The University of Texas Rio Grande Valley

Ph.D. in Clinical Psychology Policy and Procedures Manual (Updated September 2023)

TABLE OF CONTENTS

PREAMBLE 4
PROGRAM FACULTY 5
ADMISSION REQUIREMENTS 8
GRE PSYCHOLOGY SUBJECT TEST 9
PROGRAM PHILOSOPHY AND AIMS 10
EDUCATIONAL AIMS AND COMPETENCIES 12
COURSES 16
ROADMAP AND CURRICULUM 17
MAJOR AREAS OF EMPHASIS 20
RESEARCH TRAINING 21
CLINICAL TRAINING 22
SECOND-YEAR PROJECT PROCEDURES 24
PROGRAM COMPETENCY REQUIREMENT 26
CLINICAL INTERNSHIP 29
DISSERTATION REQUIREMENTS 30
GRADUATION REQUIREMENTS 34
EVALUATION OF STUDENT PROGRESS 34
LEAVE OF ABSENCE 38
STUDENTS RIGHTS, DUE PROCESS, AND GRIEVANCE PROCEDURES 39
UNIVERSITY OF TEXAS RIO GRANDE VALLEY POLICY STATEMENTS 41
GUIDELINES FOR STUDENT EMPLOYMENT 43
GUIDELINES FOR GRADUATE STUDENT INSTRUCTORS 43
GUIDELINES FOR USE OF DEPARTMENT OWNED ASSESSMENT MATERIALS 45
APPENDIX A: REQUEST FOR A COURSE EQUIVALENCE EVALUATION FORM 47
APPENDIX B: CLINICAL PRACTICUM HOURS 48
APPENDIX C: CLINICAL NEUROPSYCHOLOGY EMPHASIS PRACTICUM HOURS 49
APPENDIX D: APPROVAL OF SECOND-YEAR PROJECT OR DISSERTATION PROPOSAL FORM 51
APPENDIX E: PROGRAM COMPETENCY REQUIREMENTS RUBRIC 52
APPENDIX F: COMPENTENCY EVALUATION FORM FOR PSYCHOLOGICAL REPORTS 54
APPENDIX G: COMPENTENCY EVALUATION FORM FOR CLINICAL CASE PRESENTATIONS 63

APPENDIX H: STUDENT COURSE EVALUATION FORM 76
APPENDIX I: PRACTICUM EVALUATION FORM 77
APPENDIX J: IN VIVO SUPERVISION EVALUATION FORM 84
APPENDIX K: STUDENT PRACTICUM EVALUATION FORM 89
APPENDIX L: RESEARCH CONTRACT 91
APPENDIX M: RESEARCH TRAINING EVALUATION FORM 92
APPENDIX N: STUDENT EVALUATION OF RESEARCH TRAINING 93
APPENDIX O: REMEDIATION PLAN FOR ACADEMIC/CLINICAL PERFORMANCE 98
APPENDIX P: STUDENT EMPLOYMENT PERMISSION REQUEST 100
APPENDIX Q: GRADUATE STUDENT TEACHING FORMATIVE EVALUATION FORM 101
APPENDIX R: GRADUATE STUDENT TEACHING SUMMATIVE EVALUATION FORM 102

PREAMBLE

This handbook provides information about the major policies and procedures pertaining to the doctoral training program in clinical psychology provided by the Department of Psychological Science at the University of Texas Rio Grande Valley (UTRGV). Other important sources of information about the University and the Department can be found on the UTRGV and Psychological Science Department webpages. All department policies and procedures are consistent with the University's guidelines and policies and the policies and procedures of the College of Liberal Arts. In some instances, department policies and procedures have been detailed further to reflect specific goals/objectives of the Department of Psychological Science and the Clinical Psychology Ph.D. Program. Every effort has been made to ensure the accuracy of information in this publication. The University of Texas Rio Grande Valley reserves the right to make changes regarding admission requirements, requirements for granting a degree, curriculum, courses, teaching personnel, rules and regulations, tuition, fees, and any other information contained herein. Students will be notified if any changes are made to the document.

PROGRAM FACULTY

Arthur Cantos, Ph.D.
Director of Clinical Training and Professor, arthur.cantos@utrgv.edu
Clinical Psychology: Family Violence/Intimate Partner Violence

Dr. Cantos' area of research is family violence in general and more specifically, characteristics of perpetrators of intimate partner violence and their treatment. Dr. Cantos has been a strong critic of current mandated one size fits all interventions for perpetrators of intimate partner violence and a strong proponent of developing interventions that address the needs of the perpetrators following Gordon Paul's Epic Question: 'What treatment, by whom, is most effective, for this individual, with that specific problem and under which set of circumstances?' (Paul, 1967).

Cynthia Cavazos Gonzalez, Ph.D.
Associate Professor of Practice, cynthia.gonzalez1@utrgv.edu
Clinic Director

Dr. Cavazos Gonzalez is a licensed psychologist with over 20 years of clinical experience practicing in the Rio Grande Valley, providing psychological services to the Latinx communities and supervising master and doctoral level psychology students. Her clinical expertise is in the areas of neuropsychological evaluations, bilingual assessment, behavioral consults, cognitive behavioral therapy, cognitive therapy, and trauma focused cognitive behavioral therapy. As clinic director, Dr. Cavazos Gonzalez oversees the operations of the UTRGV Psychology Training Clinic in Edinburg and provides clinical supervision to doctoral practicum students in coordination with the Ph.D. program director of clinical training.

Ruby Charak, Ph.D.
Associate Professor, ruby.charak@utrgv.edu
Clinical Psychology: Adversities in Childhood; Interpersonal Violence; Sibling Aggression; Trauma; PTSD

Dr. Charak's program of research is aimed at understanding the cumulative effect of childhood adversities, including child abuse and neglect, in the development of traumatic stress reactions such as PTSD and substance use, and revictimization across the lifespan. She has examined the same in samples from geographically diverse regions, namely, India, Burundi, the United States, the Netherlands, Denmark, and Northern Ireland. A recent focus of the lab has been on interpersonal violence among sexual minorities, and the intergenerational transmission of violence from parent(s) to the sibling dyad.

Philip Gasquoine, Ph.D.
Professor, philip.gasquoine@utrgv.edu
Clinical Neuropsychology

Dr. Gasquoine's research covers the effects of: Spanish/English bilingualism on neurocognition and neuropsychological assessment; causation in Alzheimer disease and other age-related neurodegenerative processes; anosognosia; organization of emotion within the brain, especially concerning the function of anterior cingulate and insula cortices; and history of neuropsychology.

Mario Gil, Ph.D.
Assistant Professor, mario.gil@utrgv.edu
Neuroscience: Behavioral Neuroendocrinology, Neurobiology of Learning and Neuropsychiatric Disorders, Neural Development and Plasticity

Dr. Gil's research focuses on the role of different neural systems in the regulation of social behavior, learning, and motivation, with an emphasis on identifying the genetic and physiological factors that underlie individual differences in behavior and disease susceptibility.

Juventino Hernandez Rodriguez, Ph.D.
Assistant Professor, juventino.hernandezrodriguez@utrgv.edu
Clinical Psychology: Latinx Mental Health, Child and Adolescent Mental Health, Health Disparities

Dr. Hernandez Rodriguez's program of research focuses on developing, implementing, and evaluating community and school-based prevention and intervention programs for traditionally underserved youth and families. His current research focuses on how Latinx youth and families are impacted by stressful and traumatic events (e.g., peer victimization, trauma, discrimination, anti-immigration policies, COVID-19). In addition, Dr. Hernandez Rodriguez is interested in professional development and mentoring to increase Latinx representation in graduate psychology programs.

Nan Li, Ph.D.
Assistant Professor, nan.li@utrgv.edu
Clinical Psychology: Quantitative Methods, Violence Risk Assessment, Juvenile Delinquency

Dr. Nan Li's area of expertise lies in applied quantitative methods, which encompass latent variable measurement models, multilevel modeling, and survival analysis. His current research interests primarily revolve around assessing the psychometric properties of violence risk assessment tools for justice-involved youth, with a specific emphasis on examining racial/ethnic and gender disparities. Additionally, Dr. Li's work employs state-of-the-art quantitative

methods to study juvenile delinquency and criminal careers from a developmental/life-course perspective.

Alfonso Mercado, Ph.D.
Associate Professor, alfonso.mercado@utrgv.edu
Clinical Psychology: Latinx Mental Health

Dr. Mercado's research lab focuses on a myriad of issues pertinent to the Latinx population. Of special research interest are trauma, cultural values, and health in recent immigrants and refugees. The lab also examines personality, acculturation, and substance use within the Latinx population. The effectiveness of empirically supported mental health treatments, such as Dialectical Behavior Therapy in Latinx groups is explored. Dr. Mercado also studies the development of ADHD and IDD in Latinx children and means by which families can be supported.

Cecilia Montiel-Nava, Ph.D.
Associate Professor, cecilia.montielnava@utrgv.edu
Child Clinical Psychology: Autism Spectrum Disorder, Caregiver Mediated Interventions; Ethnic Disparities

Dr. Montiel-Nava's research focuses on three topics: (a) understanding ethnic disparities among children with autism spectrum and neurodevelopmental disorders; (b) evidence-based interventions for underserved populations that can be carried out by parents of children with developmental delays; and (c) validity and acculturation of diagnostic instruments. The ultimate goal of her research is to reduce the gap in access to services for identifying and treating neurodevelopmental disorders in underserved populations, thereby improving the quality of life of Rio Grande Valley residents.

Bianca Villalobos, Ph.D.
Assistant Professor, bianca.villalobos@utrgv.edu
Clinical Psychology: Health Disparities, Barriers/Facilitators to Care, Latinx Cultural Values

Dr. Villalobos's research focuses on utilizing novel service delivery models, like telehealth and primary care behavioral healthcare, to increase access to mental health services for underserved populations. In addition, her research aims to eliminate health disparities and delays to treatment by understanding the structural and attitudinal barriers that impede mental health help-seeking. Dr. Villalobos has experience in the dissemination of evidence-based culturally sensitive interventions and training of mental health professionals, in order to address the gap in service use, particularly for Latinx populations.

ADMISSION REQUIREMENTS

To be admitted to the doctoral program in clinical psychology, prospective candidates must first meet all requirements for graduate admission to UTRGV, as well as the other requirements listed below:

1. A bachelor's degree from a college or university accredited by the appropriate regional accrediting agency or foreign equivalent.
2. A minimum of 18 credit hours of psychology at the undergraduate level. Although a variety of psychology courses are acceptable, applicants will ideally have completed courses in statistics, research methods, abnormal psychology, personality, and biological/physiological psychology.
3. A minimum grade point average of 3.0 on a 4.0 scale for undergraduate coursework. Applicants who have completed graduate courses must also have a GPA of 3.0 on a 4.0 scale.
4. GRE scores for both the GRE General Test and the GRE Psychology Subject Test. The GRE General Test score is due by the admission deadline and proof of registration for the GRE Psychology Subject Test is due by January 31st.
5. Official transcripts. The student is advised to request that the transcript(s) be sent directly to the Graduate College at:

   University of Texas Rio Grande Valley
   Graduate College
   1201 West University Dr., MASS 1.158
   Edinburg, TX 78539
   Email Address: gradcollege@utrgv.edu

6. Current Resume/CV.
7. A 1-to-2-page personal statement that addresses professional goals, basis for interest in pursuing a Ph.D. in Clinical Psychology, and what interests them about UTRGV's program in particular. Applicants should state whether they are bilingual English/ Spanish with respect both to written and spoken language. Applicants should submit a list of the top three faculty members, in order of preference, that they are interested in working with and the reason(s) for their choice.
8. Writing sample that best demonstrates scholarly writing skills in psychology or a related field. This can be a class paper, thesis, conference paper, published article, or other written *scholarly* paper.
9. Three letters of recommendation from academic or professional sources familiar with the applicant's professional or educational capabilities. At least two of these letters must come from faculty who have taught and/or have provided research mentorship to the applicant.

Application for admission must be submitted prior to the published admission deadline. The application is available at www.utrgv.edu/gradapply.

International students are required to submit the following items:

- English Proficiency Exam Scores (minimum score 79 on the Internet-based TOEFL test or 6.0 on the IELTS test)
- Transcripts from an international institution must be evaluated as equivalent by a recognized credentialing service.
- Certified English translation of educational records
- Financial Documentation
- Immigration Documents

Follow the step-by-step instructions for International applicants, available through the Graduate College webpage. This webpage provides detailed information on these additional requirements.

Program-Specific Admission Standards

The quality of the applicant's writing samples, the degree of difficulty in undergraduate course selection, work or professional experience, volunteer experience, and phone and personal interviews are relevant. The program considers the applicant's research experience and "fit" with faculty program research when making admission decisions. Each core faculty member closely evaluates each applicant who expressed interest in working with her/him to determine if there is a good match with the faculty member's research interests.

Selected applicants will undergo an on-campus interview. Applicants who are unable to attend an on-campus interview may be offered a phone/video interview. This is at the discretion of the faculty and only for candidates who have extenuating circumstances that prevent them from attending an on-campus interview.

GRE PSYCHOLOGY SUBJECT TEST

Accepted students must demonstrate foundational knowledge in discipline specific areas of cognitive, biological, developmental, and social psychology by passing the GRE Psychology Subject Test with a minimum score > 50%. Students who do not pass can choose to take it again at the student's expense. If a student opts not to retake the GRE Psychology Subject Test, the program will review the student's transcript(s) for evidence that an undergraduate course in the relevant discipline specific area was passed with a grade of A or B. If there is no such course on the transcript, the student will be required to enroll in and pass an undergraduate course in the discipline specific area with a minimum grade of B.

Guideline for Determining Equivalence of Courses Taken at the Undergraduate Level as Fulfillment Criteria for Discipline-Specific Knowledge (DSK) at the Foundational Level

1. Students should submit the request for a course evaluation as a way to fulfill foundational level DSK by completing the *Request for a Course Equivalence Evaluation Form* (Appendix A).
2. Along with the request form, students need to submit the course transcripts and syllabus. If the course was taken at an international institution, an explanation of the grading system is also required.
3. For the purposes of this equivalence evaluation, DSK foundational knowledge will be defined as those skills which may be acquired prior to entry into the doctoral program, such as through undergraduate area courses or GRE subject tests.
4. Only courses with a "B" or Higher grade will be considered for this requirement. Grades of “P” or “S” will not transfer unless the transcript legend indicates that it is equivalent to a “B” or higher.
5. Determining that course is equivalent does not necessarily mean courses are identical. The guiding questions for making such decisions are: Having successfully completed the course at the external institution, has the student acquired the basic knowledge in this domain? Is this course equivalent in content to the courses taught at the undergraduate level at UTRGV?
6. The DCT will assign a reviewer depending on the DSK to be approved. The reviewer must be either a core Ph.D. faculty member or a PhD-affiliated member who is an expert in the relevant DSK area.
7. Once the reviewer accepts the assignment, the DCT will send the syllabus and other information to the reviewer. In addition, the DCT will request the reviewers' CVs to be attached to the equivalence decision.
8. Academic standards should be maintained when granting course equivalencies. Faculty have authority over the curriculum. Determining equivalencies, they judge if the course is equal in value, worth, and meaning.

PROGRAM PHILOSOPHY AND AIMS

The clinical psychology training program offers the Doctor of Philosophy degree through integrated academic, scientific, and professional training. The program provides students with intensive instruction in the theoretical framework of psychology and broad experience in methods of practice in clinical psychology.

The program is defined by the scientist-practitioner model. Program faculty believe that clinical psychologists should be both: (a) scientists who are knowledgeable in formulating and solving

scientific problems; and (b) practitioners who are experienced in the use of empirically supported clinical techniques. To this end, the core courses are organized as integrated theory-research-practice units with a problem-solving emphasis.

Reflecting the needs and characteristics of its home region, the Rio Grande Valley in Texas, that is 91% Hispanic, as well as those of rapidly growing Hispanic American/Latinx populations across the continental US, the program is primarily geared toward developing bilingual Spanish-English clinical psychologists. The majority of admitted students will be bilingual, but the program will admit non-bilingual students who are committed to developing the research and clinical skills necessary to better understand and serve racial/ethnic and linguistically diverse populations.

The general training emphasis of the program involves both a biological and a behavioral approach to the understanding and treatment of human distress and dysfunction. Within the context of a general clinical psychology program, focused training is offered in clinical neuropsychology, integrated behavioral health care, and trauma/family violence/anxiety. Students can choose to focus within one of these emphases, but a student can also choose not to join an emphasis or to change from one to another.

The program strives to maintain a balance between academic course work, research training, and supervised clinical practice. It is designed to prepare students for teaching, research, and clinical service in medical, mental health, and academic settings. Students receive training in a broad range of assessment procedures and intervention approaches with an emphasis on empirically supported interventions. Students gain experience with a range of medical, psychiatric, and neurological populations through clinical and research activities. Graduates will be well-prepared clinicians and researchers after receiving a solid grounding in theory, practice, and research. The training ensures the development of broad-based clinical skills and encourages close, cooperative work with other healthcare specialists, such as pediatricians, internists, neurologists, neurosurgeons, geriatricians, and psychiatrists.

The program has applied for accreditation on contingency status from the American Psychological Association (APA) and submitted a self-study in December 2021. After preliminary review by APA, the program has been approved for a site visit to occur in Winter 2024. In designing the core curriculum, the program followed the recommendations of the Commission on Accreditation for Health Service Psychology. The course curriculum includes a sequence of required courses that address discipline-specific knowledge and profession-wide competencies as required by the APA, ensuring students develop competencies in the following areas:

- Affective aspects of behavior
- Biological aspects of behavior
- Cognitive and affective aspects of behavior
- Developmental aspects of behavior
- Social aspects of behavior
- History and systems of psychology

- Psychological measurement
- Research methodology
- Techniques of data analysis
- Ethics and legal standards
- Individual and cultural diversity
- Professional values attitudes and behavior
- Communication and interpersonal skills
- Assessment
- Intervention
- Consultation
- Supervision

A sequence of clinical practice and participation in research rounds out the pre-internship years. Students interested in any one of the three program areas of emphasis: clinical neuropsychology, integrated behavioral health care, or trauma/family violence/anxiety are required to take two electives in the emphasis area and participate in emphasis-specific practica.

Programmatic Features

- Generous student support: all students admitted into the program receive research or teaching assistantships and a tuition scholarship contingent upon the availability of funding.
- Seamless integration of research and clinical practice.
- Evidence-based scientist practitioner curriculum.
- Development of mental health specialists in Hispanic American/Latinx culture.
- Opportunity to train in an in-house clinic with bilingual clients.
- Instruction in the provision of therapy in Spanish (optional) and English.
- Broad array of highest quality practicum experiences.
- Training in-step with the changing landscape of healthcare services.
- Smooth transition to licensure as a psychologist.
- Low student-faculty ratio.
- Opportunity to train in an underserved community and make a difference.

EDUCATIONAL AIMS AND COMPETENCIES

The program strives to be an exemplary clinical psychology doctoral program that develops bilingual, culturally sensitive psychologists. Students master the required clinical and research skills to investigate mental health issues, particularly those associated with disadvantaged populations. The program's educational philosophy is based on a holistic, dynamic, and integrated perspective that is implemented through a balanced and interconnected sequence

of didactic offerings, research opportunities, and clinical training placements. Students are expected to gain mastery of discipline specific knowledge and profession wide competencies as required by the American Psychological Association's standards of accreditation for Health Service Psychology.

The program embraces the scientist-practitioner model of training. This educational philosophy and training model requires that clinical psychologists be trained to integrate scientific findings within professional practice. This integration is the foundation of evidenced-based practice. The program is committed to training psychologists who can succeed in the changing landscape of health services and who can significantly contribute to translational research. The trainees will develop an understanding of the role of clinical psychologists in the broader health care system. Critical to this perspective is the fostering of the trainee's ability to contribute within a comprehensive and efficient interprofessional health care model.

The goal is to prepare students to work effectively and contribute importantly to health care, both as clinicians and researchers. The program teaches students the value of science-practice integration and the roles and contributions of clinical psychologists in a diverse and changing health care delivery system. Students learn that the core responsibility of the clinical psychologist is to promote individual and community welfare with particular attention to cultural sensitivity.

The program's aims and competencies are congruent with the scientist-practitioner training model it follows and with the standards embedded in the American Psychological Association's standards of accreditation for Health Service Psychology.

The program has three aims:

> **Aim 1.** To educate students to acquire depth and breadth of knowledge in the clinical science of psychology and produce graduates who are skilled and competent clinical research scientists.
>
> **Aim 2.** To train students to gain clinical knowledge and skills including knowledge of ethical, legal, and professional standards essential to practitioners working in applied clinical settings. Graduates will have clinical competencies as professionals in applied settings.
>
> **Aim 3.** To prepare students for culturally sensitive research and clinical service. The program also focuses on diversity and multiculturalism. Graduates will be able to conduct research and provide assessment and interventions relevant to diverse populations.

The program's aims align with the definition of health service psychology as "the integration of psychological science and practice in order to facilitate human development and functioning" (SoA 2015, Page 1). Program graduates earn a Ph.D. in clinical psychology and are trained to be

independent researchers, to pursue licensure as doctoral-level psychologists who provide direct services, and to train the next generation of clinical scientists.

These aims translate into the following competencies:

Competency 1
To produce graduates who will be experts in research in academic settings.

Students are trained to design, conduct, and evaluate research contributing to the advancement of scientific knowledge in psychopathology assessments, and interventions for both adults and children. Students in the program will become familiarized with theoretical and empirical literature relevant to clinical psychology, and ethical and legal issues associated with the field. The curriculum is designed to educate students in advanced research skills in a sequential and cumulative manner. Students are expected to engage in research from their first semester in the program and continue active research projects (second-year project; empirical analysis of behavior competency; dissertation) throughout.

The program applies a mentorship model to facilitate student research experience. Specifically, each student will apply to work with a faculty mentor whose research and clinical interests match their interests. This faculty mentor serves as the chair of the second-year project committee, empirical analysis of behavior competency, dissertation committee, and any ancillary research activities. A student faculty mentor may be changed at any time due to mutual agreement between the student and the new faculty mentor and following notification to the student's previous mentor and the director of clinical training.

The model of training is designed to produce the following competencies:

- Successful completion of coursework on psychological measurements, research methodology, and statistical data analyses.
- Successful completion of an empirical second-year project.
- Successful completion of an empirical analysis of behavior project.
- Successful completion of an empirical dissertation.

Competency 2
To produce graduates who will become competent clinical professionals in applied settings.

Students acquire knowledge and skills for performing the competent practice of clinical psychology. The program places an emphasis on the cognitive-behavioral paradigm, but students will be exposed to a broader range of theoretical paradigms, including social-cognitive approaches. Students will gain experience treating a broad range of psychological and behavioral disorders at the UTRGV Psychology Training Clinic, in- and outpatient facilities, and residential settings in the community. These supervised clinical training opportunities are designed for students to acquire competence in assessment and treatment approaches

supported by theory, empirical evidence, and ethical and legal issues relevant to clinical practice.

Students will demonstrate the following competencies as a result of the program's model of training:

- Successful completion of coursework in psychopathology, individual differences in behavior, cognition, emotion, learning, human development, social aspects of behavior, biological basis of behavior, history and systems of psychology, and professional standards and ethics.
- Successful completion of coursework on assessment and diagnosis of dysfunctional behavior, emotional issues, personality, and intellectual functioning.
- Successful completion of coursework on treatment design, implementation, and evaluation of psychological interventions for dysfunctional behaviors.
- Satisfactory ratings for applications of theoretically sound and empirically validated assessment and intervention techniques across practicum training and externship sites.
- Satisfactory ratings in these areas from predoctoral internship sites.

The program provides academic courses and pre-doctoral training experiences necessary for students to become eligible for licensure as a psychologist by the Texas Behavioral Health Executive Council State Board of Examiners of Psychologists and for similar licensure exams in all other states and Canadian provinces.

Competency 3
To produce graduates who will demonstrate knowledge and skills of clinical research and practice sensitive to patients with diverse identity dimensions, especially those of Hispanic American/Latinx ethnicity.

Diversity is used in the broadest sense to refer to identity dimensions of gender, gender identity, age, socioeconomic status, race/ethnicity, sexual orientation, disability, religion, and their various intersectionalities.

The program has a strong emphasis on diversity and multiculturalism, involving the diverse psychological health and service needs of race/ethnic and linguistic minority populations. The location of the program in the Rio Grande Valley region of Texas allows it to focus on the psychology of Hispanic Americans/Latinx. The program trains all students to be informed about mental health issues, cultural factors relevant to this ethnic group, and to be able to perform culturally sensitive research and practice. Students will be exposed to various research and clinical training opportunities with Hispanic American/Latinx adults and children. With these basic preparations, students will become able to pursue postdoctoral specialty training and clinical psychology research relevant to diversity and multiculturalism.

Students will demonstrate the following diversity and multicultural competencies as a result of the program's model:

- Successful completion of coursework on multicultural issues, psychology of Hispanic Americans/Latinx, and related areas.
- Satisfactory ratings in the assessment and treatment of patients with race/ethnic and other disadvantage identity dimensions across practicum training and externship sites.
- Satisfactory ratings in this area from predoctoral internship sites that offer multicultural training, an APA requirement.

COURSES

Required Courses (48 credits)
PSYC 6301 Psychological Statistics
PSYC 6302 Statistics for Psychological Research II
PSYC 6309 Adult Psychopathology
PSYC 6312 Child Psychopathology
PSYC 6332 Research Design
PSYC 6346 Assessment and Measurement in Adults
PSYC 6347 Assessment and Measurement in Children and Families
PSYC 6353 Individual Therapy/Clinical Fundamentals
PSYC 8303 Advanced Statistics for Psychological Research III
PSYC 8320 Neuropsychological Models of Cognition and Emotion and Affect
PSYC 8330 Emotions and Cognitions: A Developmental Perspective
PSYC 8340 Cross Cultural Psychology with an Emphasis on Studies of Hispanic/Mexican American Psychology
PSYC 8341 Assessment and Treatment in Hispanic and Mexican American Cultural Contexts
PSYC 8361 Empirically Supported Treatment with Adults and Children
PSYC 8363 Professional Issues and Ethics in Psychology
PSYC 8372 Supervision and Consultation

Practicum (22 credits)
PSYC 8164 Clinical Practicum (must be taken 2 times)
PSYC 8165 Advanced Clinical Practicum (must be taken 2 times)
PSYC 8364 Clinical Practicum (must be taken 2 times)
PSYC 8365 Advanced Clinical Practicum (must be taken 4 times)

Research (6 credits)
PSYC 7105 Research Practicum (must be taken 3 times)
PSYC 7305 Advanced Research Practicum

Dissertation (12 credits)
PSYC 9300 Dissertation Research (must be taken 4 times)

Internship (2 credits)
PSYC 8100 Clinical Internship (must be taken 2 times)

Elective Courses – Two Required (6 credits)
PSYC 8356 Group Psychotherapy
PSYC 8362 Foundations of Integrated Behavioral Health Care
PSYC 8366 Advanced Issues in Cognitive Behavioral Therapy
PSYC 8370 Direct Experiences in Clinical Psychology Across Cultures
PSYC 8371 Neuropsychological Assessment
PSYC 8373 Neuropathology
PSYC 8375 Trauma
PSYC 8376 Family Violence
PSYC 8387 Clinical Skills for the Behavioral Health Clinician

Total Credit Hours: 96 hours

ROADMAP AND CURRICULUM

Roadmap

Year 1

A sequence of required courses is taken beginning with the first semester. During the spring of year 1, students will take an evidence-based intervention course with adults and children that will prepare them for clinical work in the second year. Clinical practica also begin with shadowing during the fall semester of year 1 and direct patient contact under the supervision of a licensed psychologist in the spring. It is anticipated that students will begin active participation in a research program with their mentor beginning the first semester. Students can participate in research and clinical practica over the summer, however, this is optional. Participation in clinical practica over the summer requires the student to sign up for a practica course.

Year 2

A series of required general courses are offered during the second year along with continuation of clinical practica and research participation. A student must be enrolled in a research course during the semester that the second-year project is defended.

Years 3 and 4

Required courses, clinical practicum, and research activities continue during the third and fourth years. Electives can be taken in the third or fourth year. In the fall of the fourth year, students complete a supervision and consultation course (PSYC 8342). The second-year project should be proposed by the beginning of fall in the third year and the project defended by the beginning of fall in the third year. The program competencies should be passed by the end of spring in the 4th year. Upon satisfactory completion of the program competency requirements, students may develop their dissertation proposal.

Year 5

Students who have successfully met all previous program requirements will apply for an external internship, make progress on the dissertation, and obtain additional clinical experience. The dissertation proposal must be approved by committee by the end of the second week of the Fall semester of the fifth year for the student to be eligible to apply for internship The program encourages students to complete their dissertation before going on external internship, although this is not a specific requirement.

Year 6: Internship

Students are required to complete a one-year, full-time, external clinical internship. Students work with the director of clinical training to ensure that they are applying to national internship sites that reflect their career goals. Students are required to participate in the Association of Psychology Postdoctoral and Internship Centers (APPIC) national match. During internship, students function under supervision as clinical psychologists. The internship facility must comply with the American Psychological Association accreditation standards and must be approved by the director of clinical training. If a student is unsuccessful in obtaining an APA accredited site, they can seek permission from the faculty to apply to non-accredited sites.

Curriculum

Year 1
(28 credits)

Fall

- PSYC 6301 Psychological Statistics (3 credits)
- PSYC 6312 Child Psychopathology (3)
- PSYC 6332 Research Design (3)
- PSYC 7105 Research Practicum (1)
- PSYC 8164 Clinical Practicum (1)
- PSYC 8363 Professional Issues and Ethics in Psychology (3)

Spring

- PSYC 6302 Statistics for Psychological Research II (3)
- PSYC 6309 Adult Psychopathology (3)
- PSYC 6353 Individual Therapy/Clinical Fundamentals (3)

- PSYC 8361 Empirically Supported Treatment with Adults and Children (3)
- PSYC 7105 Research Practicum (1)
- PSYC 8164 Clinical Practicum (1)

Summer

- PSYC 7105 Research Practicum (1) Optional: not required for degree
- PSYC 8164 Clinical Practicum (1) Optional: not required for degree

Year 2
(25 credits)

Fall

- PSYC 6346 Assessment and Measurement in Adults (3)
- PSYC 6347 Assessment and Measurement in Children and Families (3)
- PSYC 8320 Neuropsychological Models of Cognition and Emotion (3)
- PSYC 7105 Research Practicum (1)
- PSYC 8364 Clinical Practicum (3)

Spring

- PSYC 8303 Advanced Statistics for Psychological Research III (3)
- PSYC 8341 Assessment and Treatment in Mexican American Cultural Contexts (3)
- PSYC 7305 Advanced Research Practicum (3)
- PSYC 8364 Clinical Practicum (3)

Summer

- PSYC 7105 Research Practicum (1) Optional: not required for degree
- PSYC 8164 Clinical Practicum (1) Optional: not required for degree

Year 3
(18 credits)

Fall

- PSYC 8340 Cross Cultural Psychology with an Emphasis on Studies of Hispanic/Mexican American Cultural Contexts (3)
- Elective 1* (3)
- PSYC 8365 Advanced Clinical Practicum (3)

Spring

- PSYC 8330 Emotions and Cognitions: A developmental Perspective (3)
- Elective 2* (3)
- PSYC 8365 Advanced Clinical Practicum (3)

Summer

- PSYC 8165 Advanced Clinical Practicum (1) Optional: not required for degree

**Students must take two electives in either year 3 or year 4.*

Year 4
(15 credits)

Fall

- PSYC 8372 Supervision and Consultation (3)
- PSYC 9300 Dissertation Research (3)
- PSYC 8365 Advanced Clinical Practicum (3)

Spring

- PSYC 9300 Dissertation Research (3)
- PSYC 8365 Advanced Clinical Practicum (3)

Summer

- PSYC 8165 Advanced Clinical Practicum (1) Optional: not required for degree

Year 5
(8 credits)

Fall

- PSYC 9300 Dissertation Research (3)
- PSYC 8165 Advanced Clinical Practicum (1)

Spring

- PSYC 9300 Dissertation Research (3)
- PSYC 8165 Advanced Clinical Practicum (1)

Year 6
(2 credits)

Fall

- PSYC 8100 Clinical Internship (1)

Spring

- PSYC 8100 Clinical Internship (1)

Note: Course schedules are tentative and are subject to change. Publication in this document is not a guarantee that a course will be offered in any given semester.

MAJOR AREAS OF EMPHASIS

The program is designed to prepare students for a major area of emphasis if they choose. The program offers three major areas of emphasis **clinical neuropsychology, integrated behavioral health care, and trauma/family violence/anxiety**. Students do not receive additional certificates or diplomas in the emphasis, nor is it noted on the official transcript.

Each area of emphasis offers two courses that are taken as electives in years 3 or 4 supplemented by emphasis related clinical practica. Students can (but do not need to) complete a second-year project, empirical analysis of behavior competency requirement, and a dissertation on topics within their area of emphasis. Students who do not choose an emphasis must still take two elective courses pertaining to any of the emphases, but they do not have to complete any emphasis-related clinical practica or research. Completion of emphasis requirements makes students more competitive when they apply for emphasis-related internships or post-doctoral experiences.

RESEARCH TRAINING

Program research training involves a series of doctoral research practica under the direction of a core faculty mentor. Consent of the instructor is required to enroll in a research practicum class. Matching new students to research mentors occurs during the application process. Students have an opportunity to meet core faculty during orientation and may visit seminars and have individual appointments with instructors before making their selection. Assignments are made based on student interests and preferences and match with faculty preferences and expertise. The program cannot guarantee that an incoming student will be paired with their first choice of research mentor. Students may request to change to a different research mentor at any time due to changing interests or unresolvable problems in their current situation. In such cases the new research mentor must agree to accept the student.

All students enroll in a research practicum during the first semester of their first year and continuously enroll in subsequent fall and spring semesters until they complete a second-year project, research competencies, a dissertation proposal, and dissertation defense.

Research Milestones

Milestone	**Deadline**	**Consequence for not meeting the deadline**
Second-year project proposal	Beginning of Fall 3rd year	Student special review process
Second-year project defense	Beginning of Fall 4th year	Student special review process; Limitations on student continued participation in advanced clinical training
Program competency passed	End of Spring 4th year	Student special review process; Limitations on student continued participation in advanced clinical training
Dissertation proposal	By second week of Fall 5th	Student cannot apply for

approved	year	internship for the following year
Dissertation defense	By end of pre-doctoral internship of 6th year	Student must defend dissertation to be awarded degree

CLINICAL TRAINING

Clinical training is an integral part of the program. Clinical practica are organized to ensure a progression of clinical training experiences that correspond with the course sequence. Clinical practicum training plays an important role in the integration of theory, research, and practice. It provides opportunities for students to integrate critical thinking and hypothesis testing into their clinical activities and to assimilate an empirical, scientifically informed approach to clinical practice. The department operates the UTRGV Psychology Training Clinic in Edinburg, Texas, where students will, at a minimum, complete their first two years of clinical training, supervised by members of the clinical psychology core faculty and clinic staff who are Texas licensed psychologists.

Clinical training begins in the first semester with incoming students shadowing advanced students, core clinical faculty, and clinic staff in the UTRGV Psychology Training Clinic. In the second semester, students are assigned two to four clients and provide therapy under close supervision. All sessions are video recorded and made available to the student's clinical supervisor for feedback and training. The objective of first year practicum training is to introduce students to the roles and functions of clinical psychologists in a clinical setting. Students are typically expected to spend six (6) to eight (8) hours per week in clinical practicum training.

Second year students are placed in the UTRGV Psychology Training Clinic and expected to spend eight (8) to ten (10) hours per week in clinical training including assessment, intervention, and supervision. Students are assigned a caseload of six clients per semester, (three assessment and three intervention) under close supervision of a core clinical faculty or staff member. Coinciding with enrollment in the two assessment courses (PSYC 6346 and PSYC 6347) in the fall semester of the second year, students are required to complete six psychoeducational test batteries. Students will see a combination of child and adult clients presenting with different problems. Students may choose to assess clients in Spanish. The goal is for students to have received generalized training with both adults and children that will prepare them for the more advanced practica in years three and four.

After the second year, students may choose a clinical placement in one of the three major emphases of study: clinical neuropsychology, trauma/family violence/anxiety, or integrated behavioral health care. Students may spend a maximum of 12 to 15 hours per week in

practicum training. Students typically choose practicum placements that are more intensive and closely matched to their area of interest. These placements will usually be at external practicum sites. The program works collaboratively with several off-site practicum training sites in the Rio Grande Valley. These settings include but are not limited to hospitals, medical centers, community mental health centers, and the Department of Probation. The director of clinical training works closely with these external sites to ensure each student's practicum training is consistent with program goals and the student's individual training needs. The director of clinical training works with each student to facilitate specific placements. It is beneficial for students to obtain some experience at an external site, as this will help in the development of communication and multidisciplinary skills. Although the department has a cognitive-behavioral orientation, the practicum training at a variety of sites exposes students to multiple theoretical orientations and evidence-based intervention techniques. Students may opt to continue seeing clients at the UTRGV Psychology Training Clinic if, for example, they chose the clinical neuropsychology emphasis where they will conduct neuropsychological evaluations under the supervision of a clinical neuropsychologist.

In the 4th year students will supervise one first year student or a master's student in clinical psychology, under close supervision from a core licensed faculty or staff supervisor. The goal is to allow students to obtain some experience with the supervision of other professionals, a requirement of internship training.

During the fifth year of training, while the students are applying for a full-time internship beginning in the 6th year, students will be encouraged to pursue their clinical training by continuing to see a small number of clients in a setting of their own choosing.

At the time of applying for an internship, students should have a minimum of 1,000 hours of clinical training. Appendix B provides a sample schedule for clinical training that includes face-to-face diagnostic interviewing skills, assessment, and intervention skills. Appendix C provides a sample schedule for those in the clinical neuropsychology major program area of emphasis.

Clinical Training Philosophy

Students will meet annually with the director of clinical training and their research mentor to discuss training and career goals. This will aid in determining the appropriate and required training experiences that meet the needs of each individual student and will prepare each for internship training.

The program places a very strong emphasis on the acquisition of evidence-based knowledge and practice in both assessment and intervention. As such, students will be required to learn how to monitor client progress toward outcomes set at the start of the treatment plan. Clinical training will emphasize the application of evidence-based principles in both assessment and intervention from a comprehensive understanding of the individual client.

All clinical training will be closely supervised by core clinical faculty and staff who are Texas licensed psychologists following a 4:1 client contact: hours of supervision ratio. In-house supervision involves audiovisual recordings of all sessions. For external practica, primary supervision will be provided on-site by a Texas licensed psychologist, but a secondary supervisor will be assigned from the core faculty if no on-site licensed psychologist is available. External practicum sites are required to base student evaluations on at least one direct observation session with a client as required by APA. Starting in the first year, each cohort will meet with the director of clinical training on a once-per-week basis to discuss and monitor their clinical placement and training experiences. First- and second-year students will meet on a weekly basis with the Director of Clinical Training and third and fourth year students will meet once a month. When students are not being supervised on site by doctoral level psychologists, the program will provide on-going weekly opportunities for students to discuss their clinical work with a doctoral level psychologist appropriately credentialed for the jurisdiction in which the program is located.

SECOND-YEAR PROJECT PROCEDURES

1. Setting up the Project Committee

a) Students initiate the process by meeting with their mentor.
b) The committee will be composed of at least 3 members, including the mentor.
c) At least two committee members (mentor +1) must be program core faculty or UTRGV faculty with expertise in the relevant area. All committee members must have a terminal degree in their field of study.
d) It is the responsibility of the mentor to ensure that all second-year project procedures are followed, and that any committee member outside the program/UTRGV is qualified.

2. The student will complete a UTRGV Graduate College *Application for Thesis Committee Form* and submit it to their mentor. It will be signed and routed to the Director of Clinical Training, the Associate Dean for Graduate Studies in the College of Liberal Arts, and the Dean of the Graduate College. Attach the CV of any committee members without UTRGV affiliation.

3. Proposal

a) Students will prepare a research proposal following the Second-Year Project Guidelines.
b) Students must obtain their mentor's approval before sending the proposal to the committee.
c) After committee approval is granted, students will send a final copy of the proposal to all committee members at least two weeks before the scheduled date of the oral proposal defense.
d) Second-year project proposal meeting:
    I. To ensure the availability of all committee members, the proposal should occur during the academic year (no holidays).
    II. The student will orally propose in a formal meeting before the committee.

III. Proposal meeting should be between 60-90 minutes: 15-30 for the presentation and the remaining time for questions.
IV. The result of the proposal meeting will be recorded on the program's *Approval of Second-Year Project or Dissertation Proposal Form* (Appendix D).
V. The deadline for proposal approval is the end of the second year.

4. Once approval of the proposal is obtained from the committee members, the student will begin to collect the data (if applicable) and complete the data analyses.

5. Second-Year Project Defense

a) Students must obtain their mentor's approval before sending the narrative to the other committee members.
b) Students are required to provide a copy of their final project (paper and/or electronic), to all committee members, and to the Department of Psychological Science program specialist at least two weeks before the scheduled oral defense meeting.
c) A minimum of two weeks public notice of the date of the defense must be provided.
d) The defense presentation will be open to all members of the Department of Psychological Science, the University, and the public. Committee members alone will discuss the outcome.
e) Second-year project defense:
    I. To ensure the availability of all committee members, the defense should be scheduled during the academic year (no holidays).
    II. The defense should be between 60-90 minutes: 15-30 for the presentation and the remaining time for questions.
e) The expected deadline for second-year project defense is the beginning of Fall in the fourth year. If a student fails to complete the second-year project by this deadline, a special review by the faculty is triggered in which the student may be granted an extension.
f) Successful completion of the second-year project will be recorded on the UTRGV Graduate College *Certification of Completion of Thesis or Dissertation Form*. Committee signatures on this form will indicate that any revisions outlined during the oral defense have been addressed.

6. Second-Year Project Submission for Publication

The program requires that the second-year project be written up as an article and submitted to a peer-reviewed journal with the student as first author. The journal must agree to send the article out for peer-review. The article does not have to be accepted for publication.

PROGRAM COMPETENCY REQUIREMENT

Once the certification of completion of thesis or dissertation form from the second-year project defense is completed, students begin working on the program competency requirements. Students may work simultaneously on publication of their second-year project while they work the competency requirement. In lieu of a written comprehensive examination, the clinical psychology doctoral program requires students to complete a portfolio to demonstrate competency in the empirical analysis of behavior, communication of psychological knowledge, and applied clinical work. The portfolio is designed to give the student focused opportunities for additional study, research, and skill development in specific areas of clinical psychology.

Before beginning to work on the competency requirement activities, students must submit a written proposal of their action plan. The plan must be approved by a three-person Competency Requirement Advisory Committee composed of core faculty members and chaired by the student mentor. The committee can be the same as the second-year project committee if that committee was comprised of only core faculty. At least one committee member should have expertise in psychological assessment (e.g., neuropsychologist, assessment instructor).

All students are required to successfully complete the competency requirement by the end of the spring semester of the fourth year, otherwise the student will undergo a special review process with limitations on continued participation in advanced clinical training. Successful completion and defense of the competency requirement is a prerequisite to doctoral candidacy (i.e., it must be completed prior to the student being able to present their dissertation proposal). The competency requirement defense may be administered as an oral defense at the discretion of the Competency Requirement Advisory Committee (e.g., a meeting with committee members and the student to review components of the proposed plan). The Chair of the Advisory Committee is responsible for placing in the student's permanent file a written record of all decisions (including the *Program Competency Requirement Rubric Form*, Appendix E) reached by the committee and forwarding a copy to the director of clinical training.

The Program Competency Requirement Portfolio components are:

1. **Competency in the Empirical Analysis of Behavior (choose one option)**
    i. Submission of a first author, research-based manuscript for publication in a peer-reviewed journal. The manuscript cannot be the second-year project and the manuscript cannot be written prior to the defense of the second-year project. Acceptable projects may use original data (e.g., new data collection), archival data/secondary data analysis (e.g., national data repositories, data collected during the second-year project that was not used), statistical simulation data, systematic reviews, and meta-analyses.

ii. Submission of a first author, research-based grant proposal to an external funding agency.

2. **Competency in Communication of Psychological Knowledge**
   i. Orally present the findings from the second-year project, or a research project of similar scope, at a Department of Psychological Science colloquium meeting, or a regional, state, or national professional conference. It must be an oral presentation of at least 20 minutes with a 10-minute question and answer period; it cannot be a standard poster presentation. The presentation must be research-based and include data and/or research findings. If the student decides to present at a Department of Psychological Science colloquium meeting, the program and student will work together to organize and advertise the event. The event must be advertised to the department at least two weeks prior.

3. **Competency in Applied Clinical Work**
   i. Submit a de-identified integrative psychological report to the committee. Students should select an evaluation that has at least three potential differential diagnoses in which they provided a comprehensive battery of tests to answer the referral question and determine the diagnosis. Students should consult with the assessment supervisor that supervised the case to choose the assessment report to submit. The clinical faculty of the competency committee will complete the *Competency Evaluation Form For Psychological Reports* (Appendix F) to determine whether the student passes or requires remediation. The integrative psychological report must include the following:
      a) **Reason for referral:** description of the reason for the evaluation from both the referring professional and the client's reason for the evaluation.
      b) **Detailed description of the presenting problems** including onset, frequency, and functional impact. Include examples.
      c) **Relevant and detailed psychosocial history**: a detailed biopsychosocial history with relevant medical, educational, mental, social, and developmental histories associated with the differential diagnoses. For bilingual assessment, include the history of language development and educational experiences. For immigration assessments, include social-cultural and immigration relevant histories. Likewise, for any special populations (e.g., trauma, TBI) include relevant histories of these events.
      d) **Detailed mental status assessment and behavioral observations** of the client with an emphasis on any clinical symptoms observed (or not observed) to support the diagnosis.
      e) **Procedures used to evaluate**: this should include interviews with the client, collateral informants, records reviewed, as well as tests selected to assess.
      f) **Test results section**: an organized with subtitle domains, along with brief summaries of the test results and implications.
      g) Summary: a brief and concise diagnostic synopsis of all the findings including the presenting problems, relevant psychosocial history, tests result

implications, and formulation of the diagnosis(es) with the rule out differential diagnoses.

h) **DSM-5-TR or ICD 10 or 11 Diagnostic impressions**, along with the medical and psychosocial stressors.

i) **Recommendations**: Provide treatment recommendations with the intent of educating the readers (referral and client) about the diagnosis along with providing specific treatment recommendations. Recommendations for each diagnosis along with any evidence-based treatment suggestions, as well as practical suggestions.

ii. Submit a written case conceptualization of a de-identified psychotherapy case with assessment data (different to the integrative report), treatment plan, and intervention to the committee. Students should choose an interesting clinical case (client) which showcases their diagnostic assessment and clinical skills. It should be a case in which the student provided treatment for at least 12 to 20 sessions, and it must be approved by the clinical supervisor that supervised the case. The written case conceptualization should be submitted to the competency committee two weeks prior to the oral case presentation (see 3.iii). The case conceptualization must include the following:

a) **Comprehensive assessment intake** with detailed biopsychosocial history with the goal of identifying the origins as well as the precipitating factors, life stressors, and/or developmental phases.

b) **Clearly defined presenting problems** including all symptoms/behaviors/issues.

c) **Detailed mental status assessment and behavioral observations** of the client (initially and during treatment).

d) **Description of cultural factors** and considerations and implications for treatment.

e) **DSM-5-TR diagnostic formulation** with supporting screeners/clinical history along with the differential diagnoses.

f) **Case formulation** based on the evidence-based theoretical formulation of the client's psychological issues/problems. Provide a detailed explanation using the theoretical aspects (e.g., Psychodynamic, Humanistic Existential, Cognitive Behavioral, Family Systems, Solution Focused, Narrative/ Cultural diversity, Integrative Model, etc.) with hypotheses about the mechanisms causing the disorders and problems.

g) **Review of the evidence based scientific literature** related to the clinical case—present evidence-based treatment literature on interventions used.

h) **Detailed description of the intervention(s)** completed with the client: describe the therapy sessions, client goals, objectives of session along with the interventions, and client's response). The sessions can be grouped in twos.

i) **Explanation of each outcome measure** used during treatment; and a descriptive graph(s) for each measure with clinical summary of the clients' outcomes.
j) **Summary of client's response to treatment**: the client's behavioral changes, subjective improvements, etc., to treatment.
k) **Disposition after treatment**: explanation of termination, discontinuation, if not continued—briefly explain reason for discontinuation/nonadherence as well as what the future treatment would have been if the client continued therapy.

Limitations and influences of the treatment: explanation of factors which played a role in the treatment such as familial discord, financial issues, cultural, grief/loss, trauma, substance use, mental disorder, personality disorder features, etc.

iii. Orally present the case conceptualization (with assessment data, treatment plan and intervention). Students are expected to answer questions related to the submitted written integrative psychological report (see 3.i.). The case presentation is made at a formal clinical case conference meeting (e.g., program area meeting, psychology clinic didactic meeting, psychiatry/psychology case conference meeting, psychology clinical case conference meeting with clinical psychology doctoral students and faculty). All committee members must be in attendance, and the event must be advertised within the department at least two weeks prior to the event. At least two weeks prior to the presentation, students should meet with their therapy supervisor for the case to review the case presentation. The clinical faculty of the competency committee will complete the *Competency Presentation: Clinical Case Presentation Form* (Appendix G) to determine whether the student passes or requires remediation.

CLINICAL INTERNSHIP

Graduation from the program requires completion of a predoctoral internship placement in an applied clinical setting for a full year under the supervision of a licensed clinical psychologist. All students are required to register for the Association of Psychology Postdoctoral and Internship Centers (APPIC) Match online and complete its application documents. Students should only apply to APA-accredited internships. If a student is unable to complete an APA accredited internship, s/he will need prior approval from the director of clinical training and the program core faculty to apply to and complete the internship in a non-APA accredited site.

Applications for internships are typically submitted in September after the spring semester of the fourth year. Completion of the dissertation is not required to complete the internship year. Application to predoctoral internships must be approved by the director of clinical training. To apply for an internship, students must have completed all the coursework, including acceptance

of a dissertation proposal, prior to the end of the second week (September 8th) of the fall semester of the year they are applying for an internship.

To apply for internship the student must meet the following requirements:

1. Completion of all course work (including electives).

2. Successful completion of a second-year project and passing of the Program Competency Requirement. The second-year project must be submitted (not necessarily accepted) to a journal for publication.

3. The dissertation proposal meeting must be approved by the end of the second week of the fall semester of the year the student is applying for an internship (typically in September of the fifth year).

4. Completion of approximately 500 intervention and 150 assessment practicum hours. The student will be apprised of negative feedback from practicum sites that might indicate the need for additional training experiences prior to applying for an internship.

5. Students applying for an internship are required to attend all internship preparation meetings with the director of clinical training. These meetings are typically held beginning in May of the year the student is applying for the internship and will be held at least once a month until the student has formally submitted all applications. The purpose of these meetings is to facilitate the internship application process for the student and make sure that the student's application meets APPIC standards.

DISSERTATION REQUIREMENTS

All students in the program will complete a doctoral dissertation. This dissertation must be empirical in nature and based on sound research methodology. The dissertation must follow all procedures outlined in the UTRGV Graduate College Dissertation Formatting Guide (https://www.utrgv.edu/graduate/_files/documents/dissertation-formatting-guide-september-2021.pdf).

Dissertation Process
The dissertation process includes a formal dissertation proposal meeting and a final oral defense of the dissertation.

The student will structure a dissertation committee with mentor guidance. After the committee is formed, the *Application for Dissertation Committee Form* is completed and submitted to the dissertation chair. If the committee includes external members who are not affiliated with

UTRGV their CV should be attached. The form will be signed and routed though the director of clinical training to the Dean of the College of Liberal Arts to the Graduate College for approval. This should be completed by the end of the spring semester in the fourth year. The committee must be composed of a minimum of five individuals. Three of the five committee members must have a terminal degree matched to their faculty appointment and professional training. At least two members of the committee, in addition to the committee chair (student's advisor), must hold full academic rank in the Department of Psychological Science. At least one member should have his or her major affiliation in another department of the University or be a person unaffiliated with the University.

1. Students are required to hold at least two formal face-to-face meetings with their dissertation chair during each academic term that they are registered for dissertation. The content of the discussion during these meetings must be recorded in signed minutes. A timetable must be agreed upon for the completion of the dissertation; by signing the document, the student is acknowledging the expectations listed.

2. In consultation with the mentor, the student will identify specific aims for the research project and a series of hypotheses.

3. **Proposal**. The dissertation proposal will include a critical review of relevant research that leads to a theoretical rationale for the project. Specific aims and hypotheses are to be provided and are related to the critical literature review presented. The proposal document will minimally include an Introduction, a Methods section followed by References. The statistical tests proposed to evaluate specific hypotheses and an analysis of statistical power are presented in the Methods section. When appropriate, a Preliminary Studies section may be added to the document that can include earlier work, including analyses of pilot data. The dissertation proposal document cannot be sent to the dissertation committee until the mentor provides her/his approval. All members of the dissertation committee must receive a final copy of the proposal a minimum of two weeks before the scheduled dissertation proposal oral defense date. The dissertation proposal must be approved by the end of the second week of the fall semester in the fifth year in order for the student to be eligible to apply for an internship beginning in year 6.

4. Once the dissertation proposal has been approved by the committee the research must receive approval from UTRGV IRB for human subjects.

5. The required format for the dissertation document is outlined in the Graduate College Dissertation Manual and should otherwise follow the most recent edition of the American Psychological Association Publication Manual.

6. In general, students are expected to collect data for their dissertation research. If a student wishes to propose a dissertation based on existing data, approval must **first** be obtained from the student's dissertation committee. The committee will evaluate the project's

appropriateness **before the dissertation proposal is written**. The student will submit an outline of the project to his/her committee that includes:

a) study aims and hypotheses.
b) brief overview of the study design including data source and whether they already have permission to access/analyze the data.
c) the unique skill(s) the student will gain by using this existing dataset (e.g., complex analytic technique).
d) the student's previous experience with data collection in a graduate program, either with the existing dataset the student wants to use or a different one. (Students are expected to have previous experience with data collection if they want to use an existing dataset for their dissertation).
e) The committee will review the outline and make a recommendation for or against moving forward with the proposed dissertation project. If approval is granted, the student will then write a formal dissertation proposal, as described above.
f) Students should be aware that many large datasets require formal approval prior to gaining access to data. Students are strongly encouraged to fully research the process for obtaining permission from the data owner prior to submitting their outline to their dissertation committee.

7. The student will orally propose in a formal meeting with dissertation committee members. Successful completion of the proposal will be recorded on the UTRGV *Certification of completion of dissertation proposal* form that will be signed by all five committee members and the director of clinical training.

8. Once approval of the proposal is obtained from committee members, the student will collect the data (if applicable) and complete data analyses. For the dissertation defense, the student will write a Results and Discussion section with content consistent with the study proposal. The student will orally defend the dissertation in a formal meeting with the dissertation committee.

9. Approximately **two weeks** before the oral defense, the student will provide the names of the committee members, the date of the defense and the title of his/her dissertation to the department program specialist. The program specialist will route the *Report of Final Examination for the Degree of Doctor of Philosophy* form to the Chair of the committee for signature by all committee members following the oral defense.

10. Defense. Students are required to provide a hard (paper) copy of their dissertation document to all committee members and to the Department of Psychological Science program specialist at least two weeks before the scheduled dissertation defense meeting. If this deadline is not met, the defense will be rescheduled. The submitted document should be in the form of a final copy but some minor changes (e.g., typing corrections) might be

made after the defense. The final examination for the Ph.D. degree is oral and is open to all members of the university community and public, including family members of students.

11. The final dissertation examination can be wide ranging in nature. In the defense, the student is expected to demonstrate a scholarly understanding of the specific topics related to the dissertation study, to situate their study within the broader research area, and to explain the significance of their findings to the field. The student will be expected to address methodology, results, implications, and limitations of their study. The committee might also pose other questions to assess students' knowledge; that is, knowledge reasonable to expect of an advanced doctoral student.

12. The decision to pass or fail the student rests exclusively with the dissertation committee, and their deliberations are conducted privately. Dissertation committee members can request changes in the presentation or dissertation document and withhold their passing of the student until such changes are completed. If more than one dissertation committee member judges the student's performance to be unsatisfactory, the examination will be failed. Students who fail this examination may be terminated from the program. In some cases, a remediation plan may be proposed by the dissertation committee with specific recommendations made to the core program faculty. The faculty can accept, modify, or reject a remediation plan; they will communicate their recommendations to the department chair. The dissertation committee will submit the results of the examination, in writing, to the department chair, the dean of the College of Liberal Arts, and the Graduate College.

13. Once all dissertation committee members have approved a final dissertation report, a recommendation for awarding the doctoral degree is made to the department chair, the dean of the College of Liberal Arts, and the Graduate College. All other program, department, college, and university requirements must have also been met (e.g., internship completion) before the degree is awarded.

14. Deadlines for the electronic submission of the final copy, the completion and submission of the *Certification of Completion of Dissertation* form needed for graduation, and any other requirements are on page 7 of the Graduate College Dissertation Manual. Before graduating a student must have successfully completed their internship year.

15. The student must complete the national *Survey of Earned Doctorates* (https://sed-ncses.org/).

16. It is recommended that the student complete all dissertation requirements prior to leaving for internship. Per UTRGV rules, a student must be continuously enrolled in a dissertation course each fall and spring semester until the dissertation is completed. In the event that the dissertation is not completed by the end of a student's ninth year in the program the student will need to submit a request to the faculty for a one-year extension. UTRGV allows

a maximum of 10 years for completion of a doctoral degree. A one-year extension beyond the 10 years is possible only in very extenuating circumstances.

GRADUATION REQUIREMENTS

1. Completion of a minimum of 96 credits (required courses, research, practicum, electives, dissertation, and internship).
2. A minimum GPA of 3.00 in all courses and a passing grade in all practica.
3. An overall minimum GPA of 3.25.
4. Completion of a second-year project that must be submitted for publication in a peer reviewed journal.
5. Passing of the program competency requirement.
6. Completion of a dissertation project.
7. Completion of a one-year predoctoral internship.

EVALUATION OF STUDENT PROGRESS

Grading System and Academic Standards
All grades for academic courses will be recorded as pass/fail, or with the grade designations that follow:

A = Outstanding academic performance.

B = Good to Satisfactory academic performance.

C = Below expected academic performance. See details below.

F = Unsatisfactory academic performance. See details below.

I = Incomplete. Evidence required for a grade has not yet been submitted, but arrangements have been made with the instructor to do so. The privilege of completing the work required to change a grade of "I" cannot be extended beyond the end of the fall or spring semester after this grade is received. Personal exigencies, such as continued health problems, may provide the student with a modest extension in time. An "F" will be entered if the work is not completed by the end of the semester after an "I" is awarded. No credit hours will be awarded until a permanent grade is entered.

W = Withdrawn.

A grade of “C", "F", or “W” in any course will result in a formal review of the student's record by the faculty. The faculty will review the student's academic, research, and clinical performance to date, and based on this review, make a recommendation to the Dean of the College of Liberal Arts and the Dean of the Graduate College regarding continuation in the program, academic probation, or termination from the program. Students earning a “C” may be required to repeat the course or complete some other remedial activity (see below for details). Students receiving a second “C” grade elicit review for dismissal from the program.

Student Performance Evaluation and Feedback
Student performance will be evaluated in four areas: (1) course work, (2) clinical training, (3) research training, and (4) professionalism and ethical behavior.

1. **Course Work**
   Letter grades will be assigned to student performance in courses. Students are encouraged to discuss their course performance with the instructor at any time during the course, especially if they are experiencing difficulties. Faculty discuss student performance in courses at the end of each semester. Students will evaluate each course experience by completing a *Student Course Evaluation Form* (Appendix H). This will provide feedback to the course instructor concerning multiple aspects of the training experience. Student course evaluations are evaluated by the director of clinical training and by the chair of the Department of Psychological Science.

2. **Clinical Training**
   Clinical practicum supervisors complete a *Practicum Evaluation Form* (Appendix I) and an *In Vivo Supervision Evaluation Form* (Appendix J) for each student each semester to indicate pass/fail and provide feedback to assist the student in the learning process. The evaluation provides detailed information about the student's performance in the clinical setting. The clinical practicum supervisor may contact the director of clinical training at any time should there be concerns regarding student performance in the practicum.

   Students evaluate their clinical practicum experience each semester by competing the *Student Practicum Evaluation Form* (Appendix K). The director of clinical training reviews these evaluations and addresses any clinical training issues.

   Students in years 1 and 2 meet once a week with the director of clinical training for group supervision of the clinical practica training. In the third year, students meet twice a month for clinical supervision and didactic training focused on their major area of emphasis (if they chose one). Advanced students and professors from their area of emphasis participate in this clinical seminar. In the fourth year of clinical training, students complete a course in supervision and consultation (PSYC 8342), with the director of clinical training. The course focuses on consultation and providing clinical supervision to others.

3. **Research Training**

Each student is expected to be actively involved in research and to develop high-level research skills. Students work closely with a faculty mentor and receive regular feedback about their performance. Faculty will complete a *Research Contract* (Appendix L) with the student at the beginning of each semester. Student performance in research is evaluated each semester with a *Research Training Evaluation Form* (Appendix M). Annually, students complete a *Student Evaluation of Research Training Form* (Appendix N), providing feedback to their mentor on their research training experience. Summary data from these evaluations are made available to mentors by the director of clinical training. Students may request a change in research mentor by obtaining approval of the proposed new mentor.

4. **Professional and Ethical Behavior**
   Professional and ethical behavior is critical to the development of a competent clinician. Students are evaluated regarding their professional conduct and understanding of and adherence to ethical standards throughout their graduate training on the clinical practicum evaluation forms. Issues that could be related to professional behavior include attendance, professional dress, and interpersonal demeanor. If, in the judgment of a faculty member, a student's behavior is deemed significantly unprofessional or unethical in some manner, a faculty review committee will be convened to evaluate the issue, provide feedback to the student, and make recommendations to the department chair.

Annual Student Review

Each student's progress is reviewed annually, typically in August, by the core program faculty. The objective of the annual review is to assess the student's overall progress in the program including academic, clinical training, and research. Following this evaluation, a brief written summary is provided to the student. The student mentor may provide more detailed feedback. Annual student feedback should most often emphasize and summarize positive accomplishments. Such positive accomplishments may include outstanding clinical training evaluations, significant research training successes (e.g., co-authorship on a publication, receipt of a grant or fellowship), and timely completion of important program milestones (e.g., completion of the second-year project). If student progress is judged problematic, a faculty review committee will be convened to further evaluate the issues and make recommendations.

Student Special Review Process

Student performance or progress issues are expected to occur infrequently. When these problems do occur, it is important to determine the causes and remediate the problems whenever possible. If significant student progress or performance issues occur, a review of the situation is conducted by a faculty committee, that includes the student's mentor in a *Student Special Review*.

Examples of significant student progress or performance issues are as follows:

a. "C" grade or lower in a course
b. "C" grade or lower in research
c. A fail grade in clinical practicum

d. An professionalism/ethical behavior problem
e. Entry into the third year of the program without an approved second-year project proposal
f. Failure to complete the second-year project by the start of the fourth year (fall semester)
g. Failure to pass the program competency requirements by the spring semester of the fourth year.

The Student Special Review Process is as follows:

a. A faculty review committee initiates a review of the student's progress or performance issues (i.e., alert meeting).

b. The faculty review committee is comprised of the student's mentor and two other faculty members selected by the director of clinical training.

c. The student's mentor chairs the review committee meeting and assumes primary responsibility for coordination of the review and documentation of the review process.

d. The process includes a meeting between the review committee and the student.

e. The faculty review committee presents their findings and recommendations to the director of clinical training; input from the core faculty will be sought as needed.

f. A letter summarizing the conclusions and recommendations for action of the faculty review committee is provided to the student.

Student special review outcomes and recommendations will vary depending on the evaluation of the student's overall progress in the program. Recommendations may include any of the following: specific remediation training; limitations on advanced clinical training; a terminal master's degree; leave of absence; or dismissal from the program. When specific remediation training is required of the student, s/he will prepare and submit a written remediation plan and timeline.

If a student has not successfully completed his/her second-year project by the start of the fourth year (fall semester), the program will automatically review the student's progress and standing in the program. Failure to complete the second-year project by the start of the fourth year will result in limitations being imposed on student continued participation in advanced clinical training. Failure to pass the program competency requirements by the spring of the fourth year will result in limitations being imposed on student participation in advanced clinical training until this has been remediated.

Path for Remediation

The UTRGV Clinical Psychology doctoral program has a process for resolving academic and performance problems. The purpose of this process is to identify the concerns at the individual level and develop a plan to resolve the problem behaviors with the intention of developing the clinical competencies of the student clinician.

Steps in Addressing Academic / Performance Problems:

Step 1- Faculty address concern with student directly immediately in an informal process to help the student to rectify the problems. Students should be advised of the problem behaviors, ethical issues, and deficient competencies.

Step 2- If the concerns and problems persist, a formal student and faculty meeting is conducted to determine if and what further action is needed. If the faculty deems that further action is needed an action plan will be developed and faculty will complete an *Academic/Clinical Performance Plan* (Appendix O). The action plan will delineate the problem behaviors/infractions, ethical standards/competency expectations, and the procedures to resolve the problem behaviors. The supervisor stipulates the time frame for completing the plan and date for review.

Step 3- In situations in which the problems behaviors and concern are not resolved and/or the severity of problems are of higher magnitude, then the student and faculty (along with the DCT) will complete an academic/clinical performance plan and submit it to the program faculty for review for a remediation plan. The process for remediation is as follows: student and faculty complete the academic/clinical performance plan and submit it to DCT for review. DCT will review with program faculty to determine the necessity for a remediation plan. If the faculty as a whole determines a remediation plan is indicated, a remediation committee is formed to develop a remediation with the student. The remediation committee meets to develop and assess the remediation and determine the academic outcome of the remediation plan. The Remediation Committee and DCT make recommendations as to specific actions to be taken. If warranted to be a serious matter in which the welfare of a client has been jeopardized, then disciplinary action is required with possible termination from the program.

LEAVE OF ABSENCE

Students may apply for a leave of absence from a fall or spring term when events such as illness or injury, active military service, or the need to provide care for a family member prevent active participation in the degree program. The absence cannot be for more than two semesters and may not exceed one year. Requests must be approved in advance of the leave of absence by the student mentor, director of clinical training, Chair of the Department of Psychological

Science, Dean of the College of Liberal Arts or designee, and the Dean of the Graduate College or designee. Under no circumstances may a leave of absence be applied retroactively.

A leave of absence will prevent the student from receiving student funding from the program and/or the Graduate College and may affect his/her ability to receive financial aid or loans and/or to defer payments on loans. Students should contact the Office of Financial Aid with questions regarding financial aid or loan status pertaining to an approved leave of absence.

The student on leave must reapply for admission in order to return to the University. If the reapplication process starts during the approved period of the leave, readmission is automatic, and the application fee is waived. A leave of absence does not change the 10 year time limit for completion of the student's graduate program of study. A student returning from a leave of absence must enroll for the following fall or spring semester or provide a written request for a leave of absence extension if their leave of absence was less than one year.

A Leave of Absence request should be submitted no later than the semester prior to the requested leave. In the event that this is not possible, the request should be submitted as soon as the student is aware that s/he will not be able to register for any given semester.

Procedure: Fill out the form, secure the appropriate signatures, and submit the original signed form to the Graduate College along with the following documents: (a) student's specifications on why a leave of absence is needed, and (b) supporting letters (if applicable)

STUDENTS RIGHTS, DUE PROCESS, AND GRIEVANCE PROCEDURES

The following procedures are outlined to provide guidance for students when conditions warrant an appeal or review of a decision made by a faculty member, practicum supervisor, or program committee. Students have access to a variety of administrative officials should they have trouble or have specific concerns (e.g., grading decision in a course, program competency requirement outcomes, conflicts with research mentors or other faculty) during the course of training in the program.

Students who wish to appeal a decision or seek action via grievance, are encouraged to seek clarification and review through informal discussions with the main parties involved before initiating formal actions. Specifically, a student is encouraged to discuss any concerns they have first with the person they have the problem with, and if unresolved then with their mentor. If this does not provide resolution, the student is encouraged to meet with the director of clinical training to discuss their concerns. If still unresolved, the student can bring the matter up with the chair of the Department of Psychological Science. Informal discussions with a faculty member or chair shall be treated as confidential and will not be discussed with other parties until the complainant grants permission. Any corrective action that would reveal the identity of the complainant will not be initiated without the permission of the complainant.

If a student feels that their concerns cannot be addressed within the department, the student may consult with the Associate Dean for Graduate Studies in the College of Liberal Arts, or the University Dean of Students (depending on whether the issue is academic or behavioral, respectively), and file an informal or formal complaint. The office of the dean of students provides planning, leadership, direction, and review of student development for professional training programs housed in the university. The Dean of Students role is to support, complement and enhance the university's mission by providing students with programs, activities, and assistance that contribute to their personal, academic, and professional development and well-being.

University wide information about how to file a grievance is outlined in the Handbook of Operating Procedures, specifically:

- STU 02-200: Student Grievances and Complaints
- ADM 03-100: Non-Discrimination and Complaint Procedure
- ADM 03-200: Accommodations for Individuals with Disabilities
- ADM 03-300: Sexual Misconduct
- STU 02-100: Student Conduct and Discipline

If students have any concerns or suggestions that pertain to the training program that they feel are less serious or more general in nature, they may submit them on the anonymous webform here. Concerns or suggestions from this webform are kept confidential and upon review, brought to the attention of the program as a concern or suggestion.

Academic Appeals

UTRGV | Appealing a Final Course Grade

University wide information about how to file an appeal is outlined in the Handbook of Operating Procedures, specifically:

- STU 02-100: Appeal Procedures of the Handbook of Operating Procedures Section

Clinical Training

Any concerns/problems that a student may have regarding their clinical training should be first addressed with the clinical supervisor. If the matter is not successfully resolved, a student should bring the matter to the attention of the director of clinical training within two weeks of first experiencing the concern. The director of clinical training will consult with the clinical supervisor and if the situation cannot be successfully addressed, the director of clinical training will consult with the Department of Psychological Science Chair, student mentor, and the Clinical Practice and Training Committee and may make recommendations regarding a student's continuance of training at the practicum site. This decision will be communicated by the director of clinical training to the site supervisor.

Ethical Behavior

The Department treats students with courtesy and respect and gives careful attention to ethical principles. All faculty believe that training of professional psychologists should be conducted in

a manner that is reflective of the highest standards of the scholarly community and of the profession. The *Ethical Principles of Psychologists and Code of Conduct* (American Psychological Association, 2017: https://www.apa.org/ethics/code/ethics-code-2017.pdf) specifies clear standards of behavior for psychologists. Students are expected to be knowledgeable of these principles and conduct themselves in accordance with them. Students are subject to dismissal for grossly unethical or unprofessional behavior. These materials and issues are discussed in more detail in the Professional Issues and Ethics in Psychology course taken in the first semester.

Grievances related to student ethical or professional conduct issues with respect to taking exams, research, or clinical matters, should be brought to the attention of the director of clinical training who will assemble a faculty committee to investigate the matter and if warranted bring the matter to the attention of the Department of Psychological Science Chair, Associate Dean for Graduate Studies, and/or Dean of the College for final disposition.

UNIVERSITY OF TEXAS RIO GRANDE VALLEY POLICY STATEMENTS

Students with Disabilities
UTRGV | UTRGV Student Accessibility Services

Attendance
Students are expected to attend all scheduled classes and may be dropped from a course for excessive absences. UTRGV's attendance policy excuses students from attending class if they are participating in officially sponsored university activities, observing religious holy days, or partaking in military service. Students should contact the instructor in advance of the excused absence and arrange to make up missed work or examinations.

Scholastic Integrity
As members of a community dedicated to honesty, integrity, and respect, students are reminded that those who engage in scholastic dishonesty are subject to disciplinary penalties, including the possibility of failure in a course and expulsion from the university. Scholastic dishonesty includes but is not limited to: cheating; plagiarism (including self-plagiarism); collusion; submission for credit of any work or materials that are attributable in whole or in part to another person; taking an examination for another person; any act designed to give unfair advantage to a student; or any attempt to commit such acts. Since scholastic dishonesty harms the individual, all students, and the integrity of the university, policies on scholastic dishonesty are strictly enforced (Academic Dishonesty | UTRGV). Scholastic dishonesty incidents are reported to the UTRGV Dean of Students.

Nondiscrimination Policies and Operating Conditions

The program avoids any actions that would restrict program access or completion on identity grounds (e.g., race, ethnicity, gender, gender identity, sexual orientation, socioeconomic status, age, religion, and disability, and their various intersectionalities) that are irrelevant to success in graduate training or the profession.

Sexual Harassment, Discrimination, and Violence
In accordance with UT System regulations, under Titles IX, an instructor is a "Responsible Employee" who has the duty to report incidents of sexual assault, stalking, dating violence, domestic violence, or sexual harassment about which she/he becomes aware through writing, discussion, or personal disclosure. More information can be found at UTRGV Institutional Equity | UTRGV including confidential resources available on campus. The faculty and staff of UTRGV actively strive to provide a learning, working, and living environment that promotes personal integrity, civility, and mutual respect that is free from sexual misconduct and discrimination.

Counseling Services
Students may seek counseling through the University Counseling Center. Alternatively several local psychotherapists have indicated their availability for assisting psychology graduate students who are seeking counseling or psychotherapy. Each of the psychologists has been recommended by a faculty member but has minimal connection with the Department of Psychological Science or the university. A list of low-cost service providers is available through the director of clinical training.

Other Academic Decisions
Other decisions pertaining to a student's status or progress in a program are delegated to the faculty (e.g., admission to a program, permission to apply for a practicum or internship, approval for graduation, etc.). Students wishing to appeal a decision of a faculty member, research mentor, or program committee may appeal to the director of clinical training. If the student considers the issue not satisfactorily resolved, a subsequent appeal may be made to the Department of Psychological Sciences chair. Appeals should be submitted to the director of clinical training in writing within two weeks of such a decision. A review of and/or hearing to be held within two weeks of receipt of the appeal will determine the position of the department. In those instances where a grievance cannot be resolved at the departmental level, the complaint may be filed with the Associate Dean for Graduate Studies for review and possible action.

Pregnancy, Pregnancy-related, and Parenting Accommodations
Title IX of the Education Amendments of 1972 prohibits sex discrimination, which includes discrimination based on pregnancy, marital status, or parental status. Students seeking accommodations related to pregnancy, pregnancy-related condition, or parenting (reasonably immediate postpartum period) are encouraged to apply to Student Accessibility Services using the following link: Pregnancy Accommodations Request Form.

GUIDELINES FOR STUDENT EMPLOYMENT

The program is a full-time program. Students receive generous research or teaching assistantships and scholarships towards payment of tuition costs contingent upon the availability of funding. The program does not expect students to obtain outside employment as this would interfere with the ability to complete the program. However, occasionally, personal financial considerations may require students to seek paid employment in the community. Often, students obtain positions that involve the administration of psychological services, such as the provision of psychotherapy, the administration and interpretation of psychological tests, or research activities. Such time limited employment activities may provide valuable experiences for the professional growth of the student.

Prior to acceptance of **any** outside employment involving psychology related activities, students are required to notify in writing and consult with their advisor **and** the director of clinical training by completing the *Student Employment Permission Request Form* (Appendix P). This process is intended to protect the student from employment situations in which the lack of appropriate supervision or the requirement for conducting tasks beyond the student's level of training could place the student in ethical or legal jeopardy.

GUIDELINES FOR GRADUATE STUDENT INSTRUCTORS

Teaching Assistantships

Teaching Assistantships (TAs), funded through the Dean of the Fulbright College of Arts and Sciences, are provided to graduate students who interact with undergraduate students in the classroom. There are two types of TAs. Support TAs are assigned to faculty teaching various courses to help the instructor effectively teach that course. Graduate Associate Instructors have full responsibility for teaching their assigned course or courses, usually PSYC 2301 (General Psychology). Students having this type of TA must have successfully completed eighteen (18) hours of graduate coursework in psychology. For additional information about qualifications and requirements see the UTRGV Handbook for the Assignment, Training, & Evaluation of Graduate Teaching Assistants, Graduate Assistant Instructors, & Graduate Associate Instructors.

Supervision Structure and Plan for Graduate Associate Instructors

Students hired as Graduate Associate Instructors (GAIs) will be supervised by their primary mentor in the PhD program. The College of Liberal Arts must submit documentation regarding the supervision, training, and evaluation of GAIs to the Office of Institutional Accreditation. Such activities include the following:

1. **Training and Teaching Development:**

a. GAIs will have required training and teaching development activities. Required trainings before instruction include Human Resources training modules via Blackboard (e.g., FERPA, asset safeguarding, Title XI, information security, etc.) as part of the onboarding process. GAIs also complete trainings on the use of Blackboard through the Center for Online Learning and Teaching Technology (COLTT; https://www.utrgv.edu/online/getting-support/faculty-support/training/index.htm). Students who will be hired for GAI positions should begin Blackboard COLTT training the semester before instruction begins (e.g., summer before fall semester of teaching their first class). The following are required trainings designated by the PhD program: Getting Your Blackboard Course Ready, Blackboard Basics, and Blackboard Advanced (Gradecenter). Blackboard training is optional for students who have previously held GAI positions in the PhD program. Students teaching online or hybrid courses are recommended to take additional training on Zoom and Respondus LockDown Browser via COLTT. In addition to the required training, GAIs must attend and document a minimum of three (3) professional development training activities/sessions per semester. These activities must be focused on enhancing teaching skills and may be sought internally through UTRGV (e.g., Office of Faculty Success and Diversity, the Writing Center, Graduate College, COLTT, live or recorded sessions by the Center for Teaching Excellence [CTE]) or externally outside the University (e.g., professional association conferences, teaching webinars/workshops).
b. Students must provide supervisors with proof of completion of training in the form of certificates for online training or in-person training or email confirmations of attendance.

2. Supervision

a. Supervisors (primary mentors) hold weekly meetings with GAIs to review the previous week's activities and plan instruction for the following week.
b. Supervisors provide documentation of meetings minutes to the program coordinator, including the name(s) of the GAIs attending and topics discussed.

3. Evaluation

a. To support the quality of instruction, GAIs will be evaluated by supervisors. A formative evaluation should occur during the first month of each long semester and during the first two weeks in each summer session. An improvement plan may emerge from this evaluation if needed, in which case a follow-up evaluation must occur before the end of the semester. A summative evaluation must occur at the end of each semester. Supervisors will directly observe a class session of the GAI to provide formative and summative feedback. Students are responsible for providing supervisors with access to online/live observation of their assigned course(s).
b. Supervisors will complete and submit the Graduate Student Teaching *Formative Observation Form* (Appendix Q) and the *Summative Observation Form* (Appendix R) to the program coordinator.

Timeline for Graduate Instructor Training and Evaluation

When	Activity
Before the beginning of the semester	Pre-semester training at the Department/School level
Each week of the semester	Weekly meetings with IOR
First 2-4 weeks of the semester	HR Blackboard training
	Formative evaluations
Middle of the semester	Additional University training sessions
	Follow-up evaluation (if necessary)
End of the semester	Summative evaluation
	Submission of documentation

GUIDELINES FOR USE OF DEPARTMENT OWNED ASSESSMENT MATERIALS

The department maintains a library of assessment materials for use by students and faculty in the classroom, laboratory, and clinical training. Listed below are the procedures and guidelines that must be followed in the use of these materials.

1. The department's assessment materials are for use in department sponsored and supervised activities only.

2. All assessment materials, books, or journals removed from the library must be signed out with the program staff.

3. The checkout period for assessment materials is normally **seven** days. An exception to this is for assessment materials used in a class or for a research project. For the term of the course or the research project, the instructor or mentor can establish the duration of the checkout period for the materials used.

4. The checkout period for the assessment materials can be extended for an additional seven-day period if no one else has requested use of the materials. Renewals may be requested by contacting the program staff. If someone else has requested use of the materials, the borrower is responsible for returning them to the department within 24 hours.

5. The borrower is responsible for the physical condition of reusable assessment materials and manuals. If the materials or manuals are damaged or lost, the borrower will be liable for repairing or replacing them.

6. The borrower assumes responsibility for the appropriate and ethical use of the assessment materials checked out in his/her name. Students are not to use assessment materials without the approval and supervision of a faculty member. In addition, students are to use the materials only in the activities approved by their faculty supervisor. Faculty supervision does not absolve the student from responsibility for appropriate and ethical use of the materials.

APPENDIX A: REQUEST FOR A COURSE EQUIVALENCE EVALUATION FORM

REQUEST FOR A COURSE EQUIVALENCE EVALUATION FORM

DOMAIN SPECIFIC KNOWLEDGE (DSK) AT THE FOUNDATIONAL LEVEL

- For the purposes of this equivalence evaluation, *foundational knowledge of DSK will be defined as those skills which may be acquired prior to entry into the doctoral program, such as through undergraduate area courses or GRE subject tests.*
- Only courses with a grade of "B" or Higher will be considered for this requirement. Grades of "P" or "S" will not transfer unless the transcript legend indicates that it is equivalent to a "B" or higher.
- Determining that course is equivalent does not necessarily mean courses are identical. The guiding questions for making such decisions are: Having successfully completed the course at the external institution, has the student acquired the basic knowledge in this domain? Is this course equivalent in content to the ones taught at the undergraduate level at UTRGV?

Student Name: _____

Course Name: _____

The institution where the course was taken: _____

Major: _____ **Semester/Year:** _____

Grade obtained: A B C D

Domain-Specific Knowledge to fulfill with this course:

- Affective Aspects of Behavior (includes the study of affect, mood, and emotion. ion)
- Biological Aspects of Behavior (includes neural, physiological, anatomical, and genetic aspects of behavior)
- Cognitive Aspects of Behavior (includes the study of learning, memory, thought processes, and decision-making)
- Developmental Aspects of Behavior (transitions, growth, and development across an individual's life)
- Social Aspects of Behavior (includes the study of group processes, attributions, discrimination, and attitudes)

Materials Included with this request:

- Transcripts
- Syllabus
- Grading policies

APPENDIX B: CLINICAL PRACTICUM HOURS

Practicum Hours Table									
Practicum Level		**Minimum Requirements**	**Therapy Hours**	**Assess. Hours**	**Supervision Hours**	**Indirect Hours**	**Didactic Hours**	**Weekly Clinical Hours**	**Total**
Year 1	**Fall** (16 weeks)	2 Shadow Cases	30 ***(15 wks.; 2 hrs. weekly)***	N/A	22 ***(1.5 hrs. weekly)***	32 ***(2 hrs. weekly)***	16 ***(1 hr. weekly)***	6.5	100
	Spring (16 weeks)	3 Individual Cases	48 ***(16 wks.; 3 hrs. weekly)***	N/A	32 ***(2 hrs. weekly)***	32 ***(2 hrs. weekly)***	10	8	122
Year 2	**Fall**	3 Individual Cases & 3 Integrated psychological testing reports (IPTR)	48	30	32	32	10	8	152
	Spring	3 Individual Cases & 3 IPTR	48	30	32	32	10	8	152
Year 3	**Fall**	5 Individual Cases & 3 IPTR	80	30	32	3	10	10	184
	Spring	4 Individual Cases & 1 Family **or** Couples Case & 3 IPTR	80	30	32	32	10	10	184
Year 4	**Fall**	5 Individual Cases & 1 Family Case **or** Couples case & 3 IPTR	96	30	32	32	10	15	200
	Spring	5 Individual Cases & 1 Family Case **or** Couples case & 3 IPTR	96	30	32	32	10	15	200
Total			**526**	**180**	**246**	**256**	**86**	**-**	**1,294**

Note: Supervision follows a 4:1 client contact to hours of supervision ratio. APPIC defines an Integrated Psychological Testing Report as a report that includes a review of history, results of an interview, and **at least two psychological tests from one or more of the following categories**: personality measures, intellectual tests, cognitive tests, and neuropsychological tests. Behavioral reports are not considered psychological tests.

APPENDIX C: CLINICAL NEUROPSYCHOLOGY EMPHASIS PRACTICUM HOURS

Clinical Neuropsychology Emphasis Practicum Hours Table									
Practicum Level		**Minimum Requirements**	**Therapy Hours**	**Assess. Hours**	**Supervision Hours**	**Indirect Hours**	**Didactic Hours**	**Weekly Clinical Hours**	**Total**
Year 1	**Fall** (16 weeks)	2 Shadow Cases	30 ***(15 wks.; 2 hrs. weekly)***	N/A	22 ***(1.5 hrs. weekly)***	32 ***(2 hrs. weekly)***	16 ***(1 hr. weekly)***	6.5	100
	Spring (16 weeks)	3 Individual Cases	48 ***(16 wks.; 3 hrs. weekly)***	N/A	32 ***(2 hrs. weekly)***	32 ***(2 hrs. weekly)***	10	8	122
Year 2	**Fall**	3 Individual Cases & 3 Integrated psychological testing reports (IPTR)	48	30	32	32	10	8	152
	Spring	3 Individual Cases & 3 IPTR	48	30	32	32	10	8	152
Year 3	**Fall**	5 Individual Cases & 3 IPTR	80	30	32	32	10	10	184
	Spring	4 Individual Cases & 1 Family **or** Couples Case & 3 IPTR	80	30	32	32	10	10	184
Year 4	**Fall**	2 Individual Cases & 4 Neuropsych. Assessments	52	80	51	42	-	15	225
	Spring	2 Individual Cases & 4 Neuropsych. Assessments	52	80	51	42	-	15	225
Year 5	**Fall**	1 Individual Case & 5 Neuropsych. Assessments	32	100	51	42	-	15	225
	Spring	1 Individual Case & 5 Neuropsych. assessments	32	100	51	42	-	15	225
Total			**502**	**480**	**386**	**360**	**66**	**-**	**1,794**

Note: Supervision follows a 4:1 client contact to hours of supervision ratio. APPIC defines an Integrated Psychological Testing Report as a report that includes a review of history, results of an interview, and **at least two psychological tests from one or more of the following categories**: personality measures, intellectual tests, cognitive tests, and neuropsychological tests. Behavioral reports are not considered psychological tests.

APPENDIX D: APPROVAL OF SECOND-YEAR PROJECT OR DISSERTATION PROPOSAL FORM

The University of Texas Rio Grande Valley
Clinical Psychology PhD Program

APPROVAL OF SECOND-YEAR PROJECT OR DISSERTATION PROPOSAL

Student's Name _____ Student ID _____

Degree sought _____ Dept. _____

Project Type Second-Year Project ☐ Dissertation ☐

Date Approved:_____

Approved ☐ Approved with revisions ☐

Project Title:

The project proposal listed above has been read and reviewed in its entirety and approved by the committee chair and members

NAME OF COMMITTEE CHAIR (PRINT)	SIGNATURE
NAME OF COMMITTEE MEMBER (PRINT)	SIGNATURE
NAME OF COMMITTEE MEMBER (PRINT)	SIGNATURE
NAME OF COMMITTEE MEMBER (PRINT)	SIGNATURE
NAME OF COMMITTEE MEMBER (PRINT)	SIGNATURE

Last updated: 7/5/2023

APPENDIX E: PROGRAM COMPETENCY REQUIREMENTS RUBRIC

Student's Name: _____ ID Number: _____

Student's Signature: _____ Date: _____

Using the criteria below, please evaluate the student's completed activities in fulfillment of the clinical psychology doctoral competency requirement:

1. Competency in the Empirical Analysis of Behavior

Submission type (select one):	Research manuscript	Grant proposal	Dissertation lit review
Citation of submission (including peer-reviewed journal or extramural funding agency:			
Date of submission (mm/dd/yyyy):			
Is the student listed as first-author?	Yes	No	

2. Competency in Communication of Psychological Knowledge

Title of oral presentation:				
Date of oral presentation (mm/dd/yyyy):				
Event name:				
Venue:	Local/UTRGV	Regional	State	National
Was the presentation research-based (includes data from second-year project or project similar in scope)?	Yes	No		

3. Competency in Applied Clinical Work

Written case conceptualization submission date (mm/dd/yyyy):	
Case presentation date (mm/dd/yyyy):	
Title of case presentation/ conceptualization:	
Presentation score/grade:	
Written conceptualization score/grade:	
Integrative psychological report score/grade:	

COMPS GRADE: PASS FAIL / INCOMPLETE*

*Remediation is necessary. Competency committee must determine detailed plan for student to remediate competency evaluation and convene for reassessment before the Spring of the student's fourth year.

Printed Name of Committee Chair

Signature

Signature of Director of Clinical Training

APPENDIX F: COMPENTENCY EVALUATION FORM FOR PSYCHOLOGICAL REPORTS

The University of Texas Rio Grande Valley
Clinical Psychology PhD Program

COMPETENCY EVALUATION FORM FOR PSYCHOLOGICAL REPORTS

Student Name: _____ Date of Review: _____
Supervisor: _____ Semester: _____

Below we list a number of professional competencies that we will like you to evaluate. Please evaluate only the competencies that apply.

- **1= Very low competence:** Significant remediation needed; deficits in knowledge/skills.
- **2= Low competence:** Minor conceptual and skill errors; in process of developing.
- **3= Basic competence:** Understanding of concepts/skills evident.
- **4= High competence:** Strong mastery of skills and thorough understanding of concepts.
- **5= Very high competence:** Skills and understanding significantly beyond development level.

REPORT CONTENT		
1. DEMOGRAPHICS & REFERRAL QUESTION		**___/5**
• No Referral question and information provided	**1-Very low competence**	
• The summary of the referral question is vaguely stated, not succinct, or accurate. Some demographics included in the introduction such as name, date, age, date.	**2-Low competence**	
• The summary of the referral question is minimally stated, not succinct, or accurate. Basic demographic information related to age, ethnicity, referring agency, dob, etc. included.	**3-Basic competence**	
• The summary of the referral question is reasonably stated, not succinct, or accurate. Complete introduction that identifies client's, age, ethnicity, occupation, and other sociodemographic factors.	**4-High competence**	
• The summary of the referral question is clearly stated, succinct, and accurate. Demographics are detailed yet succinct introduction that identifies client's, age, ethnicity, occupation, marital status, education, etc.	**5-Very high competence**	

1

2. ASSESSMENT METHODS		**___/5**
• No list of tests and sources for the evaluation.	**1-Very low competence**	
• Uses acronyms to list tests administered and does not include other sources for the evaluation (collateral information	**2-Low competence**	
• Tests are listed primarily using acronyms along with mental status exam and behavioral observations	**3-Basic competence**	
• Titles of tests administered are mostly listed with some other sources of information.	**4-High competence**	
• Titles of tests administered are clearly listed along with all other sources of information including review of records, collateral interview, mental status exam and behavioral observations.	**5-Very high competence**	
3. EXAMINEE BACKGROUND		**___/5**
• Significant information missing; unable to identify examinees relevant background information and significant events.	**1-Very low competence**	
• Examinee background is not clearly stated, lacks flow and organization.	**2-Low competence**	
• The presenting problems and relevant background historical information are not clearly and organized to corroborate with the diagnosis or conceptualization.	**3-Basic competence**	
• The presenting problems and relevant background historical information are minimally stated, and the selected information contributes somewhat to the conceptualization.	**4-High competence**	
• The presenting problems and relevant background historical information are clearly stated, and well-organized manner and the selected information helps develop coherent conceptualization and diagnosis.	**5-Very high competence**	

2

4. SUMMARY OF TESTS RESULTS		**___/5**
• Summary of test results are no listed in report.	**1-Very low competence**	
• There is no specific purpose for tests and the tests are listed by titles. There is no format for the tests and minimal scale scores or reported.	**2-Low competence**	
• The purpose / intended uses, format, norms, and scoring of all tests are not clearly stated. Individual scale scores for each test are not accurately nor clearly stated.	**3-Basic competence**	
• The purpose / intended uses, format, norms, and scoring of all tests are reasonably stated. Individual scale scores for each test are mostly presented clearly and accurately. Results are reasonably stated to help with the conceptualization and diagnosis.	**4-High competence**	
• The purpose / intended uses, format, norms, and scoring of all tests are clearly and succinctly stated. Individual scale scores for each test are presented clearly and accurately. Results are clearly stated to formulate the conceptualization and support the diagnosis.	**5-Very high competence**	
5. PSYCHOLOGICAL IMPRESSIONS		**___/5**
• No psychological impressions summary provided	**1-Very low competence**	

• Meanings of all individual test and scale scores are not interpreted accurately; Normative data are not used appropriately nor interpreted accurately; Interpretations are not supported by the data; test data is not synthesized to formulate interpretations; Relevant biographical information is not used to help formulate interpretations; Important patterns that emerge across data are not emphasized; Significant inconsistencies across data are not identified and a reasonable explanation for those inconsistencies is not attempted; Interpretations are inappropriately expressed as hypotheses rather than as statements of fact; Integrated interpretations do not show insight, sophistication, and originality.	**2-Low competence**	
• Meanings of all individual test and scale scores are somewhat interpreted accurately; Normative data are somewhat used appropriately and interpreted accurately; Interpretations are somewhat supported by the data; test data is concisely synthesized to formulate interpretations; Relevant biographical information is not used to help formulate interpretations; Important patterns that emerge across data are minimally emphasized; Significant inconsistencies across data are not identified and a reasonable explanation; Interpretations are basically expressed as hypotheses rather than as statements of fact; Integrated interpretations shows minimal insight, sophistication, and originality.	**3-Basic competence**	
• Meanings of all individual test and scale scores are reasonably interpreted accurately; Normative data are mostly used appropriately and interpreted accurately; Interpretations are have some support by the data; Test data is reasonably synthesized to formulate interpretations; Relevant biographical information is mostly used to help formulate interpretations; Important patterns that emerge across data are reasonably stated; Significant inconsistencies across data are mostly identified and a reasonable explanation for those inconsistencies is attempted; Interpretations are appropriately expressed as hypotheses rather than as statements of fact; Integrated interpretations reasonably show insight, sophistication, and originality.	**4-High competence**	

4

• Meanings of all individual test and scale scores are interpreted accurately; Normative data are used appropriately and interpreted accurately; Interpretations are well- supported by the data; Test data is synthesized to formulate interpretations; Relevant biographical information is used to help formulate interpretations; Important patterns that emerge across data are emphasized; Significant inconsistencies across data are identified and a reasonable explanation for those inconsistencies is attempted; Interpretations are appropriately expressed as hypotheses rather than as statements of fact; Integrated interpretations show insight, sophistication, and originality.	**5-Very high competence**	
6. PSYCHOLOGICAL CONCEPTUALIZATION & DIAGNOSES		___ /5
• Significant problems with conceptualization, such as irreconcilable discrepancies or missing key issues.	**1-Very low competence**	
• Several minor inconsistencies that are not clearly conceptualization or formulation of mental diagnosis or no diagnosis.	**2-Low competence**	
• Provides a useful description of key issues for developing treatment plan. Basic formulation of mental diagnosis or no diagnosis.	**3-Basic competence**	
• Well-developed conceptualization that provides a clear sense of client's problems and core issues and definitive mental diagnosis or no diagnosis.	**4-High competence**	
• All elements of conceptualization and diagnosis that clearly fit to create a unified understanding to mental diagnosis or no diagnosis. Sophisticated conceptualization that identifies subtle issues.	**5-Very high competence**	
7. CONCLUSION & RECOMMENDATIONS		___ /5
• No conclusion or recommendations provided.	**1-Very low competence**	

5

• Referral question, tests administered, examinee background, and interpretations are not concisely summarized and do not reflect key information presented in the report; Recommendation is not stated clearly, explicitly, or not beyond referral question; Reasons for the recommendation are not succinct and present additional interpretations not found in the body of the report; The reasons given for the recommendation are not clear or consistently tied to the referral question.	**2-Low competence**	
• Referral question, tests administered, examinee background, and interpretations are very briefly summarized and with some key information presented in the report; Recommendation is generally stated and not beyond the referral question; Reasons for the recommendation are basically stated without additional interpretations; The reasons given for the recommendation are generic and not tied to the referral question	**3-Basic competence**	
• Referral question, tests administered, examinee background, and interpretations are reasonably summarized and mostly reflect key information presented in the report; Recommendation is stated mostly clearly, explicitly, and not beyond referral question; Reasons for the recommendation are mostly succinct and do not present additional interpretations not found in the body of the report. The reasons given for the recommendation are mostly clear and consistently tied to the referral question.	**4-High competence**	
• Referral question, tests administered, examinee background, and interpretations are concisely summarized and reflect key information presented in the report; Recommendation is stated clearly, explicitly, and not beyond referral question; Reasons for the recommendation are succinct and do not present additional interpretations not found in the body of the report; The reasons given for the recommendation are clearly and consistently tied to the referral question.	**5-Very high competence**	

6

STRUCTURE		
8. PAPER: Grammar & Spelling		___ /5
• Significant spelling and grammar errors.	**1-Very low competence**	
• Spelling and grammar errors distract. Sentences are incomplete or unclear. Paragraphs are poorly formed.	**2-Low competence**	
• Spelling and grammar has some errors. Sentences are presented as well. Paragraphs contain some varied sentence structures.	**3-Basic competence**	
• Spelling and grammar errors are minimal. Sentences are presented as well. Paragraphs contain some varied sentence structures.	**4-High competence**	
• Spelling and grammar are correct. Sentences are complete, clear, and concise. Paragraphs contain appropriately varied sentence structures. Well-articulated sentences and paragraphs.	**5-Very high competence**	
9. PAPER: Length & Format		___ /5
• Paper does not follow psychological report format.	**1-Very low competence**	
• Paper is not written in a narrative form. Paper is 1000 words or less in length. Paper does not follow the psychological report sample template provided by the Psychology Clinic.	**2-Low competence**	
• Paper is minimally written in a narrative form. Paper is 1799 words or less in length. Paper somewhat follows the psychological report sample template provided by the Psychology Clinic.	**3-Basic competence**	
• Paper is reasonably written in a narrative form. Paper is 1800- 2099 words in length. Paper mostly follows the psychological report sample templated provided by Psychology clinic.	**4-High competence**	

• Paper is clearly written in a narrative form. Paper is 2100-2400 words in length. Paper accurately follows the psychological report sample templated provided by Psychology clinic.	**5-Very high competence**	
10 OVERALL RATING OF REPORT AND COMPLEXITY OF CASE 1- No significant clinical interest or complexity of case 2- Some minor clinical interest and no level of complexity 3- Clinically interesting and average complexity of case 4- High clinical interest and somewhat complex case 5- Very High clinical interest and high complex case		**___ /5**

WRITTEN EVALUATION REPORT		Minimum Threshold = 30
1. DEMOGRAPHICS & REFERRAL QUESTION		/5
2. ASSESSMENT METHODS		/5
3. EXAMINEE BACKGROUND		/5
4. SUMMARY OF TESTS RESULTS		/5
5. PSYCHOLOGICAL IMPRESSIONS		/5
6. PSYCHOLOGICAL CONCEPTUALIZATION & DIAGNOSES		/5
7. CONCLUSION & RECOMMENDATIONS		/5
8. PAPER: Grammar & Spelling		/5
9. PAPER: Length & Format		/5
10. OVERALL RATING OF REPORT		/5
		Total Score
		_____/50
Total Score Obtained	Number of Total Items Considered	Final Average Score

Final Score Range

1= Very low competence: Significant remediation needed; deficits in knowledge/skills.
2= Low competence: Minor conceptual and skill errors; in process of developing.
3= Basic competence: Understanding of concepts/skills evident.
4= High competence: Strong mastery of skills and thorough understanding of concepts.
5= Very high competence: Skills and understanding significantly beyond development level.

Student's Signature: _____

Supervisor's Signature: _____

Date: _____

9

APPENDIX G: COMPENTENCY EVALUATION FORM FOR CLINICAL CASE PRESENTATIONS

The University of Texas Rio Grande Valley
Clinical Psychology PhD Program

COMPENTENCY PRESENTATION: CLINICAL CASE PRESENTATION

Oral Case Presentation Evaluation Form Guidelines

Student Name: _____ Date of Presentation: _____
Supervisor: _____

Below we list a number of professional competencies that we will like you to evaluate. Please evaluate only the competencies that apply.

1= Very low competence: Significant remediation needed; deficits in knowledge/skills.

2= Low competence: Minor conceptual and skill errors; in process of developing.

3= Basic competence: Understanding of concepts/skills evident.

4= High competence: Strong mastery of skills and thorough understanding of concepts.

5= Very high competence: Skills and understanding significantly beyond development level.

Contextual Material		
1. Introduction		___/5
• Missing, incorrect or significant problem with identifiers and/or significant involved parties.	**1-Very low competence**	
• Missing 1-2 identifiers.	**2-Low competence**	
• Basic information related to age, ethnicity, occupation, grade, etc. included.	**3-Basic competence**	
• Complete introduction that identifies client's, age, ethnicity, occupation, and other sociodemographic factors.	**4-High competence**	
• Detailed yet succinct introduction that identifies client's, age, ethnicity, occupation, marital status, education, etc. Descriptions clearly elaborated and integrated.	**5-Very high competence**	

1

2. Presenting Concern & Stakeholder's Views:		___/5
• Significant problems with problem descriptions; missing key perspectives; incorrect characterization.	**1-Very low competence**	
• Lack of clarity with problem description; missing stakeholders.	**2-Low competence**	
• Includes description of problem for each person and key stakeholders.	**3-Basic competence**	
• Elaborates on description of problem and provides useful description of all stakeholders' views; word choice conveys respect for perspectives.	**4-High competence**	
• Provides sophisticated description of problem and depiction of all stakeholders' views; word choice conveys empathy with each perspective; descriptions clearly contribute to coherent conceptualization.	**5-Very high competence**	
3. Background Information		___/5
• Significant information missing; unable to identify significant events.	**1-Very low competence**	
• Insufficient, minimal or missing background information.	**2-Low competence**	
• Includes summary of key recent and past events and traumas.	**3-Basic competence**	
• Elaborates recent and past events and traumas with time frames.	**4-High competence**	

• Includes detailed and elaborated yet succinct description of recent and past events and traumas. Selected information helps develop coherent conceptualization.	**5-Very high competence**	
4. Client Strengths and Cultural Diversity		**___/5**
• Significant problems identifying clinically relevant strengths and/or diversity issues.	**1-Very low competence**	
• Underdeveloped or deficient description of strengths. Missed one or more significant diversity limitation.	**2-Low competence**	
• Identifies several strengths as well as significant resources and limitations related to diversity.	**3-Basic competence**	
• Clear articulation of useful strengths; able to identify several key resources and limitations related to diversity, oppression, and marginalization.	**4-High competence**	
• Insightful identification of strengths; able to identify subtle diversity resources and limitations and how these may impact the therapeutic process.	**5-Very high competence**	
5. Content: **Symptoms** **Described** **Objective Data** **Assessment** **Plans for Action** **Diagnosis** **Treatment Planning** **Ethical Considerations**		**___/5**
• The student covers just one area.	**1-Very low competence**	
• The student covers at least two areas.	**2-Low competence**	

• The student covers at least three areas.	**3-Basic competence**	
• The student covers four areas.	**4-High competence**	
• The student covers all the required areas.	**5-Very high competence**	
THEORICAL MODEL		
6. Psychodynamic	❑ N/A	**___/5**
• Incorrect, poor characterization of defense mechanisms, object relation patterns, developmental stages and style of life themes.	**1-Very low competence**	
• Minor errors or inconsistencies in descriptions of defense mechanisms, object relation patterns, developmental stages and/or style of life themes.	**2-Low competence**	
• Identifies key issues in defense mechanisms, object relation patterns, developmental stages and style of life themes.	**3-Basic competence**	
• Thoughtful and coherent descriptions of defense mechanisms, object relation patterns, developmental stages and style of life themes.	**4-High competence**	
• Sophisticated analysis that coherently and succinctly relates defense mechanisms, object relation patterns, developmental stages and style of life themes. • Clear sense of core dynamics emerges.	**5-Very high competence**	
7. Humanistic Existential	❑ N/A	**___/5**
• Significant problems with expressions of self, existential issues, and boundary disturbances; misidentified issues.	**1-Very low competence**	
• Minor errors or inconsistencies in descriptions of expressions of self, existential issues, and boundary disturbances.	**2-Low competence**	

• Identifies key issues in expressions of self, existential issues, and boundary disturbances.	**3-Basic competence**	
• Thoughtful and coherent descriptions of expressions of self, existential issues, and boundary disturbances.	**4-High competence**	
• Sophisticated analysis that coherently and succinctly relates expressions of self, existential issues, and boundary disturbances.	**5-Very high competence**	
8. Cognitive-Behavioral	❑ N/A	___/5
• Significant problems identifying behavioral analysis, ABC analysis, and schemas.	**1-Very low competence**	
• Minor problems conceptualizing behavioral analysis, ABC analysis, and schemas.	**2-Low competence**	
• Identifies key issues in behavioral analysis, ABC analysis, and schemas.	**3-Basic competence**	
• Thoughtful and coherent descriptions of behavioral analysis, ABC analysis, and schemas.	**4-High competence**	
• Sophisticated analysis that coherently and succinctly relates behavioral analysis, ABC analysis, and schemas. • Clear sense of core themes emerges.	**5-Very high competence**	
9. Family Systems	❑ N/A	___/5
• Misses significant issues related to family life cycle, family structure, and intergenerational patterns.	**1-Very low competence**	
• Misses minor issues in family life cycle, family structure, and intergenerational patterns.	**2-Low competence**	

5

• Identifies key issues in family life cycle, family structure, and intergenerational patterns.	**3-Basic competence**	
• Thoughtful and coherent descriptions of family life cycle, family structure, and intergenerational patterns.	**4-High competence**	
• Sophisticated analysis that coherently and succinctly relates assessment of family life cycle, family structure, and intergenerational patterns. Clear depiction of how family patterns relate to problem.	**5-Very high competence**	
10. Solution-Focused	❑ N/A	
• Significant problems with assessment of strengths and/or does not demonstrate understanding of miracle question.	**1-Very low competence**	**___/5**
• Solutions and miracle question not approached from a strengths perspective; lack usefulness and practicality.	**2-Low competence**	
• Provides examples of solutions that did and did not work; behavioral answers to miracle question.	**3-Basic competence**	
• Able to identified several useful exceptions to the problem; answers to miracle question behavioral and positively stated.	**4-High competence**	
• Sophisticated analysis that reveals creativity in identifying solutions that did and did not work; behavioral, positively stated, and easily implementable answers to miracle question.	**5-Very high competence**	
11. Narrative, Dominant Discourses, and Cultural Diversity	❑ N/A	
• Misses one or more significant diversity issue and/or unable to usefully identify its effect on the client's life.	**1-Very low competence**	**___/5**
• Minor issues with identification of social and dominant discourses.	**2-Low competence**	
• Clear description of key diversity issues and broader social discourses affecting client and experience of problem.	**3-Basic competence**	

• Detailed description of the effect of dominant discourses in client's life; able to meaningfully identify at least two cultural, SES, gender, and larger social discourse issues.	**4-High competence**	
• Thoughtfully identifies effect of dominant discourses in client's life; able to meaningfully identify several cultural, SES, gender, and larger social discourse issues and outline how these intersect. • Addresses oppression and marginalization.	**5-Very high competence**	
12. Integrative Model or Other, specify:	❑ N/A	___/5
• Significant problems integrating different models or being consistent with a specific model.	**1-Very low competence**	
• Several minor inconsistencies.	**2-Low competence**	
• Provides a useful integration of models or a theoretical model that fits the presenting problem.	**3-Basic competence**	
• Well integration of theoretical models or of a model with the presenting problem of the patient or family.	**4-High competence**	
• Sophisticated integration of models or mastery of a specific model with the presenting complaints of the individual or family.	**5-Very high competence**	
13. Overall Conceptualization		__/5
• Significant problems with conceptualization, such as irreconcilable discrepancies or missing key issues.	**1-Very low competence**	
• Several minor inconsistencies that are not clearly reconciled.	**2-Low competence**	
• Provides a useful description of key issues for developing treatment plan. • Few if any inconsistencies.	**3-Basic competence**	
• Well-developed conceptualization that enables reader to a have a clear sense of client and core issues.	**4-High competence**	
• All elements of case conceptualization clearly fit to create a unified understanding to guide counseling process. • Sophisticated conceptualization that identifies subtle issues.	**5-Very high competence**	

14. Review of Evidence Based Scientific Literature Related to Clinical Case		__ /5
• No references were included.	**1-Very low competence**	
• Very few references were included and not cited in APA style.	**2-Low competence**	
• Basic relevant references were presented and integrated. • References were correctly cited in APA style.	**3-Basic competence**	
• Many significant references relevant to the case were presented and integrated properly.	**4-High competence**	
• References relevant to the case were presented and integrated with the conceptualization of the case.	**5-Very high competence**	
COMMUNICATION SKILLS		
15. Effective Speaking Voice		__ /5
• Speech is unclear, inaudible. Lacks complete confidence.	**1-Very low competence**	
• Poor delivery and monotonous.	**2-Low competence**	
• Speech is clear but may not be heard by all. • Demonstrates confidence.	**3-Basic competence**	
• Good communication; adequate projection.	**4-High competence**	
• Speech is clear and easily heard by all. • Confident.	**5-Very high competence**	
16. Introductions		__ /5
• Does not introduce himself/herself and/or patient.	**1-Very low competence**	

8

• Introduce self but not patient.	**2-Low competence**	
• Introduce patient, but not self.	**3-Basic competence**	
• Introduces self and patient.	**4-High competence**	
• Uses introduction of self and patient as critical opening point.	**5-Very high competence**	
17. Using Chart as Prop		__ /5
• Recites chart.	**1-Very low competence**	
• Relies heavily on chart.	**2-Low competence**	
• Relies moderately on chart.	**3-Basic competence**	
• Refers to chart on occasions.	**4-High competence**	
• Refers to chart just for emphasis.	**5-Very high competence**	
18. Time Frame		__ /5
• Presentation is less than minimum time.	**1-Very low competence**	
• Presentation is more than maximum time.	**2-Low competence**	
• Presentation in required time frame but used filler words.	**3-Basic competence**	
• Presentation falls within required time frame.	**4-High competence**	
• Presentation is completed within the required time frame.	**5-Very high competence**	
19. Response to Questions		

• Does not respond questions.	**1-Very low competence**	__ /5
• Has difficulty responding.	**2-Low competence**	
• Responds questions easily.	**3-Basic competence**	
• Respond with accuracy.	**4-High competence**	
• Elicits questions from audience.	**5-Very high competence**	
PROFESSIONALISM		
20. On time		__ /5
• Late (30 minutes or longer)	**1-Very low competence**	
• Late (15 minutes)	**2-Low competence**	
• On time	**3-Basic competence**	
• Approximately 5 minutes earlier	**4-High competence**	
• Between 10 and 15 minutes earlier. The student verified the equipment and distributed material relevant to the presentation.	**5-Very high competence**	
21. Attire		__ /5
• Total lack of attention to appropriate attire and grooming.	**1-Very low competence**	
• Slight attention to appropriate attire and grooming.	**2-Low competence**	
• Generally appropriate attire and grooming.	**3-Basic competence**	
• Exceptional attention to attire and grooming.	**4-High competence**	

• Professionally dressed.	**5-Very high competence**	
22. Respectful of patient		__ /5
• Lack of respect/inclusion of patient most of the time.	**1-Very low competence**	
• Lack of respect/inclusion of patient sometimes.	**2-Low competence**	
• Lack of respect/inclusion of patient very few times.	**3-Basic competence**	
• Includes patient & shows respect sometimes.	**4-High competence**	
• Includes patient & shows respect always.	**5-Very high competence**	

Created by: José Rodríguez-Quiñones, Ph.D. (October 2014).

Contextual Material	Minimum Threshold = 64
1. Introduction	/5
2. Presenting Concern & Stakeholder's Views	/5
3. Background Information	/5
4. Client Strengths and Cultural Diversity	/5
5. Content	/5
6. Theoretical Model /Psychodynamic	/5
7. Theoretical Model /Humanistic Existential	/5
8. Theoretical Model /Cognitive- Behavioral	/5
9. Theoretical Model /Family Systems	/5
10. Theoretical Model /Solution- Focused	/5
11. Theoretical Model Narrative, Dominant Discourses and Cultural Diversity	/5
12. Theoretical Model / Integrative Model or Other Specify:	/5
13. Overall Conceptualization	/5
14. Review of Evidence Based Scientific Literature Related to Clinical Case	/5
15. Effective Speaking Voice	/5
16. Introductions	/5
17. Using Chart as a Prop	/5
Contextual Material (Continuation)	**Minimum Threshold = 64**
18. Time Frame	/5
19. Response to questions	/5
20. On time	/5
21. Attire	/5
22. Respectful to patient	/5
	Total Score
	_____/80

12

Total Score Obtained	Number of Total Items Considered	Final Average Score

Student's Signature: _____

Supervisor's Signature: _____

Date of Rubric Discussion: _____

APPENDIX H: STUDENT COURSE EVALUATION FORM

Your Evaluation Matters

Course:

Instructor:

This process at UTRGV is very important for providing information to faculty and other students. Your evaluation matters and is a requirement of the State of Texas. As such, student feedback will be publicly displayed through the UTRGV website. Thank you for taking your time to complete this evaluation of instruction.

University Level Questions	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
1. The instructor clearly defined and explained the course objectives and expectations.	○	○	○	○	○
2. The instructor was prepared to teach for each instructional activity.	○	○	○	○	○
3. The instructor communicated information effectively.	○	○	○	○	○
4. The instructor encouraged me to take an active role in my own learning.	○	○	○	○	○
5. The instructor was available either electronically or in person.	○	○	○	○	○
6. Comments for the Instructor: **Note to Students:** Comments are visible to the instructors. If you have a specific concern about the instructor, please contact the instructor's department chair or school director.					

APPENDIX I: PRACTICUM EVALUATION FORM

UTRGV The University of Texas Rio Grande Valley

Practicum Evaluation Form

Name of Student: _____

Practicum Supervisor: _____

Current academic semester (check one): ☐ Fall ☐ Spring ☐ Summer

Academic Year: _____

Name of Practicum: _____

Pass _____ Fail _____

STUDENT'S LEVEL OF CLINICAL DEVELOPMENT AT BEGINNING OF PRACTICUM:

Level I - Beginning level; focus on learning basic skills; requires close supervision and structured format
Level II - Intermediate level; skills more developed; focus on integration; greater autonomy, requires less structure
Level III - Advanced level; well-developed, flexible skills; able to work quite autonomously; collegial supervision

Student's level of development with regard to the current practicum placement (I - III):

PRACTICUM GOALS AND OBJECTIVES:

(To be completed at beginning of practicum, in collaboration with the student)
List specific goals and objectives re: competencies to be developed, case load, types of clients, frequency and style of supervision, criteria for evaluation

UTRGV The University of Texas Rio Grande Valley

1st/2nd QUARTER RE-EVALUATION OF GOALS AND OBJECTIVES:
(To be completed in collaboration with the student)
Evaluate progress toward goals and objectives; modification or revision of original goals and objectives

FINAL EVALUATION OF GOALS AND OBJECTIVES:
Indicate goals and objectives achieved by completion of practicum

Evaluation rating scale: **1** Development required: Further development and supervision needed in order to meet expectations **2** Meets expectations: Functions adequately for level of training **3** Meets and exceeds expectations: Functions at above average level for training **NA** Not applicable to current practicum placement Give an overall rating for each category in the column to the right. Examples of skills and characteristics are given for each category in order to aid conceptualization. Following each category, space is provided for the rater to discuss any additional comments or concerns	
I. Interpersonal skills • When working with patients: o The ability to form a working alliance, deal with conflict, negotiate differences, understand and maintain appropriate professional boundaries. • When working with colleagues: o The ability to work collegially with fellow professionals. o The ability to support others and their work, and to gain support for one's own work. o Effective oral communication with others (e.g., colleagues, staff, and supervisors).	**Rating for current quarter (1-3 or N/A)**
Comments/concerns	

II. Work skills • Plans work thoroughly • Manages time effectively • Capable of making difficult or non-routine decisions • Willingness to accept and utilize feedback when needed	• Uses supervision effectively • Can take charge of a situation and get things done • Meets deadlines promptly	**Rating for Current quarter (1-3 or N/A)**

Comments/concerns	

III. Assessment skills		Rating for Current quarter (1-3 or N/A)
• Helps referral source to clarify and formulate appropriate referral questions • Is knowledgeable about a diversity of assessment procedures and methods • Selects assessment procedures/methods appropriately • Conducts effective structured and unstructured diagnostic interviews	• Administers psychological tests appropriately and capably • Formulates meaningful case conceptualizations and hypotheses about the assessment question(s) • Makes appropriate diagnoses • Skilled at assessment report writing • Formulates appropriate action plans	
Comments/concerns		

IV. Intervention skills		Rating for Current quarter (1-3 or N/A)
• Formulates meaningful case conceptualizations and hypotheses about factors contributing to the problems • Selects appropriate intervention methods • Sets clear and appropriate therapy goals • Accurately assesses intervention effectiveness	• Communicates conceptualizations and goals to clients in a meaningful and sensitive manner • Facilitates collaborative interaction with clients to effect changes and resolve problems	

Comments/concerns	

V. Applied research skills • Able to apply research knowledge to case conceptualization and treatment planning	Rating for Current quarter (1-3 or N/A)
Comments/concerns	

VI. Consultation and liaison skills • Knowledgeable about consultation role • Effective as a consultant • Effectively communicates verbally with other disciplines • Effectively communicates in writing with other disciplines • Maintains rapport with colleagues and is aware of other disciplines' contributions	Rating for Current quarter (1-3 or N/A)
Comments/concerns	

VII. Ethics and standards		Rating for Current quarter (1-3 or N/A)
• Knowledgeable about ethical principles as well as standards of professional conduct • Proactively identifies potential ethical dilemmas	• Able to apply ethical decision-making skills and effectively resolve ethical dilemmas • Sensitive to diversity issues (e.g. ethnic, gender, disability)	
Comments/concerns		

AREAS OF GROWTH, STRENGTHS, OR IMPROVEMENT NOTED

AREAS FOR FURTHER DEVELOPMENT

AREAS OF CONCERN REQUIRING POSSIBLE REMEDIAL ACTION
(Indicate magnitude of concern and recommended action)

ADDITONAL COMMENTS

SUPERVISOR SIGNATURE_____ **DATE**_____

APPENDIX J: IN VIVO SUPERVISION EVALUATION FORM

In Vivo Supervision Evaluation Form

Date: _____

Name of Student: _____

Supervisor: _____

Current academic semester (check one): ☐ Fall ☐ Spring ☐ Summer

Academic Year: _____

Name of Practicum: _____

Below is a list of professional competencies. Please evaluate only the competencies that apply.

The present level of each skill should be rated as follows:

1 = very low competence
2 = low competence
3 = basic competence
4 = high competence
5 = very high competence
NA = not applicable

Any rating of "low or very low competence" must be accompanied by specific recommendations and remediation plan in the comments section. Raters are encouraged to provide narrative commentary as opposed to simple ratings when possible. The evaluator should consider this supervisee evaluation of clinical intervention in the middle and final practicum evaluation form.

I. GENERAL PSYCHOTHERAPY SKILLS

A. CASE MANAGEMENT SKILLS

- documents services fully, but concisely
- assesses non-psychological needs
- initiates referrals as needed
- completes work in a timely manner
- is able to network and coordinate services with external agencies and other service providers

B. ASSESSMENT SKILLS

i. Therapeutic Alliance

- conveys warmth, genuineness, and empathy
- conveys credibility
- facilitates depth of self-disclosure
- establishes alliance with all family members
- respects client as a whole person with strengths and needs
- maintains objectivity
- is able to include cultural variables in alliance building

ii. Data Gathering Skills

- is aware of impact of own behavior and culture on client's presentation
- understands cultural background in client's presentation
- assesses dangerousness to self and others
- handles child maltreatment issues appropriately
- recognizes and understands nonverbal communication
- recognizes and understands metaphorical communication
- understands clinical-process issues

iii. Diagnostic-Analytic Skills

- conceptualizes and organizes data from a definite theoretical view
- recognizes impact of multicultural variables on psychological differences and response treatment
- incorporates empirical findings in literature into diagnostic formulation
- generates accurate differential diagnosis
- develops assessment plan to rule out differential diagnosis
- generates accurate case formulation, integrating development, self-report, interview-process, projective, and other data
- communicates findings orally in case presentations
- generates accurate and timely written reports

C. INTERVENTION SKILLS

i. Maintenance of Working Alliance

- tracks or reflects (particularly affect) client statements in session
- maintains client's motivation to work(without overwhelming the client or causing the client to become dependent)
- balances tracking functions with guiding functions consistent with theoretical perspective
- demonstrates multicultural competence
- maintains appropriate case load
- used evidence-based interventions

ii. Focusing of Therapy

- formulates realistic short- and long-term behavioral goals
- formulates methods (process goals) for achieving outcome
- establishes shared sense of outcome and process goals with client
- fosters positive expectations of hope

- recognizes therapeutic impasses
- realistic in assessing and reassessing progress and revising formulation and diagnosis as indicated
- undertakes interventions that are consistent with theoretical formulation
- undertakes interventions that are culturally and ethically appropriate
- undertakes interventions that potentiate change
- is able to focus on process issues in session
- undertakes interventions that are prescriptive rather than generic
- undertakes interventions that reflect basic knowledge of cognitive-behavioral, dynamic, time-limited, crisis-intervention, and systemic interventions

iii. Understanding of Interpersonal Process Issues

- uses personal response to client to aid assessment
- selectively responds to accurate self-report, distortions, and client-therapist demands
- responds appropriately to metaphoric and nonverbal content
- recognizes and highlights underlying affect, cognition, or themes from content
- accurately intuits culturally meaningful behavior

iv. Psychological Assessment

- is able to accurately administer cognitive test
- is able to accurately score cognitive tests
- is able to accurately interpret cognitive tests
- is able to accurately administer personality tests
- is able to accurately score personality tests

- is able to accurately interpret personality tests
- is able to accurately integrate findings in a comprehensive report
- is able to formulate a dynamic conceptualization of personality functioning
- is sensitive to cultural issues in terms of the appropriateness of the instruments selected to the interpretation data
- is able to generate appropriate treatment recommendations based on the results of the assessment

II. EVALUATOR COMMENTS:

From *Therapist Evaluation Checklist* by S. Hall-Marley, 2000. Copyright 2000 by S. Hall-Marley. Adapted with permission.

APPENDIX K: STUDENT PRACTICUM EVALUATION FORM

Student Practicum Evaluation Form

Please provide below the information requested for the clinical practicum you have been involved in during the semester.

Student Name (optional) _____

Semester (circle one): **Fall** **Spring** **Summer** **Academic Year:** _____

Practicum site _____

Supervisor (s) _____

Nature of the clinical training experience (e.g., individual psychotherapy, neuropsychological assessment, etc.)

_____

1. Was the clinical training experience congruent withyour expectations (e.g., site was described as individual therapy and you have seen multiple patients in individual therapy)?

1 ○ 2 ○ 3 ○ 4 ○ 5 ○

not at all somewhat very congruent

Comments: _____

2. Did the clinical training experience increase your knowledge and clinical skills?

1 ○ 2 ○ 3 ○ 4 ○ 5 ○

not at all somewhat very much so

Comments: _____

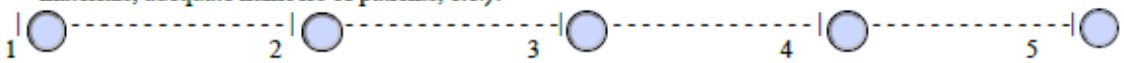
3. Was the experience (both clinical and didactic) you received with regard to working with clients from diverse backgrounds adequate?

1 ○ 2 ○ 3 ○ 4 ○ 5 ○

not at all somewhat very much so

Comments: _____

4. Were the resources at the site adequate to support your clinical training (e.g., up-to-date psychological testing materials, adequate numbers of patients, etc.)?



not at all somewhat very much so

Comments: _____

APPENDIX L: RESEARCH CONTRACT

Research Contract

Student Name_____

Title of Research _____

Primary Responsible Faculty Member _____

Mailing Address_____Telephone_____

Other Faculty Members Involved _____

_____

Institution Where Research Is Offered _____

Full Address _____

Telephone Number Where You Can Be Reached _____

Semester Research Is Offered_____Give Actual Dates _____

Number of Hours Per Week Participation By Student _____

Number of Formal Conference Hours Per Week Participation by Student _____

Number of Credit Hours Per Semester Student Qualifies For _____

Method or Criterion of Student Evaluation _____

_____

Method of Criterion of Course Evaluation_____

_____

***PLEASE LIST DETAILED OBJECTIVES OF THIS RESEARCH ON A SEPARATE SHEET.
RESEARCH CONTRACTS MUST BE TURNED INTO THE DEPARTMENT AT LEAST THREE WEEKS PRIOR TO THE ABOVE SPECIFIED STARTING DATE FOR ASSURANCE OF APPROVAL OF THIS RESEARCH.
ALL APPROVALS NOTED BELOW MUST BE RENDERED PRIOR TO STUDENT STARTING RESEARCH.
RESEARCH SUPERVISORS WILL BE SENT A FINAL COPY OF THE APPROVED RESEARCH CONTRACT.

Signature of Research Supervisor	Printed Name	Date
Signature of Advisor	Printed Name	Date
Signature of Director of Clinical Training	Printed Name	Date
Signature of Department Chair	Printed Name	Date

APPENDIX M: RESEARCH TRAINING EVALUATION FORM

Research Training Evaluation Form

STUDENT: _____ **FACULTY:** _____

DATE: _____ **SEMESTER:** Fall Spring Summer
(circle one)

Please evaluate the student's activity in the course completed this semester. A rating scale (5 pts.) is available for use and this may be supplemented by any additional comments that you may care to provide.

1.	Effort	1 Low	2	3 Med.	4	5 High
2.	Motivation	1 Low	2	3 Med.	4	5 High
3.	Success in Reaching Objectives	1 Low	2	3 Med.	4	5 High
4.	Reliability	1 Low	2	3 Med.	4	5 High
5.	Rate of Progress	1 Low	2	3 Med.	4	5 High
6.	Ethical Conduct of Research	1 Low	2	3 Med.	4	5 High
7.	Overall Degree of Satisfaction With Student's Progress	1 Low	2	3 Med.	4	5 High

COMMENTS:_____

_____

GRADE: **PASS** **FAIL**
(circle one)

APPENDIX N: STUDENT EVALUATION OF RESEARCH TRAINING

Student Evaluation of Research Training

Student Name (optional): _____

Semester (check one): ☐ **Fall** ☐ **Spring** ☐ **Summer** **Academic Year:** _____

Lab: _____

Please rate your degree of satisfaction with the following aspects of the research program. If the statement is not applicable, just put NA:

Statistics training within your lab

1	2	3	4	5
Completely Dissatisfied	Slightly Dissatisfied	Slightly Satisfied	Satisfied	Completely Satisfied

Comments:

Research methods and design training within your lab

1	2	3	4	5
Completely Dissatisfied	Slightly Dissatisfied	Slightly Satisfied	Satisfied	Completely Satisfied

Comments:

Training in ethics in conducting research

1	2	3	4	5
Completely Dissatisfied	Slightly Dissatisfied	Slightly Satisfied	Satisfied	Completely Satisfied

Comments:

The frequency and quality of lab meetings (where applicable)

1	2	3	4	5
Completely Dissatisfied	Slightly Dissatisfied	Slightly Satisfied	Satisfied	Completely Satisfied

Comments:

The quality of guidance/mentoring on master's thesis:

1	2	3	4	5	NA
Completely Dissatisfied	Slightly Dissatisfied	Slightly Satisfied	Satisfied	Completely Satisfied	

Comments:

Communication of requirements for master's thesis

1	2	3	4	5	NA
Completely Dissatisfied	Slightly Dissatisfied	Slightly Satisfied	Satisfied	Completely Satisfied	

Comments:

The quality of guidance/mentoring on doctoral dissertation

1	2	3	4	5	NA
Completely Dissatisfied	Slightly Dissatisfied	Slightly Satisfied	Satisfied	Completely Satisfied	

Comments:

Communication of requirements for a doctoral dissertation

1	2	3	4	5	NA
Completely Dissatisfied	Slightly Dissatisfied	Slightly Satisfied	Satisfied	Completely Satisfied	

Comments:

Training and experience in grant writing and obtaining funding

1	2	3	4	5
Completely Dissatisfied	Slightly Dissatisfied	Slightly Satisfied	Satisfied	Completely Satisfied

Comments:

Training and experience in preparing for publications in professional journals

1	2	3	4	5
Completely Dissatisfied	Slightly Dissatisfied	Slightly Satisfied	Satisfied	Completely Satisfied

Comments:

Training and experience in preparing presentations for professional meetings

1	2	3	4	5
Completely Dissatisfied	Slightly Dissatisfied	Slightly Satisfied	Satisfied	Completely Satisfied

Comments:

The degree to which the research training reflects the scientist-practitioner model

1	2	3	4	5
Completely Dissatisfied	Slightly Dissatisfied	Slightly Satisfied	Satisfied	Completely Satisfied

Comments:

Suggestions for other areas of research training that you would like to see addressed

Any other comments about research training

THANK YOU!

APPENDIX O: REMEDIATION PLAN FOR ACADEMIC/CLINICAL PERFORMANCE

ACADEMIC / CLINICAL PERFORMANCE PLAN

Student Name: _____ Faculty/ Supervisor: _____

Meeting Date: _____ Time: _____ Semester & Year: _____

Course/ Practicum: _____

Type of Performance Issue: ___ Academic____ Clinical ___Research ___Teaching

Description of Performance Issues / Problems: *(list and describe all the behavioral issues/ concerns and include onset, duration, frequency, and impact of behavior on clinical competency areas)*

Competency Areas Impacted by Performance:

___ Research
___ Ethical and legal standards
___Individual and cultural diversity
___Professional values, attitudes, and behaviors
___Communication and interpersonal skills
___Assessment
___Intervention
___Supervision
___Consultation and interprofessional / interdisciplinary skills

Ethical / Legal Implications:

Corrective Action Plan for Student: *(for every behavior/concerns/issue include an action plan item and the date to be completed)*

Action: Date to be Completed:

1.

2.

3.

4.

5.

6.

Date the Plan will be Reviewed: _____

Dated Submitted to Director of Clinical Training: _____

The aforementioned plan will be submitted to the DCT for review with the program faculty to determine further assessment of a Remediation plan. Upon review by the program faculty committee, further actions will be determined.

_____ _____

Student Signature **Supervisor signature**

APPENDIX P: STUDENT EMPLOYMENT PERMISSION REQUEST

UTRGV The University of Texas Rio Grande Valley

Student Employment Permission Request

Prior to acceptance of any outside employment involving psychology related activities, students are required to notify in writing and consult with their Faculty Advisor and the Director of Clinical Training (DCT).

Name of Student: _____

Are you currently employed in a job involving psychology related activities? ☐ YES ☐ NO

If yes, please give complete address, description of responsibilities and hours involved:

Address: _____

Description of Responsibilities: _____

Days & Times: _____

In addition to information regarding outside employment above, please also provide all paid position(s) you hold within UTRGV:

Position I: _____ Department: _____ Supervisor: _____

Days/Hours: _____

Position II: _____ Department: _____ Supervisor: _____

Days/Hours: _____

_____ Faculty Advisor Signature

_____ Director of Clinical Training Signature

APPENDIX Q: GRADUATE STUDENT TEACHING FORMATIVE EVALUATION FORM

Graduate Student Teaching
Formative Observation Form

The University of Texas Rio Grande Valley
Clinical Psychology PhD Program

Student Teacher:	**Date:**	**Department:**
Observer:	**Modality:**	**Semester / Observation #:**
Mentor/Supervisor:	**Course:**	**Program:**

Key: 1=Ineffective 2=Progressing 3=Effective 4=Highly Effective

Domain 1: Planning and Preparation		**Score**	**Evidence**
A	Demonstrating knowledge of content and pedagogy		
B	Demonstrating knowledge of students		
C	Selecting instructional outcomes		
D	Demonstrating knowledge of resources		
E	Designing Coherent Instruction		
F	Assessing student learning		
Domain 2: The Classroom Environment		**Score**	**Evidence**
A	Designing an environment of respect and rapport		
B	Establishing a culture for learning		
C	Managing classroom procedures		
D	Managing student behavior		
F	Organizing physical space		
Domain 3: Instruction		**Score**	**Evidence**
A	Communicating with students		
B	Using questioning and discussion techniques		
C	Engaging students in learning		
D	Using assessment in instruction		
E	Demonstrating flexibility and responsiveness		
Domain 4: Professional Responsibilities		**Score**	**Evidence**
A	Reflecting on teaching in terms of accuracy and use in further teaching		
B	Maintaining accurate records		
C	Communicating with families		
D	Participating in a professional community		
E	Developing and growing professionally		
F	Demonstrating professionalism		

General Commendations	**Focus areas for next observation**

Based upon Danielson's Framework for Teaching, *Teachscape* (2011)

APPENDIX R: GRADUATE STUDENT TEACHING SUMMATIVE EVALUATION FORM

Graduate Student Teaching
Summative Observation Form

The University of Texas Rio Grande Valley
Clinical Psychology PhD Program

Student Teacher:	**Date:**	**Department:**
Observer:	**Modality:**	**Semester / Observation #:**
Mentor/Supervisor:	**Course:**	**Program:**

Key: 1=Ineffective 2=Progressing 3=Effective 4=Highly Effective

Domain 1: Planning and Preparation		**Score**	**Evidence**
A	Demonstrating knowledge of content and pedagogy		
B	Demonstrating knowledge of students		
C	Selecting instructional outcomes		
D	Demonstrating knowledge of resources		
E	Designing Coherent Instruction		
F	Assessing student learning		
Domain 2: The Classroom Environment		**Score**	**Evidence**
A	Designing an environment of respect and rapport		
B	Establishing a culture for learning		
C	Managing classroom procedures		
D	Managing student behavior		
F	Organizing physical space		
Domain 3: Instruction		**Score**	**Evidence**
A	Communicating with students		
B	Using questioning and discussion techniques		
C	Engaging students in learning		
D	Using assessment in instruction		
E	Demonstrating flexibility and responsiveness		
Domain 4: Professional Responsibilities		**Score**	**Evidence**
A	Reflecting on teaching in terms of accuracy and use in further teaching		
B	Maintaining accurate records		
C	Communicating with families		
D	Participating in a professional community		
E	Developing and growing professionally		
F	Demonstrating professionalism		

General Commendations	**Focus areas for future teaching**

Based upon Danielson's Framework for Teaching. *Teachscape* (2011)