# THE UNIVERSITY OF ALABAMA®

# Clinical Psychology Ph.D. Program
# Clinical Training Manual
# 2023-2024 Academic Year

**Revised August 2023**

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## I. PROGRAM OVERVIEW

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### Purpose of Clinical Training Manual

This manual is designed to facilitate the student's progress through the clinical psychology training program at The University of Alabama. It is part policy, part recommendation, and part collected information not otherwise readily available. The manual is intended to supplement other important published material in the Graduate Catalog, the Department of Psychology Graduate Brochure, the Department Policy Handbook, the Graduate Student Handbook, and the Psychology Clinic Manual. Clinical students are also assigned faculty mentors and are encouraged to use the advising system throughout their residency. Students are expected to remain aware of various deadlines and other significant dates publicized by the Department of Psychology and the Graduate School.

*The present document supersedes all previously dated versions.*

### Model and Philosophy of the Clinical Program

The clinical psychology doctoral program embraces the scientist-practitioner (Boulder) model of training. The program emphasizes the integration of scientific knowledge and the professional skills and attitudes needed to function as a clinical psychologist in academic, research, or applied settings. Graduates are expected to be able to contribute to the science of psychology, to infuse their clinical functioning with empirical findings and theoretical concepts, and to achieve a high level of expertise in the delivery of psychological services. These goals are addressed through an interrelated program of academic coursework, research experiences, and clinical practica. Students also participate in other less structured opportunities available including colloquia, community projects, professional association activities, paper presentations, agency assignments, interdisciplinary campus events, departmental governance, and peer advising. Thus, the student not only completes a rigorous academic program but also becomes a member of the psychological community, interacting with faculty, staff, other professionals, and fellow students on both a scholarly and more personal level.

Program unity is achieved through core experiences required of all clinical students; these requirements include general and clinical core curricula, the basic practicum sequence, and the research experience. Although a specific curriculum has been designed and common experiences are required for all clinical students, a considerable degree of diversity is encouraged. Students vary widely in their clinical interests and career goals. Diversity of training experiences are available through specialty training, electives, and clinical placements. Research interests are similarly diverse as reflected by the range of dissertation topics and faculty/student research projects undertaken in the past several years.

### Subareas of Study

The Clinical Training Program has four subareas of study: 1) clinical health psychology, 2) clinical geropsychology, 3) clinical child psychology, and 4) psychology & law.

The **clinical health psychology subarea** is designed to prepare doctoral students for careers as scientists and scientist-practitioners in the areas of health psychology and behavioral medicine.

The **clinical geropsychology subarea** is a member of the Council of Professional Geropsychology Training Programs and is designed to prepare students for professional careers in research and service with older adults.

The **clinical child psychology subarea** provides specialized research, coursework, and clinical experiences with children, adolescents, and their families.

The **psychology & law subarea** focuses on applications to crime and justice, including experiences with attorneys, forensic settings, courts, law enforcement, and correctional institutions.

Although students interact with nearly all faculty in the clinical psychology program, most "identify" with one of the specialty subareas. Faculty and interested students in these subareas form working groups that go beyond coursework requirements. Advanced practicum experiences in hospital, institutional, and community settings are available to all clinical students. Students may enroll in any elective or specialty course in the program and may also take coursework in other departments upon approval if prerequisites are met.

## Accreditation

The clinical psychology program has been accredited by the Commission on Accreditation of the American Psychological Association (APA) since 1959. The aim of accreditation is to promote program excellence and to provide professional and objective evaluation of programs as a service to the public, prospective students, and the profession.

To maintain its accreditation, the Department submits an annual report summarizing the year's activities with respect to accreditation criteria. Every three to ten years, the program undertakes a more detailed self-study followed by a site visit from an accreditation team. The last such visit was conducted in March 2016 with 5 years of accreditation awarded in May 2017. Site visits across the national have been delayed due to the COVID-19 pandemic. The next site visit for our program is slated for winter (between January and May) 2024. Students contribute information to the self-study process and are requested to be available to site visitors for discussion and feedback. The Department's annual reports, the accreditation report, and related materials are available for inspection to matriculated students from the Director of Clinical Training (DCT).

## Clinical Program Organizational Structure and Responsibilities

Each Clinical student is assigned a mentor/research advisor who is available to discuss program requirements and who supervises the student's initial research activities. In addition, students may expect to have frequent contact with the Director of Graduate Studies, the Director of Clinical Training, and the Associate Director of Clinical Training, all of whom have substantial involvement in matters of curriculum, financial assistance, and program requirements.

**Department Chair**

The Chair (Dr. Tom Davis, tom.davis@ua.edu) oversees and represents the Department of Psychology as a whole.

**Director of Graduate Studies (DGS)**

The DGS (Dr. Randy Salekin, rsalekin@ua.edu) oversees graduate studies in the Department of Psychology. Relevant to clinical students, the DGS:

- coordinates Graduate Teaching Assistantship (GTA) assignments, in consultation with the DCT;
- oversees graduate admissions in the Department of Psychology;
- recommends students for fellowships, in consultation with the DCT;
- oversees application reviews for graduate faculty in psychology (relevant for appointment to thesis and dissertation committees); and
- serves as a liaison between the Department of Psychology and the Graduate School and Capstone International Center.

**Director of Clinical Training (DCT)**

The DCT (Dr. Lindsey Jacobs, jacob008@ua.edu) oversees the Clinical Psychology Program and has overall responsibility for the integrity and administration of the program, including:

- overseeing collection of relevant data for APA accreditation purposes, preparing annual APA continuation report, preparing APA self-studies, and coordinating site visits;
- coordinating recruitment, meetings, and interviews with potential candidates for admission in the clinical program;
- tracking clinical students' progress in the program, maintaining records on evaluations of students' performance, resolving difficulties when problems arise, overseeing investigation of concerns of student competency, and overseeing remediation plans for students with identified competency difficulties;
- coordinating financial support opportunities for students, advising and assigning students' funded placements, and preparing and preparing new and continuation contract/grant applications for clinical funding;
- monitoring in-house and agency practicum training (including volunteer placements) and facilitating the resolution of issues if they arise;
- disseminating relevant clinical training information at the fall and spring clinical student meetings and throughout the academic year, and updating the Clinical Training Manual, brochure, and recruitment materials yearly;
- chairing and coordinating activities of the Clinical Program Committee, and conducting monthly meetings with the Clinical Program Committee;
- advising students on course registration, and meeting with students individually as needed for issues impacting students' experience in the clinical training program;
- advising and coordinating predoctoral internship applications, writing letters of recommendation for all internship applicants, serving as a liaison between the UA Clinical Training Program and internship programs, and maintaining students' evaluations and record of completion from internship programs; and
- completing miscellaneous paperwork and requests for former students (e.g., letters of recommendation, licensure applications, degree verifications).

**Associate Director of Clinical Training (Associate DCT)**

The Associate DCT (Dr. Lisa Beck, lnbeck@ua.edu) works closely with the DCT to assist with the administration of the program and has several responsibilities, including:
- monitoring the collection of competency assessments (Readiness for Practicum and Readiness for Internship; see **Appendix O** and **Appendix P**) from instructors and clinical supervisors, monitoring the collection of Student Activity Reports and annual evaluations, maintaining student records of evaluations, and collating assessments and materials for the End of Year Clinical Faculty meeting (see **Appendix C**);
- assigning students and peer supervisors to PY 631 Basic Practicum sections;
- assisting with advisement on course registration;
- coordinating case conference schedules and assigning faculty to serve as case conference examiners;
- tracking thesis and dissertation defenses and monitoring defense data;
- coordinating meetings for predoctoral application orientation and preparation, assisting with advising on predoctoral internship applications, and coordinating assignment of mock interviewers;
- advising students on clinical training issues or other issues as needed; and
- monitoring, analyzing, and summarizing alumni survey data.

**Director of the Psychology Clinic**

The Director of the Psychology Clinic (Dr. Crystal Dillard, crystal.dillard@ua.edu) oversees the daily operation of the Psychology Clinic, ensuring that students adhere to the Clinic's policies and procedures, and supervises students with assistantships and volunteer placements in the Clinic.

**Graduate Program Assistant**

The Graduate Program Assistant (Nicole Dover, nicole.dover@ua.edu) is responsible for:
- coordinating requests for transfer of graduate credits and thesis waivers;
- ensuring that students are enrolled for the correct number of credits each semester;
- ensuring that new students have provided their signature verifying that they have reviewed the Clinical Training Manual and APA Ethics Code;
- assisting with coordinating graduate admissions, new student onboarding, and new student orientation; and
- assisting with administrative processes for APA accreditation and site visits.

**Administrative Specialist/Office Manager**

The Administrative Specialist/Office Manager (Julie Davis, jdavis2@ua.edu) manages Memorandums of Appointment (MOAs) for clinical students who have Graduate Teaching Assistantships (GTAs) and Graduate Research Assistantships (GTAs) through the Department of Psychology.

**Clinical Program Committee**

The Clinical Program Committee consists of all clinical faculty in the department. The committee meets monthly and is responsible for providing input and voting on matters pertinent to the Clinical Psychology PhD Program. Duties include:
- formulating policies and procedures for the Clinical Program;
- selecting students for admission;
- discussing and evaluating clinical student progress, including nonacademic factors;
- advising the DCT about issues and problems;
- and participating in the end-of-year evaluation of clinical students.

**Subarea Coordinators**

Each clinical subarea has a designated coordinator. Clinical Coordinators:
- coordinate review of admissions applications to their respective subarea;
- advise students in their respective subarea on course registration; and
- update descriptions of their respective subarea on the Department of Psychology website and admissions recruitment materials.

**Faculty Mentor/Research Advisor**

Each student is assigned a mentor/research advisor. Mentors supervise their students' thesis and dissertation research activities, ensure their students are meeting program requirements, advise their students on funding placement selections, and provide mentorship on professional development. The mentor may be any member of the Clinical Program Committee (i.e., Clinical faculty) as well as several non-Clinical faculty members. Students who have a non-Clinical mentor may be appointed a Clinical co-mentor (dependent on desire and/or need). Duties and responsibilities of the clinical co-mentor include but are not limited to providing guidance on clinical experiences during training; helping the student to balance clinical, research, and course expectations; assisting the student before and during the internship application process; and providing general mentorship, particularly with respect to clinical/applied matters. Guidance from the clinical co-mentor should be provided in close collaboration with the student's primary research mentor.

**University and Program Requirements**

**Time Limit for Degree Completion**

The time limit for completion of a doctoral degree in the Department of Psychology is 9 years after entry for students who enter without a master's degree. This is a Graduate School time limit and includes the internship year for clinical students. After 9 years, the Graduate School automatically drops the student from the program. For students entering with a master's degree (thesis approved for acceptance), the time limit is 6 years (see below for "Transfer of Graduate Credit" guidelines). If a student is dropped from the program due to this time limit, the student may reapply for the program and, if admitted, will have another 9-year period in which to complete the Ph.D. However, only coursework that was completed within the 6 years before reentry will be counted toward the Ph.D. Thus, coursework from the first three years of study must be retaken. Further, the student must adhere to the program requirements that are in effect at the

time of reentry. Finally, students should be advised that there is no guarantee of being readmitted, and in fact, readmission may be unlikely. In most cases, students who do not finish all requirements for the Ph.D. by the end of the 9th year, including the successful defense of the dissertation and formal acceptance of their document by the Graduate School, will not be permitted to continue in the program (see Graduate Catalog and Degree Requirements).

**Program-Specific Time Limit**

To remain on track with program milestones and to continue course registration in the doctoral program, student should successfully defend their thesis by the end of fall semester of their third year. Should the student fail to do so, they **must petition the clinical faculty for permission to take coursework during the spring semester of the third year and subsequent semesters until the thesis is completed** (Note: this requirement was waived during COVID, 6/30/22).

*Third Year Deadline:* Students <u>must</u> pass their thesis defense by the last day of the spring final exam period of their third year in the Clinical Psychology graduate program. ***If a student fails to pass their master's thesis defense by the last day of the spring final exam period of their third year in the Clinical Psychology Program, they will not be allowed to continue on to the Ph.D.*** The student will be allowed a maximum of one additional year to complete the thesis and the M.A. degree. However, the student will no longer be in good standing and will not be eligible for funding in subsequent semesters (effective August 2014). (Note: This requirement was waived during COVID pending an approved COVID thesis waiver submission from the student to the DCT, 6/30/22).

**Scholastic Requirement**

As noted in the Graduate Catalog, a B (3.0) average is required for continuation and graduation. Students admitted unconditionally are placed on "academic warning" if their average goes below a 3.0, and they must raise their overall average to a 3.0 or better during 12 hours of graded coursework immediately following the period in which the warning status was incurred. Students admitted conditionally must achieve a 3.0 average in their first 12 hours of graded coursework (see Grades and Academic Standing).

**The Department of Psychology also requires that doctoral students receive no more than two C's (or lower) in graduate courses.** This requirement is called the "3 C Rule." If a student receives an F (fail) in a pass-fail course, this failing grade is factored into the "3 C Rule." Grades of D or F do not receive graduate credit. "A course that is required in a student's curriculum in which a grade of 'D' or 'F' is earned may be repeated for credit, upon the recommendation of the major department or program area and the dean of the Graduate School. Both grades will be considered in the computation of the grade point average."

**The Department of Psychology also requires that Clinical students obtain grades of B or higher to demonstrate competency in key training areas**. If a student receives a grade of C or lower in a course, they will be required to complete remediation activities to bring the level of performance up to a B based on the instructor's evaluation of performance on remediation activities. Their grade will still be recorded as a C, though, and the 3 C Rule still applies.

At the discretion of the student's mentor and in consultation with the DCT and the Director of Graduate Studies, students with special needs may be assigned a remedial activity (activities) as part of their academic load. Possibilities include the Writing Lab, auditing such courses as undergraduate Experimental Psychology or Statistics, or other such specific plans that address deficit areas.

Students will occasionally run into deadline problems that necessitate negotiating an "Incomplete" in a particular graduate class. The Clinical faculty is flexible regarding such student needs, but we believe that such accommodations should be infrequently implemented. If you find that you need to negotiate an "incomplete" in a course (or drop the course altogether), consult the instructor as well as the DCT.

**400/500 Level Courses**

A few courses in the Department are offered at the combined 400/500 level, enrolling both qualified senior undergraduate students and beginning graduate students. Graduate students are reminded to sign up for the graduate level number (500 level). Appropriate additional work will be required for graduate credit.

**Continuous Full-Time Enrollment**

The Department does not admit part-time students. The typical load is considered to be 12 hours. A 9-hour maximum is sometimes imposed on students with certain graduate fellowships, particularly graduate research fellowships (i.e., thesis and dissertation fellowships). Although it is most wise to remain in full-time residence (i.e., maintain a residence in Tuscaloosa, be on the University campus at least several times per week, have regular, face-to-face contact with dissertation chair) until after successfully defending the dissertation, **students must remain in full-time residence until after successful completion of their preliminary exam**.

**Transfer of Graduate Credit**

Clinical students may receive partial credit for previous graduate work in psychology. The Graduate School has specific requirements and limitations for awarding such credit as noted in the Graduate Catalog. The student with prior graduate work that encompasses part of the typical first year curriculum will be placed in a slightly different course sequence. For Clinical students, the DCT will make a recommendation to the Director of Graduate Studies on the amount of credit to be transferred. Final approval is granted by the Dean of the Graduate School. See the Department website for guidance.

For the Ph.D. degree, the Graduate School allows up to 50% of the required coursework (exclusive of dissertation hours) to be transferred from another institution (see Residency Requirements and Graduate Credit Transfer). For students with master's degrees in psychology, 12-24 hours is more typical. Only coursework completed within a six-year period prior to beginning the UA psychology graduate program will be considered for transfer under this mechanism. The student desiring transfer of graduate credits should contact the Graduate Program Assistant to initiate the process. The Graduate Program Assistant will then 1) consult with the faculty member(s) with particular course responsibility to evaluate the equivalence of coursework taken elsewhere*; 2) obtain an email or written note that the faculty member judges the course to

be equivalent; 3) give the DCT and the Director of Graduate Studies a copy of the notes confirming the equivalency of each course for which they wish to receive transfer credit. Following this process, the student should confirm with the Graduate Program Assistant to make sure that all pre-approved* courses have been included on the Request for Transfer Credit. The Graduate Program Assistant will submit the paperwork to the Graduate School and provide the student with a copy of the final approval. This process should be completed by the end of the first year of study. The student should check to be sure the coursework has been listed on their transcript after receiving a copy of approval. If coursework is approved for transfer credit, a maximum of 2 years will be counted toward the 9-year graduate school deadline (see "Time Limit for Degree Completion" above).

*Note: Pre-approval of a course does not guarantee final approval for transfer. The Clinical faculty will vote on the acceptability of the course transfer. In addition, both the DCT and the student's faculty mentor must grant final approval of the transfer before the request for transfer will be made to the Graduate School.

The Ph.D. program in psychology requires the completion of a master's thesis. If a student has completed a master's thesis within the last six years at another institution, they may submit it for approval and satisfaction of the thesis requirement. A committee of three faculty members will review the document for content and rigor to determine whether it is similar to what is expected in our program. This committee shall include the DCT, the Director of Graduate Studies, and one other faculty member to be chosen by the first two. Students coming in from another field other than psychology may submit their thesis or dissertation (when applicable) for review; however, for approval, the content must be viewed as within the expected range of psychology theses. If a student's document is approved, the thesis requirement for the Ph.D. degree is satisfied. However, the student will not receive thesis credits and will not earn a master's degree in psychology at UA.

## II. ACADEMIC, RESEARCH, AND CLINICAL EXPERIENCE

## Curriculum

Reflecting APA standards, the curriculum for the clinical training program provides instruction in the fundamental areas of psychology. These include discipline-specific knowledge areas such as affective, biological, cognitive, developmental, and social aspects of behavior, as well as history and systems of psychology, advanced integrated knowledge of basic content areas, and research and statistical analysis (see General Psychology Core and Research Skills Core in Table 1). Further, students develop profession-wide competencies in areas such as research, ethical and legal standards, individual and cultural diversity, professional values and attitudes, communication and interpersonal skills, assessment, intervention, supervision, and consultation and inter-professional/interdisciplinary skills (see Clinical Core and Practicum in Table 1). These topics are covered by a combination of courses and program experiences. The coursework can usually be completed within 4-5 years with a full-time course load (9-12 credit hours in the academic year). Additionally, the student must undertake **a minimum of 6 credit hours of thesis research** and a minimum of **18 credit hours of dissertation research.**

The clinical core includes substantial instruction and practicum components in the areas of psychological assessment and diagnosis and psychological intervention procedures. Clinical students also select a subarea (clinical health, geropsychology, clinical child, or psychology & law) and/or a series of advanced clinical and general electives (see Advanced Clinical Coursework in Table 1 below and Clinical Psychology Course Sequence on page 18). Specialty courses are open to all clinical students provided prerequisites have been met and course instructor approval has been obtained. Students may also pursue coursework and/or a graduate minor outside the department. Minors in Statistics and Neuroscience are available in the department.

## Table 1. Clinical Psychology Curriculum

| General Psychology Core (credit hours) | Clinical Core (credit hours) |
|---|---|
| PY 652 Affect & Lifespan Development (3) | PY 609 Psychological Assessment I (4) |
| PY 650 Cognition & Learning (3) | PY 610 Psychological Assessment II (3) |
| PY 672 Advanced Social (3) | PY 658 Psychopathology (3) |
| PY 695 Teaching of Psychology (3) | PY 619 Principles of Psychotherapy (3) |
| PY 629 Biological Bases of Behavior (3) | PY 621 Psychotherapy Lab (1) |
| PY 630 Affective Neurophysiology (3) | PY 608 Introduction to Ethics (3) |
| PY 671 History & Systems (3)* | PY 690 Cultural Competency (3) |
| **Research Skills Core (credit hours)** | PY 617 Supervision, Consultation, and Inter-professional Skills (3) |
| PY 607 Research Methods (3) | |
| PY 602 Advanced Stats I (3) | **Practicum (credit hours)** |
| PY 603 Advanced Stats II (3) | PY 631 Basic Practicum (7) |
| Advanced Stats III – several options (3) | Advanced practicum – varies by subarea |
| **Research (credit hours)** | **Advanced Clinical Coursework – varies by subarea** |
| PY 599 Thesis Research (6) | |
| PY 698 Research | Pro-Seminar (four semesters, 1 hour each) |
| PY 699 Dissertation Research (18) | Additional advanced clinical course(s) |

\* Students who received a B or higher in a History & Systems course (or equivalent) at their undergraduate institution can request to place out of PY 671. Follow the instructions for "Transfer of Graduate Credit" described earlier in this manual.

The curriculum presumes that students have had the requisite undergraduate training including courses in introductory psychology, statistics, general experimental psychology, and psychopathology. Delays in taking certain graduate courses may be experienced if prerequisites have not been met.

An outline of the typical curriculum sequence for clinical students is presented on page 11. A comprehensive list of graduate courses offered in the Department of Psychology can be found in the [Graduate Catalog](#). **The first- and second-year curriculum sequence is sequential, cumulative, and graded in complexity. Thus, courses during the first and second years cannot be taken out of sequence. See Clinical Psychology Course Sequence on page 18 for guidance on course registration.** Most courses are taught only once per year or every two years (see **Appendix B**). Students must be enrolled in 1 credit hour during the summer to receive funding. Summer is typically reserved for practicum and research activities. Curriculum checklists by subarea are in **Appendix A**. Students update their curriculum checklist yearly.

**Clinical Subareas**

In addition to general clinical training, four clinical subareas are currently offered. These are clinical health, geropsychology, clinical child, and psychology & law. The advanced courses required of each subarea vary.

Regardless of subarea, all students share the common core curricula and are free to enroll in any elective or specialty course as long as prerequisites are met. Advanced practicum or field placement experiences in hospital, institutional, and community settings are available to all clinical students.

The subareas are characterized by additional course requirements, research projects, specific faculty involvement, work and practicum placements, informal meetings, and professional interactions, all designed to give the student entry level competence in the specialty area. To a large extent, the subareas build upon and integrate with a student's general clinical training. The following descriptions provide brief summaries of the subareas.

Clinical Health Psychology

Clinical health psychology concerns the interaction of emotional, cognitive, behavioral, and physiological processes that affect overall quality of life through their impacts on health, illness, and health care interactions. The field embraces a biopsychosocial model of human health and illness that takes a holistic approach to human wellness, and values quality of life over the mere absence of illness.

Students in the **clinical health psychology** subarea receive additional training in health psychology and behavioral medicine. Training opportunities are available at Tuskaloosa Internal Medicine, Alabama Neurology and Sleep Medicine, and the Tuscaloosa VA Medical Center. In addition to the general, clinical, and research cores, the curriculum in clinical health psychology includes:
- PY 688 Clinical Health Seminar (4 semesters)
- PY 694 Behavioral Medicine (3 credit hours)

- PY 632 Advanced Health Practicum

Clinical Geropsychology

**Clinical geropsychology** has emerged as a new and growing specialization, with board certification by the American Board of Professional Psychology, to meet the needs of the increasing older adult population. The geropsychology subarea at The University of Alabama is a member of the Council of Professional Geropsychology Training Programs. The training is designed to prepare students for professional careers in research and service with older adults. Training opportunities are available at, but not limited to, Mary Starke Harper Geriatric Psychiatry Center, University Medical Center Geriatrics Clinic, Hospice of West Alabama, the Tuscaloosa VA Medical Center, and the Alabama Research Institute on Aging (ARIA). Specialized coursework in this subarea is consistent with the Pikes Peak Model for Training in Professional Geropsychology and includes:
- PY 688 Geropsychology Seminar (4 semesters)
- PY 687 Clinical Psychology of Aging: Assessment and Intervention (3 credit hours)
- PY 642 Advanced Geropsychology Practicum

Clinical Child Psychology

Students in the **clinical child** subarea receive additional clinical training and coursework focused on children and their families. Students take specialty courses in assessment, intervention, and practicum. Child practicum involves therapy/consultation placements at multiple sites including University Medical Center's (UMC) Attention-Deficit/Hyperactivity Disorder Clinic in the Department of Pediatrics and the UA Psychology Clinic. This practicum is supervised by one of the clinical child faculty members. For work in the UA Psychology Clinic, third year students are required to see at least 3-4 clients, while fourth year students are required to see at least 1 client and typically serve as peer supervisors. Please note that client load and specific practicum activities may be modified based on the instructor. For ADHD Clinic, third year students typically attend clinic on a weekly basis on Wednesday afternoons (1-4). Advanced students have additional opportunities to receive training supervised by adjunct faculty members at UA Autism Clinic and at Children's of Alabama. Specific agencies may vary from year to year. In addition to the general, clinical, and research core, the curriculum in clinical child psychology includes:
- PY 669 Clinical Child Seminar (4 semesters)
- PY 666 Child Treatment (3 credit hours)
- PY 639 Advanced Child Practicum (4 semesters/12 credit hours)

Students enrolled in the clinical child subarea may choose to take additional coursework in the area of child and adolescent forensic psychology. This emphasis offers students a unique opportunity to bridge two subareas within the clinical psychology program: Clinical Child and Psychology & Law. In addition to the coursework required for the general clinical child subarea, this emphasis area requires:
- PY 591 Child and Adolescent Forensic Psychology
- PY 679 Psychology & Law Seminar (2 semesters)
- PY 639 Practicum in Child and Adolescent Forensic Psychology (one semester of Advanced Child Practicum should be with this specialty population)

Psychology & Law

Students in the Psychology & Law subarea take graduate seminars, conduct research, and receive supervised experience with a range of agencies, clients, and issues related to law and justice. These include courts, police, offenders, juries, and prison systems. Relationships with several agencies facilitate training in this area including Taylor Hardin Secure Medical Facility, the Tuscaloosa Juvenile Court, the University of Alabama Law School, and individual attorneys and judges. Periodic opportunities also exist to become involved in jail and prison facilities and in actual court cases. In addition to the general, clinical, and research cores, the curriculum in Psychology & Law includes:

- PY 679 Psychology & Law Seminar (4 semesters)
- PY 676 Forensic Assessment
- PY 678 Forensic Psychology

## Clinical Psychology Course Sequence – 4/5 Year Plan with Internship

### Year One

| Fall | Spring | Summer |
|---|---|---|
| PY 607 Research Methods (3) | PY 608 Introduction to Ethics (3) | PY 621 PoP Lab (1)*** |
| PY 602 Statistics I (3) | PY 603 Statistics II (3) | |
| PY 658 Psychopathology (3) | PY 619 Principles of Psychotherapy (3) | |
| PY 609 Psych Assessment I (4) | PY 610 Psych Assessment II (3) | |
| PY 6XX Pro Seminar (1) | PY 6XX Pro Seminar (1) | |
| PY 599 Thesis (1) | PY 599 Thesis (2)* | |

### Year Two

| Fall | Spring | Summer |
|---|---|---|
| PY 631 Basic Practicum (3) | PY 631 Basic Practicum (3) | PY 631 Basic Practicum (1) |
| PY 629 Biological Bases (3) | PY 630 Affective Neurophysiology (3) | |
| PY 650 or PY 672 (3) | PY 690 Cultural Competency (3) | |
| Subarea course (if offered; 3)**** | Subarea course (if offered; 3)**** | |
| PY 6XX Pro Seminar (1) | PY 6XX Pro Seminar (1) | |
| PY 599 Thesis (1-3)* | PY 599 Thesis (1-3)* | |

### Year Three

| Fall | Spring | Summer |
|---|---|---|
| PY 695 Teaching of Psychology? (3) | PY 695 Teaching of Psychology? (3) | ** |
| PY 650 or PY 672 (3) | PY 617 OR PY 652 (3) | |
| Subarea course (if offered; 3) | Subarea course (if offered; 3) | |
| Req Option/Elec (3)? | Req Option/Elec (3)? | |
| PY 699 Dissertation (3 or more) | PY 699 Dissertation (3 or more) | |

### Year Four/Five

| Fall | Spring | Summer |
|---|---|---|
| Req Option/Elec (3)? | PY 617 OR PY 652 (3) | ** |
| Subarea course (if offered; 3) | Subarea course (if offered; 3) | |
| Req Option/Elec (3)? | Req Option/Elec (3)? | |
| PY 699 Dissertation (3 or more) | PY 699 Dissertation (3 or more) | |

### Year Five/Six:  Internship

**General Requirements (all 3 hour courses):**
Stats III (several options available)
PY 617 Supervision, Consultation, Interprofessional Skills
PY 629 Biological Bases of Behavior
PY 630 Affective Neurophysiology (PY 629 prerequisite)
PY 650 Cognition and Learning
PY 652 Lifespan Affect and Developmental
PY 672 Advanced Social
PY 690 Cultural Competency
PY 695 Teaching of Psychology (requires completion of master's thesis)
**Subarea Requirements (see Appendix A):**
PY 666 Child Treatment (Child)
PY 676 Forensic Assessment (Law)
PY 678 Forensic Psychology (Law)
PY 687 Clinical Psych of Aging (Gero)

PY 694 Health Psychology/Behavioral Medicine (Health)
**Required Courses continued:**
PY 669/679/688 Pro Seminar (1 hr/4 semesters required)
PY 632/639/642 Advanced Practica (1-3 hrs; required hours varies by subarea and semester)
PY 641 Advanced Clinical Placement (1-3 hrs; enroll if not enrolled in a practicum section)

Additional courses and practica available as electives.
*Students coming in with a master's degree would not enroll in thesis hours
**Students receiving summer funding must be registered for at least one credit hour (tuition not paid)
***Cannot place out of PoP Lab (effective 9/2018)
****If subarea course, you might not take 650 or 672

**Note: Subject to Change**

## Research Experience

At The University of Alabama, the Doctor of Philosophy (Ph.D.) degree in psychology is a research-oriented degree. As scientist-practitioners, clinical psychologists contribute to furthering knowledge in the field and maintain an awareness of scientific developments. They are equipped with the knowledge and skills to conduct research and to intelligently interpret the work of others. The student gains and demonstrates research competence through the master's thesis and the doctoral dissertation (see Graduate Student Handbook for "Thesis and Dissertation Policies" and the Department of Psychology website for Thesis and Dissertation Scheduling Instructions and Paperwork). Specific coursework, apprenticeships, assistantships, and independent projects are also used to foster the necessary skills.

Active faculty-student collaboration begins in the first year. Students' mentors are selected to best match students' stated research interests. During the first year, students develop research ideas and work on joint projects with faculty and advanced students. Several first-year core courses require papers and/or a research prospectus. First year students may also engage in a variety of research-related activities.

Student research efforts are frequently recognized at the University level. Clinical students have competed favorably for Graduate Council Research Fellowships, which support their research. Assistantship support or funding through specific research grants may depend in part on students' prior research performance. The Graduate School also supports student research through competitive small grants and travel awards. Announcements for application are routinely distributed.

### Thesis Research

Students enroll for supervised research experiences as early as practical. A master's thesis is required prior to beginning a dissertation project. Students entering the program with a master's degree may request departmental approval to waive the thesis requirement. Beginning in the fall or spring of the first year, clinical students may enroll for one or more hours of thesis credit (a total of six thesis hours, PY 599, is required). Faculty supervision is provided, and tangible evidence of progress is required. Thesis research program milestones are:
1. Year 1: Active engagement in thesis proposal development.
2. Year 2: Thesis proposed by the end of the academic year.
3. Year 3: Thesis successfully defended by the end of the fall semester.

See the Graduate Student Handbook for guidance on forming the thesis committee and other master's thesis guidelines. Students should successfully defend their thesis project by the end of the fall semester of their third year to continue course registration in the doctoral program. Should the student fail to do so, he or she **must petition the clinical faculty for permission to take coursework during the spring semester of the third year and subsequent semesters until the thesis is completed** (Note: this requirement was waived during COVID, 6/30/22).

*Third Year Deadline: If a student fails to pass their master's thesis defense by the last day of the spring final exam period of their third year in the Clinical Psychology Program, they will not be allowed to continue on to the Ph.D.* The student will be allowed a maximum of one additional

year to complete the thesis and the M.A. degree. However, the student will no longer be in good standing and will not be eligible for funding in subsequent semesters (effective August 2014). (Note: This requirement was waived during COVID pending an approved COVID thesis waiver submission from the student to the DCT, 6/30/22).

**Dissertation Research**

The doctoral dissertation is typically begun during the third year. Detailed guidelines are provided in the department's Graduate Student Handbook. Students should not enroll in dissertation credits (PY 699) until the semester after they have completed the dissertation mini-proposal. Instead, students enroll in PY 698 Graduate Research after they complete their thesis requirement and continue enrollment in PY 698 Graduate Research until they complete the dissertation mini-proposal. See the Graduate Student Handbook for guidance on forming the dissertation committee and other dissertation guidelines.

Enrollment for dissertation credit must be continuous once the dissertation project is begun. This means that once a student has completed the mini-proposal, the student must register for a minimum of 3 dissertation hours during subsequent fall and spring semesters until the maximum of 18 is reached, including the internship year. Once the 18-credit maximum is reached, students can register for just 1 credit hour per semester, including during the internship year, until the dissertation is complete. Dissertation credit registration is required until the dissertation has been successfully defended and submitted to the Graduate School. See Final-Semester Minimum Doctoral Research Hours Registration and Graduate School's academic deadlines to determine dissertation research hour registration requirements once the dissertation has been submitted to the Graduate School. An exception regarding registration in the final semester is granted to those students on internship whose dissertation has been approved by the Graduate School prior to the final semester. Specific guidelines for number of hours in relation to amount of anticipated work are detailed in the Graduate Catalog.

**Clinical Experience**

Students shall have a copy of Ethical Principles of Psychologists and Code of Conduct and the Psychology Clinic Manual for study and discussion in various seminars and classes. **Students will keep electronic records of all of their clinical contact hours using Time2Track software.** The Department of Psychology maintains a subscription for a group Time2Track account for clinical students. Clinical students are permitted access to this account beginning in their second year of training. See **Appendix G** for practicum requirements.

**First Year**

Students are introduced to clinical assessments, diagnostic interviews, and report writing during the first year in PY 609 Psychological Assessment I (fall semester) and PY 610 Psychological Assessment II (spring semester). Students conduct mock assessments and assessments with volunteers.

Students are introduced to psychotherapy in PY 619 Principles of Psychotherapy (spring semester). Students begin learning and practicing case conceptualization, treatment planning, and helping skills in PY 621 Psychotherapy Lab (summer semester). Students practice skills via role-

plays, write mock treatment plans and progress notes, complete suicide risk assessment and mandated reporter training, and observe an intake in the UA Psychology Clinic.

**Basic Practicum**

Beginning in the fall of the second year, clinical students take one full year of Basic Practicum in the UA Psychology Clinic (fall, spring, and summer semesters). An orientation to the UA Psychology Clinic is typically scheduled prior to the start of Fall semester classes. Students in their second year are required to attend the entirety of the orientation. Students are expected to be familiar with the UA Psychology Clinic Policies and Procedures manual and to adhere to the clinic's policies and procedures.

Basic Practicum students conduct therapy intakes for potential UA Psychology Clinic clients to gather information about the presenting issue and to aid the Clinic Director in determining which callers may be appropriate for Clinic services.

In Basic Practicum, students are assigned psychotherapy cases, which are supervised by a licensed clinical psychologist who is part of the Clinical Faculty. **The direct contact hour goal for Basic Practicum is approximately 100 hours for the 3-semester sequence.** Four to five active clients per week are needed to achieve this level of contact. Up to 25 direct contact hours may be counted toward basic practicum hours from settings outside the UA Psychology Clinic but require approval from the DCT. These hours may be accrued during the first or second year. To receive approval, the following requirements must be met:
- The clinical hours were obtained through direct provision of psychological services (assessment or intervention).
- The recipients of the service were experiencing or were at risk for a psychological disorder or distress (i.e., "mock clients" do not count).
- Supervision was provided by a licensed mental health provider.
- Supervision was provided for each case (i.e., discussion of each client/patient/participant).

Basic Practicum sections consist of one primary supervisor, 3-5 Basic Practicum students, and 1-5 Peer Supervisors (i.e., advanced clinical students who are receiving training in supervision). Supervision for Basic Practicum involves a weekly individual supervision meeting and a small group supervision meeting. Although our program does not typically use telesupervision, such an approach may be needed in certain circumstances (e.g., COVID-19 in 2020, 2021, and 2022). See **Appendix L** for our program's telesupervision policy.
- Individual Supervision: Students receive at least one hour per week during the fall and spring semesters. Individual supervision includes reviewing case files, direct observation (i.e., listening to audio or video recordings or live observation), and additional methods deemed most appropriate by the supervisor. **As per APA accreditation guidelines, direct observation via audio, video, or live observation is required at least once per student per evaluation period**. Students are expected to regularly record their sessions. Case review and notetaking is expected of the student prior to supervision.
- Group Supervision: Group supervision is helpful for planning for the spring Case Conference presentation (see information about Case Conference below). Supervisors vary in their style, emphasizing problem-solving, case formulation, coverage of specific techniques, and discussion of therapeutic issues (e.g., ethics, termination, resistance,

specific treatment questions). Most supervisors assign didactic materials. All Basic Practicum sections will occasionally meet together for shared didactics on a few topics, such clinical documentation, case conceptualization, treatment planning, outcomes/progress monitoring, and risk assessment and management.

As appropriate for the needs of the client, students are expected to arrange for termination or transfer of their clients by the end of the summer semester or to continue as the primary therapist into the fall term. Plans regarding transfer or termination should be discussed weeks in advance with the clinical supervisor, and appropriate and timely clinic documentation for the transition is required.

Students receive written feedback on their performance and level of competence at the end of each semester (see **Appendix P**). This feedback is included in students' program file.

**Case Conference**

In the Spring semester, all students enrolled in Basic Practicum will be expected to conduct a case conference attended by a collection of student and faculty colleagues. The following describes the purpose of the case conferences, as well as the procedural guidelines to be followed by the presenter and audience members. See **Appendix I** for Case Presentation Rating Form and **Appendix J** for detailed case conference instructions.

Philosophy & Purpose

The case conference requirement is intended to underscore the importance of case conceptualization and formulation. Although clinical psychologists vary in their theoretical and methodological approaches to psychotherapy, effective and efficient psychotherapy is typically defined as requiring (a) a clear definition of the client's problem with consideration of cultural factors, (b) a well-articulated understanding of the factors responsible for the development and/or maintenance of the client's problems, (c) a treatment plan that specifies objectives and interventions based on this understanding, (d) outcome indicators through which the effectiveness of the intervention can be determined, and (e) a base of empirically-established knowledge that provides a context for the way the client's problem is understood, assessed, and treated. These standards serve to minimally define *case conceptualization*— which is done with every psychotherapy client's case—while the case conference is a presentation on case conceptualization and other information pertaining to a specific individual client.

Purposes of the case conference include (a) evaluating the ability of the presenter to conceptualize a psychotherapy case and to articulate that conceptualization to a professional audience, (b) evaluating the ability to plan an effective intervention based on the case conceptualization, which is a necessary requirement for doctoral-level clinical psychologists who plan on conducting or supervising psychotherapy, (c) providing a mechanism for faculty to evaluate student progress in this area at an early stage of training, (d) educating the audience about the assessment and treatment of a client with specific problems/needs, which may generalize to clients with similar needs that the audience may encounter in delivering services, and (e) acquiring helpful feedback about the conceptualization and treatment plan from a diverse group of faculty and students that may help generate ideas for alternate conceptualization and intervention strategies for the client.

It is acknowledged that choice of interventions is ultimately at the discretion of the licensed supervisor assigned to the case, regardless of case conference discussions. It is also acknowledged that case conference presenters are Basic Practicum students who are in the early stages of their training and are not expected to have mastered case conceptualization skills.

Faculty and other practicum students attend these conferences. **Attendance is required** for practicum students, supervisors, and designated Clinical faculty. Others are invited to attend. A schedule is distributed during the spring semester.

Procedures

- Scheduling: Case conferences occur in the last half of the Spring semester, typically after Spring Break and before Honors Day. Times, date(s), and the assignment of faculty and student attendees are determined by the DCT and Associate DCT, with assistance from the UA Psychology Clinic's Office Manager, and notices are sent out by March. They are typically held on Monday afternoons (3-5pm) and Friday mornings (9-11am) in Gordon Palmer Hall, unless COVID-19 rates dictate a need for Zoom conferences.
- Guidelines for Attendance: Current practicum supervisors and all students enrolled in Basic Practicum are **required** case conferences. Clinical faculty not currently supervising practicum will attend conferences on a rotating schedule. To enhance the learning atmosphere, adjunct faculty or other knowledgeable professionals may be invited. Advanced students (e.g., peer supervisors) who continue to take psychotherapy practicum within the Clinic will also be expected to attend conferences on a rotating basis or as required by their supervisor. First-year students are encouraged to attend at least one conference per Spring semester and may be required to do so as part of their program coursework.
- Case Selection: Cases chosen for presentation should be cases for which initial assessment and conceptualizations have been completed. Beyond that limitation, students are free to select cases from any stage of treatment, or closed cases.
- Confidentiality: When presenting a client's case, the identity of the client should be thoroughly disguised using deidentification standards. Electronic video- or audio-recordings cannot be used without obtaining the explicit and written consent from a client to use their recorded information in this manner.
- Supervisor Selection: Traditionally, Spring semester practicum supervisors have served as supervisors for student case presentations. To allow students the flexibility of selecting cases at any stage of completion, Fall semester supervisors (if different from Spring supervisors) will be expected to accommodate students who wish to present completed cases that were assessed and conceptualized under their supervision.
- Supervisor Role (Case Conference Leader): The presenting student's supervisor will serve as Case Conference Leader. It will be the responsibility of Case Conference Leaders to begin their respective meetings on time. (If for any reason the Case Conference Leader is delayed or absent, another faculty member should assume responsibility for managing the conference.) The Case Conference Leader will act as a moderator or intermediary between the presenter and the audience. For example, they may request that questions or comments be withheld until the student finishes the presentation. The supervisor can ensure that the conference will take a problem-centered or problem-solving approach rather than an academic approach.

- Format: Presentations will begin promptly and take no more than one hour in total for all elements. The supervisor (Case Conference Leader) is responsible for seeing that these time limits are adhered to. Within broad limits, the format of the presentation is determined by the presenter and supervisor, but typically includes a PowerPoint or similar slideshow presentation conducted for the first 30-40 minutes of the case conference hour. This is typically followed by a question-and-answer period of 10-15 minutes. Alternatively, presenters can invite questions throughout the presentation. Student-members of the audience are then dismissed.
- Feedback/Evaluation: Following student dismissal, there is a brief (5-10 min.) period in which the presenter will receive constructive feedback about their work on the case, and about the presentation itself, from faculty observers. Within one week from the presentation, all faculty observers will complete and submit the Case Presentation Rating Form (**Appendix I**) to the assigned supervisor, who will give the student more detailed feedback during individual supervision and submit all forms to the DCTs for program purposes. It is not anticipated that all suggestions/recommendations made during the conference will be adopted by the presenter and supervisor for use with the client.
- Presentation Elements: For all cases, the presentation should provide enough detail about the case for the audience to understand and evaluate the presenter's conceptualization. The presentation must also include references to clinical research or theory that supports the conceptualization and the treatment plan. The style of the presentations can range from formally to loosely structured, with multi-media aides or interaction-based formats that engage the audience in critical thinking about the case. Assessment data is often included but is not required. Students may wish to include the following:
    a. Summary (including essential details) of the client's presenting problem
    b. Pertinent history
    c. Relevant cultural factors
    d. Summary of relevant research or theory; specific references for further review
    e. Assessment data
    f. Diagnostic impression
    g. Treatment goals
    h. Challenges and/or lessons learned
- Materials: Handouts and written materials are discouraged given they contain client information, even when deidentified. Students are permitted but not required to select a related peer-reviewed article to share but are encouraged to prepare and distribute them to attendees several days before the case conference so they can be read in advance. Articles provided for advance reading may be viewed as preparing attendees with basic information ahead of time, allowing more time during the case conference to focus on conceptualization and treatment planning.
- Expectations for Attendees: The Psychology Department at UA contains a diversity of opinions about the nature of psychological problems and about the goals and processes of psychotherapy. These differences will be reflected in diverse approaches to case conference presentations. Faculty and students are expected to respect those differences, especially as they are reflected in the choices made by the presenter with regard to the format of the presentation. On the other hand, questions and input from attendees with differing perspectives can make the presentations more stimulating, challenging, and formative for the presenter. Almost any question related to the case or to issues raised by the case is appropriate, from either faculty or students. However, questions should be

asked in a manner that is stimulating and issue-focused, not in a manner that is presumptuous or personal.

## Advanced Practicum

Clinical students in their third year and beyond typically take an additional 3 or more semester hours of advanced practicum within a subarea in the UA Psychology Clinic and/or at an approved practicum site. Specialty advanced practica include PY 632 Advanced Health Practicum, PY 639 Advanced Child Practicum, and PY 642 Advanced Geropsychology Practicum. Course requirements are specified in the syllabus. **As per APA accreditation guidelines, direct observation via audio, video, or live observation is required at least once per student per evaluation period**. Students receive written feedback on their performance and level of competence at the end of each semester (**Appendix P**). This feedback is included in students' program file. See **Appendix G** for additional practicum information.

## Peer Supervision

Clinical students serve as a Peer Supervisor for at least one semester. Students are eligible to be a Peer Supervisor starting in their third year. Requests for Basic Practicum Peer Supervisors are made each semester (including summer), and assignments are made by the Associate DCT in consultation with the DCT and Clinic Director. Students may also serve as a Peer Supervisor in advanced practica, and assignments are made by the supervisor of record.

## Clinical Placements

Advanced students (typically third year and beyond or those coming in with a clinical master's degree) may be afforded an opportunity to work part-time in a clinical setting for remuneration. These paid clinical placements are not meant to provide all or most of the required clinical training. However, they give students an opportunity to receive financial aid while performing some duties of clinical relevance. Students will also be provided access to training facilities as unpaid workers. In some cases, these paid and unpaid clinical placements may also serve as meeting advanced practicum requirements. Guidelines for external practicum placements is in **Appendix E**. A partial listing of sources is included in **Appendix F**. **Students taking paid and unpaid placements must register for at least one hour of advanced clinical placement (PY 641) if not enrolled in a practicum section, including the summer terms if the placement is 12 months. Students interested in multiple placements/practica MUST discuss this with the DCT and/or Associate DCT. If approved, the DCT and/or Associate DCT will determine the appropriate course registration.**

**Placement negotiations are made only through the DCT. Placement decisions are made by the DCT, through consultation with the sponsoring agency and the coordinator of the student's subarea.** It is typically the case that clinical placements are for a one-year (or 9-month) period. This guideline is in the best training interest of the student, because it maximizes student exposure to a broad range of clinical experiences. Also, limiting placements to one-year terms maximizes the number of students provided the opportunity to be placed at particular agencies. In some cases, though, a student may repeat a placement depending on funding demands and/or student interest.

**ANY clinical work engaged in by a graduate student, paid or unpaid, must be approved by the DCT and Associate DCT and must be supervised by a licensed psychologist. A description of the activities shall be provided by the student to the DCT and Associate DCT for program records.** This includes any volunteer or paid work done that might be construed as "psychological" in nature. The host agency is expected to provide a professionally sound training setting for the student, which includes adherence to the Standards for Providers of Psychological Services. Students should expect to receive feedback from their supervisors on a regular basis. **As per APA accreditation guidelines, direct observation via audio, video, or live observation is required at least once per student per evaluation period.** End of term (fall, spring, summer) feedback is solicited by the program and becomes a part of the student's clinical program file (see **Appendix P**).

Paid clinical practica do not always carry tuition coverage as part of the contract. Because of this, the DCT has negotiated a higher salary rate in order to help defray the up-front cost of tuition that the student will have to pay.

**Internship**

A full-year pre-doctoral clinical internship is required of all students. Students register for 4.5 credit hours of IDGR 605 each semester they are interning (typically for 4 semesters). Students must intern at an APA-accredited or CPA-accredited internship training program, unless an exceptional case can be made for an unaccredited internship program (see **Appendix N** for more details). Although application during the fourth or fifth year is typical, students are eligible to begin applying to internship sites in their third year of residency assuming all core courses will have been completed by the end of that year. **Students must meet the following requirements to apply for internship:**

- Students must pass the preliminary doctoral examination by October 15$^{th}$ of the year they apply for internship. Furthermore, students must have their initial mini-proposal meeting 8 weeks prior to the October 15$^{th}$ deadline.
- Students must <u>complete</u> a total of 500 direct clinical hours.
- Students must meet competency benchmark requirements on all clinical feedback forms (Readiness for Internship) in the Spring and Summer semesters before the first internship application due date.

Students eligible for internship meet with the DCT and the Associate DCT to receive information about the application process. Extensive information about internship sites is available from the APPIC website:  http://www.appic.org.

A list of recent internship sites is located on our program website. The program solicits feedback from internship programs at 6 months and at the end of training. The internship training director typically provides a detailed letter regarding the intern's progress, strengths, and areas for growth. A copy of this evaluation is maintained in the student's clinical file.

**Students who have not defended and submitted their doctoral dissertation to the Graduate School prior to internship** (see Graduate School's academic deadlines) **must register for 1 credit hour of PY 699 until they complete this requirement. Students who do not have Alabama residency must pay the out-of-state tuition rate.**

**Students MUST have completed the internship before the University will confer the degree. The Graduate School will provide a "Completion of Degree" if needed in order for the student to be eligible for a post-doc or employment before the degree is conferred.**

**\*\*The department also requires that the student submit a CD containing appropriately labeled dissertation raw data and final dissertation prior to being cleared by the department for graduation. The student must present a bound copy of the dissertation to his or her dissertation chair(s) unless the chair(s) inform the student that a bound copy is not required.**

**International Student Requirements for Internship**

International students must communicate their internship plans with the Capstone International Center months in advance before leaving campus for internship. It is advised that students contact the Capstone International Center shortly after they match with an internship training program to begin the application process for Curricular Practical Training (CPT) or Optional Practical Training (OPT). See Student Work Authorization forms.

IDGR 605 (as described above) does not meet visa requirements for CPT or OPT; however, PY 699 Dissertation Research and the Cooperative Education Program do. Therefore, international students who successfully defend and submit their doctoral dissertation to the Graduate School must apply to the Cooperative Education Program for the remainder of their internship training.

## III. PROGRAM PHILOSOPHY AND OBJECTIVES

### Clinical Training Aims

The general aims of the program are listed below. We have also formulated specific competencies which more clearly state what is expected of all students (see **Appendix H** for benchmarks). Within the capabilities of the clinical training program, the student is provided the means by which to meet these objectives (e.g., through coursework, research activities, clinical placements, etc.). Internship training will serve to enhance and broaden the student's clinical skills. Aims and competencies are listed in Table 2 below.

### Table 2. Training Aims and Competencies

| | |
|---|---|
| **Aim 1: Acquire a general knowledge base in the discipline of psychology, broadly construed.** | |
| Competency 1.1 | Students will demonstrate a graduate-level understanding of history and systems of psychology. |
| Competency 1.2 | Students will demonstrate a graduate-level understanding of affective aspects of behavior. |
| Competency 1.3 | Students will demonstrate a graduate-level understanding of biological aspects of behavior |
| Competency 1.4 | Students will demonstrate a graduate-level understanding of cognitive aspects of behavior. |
| Competency 1.5 | Students will demonstrate a graduate-level understanding of developmental aspects of behavior. |
| Competency 1.6 | Students will demonstrate a graduate-level understanding of social aspects of behavior. |
| Competency 1.7 | Students will demonstrate graduate-level knowledge that entails integration of multiple basic discipline-specific content areas (e.g., integration of two of: affective, biological, cognitive, social, or developmental aspects of behavior). |
| Competency 1.8 | Students will demonstrate a graduate-level understanding of research methods. |
| Competency 1.9 | Students will demonstrate a graduate-level understanding of statistical analysis. |
| Competency 1.10 | Students will demonstrate a graduate-level understanding of psychometrics. |
| **Aim 2: Develop profession-wide competencies as part of preparation for practice in health service psychology.** | |
| Competency 2.1 | Students will demonstrate a graduate-level understanding of the current body of knowledge in ethical and legal standards. |
| Competency 2.2 | Students will demonstrate a graduate-level understanding of issues of individual and cultural diversity. |
| Competency 2.3 | Students will demonstrate a graduate-level understanding of assessment. |
| Competency 2.4 | Students will demonstrate a graduate-level understanding of intervention. |
| Competency 2.5 | Students will demonstrate a graduate-level understanding of supervision. |
| Competency 2.6 | Students will demonstrate a graduate-level understanding of consultation and interprofessional/interdisciplinary skills. |
| **Aim 3: Develop the knowledge, skills, and competence sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems, and to disseminate research.** | |
| Competency 3.1 | Students will demonstrate a graduate-level understanding of how to develop a research question and relate it to the existing literature. |
| Competency 3.2 | Students will demonstrate a graduate-level understanding of how to utilize methodological sophistication sufficient to address the research question. |
| Competency 3.3 | Students will demonstrate a graduate-level understanding of how to adequately measure the constructs of interest (e.g., reliability, validity). |
| Competency 3.4 | Students will demonstrate a graduate-level understanding of how to provide detailed analysis, interpretation, and discussion of results. |
| Competency 3.5 | Students will demonstrate a graduate-level ability to critically evaluate and disseminate research or other scholarly activity via professional publication and presentation at the local (including host institution), regional, and national level. |

| Aim 4: To promote professional values, attitudes, and behaviors (including communication and interpersonal skills) that are critical for practice in health service psychology. | |
|---|---|
| Competency 4.1 | Students will demonstrate graduate-level professional values, attitudes, and behaviors. |
| Competency 4.2 | Students will demonstrate graduate-level communication and interpersonal skills. |

## Methods of Evaluation of Goal Attainment

Student progress is evaluated continuously. Multiple criteria are used depending on the level (year) of the student. These include: (1) performance in coursework, (2) clinical functioning, (3) research progress, (4) thesis and thesis defense, (5) preliminary examination (and dissertation proposal), (6) dissertation and oral defense, and (7) ethical and professional functioning. **For more specific details on our evaluation processes including the minimum level of achievement for each student, please see Appendix H.**

- Coursework is evaluated by the instructor of each course, in accordance with the instructor's grading policies. Students should expect to be given a fairly detailed syllabus indicating course requirements, expectations, and grading policies. Inquiry is invited when such matters are unclear.
- The clinical work of students is evaluated by core clinical faculty who supervise in the Psychology Clinic, by adjunct clinical faculty who are active clinicians in the local community, and by on-site supervisors in community practicum placements. We request an evaluation of each student at the end of each semester (**Appendix P**). Students are given detailed feedback (verbally and in writing) of their performance (strengths and areas for growth).
- Research progress is evaluated by the student's mentor and other faculty that are working with the student in a research capacity.
- The Department uses the Student Opinion of Instruction (SOI) evaluation system to evaluate teaching.
- The evaluation of theses and dissertations are made by thesis and dissertation committees appointed by the Director of Graduate Studies (More information on appointment of committees is available in the Graduate Student Handbook.). Members of these committees must be appointed members of the University of Alabama graduate faculty.
- The student's work on internship is evaluated by the internship directors and staff. We request a written evaluation of each student twice a year.

The Clinical faculty meets monthly during the academic year, at which time students may be discussed. The student's mentor conveys to the student the fact that they were discussed and the content of the discussion. The student may also receive a letter indicating that certain problems have been identified. If problems are perceived, the student may also be counseled as to possible courses of action. In some cases, remediation will be advised. In the rare case where the magnitude of the problem is such that the faculty considers remediation unfeasible, the student may be dismissed from the Clinical program. The procedure for these steps is outlined in the Graduate Student Handbook.

**Annual Student Evaluation**

At the end of each academic year, the faculty evaluate student progress toward achieving the Ph.D. (see **Appendix C** for policies for evaluation of student progress). The primary purpose of this evaluation is to provide an opportunity to update the entire faculty about students' accomplishments during the past year. Additionally, a yearly evaluation provides an opportunity to remedy any situations that may lead to future difficulties and recommend a course of action that would allow students to earn a degree and obtain the type of job that they desire.

To facilitate the evaluation process, each student submits a completed **Student Activity Report** (SAR; see **Appendix D**), which includes an **updated CV, completed Curriculum Checklist, and** (if applicable) **Time2Track log for the year.** The activity report is designed to update each student's primary mentor about his/her activities during the past year and will allow all faculty to learn about the progress of students who are not under their direct supervision.  This is also a good opportunity for students to reflect on their progress in the program and to develop personal goals for the upcoming year.  The SAR is comprehensive in that it includes opportunities for students to describe their coursework, research, clinical training, teaching, assistantships, and service activities during the past year. It is not expected that students will have participated in all of these activities during the past year. The list is comprehensive to allow students to describe the particular areas that they focused on during the year. **In addition to the SAR, students are expected to provide copies of their clinical evaluations and teaching performance ratings from the past year.** Supervisors are expected to supply students with these evaluations at the end of each semester so that they can be attached to the activity report. Students are encouraged to ask their supervisors for a copy of the written evaluation at the end of each semester. Students are required to give the completed SAR (including copies of teaching and clinical evaluations), their completed Training Logs, and their CV to their primary mentor and DCT on or before **May 1st** of each year.

The faculty meet to discuss student progress during May each year. In the overall evaluation of each student, the faculty consider grades in courses, comments of course instructors, evaluations from clinical supervisors, evaluations from thesis and dissertation committee members, reports from students of scholarly activity during the year, reports from internship directors, and timeliness of progress through the program. During this meeting, faculty mentors will use the SAR and their own observations to present a brief overview of each student's progress in the areas of research, clinical training, teaching, professional and ethical behavior, and academic achievement and program milestones. The entire faculty will then share information about each student's strengths and any suggestions for improvement.

Following this meeting, faculty mentors complete an [Annual Student Evaluation Form](#) for each of their students (see **Appendix R** for Annual Student Evaluation Form and evaluation rubric). The Annual Student Evaluation Form is used to provide feedback to students on their progress and performance over the past year in the following areas: a) development of research skills and contributions to science, b) academic performance and rate of progress in completing program requirements, c) development of effective teaching skills and competencies, d) professional and ethical behavior, and e) development of effective clinical skills and competencies. Faculty mentors also provide a description of students' strengths and suggestions for continued professional growth. Faculty mentors will then contact each student to schedule a meeting to discuss the Annual Student Evaluation and to provide an opportunity for the student to discuss any of his or

her ideas or concerns. If the mentor does not schedule such a meeting in a timely fashion, the student is encouraged to either remind the faculty member to schedule this meeting or to discuss the problem with the DCT. Students are asked to sign the form to indicate that they received the evaluation. Students are welcome to write a response, which will be included in their clinical program file with the evaluation. A copy of the signed letter will be placed in the student's file along with the SAR, CV, and Time2Track training logs.

After meeting with their mentor, if a student desires additional feedback about their performance in the program, they are encouraged to schedule a meeting with the DCT or Associate DCT. Also, if there are significant concerns about a student's progress, the DCT will meet with the student and the student's mentor. In the event that remediation and/or dismissal recommendations are made by the faculty, the policies outlined in the [Graduate Student Handbook](#) will be followed.

Although this more formal evaluation only occurs annually, more frequent informal feedback meetings typically occur throughout the year. Faculty members are encouraged to meet with students regularly to provide both positive feedback and suggestions for improvement. Students are encouraged to ask faculty for feedback regarding their performance.

## IV. STUDENT RESPONSIBILITIES AND INTERESTS

Students are expected to be familiar with and follow the contents of this Clinical Training Manual, the Department Policy Handbook, the Department of Psychology's Graduate Student Handbook, the Psychology Clinic Manual, and The University of Alabama's Student Handbook.

### Professional and Ethical Conduct

**Students are required to abide by the APA Ethical Principles of Psychologists and Code of Conduct, and they must sign a statement affirming that they have read and will abide by the Standards (see Appendix M).** A copy of this signed statement will be kept in the student's clinical program file.

Students are also required to abide by **The University of Alabama's Code of Student Conduct.**

### Advising/Mentorship

It is the general expectation that students will remain with their initial research advisor for at least the first year and probably through the completion of their master's thesis. The majority of students remain with their initial research advisor throughout the duration of their time in the program. However, we recognize that there are some circumstances in which the student may want to change advisors during an academic year or before the end of the master's thesis. When any potential switch is considered during the year, it will be necessary to consider the source of the student's funding and how such a switch would impact the student as well as the faculty member. For example, if the student is funded on a faculty member's grant, it will be important to work out a plan that does not entail a sudden abandonment of the student's job responsibilities. It is not always the case that an alternative source of financial aid can be offered to the student at mid-year. We encourage students to discuss any concerns with their mentor, to be specific, and to ask directly for what they want and need. If a student is considering options for switching to another research advisor, it is acceptable to talk with other potential faculty mentors. However, once a student has made a decision to switch advisors, it is important to inform the faculty mentor about it first. If the student is uncomfortable, or unclear about how to do this, meeting with the DCT, Associate DCT, the Director of Graduate Studies, or the Department Chair for planning purposes can be helpful.

### Registration

**Contact with one's mentor, subarea coordinator, and the DCT is part of the registration process.** Early registration allows faculty and students to plan in advance for the subsequent semester. Students should consult with their mentor and/or subarea coordinators during the pre-registration period, prior to registering for coursework. **To facilitate the Department's allocation of instructional resources, all on-campus graduate students are required to pre-register. Necessary changes in schedules can always be made at a later date.**

**Financial Assistance**

Clinical students receive <u>financial assistance</u> through a variety of sources. Although some stipends may be sufficient to support a student fully for a given year, it is more typically the case that students also utilize loans, personal savings, and other resources to supplement their financial assistance.

Each Spring, the DCT and/or Associate DCT solicits clinical students' placement rankings for the summer semester and next academic year. Placement opportunities include teaching assistantships, research assistantships, and clinical placements. See **Appendix F** for a partial list of sources of financial support. Students should discuss their preferences with their mentors prior to submitting their rankings. Students are strongly encouraged to consider the following when rank-ordering their preferences: a) current number of direct clinical hours and desired timeline for internship application, b) research progress, c) planned courseload, and d) other commitments/circumstances. Priority for financial assistance is made based on the student's progress through the program and specific training needs. Students typically receive one of their top three choices.

**Teaching and Research Assistantships**

Graduate teaching and research assistantships (GTAs and GRAs) are awarded within the Department and require from quarter-time (10 hrs/wk) to half-time (20 hrs/wk) service. Duties of teaching and research assistants are assigned at the beginning of each semester. Assignment of teaching assistantships are made by the Director of Graduate Studies in consultation with the DCT. Placements decisions for research assistantships are made by the DCT in consultation with the Principal Investigator(s).

**Clinical Placements**

Multiple opportunities are available for students to work part-time in a clinical setting for remuneration. Clinical placement decisions are made by the DCT through consultation with the sponsoring agency and the coordinator of the student's subarea.

Whenever possible, assignments are rotated to provide a variety of opportunities for each student. The Clinical program has as an important goal to provide financial assistance for as many students as possible. Maintaining as many degrees of freedom toward assigning assistantships and placements increases the likelihood of achieving this goal. Thus, students who are qualified for two sources of funding may sometimes be asked to take their second choice so that a student who is qualified for only one of the two sources of funding can be given financial assistance. Also, there may be circumstances when a student is reassigned to the same source of funding for an additional year, usually where certain qualifications exist and no other qualified student is available.

**Fellowships**

Students compete at the University level for fellowships awarded through the Graduate School. These fellowships include the Graduate Council Fellowship (GCF), McNair Graduate Fellowship (MGF), and National Alumni Association Fellowship (NAA). Students are nominated by the Department based on grade point average, research activity, and (in the case of Research Fellows)

research proposals. Each department is restricted to a select number of nominations. Recommendations for these fellowships are made by the Director of Graduate Studies in consultation with the DCT. Nominations are typically due the first week of December. Students are encouraged to talk with their mentors to learn more about these fellowship opportunities if they are interested in being nominated.

Other fellowships may be available through Federal training grants awarded to the Department or research grants awarded to individual faculty. Students are encouraged to work with their mentors to identify other fellowship opportunities. The University of Alabama subscribed to Pivot, which is a search tool for funding opportunities. Students can create an account and receive email alerts of relevant funding opportunities.

**Summer Financial Assistance**

Summer financial support for students not on 12-month appointments is often available. Students should plan accordingly to apply for the limited fellowships, assistantships, and clinical clerkships that may be announced. Work study and student loan opportunities may also be explored.

## Tuition Grants

Assistantships and fellowships carry partial or full tuition grants during the academic year as specified in the memorandum of appointment. Note that although departmental GRAs and GTAs carry both out-of-state and in-state tuition grants, not all federally-supported GRAs carry out-of-state tuition, and some carry no tuition grants whatsoever. **Do not assume that your assistantship carries a tuition grant unless your memorandum of appointment specifically states this is so.**

## Other Tuition Costs

**Summer Tuition**

Summer financial assistance typically does not carry a tuition grant. Thus, students should expect to pay for 1 credit hour at the in-state tuition rate each summer semester until internship.

**Costs During Internship**

Students who have not defended and submitted their doctoral dissertation to the Graduate School prior to the yearlong predoctoral internship (see Graduate School's academic deadlines) must register for 1 credit hour of PY 699 Dissertation Research until they complete this requirement. Students who do not have Alabama residency must pay the out-of-state tuition rate.

International students who have completed the doctoral dissertation requirement (i.e., successfully defended and submitted to the Graduate School) must register for the Cooperative Education Program each semester until they complete internship. The fee for this program is $264 per semester.

## Guidelines for Accommodating Students with Disabilities

For students with a disability who wish accommodations, the process begins with the DCT and is considered with the help of the Office of Disability Services (ODS). Since the Ph.D. in clinical

psychology involves a systematic and sequential program of training, accommodations are considered from an overall programmatic perspective rather than from an individual course perspective. Accommodations are rarely granted on a retroactive basis. One may contact ODS by calling 205-348-4285.

## Time2Track

Students are required to use the Clinical Program's Time2Track account to track clinical hours. The Department pays for these subscriptions. Students are granted access beginning in their second year of training. Students are strongly encouraged to record their hours in Time2Track on a regular basis (e.g., daily or weekly). Guidance on tracking hours can be found here.

## Student Evaluations of Instruction and Clinical Training

Students' opinions are valued, and constructive feedback is genuinely appreciated.

### Course Evaluations

The Department uses the Student Opinion of Instruction (SOI) evaluation system to gather feedback from students on instructors and courses. The surveys are open to complete for approximately one week near the end of each semester. Students receive an invitation email with instructions and a link to the survey portal. Students may also access their survey(s) from within Blackboard or by logging into myBama and selecting the SOI channel from the student tab. Most instructors provide students with more open-ended and detailed opportunities to critique courses each semester.

### Clinical Training Evaluations

Students are responsible for completing evaluations of their clinical placements and practicum experiences. Beginning in the second year, students complete a survey of their clinical training experiences (see **Appendix Q** for survey). This survey allows students to provide constructive feedback to the Clinical Program about the quality of training they received. The completed surveys are not sent to the placement or supervisor; rather, aggregate data is used to monitor clinical training and make recommendations or modify training experiences as needed. Trends and overall ratings are tracked, and periodic collective feedback will be provided to clinical training sites and supervisors for improvement. The data will also be used to make decisions about continued involvement with external clinical training sites.

## Social Communication and Public Professionalism Policy

Increasingly, as information becomes more publicly available, lines between public and private information are blurring. Many students have websites, blogs, email signature lines, and voicemail messages that are entertaining and reflect their personal preferences and personalities. However, students should consider the potential impact of this information on their professional image. For example, if the student uses their personal telephone or email account for professional purposes, clients, research participants, and potential employers may view the student as less professional than desired. See **Appendix K** for our policy.

## Clinical Student Meetings

Clinical student meetings are held in early Fall semester and late Spring semester and are run by the DCT and Associate DCT. The PGSA Clinical Vice President polls students and schedules the meetings at a time when most students are available. The purpose of these meetings is to provide announcements, review program requirements, and discuss matters relevant to the clinical student body. Students should notify the DCT and PGSA Clinical Vice President if they are unable to attend.

## Attendance at Departmental Colloquia and Job Talks

The Department brings in distinguished scholars to speak each year at the annual Dinoff Lecture and annual Basowitz lecture. These are typically hosted on a Friday evening to avoid scheduling conflicts. The lecture often begins at 6:00pm and is followed by a reception. Students should plan to attend.

Occasionally, the Department hosts job talks and student meetings with job candidates. These meetings occur during the workday. Students in their third year and above are away from campus more often than first- and second-year students and may be less available to attend these meetings. Student representation at these meetings is important and, as such, students should attend if they are on campus and are not in class or engaged in another scheduled activity (e.g., therapy session).

Attendance at colloquia, job talks, and student meetings with job candidates are included as a point of discussion in students' annual evaluations.

## Student Office Space

Students are assigned offices on a temporary yearly basis. Typically, this is shared space, usually without telephones. Assignments are made by the Graduate Program Assistant at the beginning of each academic year. Space is sometimes allocated to students based on their research or training interests (e.g., health, geropsychology, child, psychology & law). **Due to University regulations, students may not paint their offices. Offices are University property and thus, considered public. Therefore, students should be mindful of the appropriateness of anything written or displayed in these offices.**

## Professional Memberships

Students are encouraged to become members of various psychological associations, including the American Psychological Association and the American Psychological Society. Almost all associations have a student or affiliate type membership category at greatly reduced dues. The benefits may include publications (or discounts), conference discounts, and newsletters.

The APA has a number of divisions (e.g., clinical; social; health; children and youth; psychology and law) that might be of interest to students as well as a graduate student association within APA (APAGS). In addition, many students join the Southeastern Psychological Association (SEPA) and the Alabama Psychological Association (aPA). Historically, many faculty and students attend the annual SEPA meetings in March, usually presenting papers. aPA has an annual meeting in late spring and a mid-winter conference. Student papers are encouraged, and cash awards are given for

outstanding papers. Student membership is also available in such groups as the Association for Behavioral and Cognitive Therapies (ABCT), the Society of Pediatric Psychology, and the American Association of Correctional Psychologists. Check with faculty for further details. Membership application forms are available on the organization's web page.

## Maintenance of Records of Credentials

Students should maintain copies of their annual evaluations and related materials (e.g., updated CVs, Time2Track reports), internship applications, and syllabi for all graduate courses they complete. These records may be needed for licensure applications and other applications in the future.

The Association of State and Provincial Psychology Boards (ASPPB) provides a credentials banking service. Students are not required to use this service.

## Contact with Graduates

The Clinical Program, as well as the Department as a whole, attempts to maintain contact with graduates. First jobs, moves, elections, licensure, promotions, publications, and the like are of interest to faculty and fellow graduates. The Department publishes a periodic newsletter/directory which shares this information. We ask graduates to maintain contact with the Department by informing us of address and job changes. In turn, we attempt to keep graduates abreast of developments in the Department. Copies of the most recent Newsletter are available from the Department Chair's secretary.

## V.  RESOURCES

### Facilities

The Department of Psychology occupies approximately one-half of Gordon Palmer Hall including classrooms, laboratories, and office space. The Psychology Clinic occupies one wing of the McMillan Building and is the primary practicum site for the Clinical Psychology Program. Research space is distributed throughout the building.

Four campus libraries are of major interest to psychology graduate students. These are the Gorgas (main library), Rodgers (science), Health Sciences Library, and McClure (education). The main library includes most of the major psychology journals, abstracts and indices, and reference works. Reading and reserve rooms are also located there. Occasionally, a specialty journal will be located in one of the other libraries. Computer searches of Psychological Abstracts and other sources are readily accessible.

### The Psychology Clinic

The Psychology Clinic serves as a psychological resource agency for the campus and community. Supervised services are provided by students in graduate training. These include intellectual and personality assessments, psychotherapy, and psychological consultation. The Psychology Clinic is considered a professional organization, and student trainees are expected to maintain a high level of ethical and professional conduct.

The Clinic has a conference room with a library of psychotherapy and assessment resources, student offices, a computer lab, and therapy and testing rooms. It is equipped with the Clinical Observation Recording System (CORS) and a room with a one-way mirror for observation and training purposes. Students become involved in the Clinic operation very early in their graduate training through assessment courses and psychotherapy practica. They serve as intake staff and become familiar with clinical record keeping. The availability of this in-house facility allows the students to begin to understand the operation and delivery of clinical services.

### Books and Materials

The Clinical program maintains a limited library of materials including directories, catalogs, and guidelines (e.g., APA Accreditation Handbook, Directory of State Licensing Requirements for Psychologists, Internship Directory) which is available from the DCT. The Psychology Clinic also has a limited reference library as well as an extensive collection of professional training resources available on a check-out basis and [electronically](#).

Each instructor provides a course syllabus which lists required books and materials. Textbooks and readings are selected both for their immediate relevance and their usefulness as a later reference source. Additional materials that may not be assigned to specific courses are also required for Clinical students. These should be purchased (some are free) upon entry into the Clinical program.