenure-track member of the psychology department, and who will serve as committee chair; 2) at least two other tenured/tenure-track members of the department; and 3) at least one external reviewer who has expertise in the topic and is either a faculty member of another department at SMU or, with the approval of the DGS, the chair, and the Dean of Graduate Studies, a scholar not affiliated with SMU. Students must complete the Establishment of Examination Committee for the Ph.D. form at <https://www.smu.edu/graduate/CurrentStudents/Forms>. The dissertation proposal must be successfully defended by September 30 of the year that the student plans to apply for a pre-doctoral internship (see below).

After successful defense of the proposal, the student begins work on the dissertation. The final product should be written in the style of a manuscript to be submitted to a professional journal (in APA style). The dissertation must be submitted to the committee no less than one week prior to the final defense date.

As with the thesis proposal and defense, the committee evaluates the quality of the student's work. They may: 1) pass the proposal/defense as written; 2) require revisions

from the student to address specific limitations; or 3) indicate that the proposal/defense is inadequate as written. Committee decisions are based on several criteria, including the quality of the written product and oral presentation, the student's understanding of the research literature and theory in the area of study, their understanding and application of research and quantitative methods, ability to interpret the results of their research in the context of prior research and theory, and ability to answer questions about the research, its meaning, and implications. A passing dissertation should be at the level of an early career psychologist prepared to begin independent research as a post-doctoral researcher. See **Appendix C** for more information about dissertation guidelines and expectations.

Advancing to Candidacy

Prior to proposing the dissertation, students must meet all criteria to advance to doctoral candidacy. These include:

- Completion of the first three benchmarks (thesis, presentation of research, and review article)
- Completion of the core clinical courses (*Research Methods, Seminar in Adult Psychopathology, Theories and Methods of Psychotherapy, Psychometrics, Test Construction and Assessment, and Ethics and History*).

Candidacy is typically completed by the end of the third year in the program. Advancement to candidacy is necessary for students to initiate dissertation research and to apply for an internship. Students are required to propose their dissertation by September 30 of the year they apply for internship (typically the fall of the fifth year of study).

C. Clinical Training Requirements

Students receive practical clinical training in assessment, consultation, and interventions through a variety of internal and external clinical practicum experiences. Students enroll in a clinical practicum from their second through fourth years in residence at SMU. Students in their fifth year of graduate study are encouraged, but not required, to complete a clinical practicum.

All students who are enrolled in a clinical practicum must also be enrolled in the *Practicum Seminar* (PSYC 6091). The purpose of this course is to provide group and peer consultation, ongoing training in a variety of intervention, assessment, supervision, and consultation techniques, to expose students to different areas of clinical practice outside of their own experience, and to provide an ongoing evaluation of student clinical skills, which are assessed through clinical presentations.

The primary purposes of the clinical practicum experiences are:

- To offer students the training, supervision, and experience in the use of evidence-based methods of intervention, consultation, and assessment that are necessary for them to become independently practicing clinicians.

- To expose students to a variety of clinical settings where intervention, assessment, and/or consultation services are offered.
- To expose students to diverse client populations and to a variety of clinical problems/diagnoses.
- To hone technical and interpersonal skills necessary to become a skilled clinician.
- To obtain biannual external evaluations of students' clinical skills and readiness for more advanced training.
- To provide students with clinical training experiences which are sequential, cumulative, and graded in complexity.

Students dedicate approximately 16 hours per week to their clinical practicum experiences during the second, third, and fourth years of study. Hours are recorded on Time2Track (<https://time2track.com>), an on-line tracking program in preparation for internship applications (see discussion of the pre-doctoral internship below); all students who are engaged in clinical practicum are provided with an account.

There are a variety of clinical practicum experiences that students may engage in. Each site has been approved by the DCTs after an evaluation to confirm that the site provides students with sufficient direct contact hours over the course of the year and meets the following criteria:

- Appropriately credentialed professionals (i.e., licensed clinical psychologists) are available to train and supervise students.
- Students receive at least one hour of face-to-face supervision per week and supervision involves direct evaluation of clinical service provision through review of video- or audio-recordings or live review (e.g., supervisor is present in the room or watches through a one-way mirror or closed-circuit camera) at least once per evaluation period.
- Evidence-based methods of intervention, consultation, and assessment are the primary clinical tools used at the site.

Practicum supervisors complete an evaluation of the student's performance at the end of each semester (see the Graduate Student Rating form, **Appendix L**), which provides sufficient detail to allow the DCT to assign the student a grade. **Students who fail a practicum experience or fail to show improvement in clinical skills after deficits have been noted may be subject to dismissal from the program.**

Students must also evaluate their clinical supervisors at the end of each semester. This feedback is reviewed by the DCT and Associate DCT to ensure that practicum sites are providing appropriate training and support during the training year.

Clinical Practicum Experiences during the Second Year

Students begin their clinical practicum training in the summer between their first and second year through the assessment and therapy services provided in the Psychology Clinic. This in-house practicum experience is designed to provide extensive training in evidence-based assessment and intervention approaches for a diverse clientele. Students are closely supervised by clinical faculty and external supervisors and attend regular clinic meetings, which focus on case review,

consultation, and special topics. Each student must complete at least 12 full assessment batteries with integrated report and feedback over the course of their graduate career, with at least nine assessments completed in the second year. Second-year students also carry a therapy caseload of approximately three clients at a time and must see at least one adult and at least one child/family client during the year. Finally, second year students enroll in *Assessment Practicum* (PSYC 6354), during which they receive group supervision as well as training in psychological assessment theory and techniques.

Training during the Third and Year and Beyond

Students enroll in further practicum experiences that are specific to their interests during their third and fourth years (at least one experience must be external, typically in the third year). Students must obtain at least one depth experience, in which they receive training in an area in which they wish to gain specific expertise, and one breadth experience, in which they receive training in an area outside of their specific interests. In the spring of each year, students in the second year upward meet with the DCTs to discuss training interests and preferences for practicum and review their interests and plans with their faculty advisors. They then apply to relevant practicum sites based on their training needs and preferences as well as site availability. Sites choose students to interview and make offers for the next practicum year based on fit and availability.

Current external practicum sites are listed below, along with information about their primary areas of focus (e.g., adult, child/family, neuropsychology & assessment, behavioral medicine). This list is continually updated as new sites become available. If students are interested in placement at a site that is not on the list, they may work with the DCTs to determine if the site meets the practicum requirements and a new contract may be initiated.

Students in the fifth year of training or higher work with their faculty advisor and the DCTs to decide what clinical experiences are appropriate to meet their training goals and to prepare for internship and later independent practice. Opportunities include a full 16-hour per week external practicum, a shorter external practicum, if available, seeing clients and/or providing supervision to junior students in the Psychology Clinic, or acting as a study therapist or assessor for an ongoing research study. Students who enter the fifth year or higher who have sufficient clinical experience to prepare them for internship may also choose not to engage in clinical training that year, but rather to focus on other important areas of training (e.g., focusing on research experience and publications, attending research-related trainings, teaching, etc.).

External Practicum Sites

	Adult	Child/ Family	Neuropsychology & Assessment	Behavioral Medicine
Baylor Medical Center, Behavioral Medicine	✓			✓
Baylor Institute for Rehabilitation	✓		✓	✓
Children's Medical Center		✓	✓	✓
Cook Children's Health Care, Behavioral Health		✓	✓	✓
Dallas Children's Advocacy Center		✓	✓	
Dallas County Juvenile Department		✓		
Momentous Institute		✓		
North Texas Veterans Affairs Hospital	✓	✓	✓	✓
Parkland Hospital, Consult Liaison Psychiatry	✓		✓	✓
The Center for Integrative Counseling and Psychology	✓	✓		
Presbyterian Hospital, Neuropsychology			✓	
Rees-Jones Foster Care Center		✓		
Steven A. Cohen Military Family Clinic at Metrocare	✓			
UT Dallas, Student Counseling Center	✓			
UT Southwestern Simmons Cancer Center	✓			✓
Youth and Family Centers, DISD		✓		

Evaluation of Clinical Skills and Progress

Students' skills in intervention, assessment, and consultation are evaluated in several ways.

- All practicum supervisors rate student performance on foundational and functional profession-wide competencies at the end of each semester (see the Graduate Student Rating form, **Appendix L**). These ratings provide ongoing external evaluations from multiple supervisors about the student's clinical skills, ethics, and professionalism.
- Students are active in the Psychology Clinic throughout their graduate careers (completion of 12 assessments before leaving for internship). Assessment activities (i.e., intake, choosing and administering assessment tools, scoring, producing an integrated report with individualized recommendations, and providing feedback) are evaluated throughout the student's graduate career.
- Students are expected to complete regular clinical presentations and participate in group consultation during the Integrated Practicum Seminar; these activities affect their grade.
- At the end of the third year, students must complete a clinical oral exam. Students present a de-identified case from one of their practicum experiences, including discussion of background information, differential diagnosis, treatment formulation and interventions, outcome, professional and ethical issues, and individual diversity issues. Students must also respond to questions from the committee about the above issues. The oral exam is evaluated by 3 to 4 faculty members (the DCTs, faculty advisor, and one other faculty member). In order to pass, the student must demonstrate diagnostic, assessment, and case formulation skills and be able to discuss ethical, professional, and diversity issues at the level expected of a student preparing to apply for the pre-doctoral internship (see **Appendix D** for more information and **Appendix L** for the evaluation form).

The Pre-Doctoral Clinical Internship

Completion of a pre-doctoral clinical internship is a required component of all APA-accredited doctoral programs in clinical psychology. The internship consists of one year (2000 hours) of clinical training and experience at an external site. Students apply for internship through the Association of Psychology Postdoctoral and Internship Centers (APPIC) universal application and are assigned an internship through the yearly match (see www.appic.org for more information about this process).

1. *Eligibility to Apply for Internship.* Prior to applying for internship, students must receive approval from the DCT and their faculty advisor. To be eligible to apply students must have advanced to candidacy, met all relevant research benchmarks and clinical training requirements, and have proposed their dissertation by September 30 of the year they intend to apply. Students who wish to apply for internship should discuss their plans with the DCT and their faculty advisor during the spring semester before they plan to apply. The Internship Guidance Committee (including the DCT, Associate DCT/Director of the Psychology Clinic, and other faculty member volunteers) meets with students planning to apply for internship on a regular basis, beginning in July. The Guidance Committee works with students to help them decide where they will apply, reviews essays and CVs, conducts practice interviews, and helps them to make ranking decisions.
2. *Approved Internships.* Students may only apply to APA accredited internships.
3. *Enrollment.* While on internship, students enroll in a 0 credit course (PSYC 8091 and 8092) as well as PSYC 8049 (full time status). This maintains their full-time student status but does not require tuition.
4. *Evaluation.* Internship Directors of Clinical Training provide bi-annual evaluations of students to the program DCT. These evaluations inform the decision of whether a student has passed the internship and may graduate upon successful completion of the dissertation defense. Students must complete the internship in order to receive the Ph.D. in clinical psychology.

D. Student Files

All student files are kept electronically on the psychology department's Box site. Files are maintained by the administrative assistants and are available to faculty and students for review. Copies of all completed benchmarks, reviews completed by faculty advisors and clinical supervisors and student self-reviews, student contracts, and other similar material are maintained in the electronic files. The program also maintains a file with all benchmark completion dates for all students.

E. The Faculty Advisor

Each student works with a faculty advisor who is responsible for supervising the student's research benchmarks, providing training and experiences in their area of research, involving the student in their own research, and facilitating the student's development of research skills. The clinical Ph.D. program uses a mentorship model of advising; each student is admitted to the program under the supervision of a specific faculty member. The advisor is one of the most

important resources for graduate students. Advisors serve as role models, mentors, teachers, and advocates. Thus, a relationship that is characterized by mutual respect, trust, and responsibility is essential for successful advisor-student collaborations.

Students are expected to meet regularly with their faculty advisor to discuss research, professional development, clinical training, and course work. The advisor should be the first person that the student goes to with questions about the program, professional concerns, etc. Students are also expected to be active members of the advisor's research group. Participation in a research group is vital to the development of research skills and collaborations with fellow students and faculty.

Changing Advisors

The majority of graduate students remain with the same faculty advisor throughout their graduate careers. Applicants are accepted into the program to work with a specific faculty advisor, so their interests are usually well matched and both the student and faculty member are happy to work together and do so successfully. This matching is done thoughtfully and carefully to ensure, as much as possible, that the student-advisor relationship will be successful, as this is in the best interests of both student and advisor.

Occasionally, however, students will wish to change advisors, either because their research interests have changed to a different area and/or the student and faculty member do not work well together. Students who wish to change advisors should begin a conversation with their current advisor to determine if the concerns can be successfully addressed within the current mentorship relationship or by adding a co-mentor (e.g., a faculty member who can provide expertise in an area of research outside of the primary mentor's area). If this is not successful, the student should meet with the DCT to determine potential mentorship alternatives and submit the Request to Change Faculty Advisor Form (**Appendix L**). The DCT will work with the student to help him/her find the best mentorship relationship possible.

F. Timeline

The typical progression through the program consists of five years in residence followed by the pre-doctoral clinical internship. Students are expected to complete their Ph.D. within six years of beginning the program, although in rare instances some students may be permitted a sixth year in residence and completion of the internship in the seventh year. A student may petition for a longer period of study under extreme circumstances (e.g., serious illness or injury, family emergency, etc.) or to meet specific training goals. Students are permitted up to two semesters of maternity leave, which does not count toward the total years of study.

Students should complete their master's thesis by the end of the second year (July 31), their review paper by mid-way through the fourth year (February 1), propose their dissertation by September 30 of the year they plan to apply for internship, and complete their dissertation and successfully defend before they finish internship. Most classes are completed in the first three years of study, although many students take elective courses in their fourth or fifth year and some classes are only offered every other year.

Students with Previous Graduate Study

Some students begin the doctoral program after having completed a master's degree or obtaining graduate credits at another institution and wish to transfer those credits. In order for credits to be transferred to the program, the DCT must review the syllabus and assignments for the class the student wishes to transfer. If the material appears to be consistent with material covered in our graduate classes and is of sufficient rigor, the transfer may be awarded. Students are encouraged to be cautious in requesting too many transfers of credit, however, as the classroom experience provides important discussion and collaborative experiences above and beyond the simple transmission of knowledge. No more than three classes from other programs will be eligible for transfer. A thesis completed at another institution will not be transferred to SMU. All students in the Ph.D. program must complete all of the research benchmarks as part of their training.

III. Student Support

Doctoral students in clinical psychology receive funding for five years of graduate study through Dedman College, pending satisfactory performance (see **Appendix E** for the Funding Contract). Funding includes a stipend of \$18,500 per year, plus tuition and fees, and SMU benefits.

Dedman College funding carries with it a responsibility to serve as a teaching assistant (TA). Each year, the DCT and chair assign students to serve as either a lab TA or a class TA.

- Lab TAs typically work under the supervision of their faculty advisor and are responsible for coordinating and supervising the activities of undergraduate research assistants (RAs) within the lab. Lab TAs create a syllabus for the RAs each semester, lead weekly discussion groups about research which include assigned readings, and are responsible for reviewing and grading RA end-of-semester papers.
- Class TAs work under the supervision of a faculty member who is teaching an undergraduate course. They are responsible for assisting the instructor with course activities, such as grading papers and exams, and give 1 to 2 guest lectures each semester.

All first-year students who receive Dedman College funding serve as a class TA. First year students primarily TA for the undergraduate course *Research Methods in Psychology* and are responsible for leading weekly discussion sections with undergraduate students. However, when there are more students in a first-year class than there are discussion sections, some students are assigned to TA for other classes.

TA assignments in years 2 to 4 are made based on the research activity of the student (i.e., less research active students are more likely to be assigned as a class TA, whereas students who are leading active research projects in their labs are more likely to be assigned as a lab TA), the interests of the student (i.e., a student may request the opportunity to TA for a specific class), and the needs of the instructors of undergraduate courses. Generally, students who receive Dedman college funding should expect to serve as a class TA for two additional semesters during years 2-4, depending on the above criteria.

Students in the fourth or fifth year have the opportunity to teach an undergraduate course for one semester (often in the spring semester of the fifth year). Students who wish to gain more teaching experience must obtain permission from their mentors and the DGS. Students will teach as the primary instructor under the supervision of program faculty. The courses taught most often are *Abnormal Psychology* or *Developmental Psychology*. Determining which course the student will teach is a function of the student's interests, his or her area of expertise, and the department's needs.

Other Funding Opportunities

All students should apply for external funding, either as a primary investigator or through assisting their faculty advisor in completing a funding application. The process of applying for external funding is an important research experience and may lead to funding for data collection and/or student support and tuition/fee remission for one or more years. Students are encouraged to speak with their faculty advisor and with staff in the Office of Graduate Studies about options for external funding. Students may receive funding through a faculty member's existing grant,

but this does not preclude the requirement to apply for other funding. Students who receive external funding do not serve as TAs during the years covered by those funds, because they are not supported by Dedman College funds.

Travel Funds

The department will provide travel assistance for one research conference trip per year. Travel funds of up to \$700.00 per year (one trip) are available to graduate students through the department. To be eligible for these funds, students must: 1) attend a national conference; 2) be the first author of a poster or paper to be presented at the conference; 3) present research that was conducted while the student was a graduate student at SMU; 4) be in good standing in the program; 5) be in either their second, third, fourth or fifth year of the program; and 6) be actively working in a faculty member's lab. Students who attend conferences are expected to attend multiple sessions, not just their presentation session.

Funds can only be used for the following expenses: conference registration; hotel reimbursement; per diem meal expenses; and reimbursement for airfare and ground transportation. The same restrictions Dedman College places on faculty regarding lodging and airline tickets apply to graduate students as well.

Students who receive department financial support for travel must also present their research at the SMU Research Day during the same academic year that they travel. If a student receives department travel funds in the summer or fall, they will present their research at the Research Day event in the spring semester of that same academic year (after their trip). If a student receives department travel funds for a conference in the spring semester, they will present their research at the SMU Research Day that same semester.

Students must apply for travel funds prior to taking the trip. Funds will not be awarded for trips already taken.

Funds for Workshops and Other External Training Experiences

Students may apply for funds (\$100.00 per year) to attend external workshops and other training experiences (e.g., statistics seminars, clinical workshops, etc.). Applications must be submitted at least two weeks prior to the date of the workshop or training to the DGS. Funds will be awarded based on prior receipt of funds, student standing in the program, benefit of the workshop or training to the student, and availability of funds. Applications will not be accepted to reimburse students for past attendance at workshops or trainings or for those that clearly overlap with training provided at SMU. See **Appendix L** for the application form.

IV. Evaluation of Student Progress & Processes for Probation & Remediation

Students undergo an annual review of progress at the end of each academic year (first year students also undergo a mid-year review between the fall and spring semesters of the first year). The student and research mentor are asked to complete the Graduate Student Review Form at the end of the spring semester (see **Appendix L**) and teaching supervisors are asked to complete the form at the end of the fall and spring semesters. Clinical supervisors also complete the Graduate Student Review Form at the end of the fall and spring semesters (see **Appendix L**). In addition, the student must submit an updated CV, the yearly Activity Report (see **Appendix L**), and copies of any publications or presentations completed in the past academic year by the end of the spring semester (and by the end of the fall semester for first year students).

The assistant to the DGS compiles the ratings and student materials for the review meeting, which is scheduled after June 1, and attended by all relevant faculty (i.e., the DGS, the chair, the student's faculty advisor, and any other faculty who have taught or supervised the student in the past year). The faculty discuss students' progress through the program, their development of specific competencies, and areas that need improvement. Following the review meeting, each student's mentor meets with the student to review the results and to discuss and plans for the upcoming year.

Probation and Remediation

On some occasions a formal remediation plan and probationary status may be required. Remediation plans are developed on a case-by-case basis, but they generally reflect failure to make significant progress in areas identified in previous reviews and/or significant difficulties in one of the areas of competence covered in the Graduate Student Review Form. Success in a remediation plan is evaluated in the subsequent annual review or earlier, if appropriate; if the student has met all goals then the remediation is complete and the student is taken off of probation. If the student does not meet the goals, this is grounds for extended probation and remediation or, in rare cases, dismissal from the program.

V. Problem Resolution and Grievance Procedures

It is assumed that most problems involving graduate education will be discussed informally and reconciled with the advisor, advisory committee, instructor, supervisor, training faculty, and/or fellow student. Indeed, discussions of this kind will commonly occur between students or with advisors, supervisors, or other training faculty. However, when a serious issue arises during the course of a student's career that is not resolvable through direct communication with the involved parties, it may be channeled through the grievance procedure and process. All inquiries and complaints will be treated confidentially. The following policies and procedures are provided in an effort to resolve conflicts.

- A. The first step in addressing these conflicts is for the student to consult with his/her faculty advisor.
- B. If speaking to the advisor is inappropriate for a particular problem, the conflict is not resolved to satisfaction, or if additional input is needed, the conflict may be brought to the attention of the DCT or Associate DCT, who will respond within 48 hours. The DCT may request written documentation from the student of the complaint or grievance. The DCT may also seek consultation with the chair.
- C. A typical and recommended option at this point is an informal resolution, which occurs when an individual does not wish to file a formal complaint but nonetheless wishes assistance in resolving the issue in a constructive manner. Action taken by the DCT within this procedure does not constitute a finding in violation of relevant policy. An informal resolution can include any of the following options:
 - i. With the advice and assistance of the DCT, the graduate student may meet with the involved party to discuss the situation;
 - ii. The DCT may discuss the problem with the other party. The student may request that, if practical, such a conversation be held without revealing his or her identity directly to the other party; or
 - iii. The DCT may consult with appropriate peers in governance or supervisors (e.g., the chair) to explore options for informal resolution.
- D. If an effective informal solution is not achieved in consultation with the DCT, then the student has the option of consulting directly with the chair, who will respond within 48 hours of receiving the request for consultation.
- E. If still dissatisfied, students have an additional option of seeking assistance from the Graduate School Ombudsperson (Dr. Alan Itkin, 214-768-4202, aitkin@smu.edu). However, it is expected that all such conflicts are to be addressed first within the program, then within the department, before seeking a resolution outside the department.
- F. If the complaint or grievance cannot be resolved informally, a written grievance may be composed and given directly to the DCT or the chair. All complaints and grievances will be treated confidentially and documentation will be kept in a locked cabinet, separate

from student or personnel files in the chair's office. The DCT and/or chair will continue to work with the student and any other relevant parties to come to a resolution of the issue and will refer to the Ombudsperson if resolution cannot be obtained within the department.

- G. The DCT, in consultation with the chair, will keep a log of all formal complaints and grievances within the auspices of the clinical area. The clinical area will, if required, share this with accrediting bodies. However, any shared information will be provided in de-identified format.

Further information about university policies regarding grievances, nondiscrimination, and resolving any form of harassment can be found at <http://www.smu.edu/IAE/PoliciesandProcedures>.

Statement of Nondiscrimination

Southern Methodist University will not discriminate in any employment practice, education program, education activity, or admissions on the basis of race, color, religion, national origin, sex, age, disability, genetic information, or veteran status. SMU's commitment to equal opportunity includes nondiscrimination on the basis of sexual orientation and gender identity and expression. The Executive Director for Access and Equity/Title IX Coordinator is designated to handle inquiries regarding the nondiscrimination policies, including the prohibition of sex discrimination under Title IX. The Executive Director/Title IX Coordinator may be reached at the Perkins Administration Building, Room 204, 6425 Boaz Lane, Dallas, TX 75205, 214-768-3601, accessequity@smu.edu. Inquiries regarding the application of Title IX may also be directed to the Assistant Secretary for Civil Rights of the U.S. Department of Education.

VI. University Life and Student Services

SMU provides students with a number of services, detailed in the Graduate Catalogue, (www.smu.edu/catalogs/). The major services are: options for on-campus housing; access to athletic and recreational facilities; and health services at the SMU Memorial Health Center. Available resources under the auspices of the Health Center include: SMU Counseling and Psychiatric Services, child care, and academic support for students with disabilities through Disability Accommodations and Success Strategies (DASS).

Appendix A: Thesis Guidelines and Expectations

Thesis Proposal

The proposal is typically submitted in the form of an APA style manuscript, including the following sections: Introduction, Methods, and Proposed Analyses. Alternatively, the proposal may be submitted in the form of a NIH style grant application, including the following sections: Specific Aims and Hypotheses, Background and Significance, and Research Design.

The proposal should adequately convey to the reader knowledge of the pertinent literature and how the proposed study will build upon this literature (the same way a well-written introduction of a full-length article published in an APA journal, such as the *Journal of Consulting and Clinical Psychology* would do, or alternatively, as the Specific Aims and Hypotheses and Background and Significance sections of a well-written grant application would do). It should also convey the scientific methods to be used to conduct the study (i.e., participants, procedures, measures, and planned statistical analyses). Proposals should also incorporate a discussion of research ethics and individual diversity as they pertain to the proposed study.

Proposal Meeting

Students should submit their written proposal to committee members *no less than* one week in advance of the scheduled proposal meeting. Proposal meetings are scheduled for two hours in a seminar room in Expressway Tower. Many meetings will not last this long, but it is good practice to allot the full time. The departmental administrative assistants will assist you in scheduling a room. Students are *not* expected to provide refreshments for their committee. The departmental administrative assistants will also send an announcement inviting all psychology faculty and graduate students to attend the proposal meeting; these meetings are intended to be open occasions for the discussion of student research.

Proposal meetings have several purposes: 1) to allow the student an opportunity to practice presenting his/her research in front of an audience; 2) to evaluate the student's knowledge of the field, (substantive knowledge and knowledge of basic research methods), in which he/she is planning to conduct research; and 3) to help the student develop a high-quality research study. Proposal meetings typically adhere to the following format:

- 1) The committee members meet briefly to discuss the proposal in private (the room is cleared of observers during this portion).
- 2) The student provides an oral presentation of their proposal, typically 20-30 minutes.
- 3) The Committee Chair (the student's faculty advisor) invites questions from the other committee members. It is presumed that the advisor has worked closely enough with the student on the proposed study that he/she has already had an opportunity to ask questions.
- 4) Questions are taken from others in attendance.
- 5) The committee meets in private for a second time to discuss the presentation and come to conclusions about whether the student has passed the proposal, needs to

- make revisions before beginning the research, or, if the work is insufficient to meet the benchmark.
- 6) The committee meets in private with the student to offer feedback and inform him/her of their decision.

The student will then work toward revising the thesis proposal as recommended by the committee, if needed. The committee may ask to see a revised proposal before the student begins collecting and/or analyzing data or they may simply require that revisions appear in the completed thesis.

Thesis Defense

The completed thesis should be written in a manuscript format (i.e., in the form of a full-length manuscript that could be submitted to an APA journal such as the *Journal of Consulting and Clinical Psychology*). Such manuscripts are typically 30-35 pages in length. The student may wish to include appendices with details that are not appropriate for a journal article, but the manuscript itself should be in a form ready for submission.

Thesis Defense Meeting

In general, the guidelines for the defense meeting are the same as those for the proposal meeting, although the oral presentation may be longer (30-40 minutes). The written document should be distributed to committee members *no less than* one week before the scheduled meeting. If committee members believe that there are significant problems with the written document, the oral defense should be postponed until the written document has been approved. Upon completion of the oral defense, the committee will decide whether the thesis passes the benchmark in its present form, requires revision, or does not pass.

Students must revise the thesis in accord with the suggestions made by the committee at the defense meeting and each committee member must sign off on the final thesis before the student files the thesis with the graduate office. Instructions and forms for filing a completed thesis with the Office of Graduate Studies can be found at

<https://www.smu.edu/graduate/CurrentStudents/Forms>. Please note, **the manuscript does NOT have to be reformatted for submission to the Office of Graduate Studies; APA format is acceptable.**

Frequently Asked Questions

How do I decide who to select as committee members? The committee should be selected in consultation with your faculty advisor. The goal is to form a committee that will help you to develop a high-quality study. Thus, committee members should be able to contribute to your project in a meaningful way (substantively and/or methodologically). You must have at least three scholars on your committee: Your faculty advisor (the Chair of the committee), one other tenured/tenure-track faculty member of the Psychology Department, and a third scholar who may or may not be a member of the Psychology Department.

When should I ask faculty to serve on my committee? This should be done at least 3-4 weeks prior to the thesis proposal meeting. All committee members should have the opportunity to provide feedback and approve the proposed thesis research.

What if I need to change my committee or a committee member is no longer at SMU? There may be circumstances in which the membership of the thesis committee might change (e.g., a member is no longer able to serve for a variety of circumstances). To make a change in the thesis committee, you must submit the information for Establishment of Examination Committee form (see <https://www.smu.edu/graduate/CurrentStudents/Forms>) and have it approved by the DCT.

What if I decide I no longer want a faculty member on my committee? You cannot remove a faculty member from your committee simply because you no longer want that person to serve anymore. Prior to selecting committee members, you may wish to meet with them individually and explain in detail what you are planning for your thesis research. Most faculty members will not agree to serve on your committee unless your project interests them and they believe that they can help you to produce a high-quality product.

May I conduct my thesis research with data that have already been collected? Yes. In fact, there are often advantages to using existing datasets. However, it should be made clear to all committee members prior to your proposal meeting that you plan to use an existing dataset. Also, to the extent possible, the limitations of the data should be made clear at the outset.

Do I need to have significant results for my project to count as a thesis? No. It is advantageous for a number of reasons if your hypotheses are supported, but it is impossible to know the results before you test the hypotheses.

What happens if committee members disagree about a change to my proposal or final thesis? Such disagreements are likely to happen and should be resolved by the committee members from the psychology department. If they are unable to come to a resolution, the DCT will arbitrate the disagreement. If the DCT is the faculty advisor, the Chair will act as arbitrator.

Should I publish my thesis? Ideally, yes, although not all studies are publishable as originally proposed or written. You should work with your faculty advisor to make a decision about whether and where to submit your thesis and in what form. If you and your advisor cannot agree, the DCT will arbitrate the disagreement. If the DCT is your faculty advisor, the Chair will act as arbitrator.

Appendix B: Review Paper Guidelines and Expectations

Purpose

The purpose of the review paper benchmark is to provide students with an opportunity to engage in a thoughtful synthesis and evaluation of the theoretical and empirical literature on a topic related to their program of research. This benchmark also serves as an evaluation of a student's independent writing and conceptualization abilities and their understanding and knowledge of their research area. *Combined with completion of the core clinical courses, thesis and presentation of research, the review paper constitutes the qualifying examination for advancement to candidacy.*

Content

A high-quality review paper provides a summary, synthesis, and analysis of the current empirical and theoretical literature on the topic of interest. The student is expected to provide a thorough review of existing knowledge about the topic, discuss the body of work as a whole, identify strengths and weaknesses within the literature, and generate ideas for future work. Depending on the area of study, the review may include, but does not require, a meta-analysis of specific hypotheses. Students are encouraged to keep the scope of their review to a relatively specific topic that can be adequately discussed within the page limitations and to choose a topic that will inform their program of research. The manuscript should be written with the ultimate goal of publication in a peer-reviewed outlet (e.g., *Clinical Child & Family Review*, *Clinical Psychology Review*, *Current Directions in Psychological Science*, *Health Psychology Review*, *Personality and Social Psychology Review*, or *Trends in Cognitive Science*). The paper should be written in APA-style, 30-35 pages, inclusive of references, title page, figures, and tables.

Student should begin immersing themselves in the literature related to their area of interest and discussing that literature with their advisor, members of the research lab, and others in the field beginning in their 1st year in the program. Training in skills for reviewing and critiquing empirical and theoretical research and scientific writing are incorporated into courses, research training within labs, and department presentations.

Suggested References

Galvan, J. L., & Galvan, M. C. (2017). *Writing literature reviews: A guide for students of the social and behavioral sciences* (7th ed.). New York: Routledge.

Littell, J., Corcoran, J., & Pillai, V. (2008). *Systematic reviews and meta-analysis*. New York: Oxford University Press.

Committee

The review paper committee must consist of the student's faculty advisor and 1 to 2 additional members. At least one member of the committee must be an associate or full professor. If a student has co-advisors, at least one member of the committee must be external to the home lab. The student is expected to work with his/her advisor(s) and committee members to review and discuss the relevant literature, plan the manuscript, and develop a detailed outline. *The advisor and other committee members should not be involved in reading, writing, or editing the manuscript prior to submission to the committee*, however, as this benchmark is an evaluation of the student's independent writing and conceptualization skills.

Process and Evaluation

1. The student must complete his/her master's thesis before progressing to the review paper.

2. The student and his/her advisor decide on a topic for the review and the review committee is formed.
3. The student works with the committee to plan the manuscript and produces a detailed outline for the review paper (5-6 pages maximum). Once the outline is approved by all committee members, the student may begin writing and has 45 days to complete the initial draft of the manuscript. If the manuscript is not complete at 45 days, the student turns in what has been completed to that point.
4. The initial manuscript is submitted to the committee by December 1 of the student's 4th year in the program, at the latest. Students may begin the review process earlier, if desired.
5. The committee has 30 days to review the manuscript. At the end of that period, each member will produce an independent written review, in the style of a review for peer-reviewed journal, an evaluation of the work using the Evaluation Rubric for the Review Paper, and a recommendation of *Accept* or *Revise and Resubmit*. These materials will be submitted to the student's faculty advisor, who will draft an action letter summarizing the reviews and communicating the committee's decision. The advisor will share the action letter, each individual review, and the completed Evaluation Rubrics with the student. If the committee agrees to *Accept* the manuscript, the student has passed the benchmark, is advanced to candidacy, and may begin work on his/her dissertation.
6. If the committee recommends that the student *Revise and Resubmit* the manuscript (the most common decision), the student has 30 days to produce a revised manuscript incorporating the recommendations of the committee. He/she will submit the revision, along with a detailed letter summarizing the changes that were made, to the committee.
7. The committee will have an additional 30 days to review the revised manuscript and will again provide a written review, the Evaluation Rubric, and a recommendation to *Accept* or *Reject* the manuscript. The advisor will provide an action letter with the decision and copies of all reviews and forms to the student. If the paper is *Accepted*, the student has passed the benchmark, is advanced to candidacy, and may begin work on his/her dissertation. The decision to *Reject* the manuscript means that the student has failed the benchmark and may be subject to remediation or dismissal from the program. If there is a conflict between committee members regarding the final disposition, the manuscript will be referred to the Director of Graduate Studies. If the Director of Graduate Studies is a member of the review committee, the manuscript will be referred to the Department Chair.

Appendix C: Dissertation Guidelines and Expectations

The general structure and content of the dissertation process is identical to that of the thesis process. Students must present a written proposal to their committee and complete an oral defense of that proposal before beginning their research. The final product is also defended in written and oral form. There are several differences between completing the dissertation and the thesis, however.

- 1) The expectations for the level of sophistication and nuance in student understanding and discussion of the research and theory in the field and of research methodology and data analytic techniques are considerably higher for the dissertation compared to the thesis.
- 2) The committee should consist of at least four scholars: the student's faculty advisor, who serves as the chair, at least two tenure/tenure-track members of the SMU Psychology Department, and one external member from another department at SMU, or, with approval of the Department Chair and the Dean of Graduate Studies, a non-psychology faculty member at another university.
- 3) Once the student has completed an approved dissertation, he/she must file the dissertation with the Office of Graduate Studies (see <https://www.smu.edu/graduate/CurrentStudents/Forms> for forms), and may then proceed to complete the Application for Candidacy to Graduate. However, students may *only* apply for a graduation date that occurs *after* completion of the pre-doctoral internship. (See <https://www.smu.edu/graduate/CurrentStudents/Graduation> for graduation deadlines.) **Please note, as with the thesis, the dissertation does NOT need to be reformatted for submission to the Office of Graduate Studies; APA style is acceptable.**

Appendix D: Clinical Oral Guidelines and Expectations

Committee

The Clinical Oral Examination is conducted by a committee of at least 3-4 faculty members, consisting of the DCT and/or Associate DCT, the student's faculty advisor, and at least one other relevant faculty member(s). After hearing the student's case presentation and completing the oral examination, the committee meets privately to determine whether the student has successfully completed (passed) the examination.

Case Presentation

The Clinical Oral case presentation should focus on a de-identified intervention or assessment case that the student knows well and can discuss in detail. *The student should choose a relatively recent case that allows them to demonstrate their clinical competencies.* The presentation itself typically lasts 20-30 minutes and should include (in the order listed) the following:

- 1) Client background information: age, sex, race/ethnicity, marital status, national origin, and important demographic features
- 2) Description of the presenting problem and symptoms
- 3) Differential diagnosis process: How was a diagnosis reached? What alternatives were considered? What psychometric tools were used to support the diagnosis?
- 4) Case conceptualization and treatment/assessment planning: How were the presenting problems and symptoms understood within a specific theoretical framework? How did this conceptualization inform the plan for intervention/assessment?
- 5) Course of treatment: What interventions were implemented and how did the client respond? What was the course of change in the presenting problems and symptoms? How was this change measured? Were there changes in the case conceptualization and treatment plan? If so, why and how were they handled?
- 6) Coping with crisis situations: Were there any crises during the course of treatment? If so, how were they handled and what was the outcome?
- 7) Individual and cultural diversity: How was treatment informed by the individual characteristics of the clinician and/or client?
- 8) Professional and ethical concerns: Were there any ethical dilemmas or issues related to professionalism in approaching this case? If so, how were they handled? For example, how was supervision utilized? Were there any areas in which the student felt they did not have competence? What did they do to gain competence?

Examination

During and after the case presentation, the committee will ask the student to expand upon his/her presentation and respond to hypothetical questions to evaluate the student's understanding of a variety of clinical issues. See Appendix L (Clinical Orals Rating Form) for details on faculty expectations during the examination.

Appendix E

Graduate Student Funding for 2019-2020

Graduate students enrolled in the Ph.D. program in Clinical Psychology at SMU receive funding (stipends) from a variety of sources, including teaching assistantships, research assistantships. Student stipends for 2019-20 will be \$18,500, unless supplemented by a university fellowship. Tuition and fees will be covered by the department. Students will also receive SMU benefits (i.e., library privileges, on-line databases, email account, wellness program), and a waiver of tuition and fees. Medical insurance is covered primarily by the Office of Research and Graduate Studies.

Acceptance of graduate funding carries the following requirements:

- This appointment represents a commitment on your part to perform assigned duties in teaching, research, and/or clinical work. Depending on your specific duties, you will be supervised by your faculty advisor, the Directors of Graduate Studies, other relevant supervisors (e.g., the instructor of record if you are a teaching assistant), or some combination thereof.
- This is a year-long appointment. You will receive 26 payments throughout the year (every two weeks). Vacation time (2 weeks) must be scheduled in collaboration with your faculty advisor and any other relevant supervisors.
- In addition to your coursework and clinic work, you are expected to work on your research and, if assigned, assist in teaching for approximately 20 hours per week (or more for quicker progress through the program).
- During the term of this appointment, you may not seek or accept other part-time or full-time employment at SMU or outside of the university without permission from the Director of Graduate Studies, the department chair, and the dean.
- Funding will be renewed for the next academic year (for up to 5 years of graduate funding) if the student completes the current year's assistantship, maintains at least satisfactory performance in all areas of graduate work, and is making timely progress through the Ph.D. program.
- Satisfactory performance involves meeting several important expectations:
 - Attending regular meetings as scheduled by your mentor or supervisor(s).
 - Completing, in a timely and satisfactorily (or better) way, all the duties/responsibilities assigned by your mentor and/or supervisor.
 - Making good progress in other the other requirements of the program (e.g., coursework, research benchmarks, clinical training).

Department of Psychology Graduate Funding Acceptance Form: 2019-2020

_____ I accept the department's offer of stipend, tuition, and fees.

Printed name

Signature

Date

Return to:

Robert Hampson, Ph.D.
Psychology Department, Box 750442
Southern Methodist University
Dallas, Texas 75275-0442

Email: rhampson@smu.edu
Phone: 214-768-2734
Fax: 214-768-0821

Appendix F: Expectations for Professional Behavior

Students are expected to behave in a professional and appropriate manner at all times. The following rules apply:

- Students are required to act in accordance with the American Psychological Association's Ethical Principles and Standards. Violation of these principles and standards may constitute grounds for dismissal from the program irrespective of any other consideration.
- Violation of any of the Expectations for Professional Behavior may constitute grounds for dismissal from the program irrespective of any other consideration.
- Students may not engage in any professional activities on or off campus without the prior approval of their Faculty Advisor and the DCT. Under no conditions are students permitted to treat clients privately without supervision. Failure to obtain proper approval will jeopardize the student's standing in the program.
- The professional use of university property or facilities is limited to those functions that are a part of the student's training and that are approved by the faculty.
- Students may not obligate the university financially without prior written permission from the DCT, the Chair of the Department of Psychology and, if necessary, the Dean of Dedman College.
- Students are expected to fully meet all assistantship obligations. This includes adequate performance of all assigned duties for the duration of the position. Except by mutual agreement between the student and faculty supervisor (or unless the DCT needs to intervene), students may not withdraw from an assistantship position before the end of the assistantship.
- Students may not submit 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 course or program requirement unless the teachers/supervisors involved give prior approval.

Appendix G: Plagiarism Policy

Plagiarism is the presenting of information without due credit or acknowledgement to the sources or originators of such information. Ideas, text, statistics, and illustrations can all become the subject of such improper use.

A plagiarized document or presentation can take the form of:

- A free article downloaded from the internet or other electronic source
- A ready-made or customized paper purchases from a commercial source
- A paper acquired from a third party, such as another student
- A verbatim reproduction of material from a source one has read (unless the material is appropriately quoted and cited)
- A partial reproduction by “cutting and pasting” from sources one has consulted or “weak paraphrasing” by rearranging or replacing a few words and details from the source material
- Facilitating plagiarism by others is also a form of academic dishonesty

Where is the harm in plagiarism?

- The harm is to the original authors whose work you reproduce without fair citation or quotation. This can be a violation of copyright, which is a legal offense.
- The harm is in gaining an unfair advantage over other students/colleagues who do their own work
- Thirdly, the harm is also to the plagiarist because he/she does not acquire the appropriate thinking and writing skills

Plagiarism violates the ethical guidelines of the American Psychological Association and the American Psychological Society (as well as numerous other scientific/professional bodies)

Thus, plagiarism is a form of scientific misconduct that has potential academic, career, and legal consequences.

How to prevent plagiarism:

- You must give credit (i.e. cite and reference the source) to those from whom you borrow ideas or other information, unless that information is common knowledge, or unless it is evident that you came up with the same ideas/information by sheer coincidence – a really rare event.
- Material reproduced verbatim must be in quotation marks. However, there are limits to how much quoted material is permissible. In other words, the solution is not to simply quote lengthy passages from source material – that is not independent work. Citation also does not permit you to reproduce or weakly paraphrase material.
- If you become aware of academic dishonest on the part of others, this needs to be reported to the appropriate authority (e.g. to the instructor, DCT, or chair if you know a fellow student is engaging in plagiarism; to the editor of a journal and/or to the APA Ethics Board if you know a colleague has submitted plagiarized work).

Appendix H: Leave of Absence and Discontinuation from the Program

Students may take a one-year leave of absence from the program if they are in good academic standing. A second year of leave may be granted in rare cases and when there are compelling reasons. A leave of absence must be approved by the student's Faculty Advisor, the DCT, and the Chair of the Department of Psychology.

Except with prior permission from the DCT, a student who does not enroll in any SMU psychology courses during a semester will be considered to have discontinued from the program and will not be readmitted except with written permission from the DCT and the Dean of Research and Graduate Studies.

Policy on Impaired Student Functioning

A student will not be permitted to continue in active status in the program when the competency of the student to perform in the program is, or could reasonably be expected to be, impaired due to an apparent mental, emotional, physiological, pharmacological, or substance abuse condition. In the event that a faculty member or any individual associated with the program (e.g. a practicum supervisor) suspects that a student may have one or more conditions that are interfering with his/her competence to complete academic, research, or clinical responsibilities, the following steps will be taken.

1. The individual who believes that the student's competence is impaired will meet with the student's Faculty Advisor to discuss the matter and alert the DCT and Department Chair about his/her concern. If the Faculty Advisor is the individual who has concern about the student's competence, he/she will go directly to the DCT and Chair. If the DCT is the student's Faculty Advisor, the Chair will handle the matter.
2. The DCT will call a meeting with the student, his/her Faculty Advisor, and, if relevant, the person who alerted the Advisor and DCT of the potential problem, to discuss the matter. The Chair may also attend the meeting. The identified problems and proposed remedial action, or any other action deemed appropriate, will be presented to the student in writing by the Chair and DCT. If it is determined that a referral for psychological assessment is warranted, the referral will be made to a qualified psychologist or psychiatrist who has no personal or professional connection with the program. The student is responsible for any costs incurred by an assessment.
3. Depending on the results of the psychological assessment, the student may be asked to: a) take a leave of absence from the program, the length of which will be determined by the Chair and DCT (e.g., one semester or one year), in order to attempt to improve/resolve the problem; b) resign from the program; or c) be permitted to remain in the program under condition of specified remedial action. The Chair and DCT may also recommend to the student that he/she secure medical or psychiatric treatment for the problem. If the student takes a leave of absence or remains in the program, a plan for evaluating the student's progress and level of competence within a specified time will be documented in writing.

4. At the end of the agreed upon leave or evaluation period, the Chair and DCT will meet again with the student to decide if the student has successfully addressed the problem and is competent to remain within the program. To determine the student's fitness to remain in the program, the Chair and DCT may require the student to authorize the release of any and all records relating to the alleged mental and/or physical condition, including the student's personal medical, psychiatric, and/or psychological records.
5. If, at any point during the process, the student fails to comply with any of the requirements of the evaluation, rehabilitation, or remediation, the student may be dismissed from the program without regard to academic standing, status of research, or any other consideration.
6. The student may elect to resign from the program without submitting to a psychological assessment, leave or absence, or specified remediation/rehabilitation plan. In this case, the student will be informed in writing that re-admittance to the program at any time in the future will not be permitted. A copy of the documentation will be placed in the student's file. The student will be designated as having resigned from the program while not in good standing.

Appendix I: Professional Memberships

American Psychological Association

All graduate students are encouraged to become members of the American Psychological Association (APA), for many reasons (e.g. to help students become involved in the psychological community at large, to expose students to issues/trends in the field). Students enrolled in the clinical psychology doctoral program are especially encouraged to become members prior to beginning their first clinical practicum (all practicum students must carry malpractice insurance, which can be obtained through APA at affordable prices; see www.apait.org). Other benefits of APA student membership include:

- Membership in APAGS, a national group of Psychology Graduate Students. As part of this membership, you will receive APAGS publications and newsletters, which provide information about matters specific to graduate students in psychology.
- A subscription to the *Monitor on Psychology*, the official newsletter of APA, which is published monthly, and the *American Psychologist*, an APA journal covering issues and trends within the field.
- Discounts on APA conventions, programs, publications, and services. Consumer discounts including hotels and car rentals, among others, are also offered.
- To enroll as a Graduate Student Affiliate of APA go to *Membership* at www.apa.org.

Other Professional Organizations

Graduate students are encouraged to discuss the advantages of joining other professional organizations with their Faculty Advisors. SMU faculty and students hold memberships in many organizations, including:

American Association for Marital and Family Therapy
American Psychosomatic Society
Anxiety Disorders Association of American
Association for Behavioral and Cognitive Therapies
Association for Psychological Science
International Family Aggression Society
International Society for the Advancement of Respiratory Psychophysiology
International Society of Behavioral Medicine
Psychonomic Society
Society for Affective Neuroscience
Society for Affective Science
Society for Behavioral Medicine
Society for Personality and Social Psychology
Society for Psychophysiological Research
Society for Research in Child Development
Society for Research in Psychopathology
Society for Social Neuroscience

Appendix J: Current Graduate Course Offerings

Number	Course Title and Description
6091	<i>Integrated Practicum Seminar.</i> Students participate in an internal or off-campus practicum and also meet bi-weekly with faculty to review cases, learn supervision techniques, and review procedures for assessment and treatment. All students completing a clinical practicum register for this course every fall and spring semester.
6305	<i>Quantitative Methods I.</i> Theoretical bases of quantitative methods used in experimental research designs. Topics will include rules of probability, random variables and their distributions, statistical inference, tests of hypotheses and confidence intervals for population means, and analysis of variance.
6307	<i>Quantitative Methods II.</i> Theoretical bases of quantitative methods used in quasi- and non-experimental research designs. Topics will include correlation, regression, multiple regression, partial and multiple correlation, and nonparametric approaches.
6309	<i>Seminar in Health Psychology.</i> Current theories and research in health psychology.
6314	<i>Seminar in Adult Psychopathology.</i> The presentation and discussion of selected topics involving research in psychopathology.
6317	<i>Biological and Neuroscientific Bases of Behavior.</i> Provides comprehensive exposure to a selected area or problem in physiological psychology. Areas receiving such treatment might include limbic system-behavior relationships; biological bases of motivation; biological bases of learning and memory.
6322	<i>Contemporary Scientific Psychology Issues: Longitudinal Data Analysis Using Multilevel Models.</i> Seminar on the basic theory and application of multi-level modeling for psychological research.
6323	<i>Structural Equation Modeling.</i> Introduces the basic theory of structural equation modeling, which is a system of regression models with observed and unobserved variables. Focuses on SEM behavioral and social science applications.
6324	<i>Research Methods.</i> Seminar addressing issues of research design and implementation in clinical psychology. Topics include validity and reliability of clinical assessment, experimental and quasi-experimental designs, causal inference, interpretation of data, and research ethics.
6330	<i>Seminar in Psychopharmacology.</i> Introduces psychotropic drugs and their uses, with a focus on the relationship between psychology and psychiatry in practice.
6331	<i>Psychotherapy Practicum I.</i> Summer course for students starting in the SMU Psychology Clinic after the first year in the program.
6332	<i>Psychotherapy Practicum II.</i> Seminar course for all students seeing clients in the SMU Psychology Clinic during the fall semester.

- 6334 *Seminar in Developmental Psychopathology*. Advanced seminar examining theories and data on normal and abnormal development and psychopathology in childhood and adolescence.
- 6345 *Cultural and Individual Diversity: Principles and Best Practices in Research and Applications*. Seminar introducing the roles of cultural and individual diversity in psychological phenomena, particularly as they set foundations for the science and practice of clinical psychology.
- 6351 *Theories and Methods of Psychotherapy*. Discussion of research concerning the efficacy and effectiveness of individual psychotherapy; discussion about and training in the major theoretical methods of individual psychotherapy; ethics of individual psychotherapy.
- 6353 *Psychometrics, Test Construction, and Assessment*. Application of psychological methods to the study of the individual; rationale of test construction and interpretation; problems in the prediction of human behavior; and theory and practice in psychological assessment techniques to measure personality, intelligence, and behavior. The focus throughout is on the integration of diverse sources of data to better inform psychodiagnostic decision making.
- 6354 *Assessment Practicum* is the on-campus practicum course for Ph.D. students to learn to administer and interpret cognitive, achievement, personality, and behavioral psychological tests, conduct feedback sessions, and generate appropriate reports.
- 6355 *Applied Clinical Skills*. Emphasizes fundamental skills of interviewing and diagnostic assessment.
- 6361 *Assessment Practicum II*. Second term of an on-campus practicum course for Ph.D. students to learn to administer and interpret a variety of psychological tests, conduct feedback sessions, and generate reports based upon these assessments.
- 6362 *Advanced Special Topics*. An advanced seminar on selected topics in various sub-areas of psychological research.
- 6364 *Foundations in Psychology: Social & Cognitive Psychology*. Seminar providing a foundational knowledge in social and cognitive psychology.
- 6366 *Supervision and Consultation in Psychology*. An in-depth examination of current methods, procedures, and efficacy of models of clinical supervision and both inter-mural and intra-mural psychological consultation.
- 6367 *Graduate Study in Applied Forensic Psychology*. Seminar on the practice of forensic psychology, including applications of clinical, cognitive, developmental, and social psychology to the legal arena.
- 6371-6372 *Research in Psychology*. Supervised individual empirical research on selected problems. A research proposal must be submitted to and approved by the instructor before admission.

- 6380 *History and Ethics*. Seminar providing an overview of the history of psychology, followed by an in-depth analysis of ethical issues that have shaped psychology and continue to guide psychologists today.
- 6381 *Affective and Social Neuroscience*. This course is designed to cover research and clinical findings in the field of affective and social neuroscience.
- 6398 *Thesis*. Academic credit for design, data collection, analysis, and writing of student master's thesis.
- 7091 *Practicum in Psychology*. Students will conduct psychological assessments and interventions in a field placement under the direct supervision of an approved supervisor.
- 7171-7272 *Research*. Academic credit for data collection, analysis, and writing of student research project.
- 7361-7362 *Advanced Special Topics*. Advanced seminars on selected topics in various sub-areas of psychological research
- 7371-7372 *Research*. Academic credit for data collection, analysis, and writing of student research project.
- 8049 *Graduate FT Status*. Continuing graduate students who are finished with coursework but completing their thesis/dissertation research.
- 8091-8092 *Clinical Internship I and II*. Credit for the first/second term that the student has been matched with a formal internship training site. This is a full-time, supervised clinical position.
- 8096 *Dissertation*. Academic credit for design, data collection, analysis, and writing of student doctoral dissertation.
- 8105 *Research*
- 8391-8392 *Directed Studies*. Advanced study on selected topics in various sub-areas of psychological research.
- 8396-8397 *Dissertation*. Academic credit for design, data collection, analysis, and writing of student doctoral dissertation.

Appendix K: Required Forms for the Office of Graduate Studies

All forms can be downloaded at the Office of Graduate Studies website for current students (<https://www.smu.edu/graduate/CurrentStudents/Forms>). Please note that the Establishment of Examination Committee form for the master's thesis and dissertation are completed electronically on that website.

Form List

- Establishment of Examination Committee for thesis (completed on website)
- Oral Examination Report for Thesis
- Admission to Candidacy
- Establishment of Examination Committee for dissertation (completed on website)
- Ph.D. Qualifying Examination Report
- Ph.D. Examination Report

Submit required forms to Psychology administrative assistant to scan and send to Kerri Bennett in the Office of Graduate Studies. Scanned copies will be also be placed in your online student file.

Appendix L: Required Forms for the Psychology Department

All forms can also be downloaded from the Psychology Ph.D. Program website (<https://www.smu.edu/Dedman/Academics/Departments/Psychology/Graduate/ClinicalPsych/Graduate-Forms>).

Form List

Graduate Evaluation Forms

- Graduate Student Annual Activity Report
- Graduate Student Review Form
- Evaluation/Scoring Rubric for Clinical Oral Exam
- Thesis Proposal Form
- Dissertation Proposal Form
- Evaluation/Scoring Rubric for M.A. Thesis/Ph.D. Dissertation Defense
- Evaluation of Supervisor Form

Graduate Administrative Forms

- Quantitative Minor Declaration
- Change of Faculty Advisor

Graduate Funding Forms

- Application for Funding to Attend/Present a Conference
- Application for Funding to Attend an External Workshop or Training

Clinical Training: Please describe your clinical activities in the past year, including the number of hours that you have attained.

Practicum	Type (Internal vs. External)	Therapy Hours	Assessment Hours	Supervision Hours
	<input type="checkbox"/> I <input type="checkbox"/> E			
	<input type="checkbox"/> I <input type="checkbox"/> E			
	<input type="checkbox"/> I <input type="checkbox"/> E			
	<input type="checkbox"/> I <input type="checkbox"/> E			
	<input type="checkbox"/> I <input type="checkbox"/> E			

Department and Professional Service: Please describe all activities and events that you have participated in in the past year.

Did you attend SMU Research Day? Yes No

Did you present a poster at Research Day? Yes No

If yes, list the title: _____

Did you participate in Graduate Admissions Weekend? Yes No

If yes, list your activities during Admissions Weekend:

Please list any other department or professional service in the past year.

Graduate Student Review Form: Foundational and Functional Competencies
Clinical Psychology Ph.D. Program, Southern Methodist University

Student: _____ Date: _____

Rater: _____

- Self-Rating
- Faculty Advisor
- Clinical Supervisor

Instructions: This form is used to evaluate graduate student progress in a variety of foundational and functional competencies. Ratings are obtained by faculty advisors, clinical supervisors, and through student self-ratings. Reviews must be completed and submitted to the Assistant to the Director of Graduate Studies as follows:

1st year students: Faculty advisor and student self-ratings completed at the end of each semester.

2nd year and above: Faculty advisor and student self-ratings completed by June 15 of each year. Clinical supervisor ratings completed at the end of each semester.

For each item, indicate how well the student has *generally* functioned during the rating period (i.e., exceptions to usual behavior should only be noted if they are relevant to student competence). Some areas may not be applicable to the student in the past year or may not have been observed by the rater; for those items, check "No opportunity to observe".

Please note that students are expected to develop their foundational and functional competencies over the course of their graduate training. Thus, in many domains, having a lower level of competency is not cause for alarm, but reflects the student's status in their development of skills. Moreover, in many cases, it would be unreasonable to rate a student who is early in their development as having a high level of competencies in some areas. Ratings should reflect how the student stands in comparison to competencies expected of recent Ph.D. graduates/early career psychologists (i.e., the level of competency expected for students when they complete the program).

First, please provide a general rating of the student's professional development and progress through the program to date.

- The student is progressing rapidly and meeting most or all professional competencies more quickly than is typical
- The student is progressing appropriately and meeting most or all professional competencies at a typical rate
- The student is generally progressing appropriately, but there are some domains in which he/she is not meeting professional competencies at the typical rate
- The student is progressing more slowly than is typical and has significant gaps in professional competency development across multiple domains

No Opportunity to Observe/ Not Applicable	Never/Rarely	Sometimes	Often	Almost Always
NA	N	S	O	A

1. **Professionalism** is evidenced in behavior and comporment that reflects the values and attitudes of psychology in the domains of Integrity, Deportment, and Accountability.

A. Integrity	NA	N	S	O	A
Open and honest in communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Takes responsibility for errors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Takes appropriate steps to remedy errors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Deportment	NA	N	S	O	A
Language and demeanor are consistently professional and appropriate to context	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grooming and attire are consistently professional and appropriate to context	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Accountability	NA	N	S	O	A
Tasks are completed accurately and on time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Available and responsive when expected to be	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follows policies and procedures of relevant institution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. **Individual and Cultural Diversity:** Awareness, sensitivity, and skills in working professionally with diverse individuals, groups, and communities who represent various cultural and personal backgrounds and characteristics, defined broadly and consistently with APA policy.

A. Awareness of self and others as shaped by individual and cultural diversity and context.	NA	N	S	O	A
Demonstrates knowledge of individual and cultural diversity and contextual factors in professional interactions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge of individual and cultural diversity and contextual factors in written work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Actively seeks out knowledge about individual and cultural diversity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Interaction of self and others as shaped by individual and cultural diversity and context.	NA	N	S	O	A
Uses knowledge of diversity and context to enhance professional interactions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Actively seeks out guidance about diversity from mentors/supervisors to enhance work in clinical and research contexts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

No Opportunity to Observe/ Not Applicable	Never/Rarely	Sometimes	Often	Almost Always
NA	N	S	O	A

3. **Ethical and Legal Standards and Policy:** Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and, organizations.

A. Knowledge of ethical, legal, and professional standards and guidelines	NA	N	S	O	A
Demonstrates thorough knowledge of ethical, legal, and professional standards and guidelines in professional interactions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates thorough knowledge of ethical, legal, and professional standards and guidelines in written work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Actively seeks out knowledge about ethical, legal, and professional issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Ethical decision-making and conduct	NA	N	S	O	A
Adheres to ethical, legal, and professional standards and guidelines in all domains of professional behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifies ethical, legal, or professional issues and addresses them according to established standards and guidelines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Actively seeks guidance from mentors/supervisors for ethical, legal, and professional questions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. **Reflective Practice, Self-Assessment, and Self-Care:** Professional activities are conducted with personal and professional self-awareness and reflection, with awareness of competencies, and appropriate self-care.

A. Self-assessment	NA	N	S	O	A
Has an accurate understanding of own competencies and areas requiring professional growth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Actively seeks guidance from mentors/supervisors and reviews literature to facilitate professional growth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Self-care	NA	N	S	O	A
Appears to be functioning well professionally and rarely needs reminders to engage in self-care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appears to engage in self-care as needed to maintain professional functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does not engage in professional activities when experiencing impairments that would preclude such work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Participation in the mentorship/supervision process	NA	N	S	O	A
Actively seeks out and participates in mentorship/supervision to improve performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Solicits feedback regarding specific concerns or when confronted with difficult issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accepts constructive criticism in a professional manner and acts upon it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If not receiving appropriate mentorship/supervision, seeks out assistance from appropriate sources (e.g., program DCT or chair, practicum DCT, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

No Opportunity to Observe/ Not Applicable	Never/Rarely	Sometimes	Often	Almost Always
NA	N	S	O	A

5. **Relational, Affective, and Expressive Skills:** Relates effectively and meaningfully with individuals, groups, and/or communities.

A. Interpersonal relationships	NA	N	S	O	A
Forms effective working relationships across professional settings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manages conflicts and grievances in a way that maintains or strengthens professional relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is respectful and collegial in professional interactions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seeks guidance for developing and maintaining professional relationships when needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Affective skills	NA	N	S	O	A
Demonstrates appropriate warmth and sensitivity to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilizes affective skills to facilitate professional interactions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provides feedback in a constructive, non-defensive manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receives feedback in a constructive, non-defensive manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has a good awareness of the effect of own behavior on others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Expressive skills	NA	N	S	O	A
Verbal communication is clear, well-organized, and demonstrates understanding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written communication is clear, well-organized, and demonstrates understanding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IF YOU HAVE HAD NO INTERACTION WITH THE STUDENT REGARDING THEIR RESEARCH, PLEASE CHECK HERE ____ AND SKIP TO SECTION 7

6. **Science:** Understanding, application, and interpretation of research and research methodology

A. Active membership in a research team	NA	N	S	O	A
Attends research meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provides substantive contributions to the development of ideas and methodology, collection and analysis of data, and interpretation and presentation of results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facilitates professional growth of other members of the research team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Actively seeks guidance from others to facilitate own research growth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Actively engaged in preparing research for presentation in professional outlets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Understanding of research literature	NA	N	S	O	A
Demonstrates thorough understanding of the content of relevant literature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates thorough understanding of the methodological strengths and weaknesses of relevant literature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates thorough understanding of the implications of the relevant literature for future research and application	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integrates knowledge of relevant literature into own work, verbally and in writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Generation of research ideas	NA	N	S	O	A
Generates new research ideas that are well-grounded in existing literature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ideas are potentially important additions to existing literature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Makes clear, logical case for new directions and hypotheses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

No Opportunity to Observe/ Not Applicable	Never/Rarely	Sometimes	Often	Almost Always
NA	N	S	O	A

D. Knowledge and application of research methods	NA	N	S	O	A
Identifies and implements appropriate methods to test hypotheses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifies and implements appropriate data analytic techniques	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interprets results of analyses accurately	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Scientific Writing	NA	N	S	O	A
Scientific writing is well-organized, clear, and coherent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge of theory, empirical literature, methods, and data analysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discusses results in the context of existing literature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accurately identifies limitations and implications of own research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F. Presentation of research during the rating period (all students are expected to publish at least 2 manuscripts in a peer-reviewed journal, at any level of authorship, prior to graduation)

	As Junior Author	As 1 st Author
Number of manuscripts accepted or published in peer-reviewed journals	_____	_____
Number of manuscripts submitted, but not yet accepted, in peer-reviewed journals	_____	_____
Number of presentations/posters accepted or presented at professional conferences	_____	_____
Number of presentations/posters submitted, but not yet accepted, to professional conferences	_____	_____

No Opportunity to Observe/ Not Applicable	Never/Rarely	Sometimes	Often	Almost Always
NA	N	S	O	A

IF YOU HAVE HAD NO INTERACTION WITH THE STUDENT REGARDING THEIR CLINICAL PRACTICE, PLEASE CHECK HERE _____ AND SKIP TO SECTION 8

7. **Evidence-Based Practice:** Integration of research and clinical expertise to impact selection of interventions and assessment tools and to influence differential diagnosis.

A. <i>Clinical interviewing and differential diagnosis</i>	NA	N	S	O	A
Uses appropriate methods to gain thorough information about client presenting problems and symptoms, and relevant developmental, cultural, individual, and contextual factors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Draws appropriate conclusions regarding diagnosis based on all of the relevant information, including consideration of alternative diagnoses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicates conclusions to client and relevant colleagues/supervisors clearly and with appropriate justification	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. <i>Case conceptualization and treatment planning</i>	NA	N	S	O	A
Generates clear, well-justified case conceptualizations based on assessment tools, evidence-based theory, diagnosis, client goals, and relevant developmental, cultural, individual and contextual factors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generates treatment plans that are consistent with the case conceptualization and client goals for treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjusts conceptualizations and treatment plans as needed based on new information, client response to treatment, and supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. <i>Implementation of interventions</i>	NA	N	S	O	A
Intervention choices are appropriate and based on case conceptualization and treatment plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interventions are administered effectively and consistent with evidence base	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is neither too rigid nor too flexible in implementing interventions; respond to crises and other important events, but keeps treatment focused on identified goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tracks client progress using appropriate measures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilizes outcome monitoring to make changes to treatment plan and conceptualization as needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. <i>Selection and application of assessment tools</i>	NA	N	S	O	A
Selects appropriate assessment tools for specific presenting problems and client populations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accurately administers and scores measures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. <i>Interpretation and communication of assessment results</i>	NA	N	S	O	A
Produces integrated reports that provide a clear summary of client background, behavioral observations, assessment tools and results, and evidence-based justification of conclusions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Makes appropriate, evidence-based recommendations based on the data and client characteristics, goals, and needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicates results and recommendations to clients clearly and with appropriate terminology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

No Opportunity to Observe/ Not Applicable	Never/Rarely	Sometimes	Often	Almost Always
NA	N	S	O	A

IF YOU HAVE HAD NO INTERACTION WITH THE STUDENT REGARDING THEIR INVOLVEMENT IN CONSULTATION, TEACHING, OR SUPERVISION, PLEASE CHECK HERE ____ AND SKIP TO SECTION 9

8. **Consultation, Teaching, and Supervision:** Understanding and beginning implementation of basic skills as a consultant, teacher, and supervising psychologist

A. Consultation	NA	N	S	O	A
Accurately describes a consultant's role in a given setting (e.g., school, social service, hospital, etc.) and the appropriate tools for collecting data and making recommendations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seeks out literature relevant to consultation in a specific setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Teaching	NA	N	S	O	A
Communicates information to learners (research assistants or undergraduate students) in a clear, informative manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accurately responds to learner questions about material	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifies, administers, and interprets appropriate evaluation tools to measure learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manages teaching time effectively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicates expectations and guidelines to learners clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develops or adapts teaching tools that are appropriate to the setting; uses information provided by others (e.g., copies of teaching materials) appropriately	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Clinical supervision of others	NA	N	S	O	A
Understands the roles and responsibilities of supervisor and supervisee and the role of the supervisor vis-à-vis the supervisee's client	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifies core skills for which to provide feedback to the supervisee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provides feedback to supervisee in a clear, constructive manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is readily available to the supervisee and facilitates his/her professional growth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Actively seeks out literature and participates in own supervision to improve abilities as a supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

No Opportunity to Observe/ Not Applicable	Never/Rarely	Sometimes	Often	Almost Always
NA	N	S	O	A

9. Summary and Conclusions

Please identify the student's primary strengths in the past year.

Please identify important areas for professional development that should be addressed in the next year. Any domains identified as potentially problematic in the ratings above should be addressed here.

Rater Signature

**Evaluation/Scoring Rubric for Clinical Oral Exam
SMU Ph.D. Program in Clinical Psychology**

Student: _____

Date: _____

Committee Members: _____

The presentation should be graded on the domains below. Any areas that the student has not mastered may be addressed in remediation and a single later re-evaluation of clinical skills. If the student does not demonstrate mastery in all domains in the re-evaluation, he/she has failed the exam. Scoring Key: NA- Not Adequate, NI- Needs Improvement, S- Strong

Differential Diagnosis	NA	NI	S
1. Gathered sufficient information for diagnosis, including use of appropriate psychometric tools (if available at site)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Generates a diagnosis that is accurate and well-justified, including consideration of alternative diagnoses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Case Conceptualization			
3. Provides a detailed conceptualization that incorporates diagnosis and client individual characteristics, history, and psychosocial context	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Conceptualization is well-informed by relevant empirical and theoretical literature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Conceptualization is communicated clearly to client and modified based on new information and client response to treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Treatment Planning (in the case of assessments, this would refer to recommendations)			
6. Develops appropriate, specific, and manageable treatment goals with client that are consistent with the case conceptualization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Intervention plan is evidence-based and appropriate to the client's needs and goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Intervention plan is altered as needed, based on client preferences, outcomes, and changes to case conceptualization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Implementation of Intervention and/or Assessment			
9. Effectively administers evidence-based intervention/assessment tools based on case conceptualization and treatment plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Paces intervention/assessment appropriately, keeping on track, but flexible to client feedback, occurrence of crises, or other events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Monitors Progress (not applicable for assessment cases)			
11. Uses appropriate psychometric tools to regularly monitor progress in symptom improvement and/or achieving treatment goals (if case is from a site that does not permit use of psychometric tools to monitor progress, the student is able to discuss tools that could have been used and how the information would inform treatment).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Utilizes information from progress monitoring to inform treatment planning and implementation of interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Use of Supervision

- | | | | |
|---|-----------------------|-----------------------|-----------------------|
| 13. Seeks out supervision and incorporates supervision into practice | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. Identifies areas in need of improvement or where knowledge is lacking and uses supervision to improve/learn new information | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Professional Practice

- | | | | |
|---|-----------------------|-----------------------|-----------------------|
| 15. Demonstrates awareness of own limitations and does not attempt to practice beyond level of competence | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. Conforms to relevant laws and professional standards | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. Conducts appropriate evaluation of and response to crises (including suicidal/homicidal ideation and abuse of vulnerable individuals) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Ethical Practice

- | | | | |
|--|-----------------------|-----------------------|-----------------------|
| 18. Demonstrates thoughtful awareness of potential ethical dilemmas and engages in appropriate action in response to such dilemmas | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. Actively seeks to prevent ethical misconduct | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Individual/Cultural Differences and Diversity

- | | | | |
|---|-----------------------|-----------------------|-----------------------|
| 20. Demonstrates awareness of own individual/cultural characteristics and how they may affect the clinical relationship, interventions, and treatment outcomes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21. Demonstrates awareness of client individual/cultural characteristics and how they may affect the clinical relationship, interventions, and treatment outcomes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22. Uses awareness of own and client individual/cultural characteristics to promote an effective working relationship and to enhance interventions and outcomes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23. Seeks out additional knowledge about client individual/cultural characteristics as needed to advance intervention/evaluation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24. Treats the client with empathy and respect, in general, and in the context of the client's personal background | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments and Recommendations for Improving Mastery For any item above marked “NA” or “NI,” provide information below on what is required to achieve mastery and suggestions for doing so:

1. Differential Diagnosis

2. Case Conceptualization

3. Treatment Planning

4. Implementation of Intervention/Assessment

5. Monitors Progress

6. Use of Supervision

7. Professional Practice

8. Ethical Practice

9. Individual/Cultural Differences and Diversity

Ph.D. Program in Clinical Psychology
Southern Methodist University

THESIS PROPOSAL MEETING

Note: This form should be completed at the end of each proposal defense and turned in to the Director of Graduate Studies.

Student: _____

Title: _____

Date: _____

___ This project is approved as presented.

OR

___ The following issues were raised during the proposal meeting and need to be addressed (continue on back if necessary):

Note: Committee members will also need to sign off on a letter indicating how each of these issues will be addressed. This letter should be presented to committee members as soon as possible following the proposal meeting.

Committee Members:

(chair)

Ph.D. Program in Clinical Psychology
Southern Methodist University

DISSERTATION PROPOSAL MEETING

Note: This form should be completed at the end of each proposal defense and turned in to the Director of Graduate Studies.

Student: _____

Title: _____

Date: _____

___ This project is approved as presented.

OR

___ The following issues were raised during the proposal meeting and need to be addressed (continue on back if necessary):

Note: Committee members will also need to sign off on a letter indicating how each of these issues will be addressed. This letter should be presented to committee members as soon as possible following the proposal meeting.

Committee Members:

(chair)

Evaluation/Scoring Rubric for M.A. Thesis/Ph.D. Dissertation Defense
SMU Ph.D. Program in Clinical Psychology

Student: _____

Date: _____

Thesis Defense Dissertation Defense

Title of Presentation: _____

The student's defense should be graded on the domains below based on both the written and the oral presentation. Students are expected to demonstrate mastery in all domains, but deficits may be addressed in revisions.

Quality of Presentation

- Yes No 1. The written product is clear, well-organized, and adheres to APA style
 Yes No 2. The oral presentation is clear, well-organized, and consistent with the written document

Coverage of Literature

- Yes No 3. Provides a comprehensive review of the relevant empirical and theoretical literature
 Yes No 4. Demonstrates a strong understanding of the literature above and beyond what is included in the written document
 Yes No 5. Provides a compelling argument for the hypotheses to be tested

Hypotheses

- Yes No 6. Hypotheses are well-grounded in the literature and testable
 Yes No 7. Evaluation of the hypotheses has the potential to add to the existing science on the topic

Methods

- Yes No 8. Methods are rigorous, well-justified, and appropriate for testing the hypotheses
 Yes No 9. Description of methods is clear and includes appropriate psychometric information

Data Analytic Approach

- Yes No 10. Analytic approach is well-justified and appropriate for the hypotheses and methods

Presentation of Results

- Yes No 11. Results are presented clearly and accurately
 Yes No 12. Analyses are interpreted correctly

Discussion of Findings

- Yes No 13. Findings are summarized accurately and clearly
- Yes No 14. Results are interpreted in the context of the existing literature
- Yes No 15. Implications of the results for future research and/or application is accurate and clear
- Yes No 16. Accurately identifies limitations to the study and how/why such factors may limit interpretation of the results
- Yes No 17. Incorporates discussion of limitations into suggestions for future research

Ethical Issues

- Yes No 18. Discussion of ethical issues related to topic, methodology, interpretation, and implications is comprehensive, accurate, and thoughtful

Individual & Cultural Diversity

- Yes No 19. Provides a comprehensive discussion of individual and cultural diversity issues related to the topic of study and to the generalizability and interpretation of the results

Response to Questions

- Yes No 20. Responses reflect a strong understanding of the relevant literature and methodology
- Yes No 21. Demonstrates an ability to consider and incorporate alternative views in interpreting research and drawing conclusions

Comments and Recommendations for Improving Mastery For any item above marked “No”, provide information below on what is required to achieve mastery and suggestions for doing so:

1. Quality of Presentation

2. Coverage of Literature

3. Hypotheses

4. Methods

5. Data Analytic Approach

6. Presentation of Results

7. Discussion of Findings

8. Ethical Issues

9. Individual & Cultural Diversity

10. Response to Questions

Final Decision

Student name

Passed Failed the defense.

If the student failed the defense, the following remedial actions must be taken prior to re-evaluation:

Committee Signatures:

Name:

Name:

Name:

Name:

EVALUATION OF SUPERVISOR

Name:	Supervisor:
Practicum Site:	Date of Evaluation:
Dates: From _____ to _____	Number of direct clinical hours:
Number of supervision hours:	

METHODS OF SUPERVISION (Check all that apply)
<input type="checkbox"/> Oral presentation of my case in individual supervision
<input type="checkbox"/> Oral presentation of my case in group supervision
<input type="checkbox"/> Supervisor listened to audiotapes of my sessions
<input type="checkbox"/> Supervisor watched videotapes of my sessions
<input type="checkbox"/> Supervisor observed my work directly
<input type="checkbox"/> Observation of my supervisor doing interview/assessment/intervention
<input type="checkbox"/> Co-facilitation of group therapy
<input type="checkbox"/> Supervisor's review of my written material
<input type="checkbox"/> Other (Please specify: _____)

RATINGS
1 = Exceeded expectations.
2 = Met expectations.
3 = There were aspects that could have been different.
4 = Not Applicable.
Please provide specific comments, especially for items rated "3".

Characteristics of the Supervisor	1	2	3	NA
1. Set clear goals and objectives at the outset of the practicum placement				
2. Assisted me with identifying my goals and training needs				
3. Allotted sufficient time for supervision				
4. Kept regular supervision appointments				
5. Was prompt for supervision				
6. Was available and accessible outside of regularly scheduled supervision when needed				
7. Kept sufficiently informed of my cases				
8. Was interested in and committed to supervision				
9. Provided me with regular feedback on my performance				
10. Was a positive role model				
11. Encouraged an appropriate degree of independence				
12. Demonstrated concern for and interest in my progress				
13. Was diligent in keeping up with chart documentation requirements				
14. Maintained appropriate interpersonal distance				
15. Was respectful of my ideas and opinions				
16. Responded to feedback in a non-defensive manner				
17. Was able to work through differences when they occurred				
18. Methods of supervision were effective (e.g. direct observation, audiotaping, role playing, readings)				
19. Provided supervision at a level that was sufficiently challenging				
20. Was knowledgeable about and sensitive to cultural and individual diversity				

COMMENTS:

--

Development of Clinical Skills	1	2	3	NA
1. Assisted with case conceptualization				
2. Assisted with assessment and treatment planning				
3. Assisted with translating conceptualization into specific techniques and approaches				
4. Was effective in teaching specific clinical technique (evidence-based treatment)				
5. Was effective in helping to develop short- and long-term goals in therapy				
6. Effectively assisted in scoring and interpreting assessments				
7. Facilitated my ability to provide diagnostic and/or other assessment feedback directly to clients				
8. Facilitated a working understanding of transference and countertransference				
9. Was effective with addressing termination				
10. Addressed legal and ethical issues appropriately and effectively				
11. Assisted me with finding relevant resources for my clients				
12. Facilitated my understanding of my role within the team/system				
13. Was open to discussing other theoretical perspectives				
14. Provided sufficient challenge in the development of my skills				
15. Integrated theoretical and research literature into supervision effectively				
16. Helped me think critically and reflectively about clinical practice				
17. Assisted me in increasing my awareness, knowledge and skill in working with a diverse patient population				

COMMENTS:

Describe something specific that your supervisor did that contributed significantly to your learning:

Describe specific areas the supervisor might have addressed to better meet your learning needs:

Student's Signature: _____
Date: _____

Supervisor's Signature: _____
Date: _____

Quantitative Minor Declaration
SMU Ph.D. Program in Clinical Psychology

Student Name: _____

Student ID: _____

COURSES REQUIRED/COMPLETED FOR MINOR	TERM/YEAR	GRADE (if completed)
1. Quantitative Methods I (PSYC 6305)		
2. Quantitative Methods II (PSYC 6307)		
3. Research Methods (PSYC 6324)		
4. Integrative Psychological Assessment (PSYC 6353)		
5.		
6.		
7.		
8.		

I declare my intention to complete the 24 credits required to complete the minor in Quantitative Methods.

Student Signature

Date

I approve _____ declaration of the minor in Quantitative Methods.

Director of Graduate Studies' Signature

Date

SMU Clinical Psychology Doctoral Program

Change of Faculty Advisor

Student: _____

Date: _____

Current Advisor: _____

New Advisor: _____

Reason for change request:

Student Signature: _____

Current Advisor Signature: _____

New Advisor Signature: _____

DCT Signature: _____

Doctoral Program in Clinical Psychology

Graduate Student Travel Funds
2018-19

Travel funds of up to \$700.00 per year (one trip) are available to graduate students through the Psychology Department. To be eligible for these funds, students must be: (1) attending a national conference, (2) the first author of a poster or paper to be presented at the conference, (3) presenting research that was conducted while the student was a graduate student at SMU, (4) in good standing in the program, (5) in either their second, third, fourth or fifth year of the program, and (6) be actively working in a faculty member's lab at SMU.

Funds can only be used for the following expenses: conference registration, hotel reimbursement, per diem meal expenses, and reimbursement for ground transportation and airfare. The same restrictions Dedman College places on faculty regarding lodging and airline tickets apply to graduate students as well.

The Psychology Department will provide travel assistance for one trip/year. The account number to allocate these funds to is 20-413870, (Kendrick Grad Travel Fund).

Students who receive department financial support for travel will need to present their research at the SMU Research Day during same academic year that they travel. If a student receives department travel funds in the summer or fall, they will need to present their research at the SMU Research Day in the spring semester of that same academic year (after their trip). If a student receives department travel funds for a conference in the spring semester, they will need to present their research at the SMU Research Day that same semester.

Students must apply for travel funds prior to taking the trip. No funds will be awarded for trips already taken.

In accepting funding to attend this conference, I agree to attend multiple sessions in addition to my own.

Name _____ Date _____

Conference Location and Date(s): _____

Title of Paper/Presentation: _____

___ Approved, Director of Graduate Studies

___ Approved, Department Chair

___ Funding request submitted



Southern Methodist University

Student Certification for Business-Related Travel

Please complete this form and attach it for any student travel grant or reimbursement that is certified to be business-related travel. This certification must be completed by the student and certified by an SMU faculty member, a Principal Investigator (PI), or an administrator.

SMU Student Business-Related Travel		
To be completed by SMU Faculty Member, Principal Investigator (PI), or Administrator		
I certify that this student's travel expense relates to the following:		
Officially representing the University while participating in a competition or student group activity on behalf of SMU. Name and location of Competition/Activity:		
Presenting at a conference while representing SMU. (Conference program is attached)		
Directly supporting the faculty/PI's project or research program (Faculty/PI to sign form). This includes when a student obtains his or her own external funding (including external fellowships) to support his/her research and that funding is provided to the University to administer either under a PI or as the student being the PI. Brief description of the project/research program:		
None of the above (Subject to taxability)		
Additional Comments:		
Faculty Member / PI / Administrator's Name:	Faculty Member / PI / Administrator Signature:	Date:
To be completed by SMU Student		
Student's Name:		
SMU ID:	Undergraduate Student	Graduate Student
Destination:		
Travel Dates:		
Purpose:		
<p>Any travel payment to an undergraduate or graduate student, or post-doctoral fellow, that does not meet the above criteria for SMU business-related travel, is considered to be a scholarship/fellowship for a non-qualified expense according to IRS regulations (taxable and reportable by the student). Any travel payment made as an SMU business expense <u>cannot</u> also be claimed by the student as an additional cost of education for financial aid purposes.</p>		
Student Signature		Date:

SMU Student Certification for Business-Related Travel

Processing SMU Student Travel Payments

The Student Certification for Business-Related Travel form documents the purpose for the student's travel. The information provided is used to determine the appropriate tax treatment of the travel grant or reimbursement. Determinations are made on a case-by-case basis. Student travel payments are of a complex nature and the explanations and examples below are not inclusive.

NOTE: If the student's travel does not meet one of these criteria, then the travel grant or reimbursement is generally considered to be a scholarship/fellowship for non-qualified expenses which would be taxable income and reportable by the student.

The student travel payment is generally considered to be a nontaxable, nonreportable payment if:

- The student is officially representing SMU while participating in a competition or group activity.
- The student is presenting at a conference while representing SMU.
- The student's travel is related to research on an SMU directed research project:
 - Directly supports the faculty/Principal Investigator's project or research program
 - Contributes to results or research that will be used by SMU
 - Fulfills SMU's obligation to an outside funding agency

Examples of student travel payments that would generally be taxable are:

- Student travels to perform research for dissertation research that is not research the University would otherwise conduct, and the student's dissertation is the primary purpose for the travel. (*The student is the primary beneficiary.*)
- Student travels to a conference in Mexico as an attendee and does not present or contribute in an official capacity on behalf of SMU.
- Student travels to Japan for language training that will assist in the student's language proficiency needed for his or her degree from SMU. This is supplemental training that may help the student succeed, but is not a required part of the degree from SMU.

Graduate Student Application for Funding to Attend an External Workshop or Training

Please submit the application below at least **2 weeks** prior to the date of the workshop or training to the Director of Graduate Studies. Applications will be evaluated based on prior receipt of funds, student standing in the program, benefit of the workshop or training to the student, and availability of funding. Applications will not be accepted for past attendance at workshops or trainings or for workshops or trainings that clearly overlap with training already provided at SMU.

Name

Date

Year in Program

Name of Workshop or Training

Sponsor and Location of Workshop or Training

Date of Workshop or Training

Length of Workshop or Training

Brief Description of Workshop or Training (include weblink if available)

How will attending the Workshop or Training enhance your graduate training?

Registration Fees

Other requested expenses (i.e., travel and lodging)

Have you previously received funding from the department to attend a workshop or training?

How many times have you received funding to attend a workshop or training?

If you have received previous funding to attend a workshop or training, how did attendance benefit your graduate training?