

**THE CLINICAL PSYCHOLOGY DOCTORAL TRAINING  
PROGRAM  
STUDENT HANDBOOK  
Department of Psychology, University of Texas at Austin  
(2011-2012)**

## TABLE OF CONTENTS

<b>SECTION I: GENERAL INFORMATION . . . . .</b>	<b>4-25</b>
A. Overview . . . . .	4
1. Objectives of the Program . . . . .	4
2. Admission . . . . .	5
3. Program Attrition . . . . .	5
4. Sequence of Training . . . . .	5
5. Medical, Psychological, and Educational Services . . . . .	5
6. Physical Facilities . . . . .	5
7. Cultural Environment . . . . .	6
8. More Information . . . . .	6
B. General Regulations . . . . .	7
C. Important Departmental Phone Numbers . . . . .	7
D. Clinical Faculty Biographical Information. . . . .	8
E. Students with Disabilities . . . . .	22
F. Ethical and Professional Guidelines . . . . .	22
G. Scholastic Dishonesty and Plagiarism . . . . .	22
H. APA Guidelines on Sharing Authorship with Faculty . . . . .	23
I. Grievances . . . . .	23
1. Overview . . . . .	23
2. Academic-Related Grievances . . . . .	23
3. Student Program and Student Activity Related Grievances . . . . .	24
4. Disability-Related Grievances . . . . .	24
5. Hazing, Sexual and Racial Harassment, and Sexual Assault . . . . .	24
6. Students' Attorney . . . . .	24
7. Ombudsman . . . . .	25
J. Websites, Blogs, Email, and Answering Machine Messages Policy . . . . .	25
 <b>SECTION II: FINANCIAL AID . . . . .</b>	 <b>26-28</b>
A. General Information . . . . .	26
B. Teaching Assistantships (TAs). . . . .	26
C. Research Assistantships (RAs). . . . .	26
D. Assistant Instructors (AIs) . . . . .	27
E. Salary and Benefits for TAs, RAs, and AIs. . . . .	27
F. Graduate Fellowships . . . . .	27
1. University Preemptive Fellowships . . . . .	27
2. Research Internships . . . . .	27
3. University Continuing Fellowships . . . . .	28
4. Fellowships for Students Ineligible for Resident Tuition . . . . .	28
5. External Fellowship Support . . . . .	28
G. Federal Loans . . . . .	28

<b>SECTION III: DEGREE REQUIREMENTS AND PROGRAM POLICIES</b>	<b>29-45</b>
A. Overview of Degree Requirements	29
B. Chronological Description of the Curriculum Plan	29
1. First Year	29
2. Summer of First Year	30
3. Second Year	31
4. Third and Fourth Years	31
5. Fifth and Sixth Years	32
C. Coursework Requirements	33
1. Overall Course Requirements	33
2. Core Courses	33
3. Statistics Courses	34
4. Coursework Meeting Requirements Specific to the Clinical Area	34
5. APA Requirements	35
3. Note on Other Courses	35
D. Research	36
1. Second-Year Research Project	36
2. Psychfest	36
3. Presentations at Area Seminars	37
4. Master's Thesis	37
5. Dissertation	38
E. Clinical Training	39
1. First Year	39
2. In-house Practicum	39
3. External Practica	39
4. Long-term Clients	40
5. Internship	41
F. Training in Neuropsychology and Neuroimaging	42
G. Outside Employment Policy.	43
H. Student Evaluation Process	43
 <b>APPENDICES</b>	
Appendix 1: Annual Student Evaluation Form	46
Appendix 2: Clinical Practicum Evaluation Form	48
Appendix 3: Vita Example	50
Appendix 4: Outside employment form.	53
Appendix 5: The Comprehensive Evaluation of Student-Trainee Competence in Professional Psychology Programs	54
Appendix 6: A Neuroimaging Track	56

## SECTION I: GENERAL INFORMATION

### A. Overview

Accreditation: The program is fully accredited by the American Psychological Association for training in clinical psychology, and is a member of the Academy of Psychological Clinical Science.

#### 1. Objectives of the Program

The Clinical Psychology Training Program at the University of Texas at Austin is broadly based on a clinical science training model. The primary objective of the program is to prepare students for research and teaching careers; a secondary objective is to train students for the professional practice of clinical psychology. To accomplish these objectives, the program stresses:

- (a) skills in psychological assessment and research design;
- (b) familiarization with recent research literature and theoretical constructs of clinical psychology and related areas (e. g. , community, cognitive, personality, learning, social, physiological, developmental, and individual differences);
- (c) the assessment and treatment of psychopathology, with emphasis on current theoretical, conceptual, research, and evaluation issues; and
- (d) application of clinical techniques in supervised practica, internships, and other field experiences. Students trained in our program are well prepared for careers in academic or professional settings. However, we strongly discourage applications from individuals who do not envision research as a major part of their careers.

The program is not designed around any one model of psychopathology, although the cognitive-behavioral model is emphasized. Students are, however, exposed to a wide range of viewpoints, including behavioral, genetic, and neuropsychological approaches. There is opportunity for a considerable degree of specialization, especially in later years of the program.

#### 2. Admission

Because of the close supervision given to each student, we aim for a class size of 5-7 (of the 250-300 who apply in any academic year). Considerable attention is given to GRE scores, letters of recommendation, and the applicant's personal statement. A strong interest in research and an aptitude or potential for research are major criteria for admission. The faculty in the program have adopted a mentor/advisor admissions system: faculty members review the application materials of students who have expressed an interest in research that is congruent with their research programs, and select students to work with them. A strong applicant whose research interests do not match those of the clinical area faculty may be contacted and asked if he or she would be interested in working with a particular faculty member. This mentor admissions system does not mean that each faculty member will admit one student per year. Some faculty may wish to admit more than one student;

faculty who are currently supervising a large number of students may not admit any. Decisions by individual faculty are typically reviewed by the chair of the admissions committee and/or the clinical faculty as a whole before offers of admission are made.

Specific information on admissions procedures may be found in the *Graduate Program in the Department of Psychology* booklet. Applicants will also need a copy of the *Graduate Admissions Bulletin*. Students are accepted for full-time doctoral training only. The typical course of study is six years; this includes the year of pre-doctoral internship training.

Currently, there are 31 students in the clinical program. Applications from students of diverse backgrounds are encouraged and carefully considered. We currently have no students with physical disabilities, but students with disabilities are encouraged to apply.

### **3. Program Attrition**

While the program is rigorous and demanding, we only accept students who we are confident can complete the program. We want every student to succeed and we do not use a “weeding out” process. However, for a variety of reasons, some students shift to other areas within the department, transfer to other areas of graduate study, or leave graduate school altogether. Of the 24 students who entered the program within the past 5 years, two subsequently withdrew and changed their field of study and one was terminated from the Ph.D. program and asked to complete a terminal master’s degree (a 13 % attrition rate).

### **4. Sequence of Training**

See Section III: Degree Requirements (p. 29-42).

### **5. Medical, Psychological, and Educational Services**

Career counseling, study skill tutoring, telephone referral service, and personal counseling are available through the Counseling-Psychological Services Center on campus. Medical care is provided at the Student Health Center (SHC), which maintains a hospital as well as outpatient and emergency room facilities on campus. Additional psychotherapeutic services are available through the Mental Health Clinic of the SHC. In most instances, coverage of all these services is included in obligatory student fees.

### **6. Physical Facilities**

In May 2002, the Department of Psychology moved into an impressive facility in the new Seay Psychology Building in north campus. The department occupies 80,711 square feet of space in the \$52 million dollar building, which features world-class research facilities, state-of-the-art computer labs and classrooms, two libraries, a number of well-situated conference and seminar rooms, and ample office space for graduate student research and teaching assistants.

The 3<sup>rd</sup> floor Training Clinic occupies half of the western wing, with eight treatment and assessment rooms outfitted with audio equipment and observation windows, a group room for clinic meetings and group therapy sessions, and a spacious waiting room for clients.

## 7. Cultural Environment

Austin, the capital city of Texas, is a community of some 800,000 that borders the banks of the Colorado River in central Texas. Dallas is 200 miles to the north, Houston is 160 miles to the southeast and San Antonio is some 90 miles to the southwest. Initially devoted primarily to state government, the University, and a military airport, the city has witnessed substantial growth of technology and business in recent years, and now provides the more attractive characteristics of a small city. The University of Texas at Austin is the principal research and training institution in the Southwest, and the only member of the Association of American Universities in this area. The University, as well as the local community, provides a broad array of cultural activities and educational programs. As for climate, the summers are undeniably hot, although air conditioning and pools (amenities of most apartment buildings) offer a mitigating influence. In addition, the city has many parks and lakes. Winter is very brief. The fall and spring, however, are long and temperate—sun shines most of the time in a deep blue sky, and the nights are cool and clear.

More information on Austin is available from the Austin Chamber of Commerce, P. O. Box 1967, Austin, TX 78767. General information on the state can be obtained from the Travel Information Division, Department of Highways and Public Transportation, P. O. Box 5064, Austin, TX 78763.

## 8. More Information

Further information on the Department of Psychology, including a description of all graduate study areas in the department, is available on our website ([www.psy.utexas.edu](http://www.psy.utexas.edu)) and in the *Graduate Program in the Department of Psychology* brochure. For a copy of this brochure, contact the graduate office:

Graduate Advisor  
Department of Psychology  
University of Texas at Austin  
Seay Psychology Building  
1 University Station, A8000  
Austin, TX 78712

(512) 471-3785  
[gradoffice@psy.utexas.edu](mailto:gradoffice@psy.utexas.edu)

Inquiries about the clinical program itself should be sent to Dr. Martita Lopez, Director of Clinical Training ([lopez@psy.utexas.edu](mailto:lopez@psy.utexas.edu)), or Dr. Chris Beevers, Associate Director of Clinical Training ([beevers@psy.utexas.edu](mailto:beevers@psy.utexas.edu)).

Please note that the purpose of this information is to provide you with a description of the graduate program in clinical psychology. This description does not constitute a contract, either expressed or implied.

## **B. General Regulations:**

Students are responsible for knowing and abiding by the contents of these instructions, the graduate catalogue, and the American Psychological Association's *Ethical Principles of Psychologists and Code of Conduct* (1992). These instructions are revised periodically, and students are advised to consult each new version for changes. The policies and recommendations contained in this manual are considered to be in effect at the time students begin the program and remain applicable through completion of the program.

Students are advised and expected to maintain regular email contact during the school year and summer to ensure that they receive program announcements and requests. Accordingly, all students should make sure that they give the Administrative Associate their current working email addresses or alternative contact information.

At this University, departments are permitted to be more stringent in their regulations and requirements for their graduate programs than the Graduate School, but may not have guidelines that are less stringent than those detailed by the Graduate School. Therefore, for graduate students in the graduate programs of the Department of Psychology, the following requirements in this document take precedence over any Graduate School requirements that are less stringent.

## **C. Important Departmental Phone Numbers:**

Departmental Phone: (512) 471-1157

Departmental Fax: (512) 471-5935

Web Access: [www.psy.utexas.edu](http://www.psy.utexas.edu)

Psychology Training Clinic / Administrative Associate: 471-3393

### **Internet Sites For Psychologists**

The PSYCGRAD Project Home Page:

<http://www.mrc-cbu.cam.ac.uk/mhonarc/psychology/msg00039.html>

APPIC website for internship application forms:

<http://www.appic.org/>

Texas State Board of Examiners of Psychologists

333 Guadalupe, Tower 2, Rm. 450, Austin, TX 78701

<http://www.tsbep.state.tx.us/>

305-7700

## D. Clinical Faculty Biographical Information

**Christopher G. Beevers, Ph. D., Associate Professor (Clinical)**  
Offc. (SEA 3.212); ph: (232-3706); email: [beevers@psy.utexas.edu](mailto:beevers@psy.utexas.edu)

Christopher Beevers received his doctorate in adult clinical psychology from the University of Miami and completed his internship at the Department of Psychiatry and Human Behavior at Brown University in 2002. He then stayed on at Brown to complete a postdoctoral research fellowship. In January 2005, Chris joined the department of psychology at the University of Texas at Austin as an assistant professor.

Chris' primary research interest focuses on the cognitive etiology and treatment of major unipolar depression. He believes that understanding normal cognitive processes provides an important foundation for identifying how these processes go awry in clinical depression. Chris' research has examined whether depression vulnerability is associated with negatively biased attention, thought suppression, and poor treatment-related cognitive change. Chris is particularly interested in the interplay between biology (e.g., variants of the serotonin transporter gene), cognitive risk factors for depression, and reactivity to transient mood states. Finally, he is interested in whether depression treatments modify putative risk factors.

In his spare time, Chris enjoys playing most sports, particularly tennis and squash, listening to music, cheering for his hometown Toronto Raptors and Blue Jays (it's been a tough decade for sports watching in the Beevers' household), extolling the virtues of Tivo, and spontaneously quizzing people (usually friends) about Canadian trivia (quick: What is the capital of Saskatchewan?). Chris also loves spending as much time as possible with his wife Rebecca, and their two kids, Graham and Julia, and their 13 year old dog, Casey.

Recent publications include:

- Beevers, C. G., Wells, T. T., Ellis, A. J., & McGeary, J. E. (2009) Association of the Serotonin Transporter Gene Promoter Region (5-HTTLPR) Polymorphism With Biased Attention for Emotional Stimuli. *Journal of Abnormal Psychology*, 118(3), 670-681.
- Kellough, J., Beevers, C. G., Ellis, A., & Wells, T. T. (in press). Time course of selective attention in depressed young adults: An eye tracking study. *Behavior Research and Therapy*.
- Beevers, C.G., Scott, W. D., McGeary, C., & McGeary, J. (in press). Cognitive reactivity to a negative mood induction: Associations with polymorphisms of the serotonin transporter (5-HTTLPR) gene. *Cognition and Emotion*.
- Beevers, C. G., Gibb, B. E., McGeary, J. E., & Miller, I. W. (2007). Serotonin transporter genetic variation and biased attention for emotional word stimuli among psychiatric inpatients. *Journal of Abnormal Psychology*, 116, 208 - 212.
- Beevers, C. G. (2005). Cognitive vulnerability to depression: A dual process model. *Clinical Psychology Review*, 25, 975-1002.
- Beevers, C. G., & Miller, I. W. (2005). Unlinking negative cognition and symptoms of depression: Evidence for the specific effect of cognitive therapy. *Journal of Consulting and Clinical Psychology*, 73, 68-77.
- Gibb, B. E., Alloy, L. B., Abramson, L. Y., Beevers, C. G., & Miller, I. W. (2004). Cognitive vulnerability to depression: A taxometric analysis. *Journal of Abnormal Psychology*, 113, 81-89.
- Beevers, C. G., Keitner, G. I., Ryan, C. E. & Miller, I. W. (2003). Cognitive predictors of symptom return following depression treatment. *Journal of Abnormal Psychology*, 112, 488-496

**Caryn L. Carlson, Ph. D. , Professor (Clinical)**  
**Offc. 4. 212; ph: 475-8493; email: carlson@psy.utexas.edu**

Caryn L. Carlson received her Ph.D. in psychology in 1984 from the University of Georgia. She completed postdoctoral work at Indiana University and was for three years a faculty member in the psychology department at Virginia Tech. She joined the UT faculty in 1989. For most of her career, her research program, funded by the National Institutes of Mental Health, examined a number of aspects of the functioning of children with Attention Deficit Hyperactivity Disorder (see selected publications below).

Dr. Carlson in recent years has changed the focus of her work to the field of Positive Psychology and well-being. Positive Psychology is a movement expressive of the outlook that the science of psychology can be utilized not only to reduce human suffering, but also to enhance our potential. The positive psychology approach employs scientific methodology to elucidate factors relevant to understanding and promoting what is good in people -- including positive emotions, character strengths and virtues (e.g., wisdom, valor, and generosity), as well as health, well-being, and life satisfaction. Dr. Carlson has taught seminars in Positive Psychology at both the graduate and undergraduate levels for the past several years. She received the 2009 Raymond Dickson Centennial Endowed Teaching Fellowship, which recognizes teaching excellence in the College of Liberal Arts, and the 2010 Eyes of Texas Award for excellence in service to the University.

Recent undergraduate honor's students supervised by Dr. Carlson include:

- Owen O'Brien (2010): Thesis, "The influence of community on the efficacy of Positive Psychology exercises." (Plan II)
- Rachel Meyerson (2010): Thesis, "Positive affect and couples' conflict resolution: A test of Fredrickson's Broaden-and-Build Model." (Plan II/Psychology)
- Aimee Brown (2011): Thesis: Well-being, academic achievement and signature strengths in college students." (Plan II/Psychology)
- Daniel Faso (2011): Thesis, "The relationship between hope and well-being in parents of children with autism." (Psychology)

**Kim Fromme, Ph. D. , Professor (Clinical)**

**Offc. 3. 242; ph: 471-0039; email: [fromme@psy.utexas.edu](mailto:fromme@psy.utexas.edu)**

**Offc. 2. 302; ph: 471-8993; (Sahara Lab)**

Kim received her Ph. D. from the University of Washington in 1988. Prior to moving to UT Austin in 1993, she was on the faculty at the University of Delaware. Dr. Fromme's program of research examines the etiology and prevention of substance use, unsafe sex, and other health risk behaviors. Findings from survey and laboratory investigations have provided the foundation for the development and evaluation of brief motivationally-based cognitive-behavioral interventions for the prevention of substance use and other health risk behaviors. Over the past 5 years, Dr. Fromme has been conducting a longitudinal study of the alcohol use and other behavioral risks of emerging adults as they transitioned from high school through college.

Dr. Fromme places a high value on facilitating students' professional and personal development through close one-on-one supervision. By providing training in both experimental and survey research, her students gain exposure to a variety of research methodologies and develop a strong theoretical grounding in addictive behaviors. Consequently, Dr. Fromme's graduate students and former postdoctoral fellows have strong records of scholarly publications, presentations at national and international meetings, and successful grant writing experiences.

Dr. Fromme's recreational interests include weight training, a monthly book club, UT football games, and the live music scene here in Austin. Loves in life include her partner Lance and her furry, four-legged felines.

Recent publications include:

- Quinn, P.D. & Fromme, K. (in press). Self-regulation as a protective factor against risky drinking and sexual behavior. *Psychology of Addictive Behaviors*.
- Stappenbeck, C.A. & Fromme, K. (in press). A longitudinal investigation of alcohol use and physical dating violence in men and women. *Addictive Behaviors*.
- Brisler, H.A, Wetherill, R.R., & Fromme, K. (in press). Anticipated versus actual alcohol consumption during 21st birthday celebrations. *Journal of Studies on Alcohol and Drugs*.
- Stappenbeck, C.A. & Fromme, K. (in press). Alcohol use and perceived social and emotional consequences among perpetrators of general and sexual aggression. *Journal of Interpersonal Violence*.
- Vaughan, E.L, Corbin, W.R, & Fromme, K. (2009). Academic and social motives/behaviors and alcohol use: Differences by gender, race/ethnicity, and family history of alcohol problems. *Psychology of Addictive Behaviors*.
- Wetherill, R.R. & Fromme, K. (2009). Subjective responses to alcohol prime event-specific consumption and negative consequences. *Journal of Studies on Alcohol and Drugs*, 70, 593-600.
- Wetherill, R., Neal, D.J. & Fromme, K. (2009). Perceived awareness and caring from parents and peer influences sexual behavior among college students. *Archives of Sexual Behavior*.
- Fromme, K., Corbin, W.R., & Kruse, M.I. (2008). Behavioral risks during the transition from high school to college. *Developmental Psychology*, 44, 1497-1504.
- Hatzenbuehler, M.L., Corbin, W.R., & Fromme, K. (2008). Trajectories and determinants of alcohol use among LGB young adults and their heterosexual peers: Results from a prospective study. *Developmental Psychology*, 44, 81-90.
- Corbin, W.R., Gearhardt, A., & Fromme, K. (2008). Stimulant alcohol effects prime within session drinking behavior. *Psychopharmacology*, 197, 327-333.
- Corbin, W.R., Vaughan, E.L., & Fromme, K. (2008). Ethnic differences and the closing of the gender gap in alcohol use among college bound students. *Psychology of Addictive Behaviors*, 22, 240-248.
- Neal, D.J. & Fromme, K. (2007). Event level covariation of alcohol intoxication and behavioral risks during the first year of college. *Journal of Consulting and Clinical Psychology*, 75, 294-306.

**Andreana Haley, Ph.D., Assistant Professor (Clinical)**  
Office 3.236; ph: 232-0863; email: [haley@psy.utexas.edu](mailto:haley@psy.utexas.edu)

Andreana Haley received her Ph.D. degree in Clinical Psychology from the University of Virginia in 2005 after completing a pre-doctoral internship in Neuropsychology and Rehabilitation Medicine at Eastern Virginia Medical School. Before joining the Clinical Psychology faculty at UT Austin, she spent two years as a Dementia Research Fellow at Brown University, and a visiting research fellow at the Center for Neurological Imaging at the Brigham and Women's Hospital in Boston.

Andreana's research examines the biological underpinnings of cognitive impairment associated with aging and dementia. As a clinical neuropsychologist, she is interested in studying the neural substrates of memory, language and executive function in clinical populations, in vivo, by utilizing functional neuroimaging (fMRI) and neurospectroscopy (1H MRS). She also conducts work to determine how disturbances in glucose metabolism, hormonal regulation, and cardiovascular functioning contribute to changes in cognition, brain morphology, and energy metabolism. Her goal is to bridge knowledge from basic and clinical neuroscience with the aim of improving how we understand, predict, and treat age- and disease-related cognitive impairment.

In her spare time, Andreana enjoys spending time with her family, reading, traveling and studying Shotokan karate.

Selected Publications include:

- Hoth, K.F., Gonzales, M.M., Tarumi, T., Miles, S.C., Tanaka, H., Haley, A.P. (2010) fMRI evidence of altered functional activation in Metabolic Syndrome. *American Journal of Neuroradiology*. (In Press)
- Gonzales, M.M., Tarumi, T., Miles, S., Tanaka, H., Shah, F., Haley, A.P. (2010) Insulin sensitivity as a mediator of the relationship between BMI and working memory-related brain activation. *Obesity*. (In Press)
- Haley, A.P., Tarumi, T., Gonzales, M.M., Sugawara, J., Tanaka, H. (2010) Subclinical atherosclerosis is related to lower neuronal integrity in middle-aged adults. *Brain Research*, 1344, 54-61.
- Gonzales, M.M., Tarumi, T., Tanaka, H., Sugawara, J., Swann-Sternberg, T., Goudarzi, K., Haley, A.P. (2010) Functional imaging of working memory and peripheral endothelial function in middle-aged adults. *Brain and Cognition*, 73, 146-151.
- Irani, F., Sweet, L., Haley, A., Gunstad, J., Jerskey, B., Mulligan, R.C., Jefferson, A., Poppas, A., Cohen, R. (2009) An fMRI study of verbal working memory, cardiac output, and ejection fraction in elderly patients with cardiovascular disease. *Brain Imaging and Behavior*, 3, 350-357.
- McCaffery, J.M., Haley, A.P., Sweet, L.H., Phelan, S., Raynor, H.A., Del Parigi, A., Cohen, R., Wing, R.R. (2009) Differential fMRI response to food pictures among successful weight loss maintainers relative to normal weight and obese controls. *American Journal of Clinical Nutrition*. 90, 928-934.
- Haley, A.P., Hoth, K.F., Gunstad, J., Paul, R.H., Jefferson, Tate, D.T., Ono, M., Jerskey, B.A., Poppas, A., Sweet, L.H., Cohen, R.A. (2009) Subjective cognitive complaints relate to white matter hyperintensities and future cognitive decline in patients with cardiovascular disease. *American Journal of Geriatric Psychiatry*. 17(11), 976-985.
- Gunstad, J., Keary, T., Poppas, A., Paul, R., Jefferson, A.L., Sweet, L., Hoth, K., Haley, A.P., Forman, D., Cohen, R. (2009) Blood pressure and cognitive function in older adults with cardiovascular disease. *International Journal of Neuroscience*. 119, 2228-2242.
- Jerskey, B.A., Cohen, R.A., Jefferson, A.L., Hoth, K.F., Haley, A.P., Gunstad, J.J., Forman, D.E., Sweet, L.H., Poppas, A. (2009) Sustained attention is associated with systemic reduction of blood flow. *Journal of the International Neuropsychological Society*, 15(1), 137-141.

**K. Paige Harden, Ph.D., Assistant Professor (Clinical)**  
**Office 3.246; ph: 471-1124; email: harden@psy.utexas.edu**

Paige Harden received her Ph.D. in clinical psychology from the University of Virginia. She completed her clinical internship in the Department of Psychiatry at McLean Hospital / Harvard Medical School, in Belmont, MA. Dr. Harden's research is broadly concerned with adolescent developmental psychopathology. She is particularly interested in how family and social environments combine with genetic factors to shape atypical adolescent development. Dr. Harden uses a broad variety of behavioral genetic designs to investigate three specific areas of substantive interest: (1) sexual activity and childbearing; (2) antisocial behavior; and (3) alcohol and substance use.

Selected Representative Publications include:

- Mendle, J.E., Harden, K.P., van Hulle, C., D'Onofrio, B.M., Lahey, B.B., Rodgers, J.L., et al. (In Press). Revisiting evolutionary theories of father absence and early sexual activity. *Child Development*.
- Harden, K.P., D'Onofrio, B.M., Van Hulle, C., Turkheimer, E., Rodgers, J.L., & Lahey, B.L. (2009). Population density and youth antisocial behavior. *Journal of Child Psychology and Psychiatry*, 50, 999-1008.
- Harden, K.P., Mendle, J.E., Turkheimer, E., & Emery, R.E. (2008). Rethinking timing of first sex and delinquency. *Journal of Youth and Adolescence*, 37, 373 – 385.
- Harden, K.P., Hill, J.E., Turkheimer, E., & Emery, R.E. (2008). Gene-environment correlation and interaction in peer influence on adolescent alcohol and tobacco use. *Behavior Genetics*, 38, 339 - 347.
- Harden, K.P., Lynch, S.K., Turkheimer, E., Emery, R.E., D'Onofrio, B.M., Slutske, W.S., Heath, A.C., Waldron, M., Madden, P., & Martin, N.G. (2007). A behavior genetic investigation of adolescent motherhood and offspring mental health problems. *Journal of Abnormal Psychology*, 116, 667 - 683.
- Harden, K.P., Turkheimer, E., Emery, R.E., D'Onofrio, B.M., Slutske, W.S., Heath, A.C., & Martin, N.G. (2007). Marital conflict and conduct problems in children-of-twins. *Child Development*, 77, 1 – 18.
- Harden, K.P., Turkheimer, E., & Loehlin, J.C. (2007). Genotype-by-environment interaction in adolescents' cognitive ability. *Behavior Genetics*, 37, 273 – 283.

**Charles (Josh) Holahan, Ph. D. , Professor (Clinical)**  
Offc. 3. 202; ph. 471-3320; email [holahan@psy.utexas.edu](mailto:holahan@psy.utexas.edu)

Charles (Josh) Holahan received a Ph. D. in Clinical Psychology from the University of Massachusetts at Amherst. He joined the faculty at the University of Texas at Austin after completing postdoctoral studies at the Graduate Center of the City University of New York. He has been a visiting faculty member at the Center for Health Care Evaluation at the Stanford University School of Medicine. His area of interest is health psychology, with a specialization in stress and coping. His research focuses on "stress resistance," which examines factors that discriminate between individuals who remain healthy versus those who become emotionally or physically ill in the context of life stressors. He enjoys opera, wine tasting, Japanese art, and British murder mysteries.

Selected publications include:

- Holahan, C. J., Moos, R. H., Holahan, C. K., Brennan, P. L., & Schutte, K. K. (2005). Stress generation, avoidance coping, and depressive symptoms: A 10-year model. *Journal of Consulting and Clinical Psychology, 73*, 658-666.
- Kenney, B. A., Holahan, C. J., North, R. J., & Holahan, C. K. (2006). Depressive symptoms and cigarette smoking in American workers. *American Journal of Health Promotion, 20*, 179-182.
- Holahan, C. J., Moos, R. H., Moerkbak, M. L., Cronkite, R. C., Holahan, C. K., & Kenney, B. A. (2007). Depressive symptom similarity between spouses over 10 years: The underlying role of coping. *Journal of Family Psychology, 21*, 551-559.
- North, R. J., Holahan, C. J., Moos, R. H., & Cronkite, R. C. (2008). Family support, family income, and happiness: A 10-year perspective. *Journal of Family Psychology, 22*, 475-483.
- Kenney, B. A., Holahan, C. J., Holahan, C. K., Brennan, P. L., Schutte, K. K., & Moos, R. H. (2009). Depressive Symptoms, Drinking Problems, and Cigarette Smoking in Older Adults. *Addictive Behaviors, 34*, 548-553.
- Holahan, C. J., Pahl, S. A., Cronkite, R. C., Holahan, C. K., North, R. J., & Moos, R. H. (2010). Depression and Vulnerability to Incident Physical Illness Across 10 Years. *Journal of Affective Disorders, 123*, 222-229.
- Holahan, C. J., Schutte, K. K., Brennan, P. L., Holahan, C. K., Moos, B. S., & Moos, R. H. (2010). Late-Life Alcohol Consumption and 20-Year Mortality. *Alcoholism: Clinical and Experimental Research, 34*, 1961-1971.
- Holahan, C. K., Holahan, C. J., Powers, D. A., Ockene, J. K., Marti, C. N., & Hays, R. B. (2011). Depressive symptoms and smoking in middle-aged and older women. *Nicotine & Tobacco Research, 13*, 722-731.
- Holahan, C. J., Brennan, P. L., Schutte, K. K., North, R. J., Holahan, C. K., Moos, B. S., & Moos, R. H. (in press). Wine consumption and 20-year mortality among late-life moderate drinkers. *Journal of Studies on Alcohol and Drugs*.
- Holahan, C. J., North, R. J., Holahan, C. K., Hayes, R. B., Powers, D. A., & Ockene, J. K. (in press). Social influences on smoking in middle-aged and older women. *Psychology of Addictive Behaviors*.

**Robert (Bob) Josephs, Ph. D., Professor (Social/Clinical)**  
**Offc. 3.204; ph: 471-9788; email: josephs@psy.utexas.edu**

Robert A. Josephs was born on Long Island, and is a product of the New York State public school system, remaining within that system from K through college (he was graduated from Cornell University, the largest of the Ivies and the only "hybrid" Ivy combining private and public colleges within one University). Following graduation, he became a guest of the New York State Department of Corrections for a year (as a volunteer tutor, teaching algebra, geometry, and trigonometry). He then ventured west, obtaining an M.S. from the University of Washington under the supervision of Claude Steele. When Steele relocated to the University of Michigan in 1987, Josephs followed him to Ann Arbor, receiving the Ph.D. in social psychology in 1990. He was hired the same year by the psychology department at the University of Texas-Austin, and has been there ever since. Amongst the accomplishments he is most proud of are his two beautiful children (Ben, aged five, and Juliana, aged three), and his wonderful and infinitely patient wife Shana who is a child and adolescent psychiatrist in Austin, Texas.

Bob's research focuses on areas of social endocrinology, including topics like the relationship between testosterone and dominant behavior; correlations between serotonin transporter polymorphism (SLC6A4), high levels of testosterone, and an exaggerated neuroendocrine response to stress (in collaboration with Chris Beevers); endocrine profiles that potentially predict the likelihood of medical symptom underreporting; the psycho-social consequences that result from chemical castration (in collaboration with Chris Beevers and Jamie Pennebaker); and the psychological mechanisms underlying alcohol-induced violent aggression.

Selected publications include:

- Giancola, P.R., Josephs, R.A., Parrott, D.J., & Duke, A.A. (2010). Alcohol Myopia Revisited: Clarifying Aggression and Other Acts of Disinhibition Through a Distorted Lens. *Perspectives on Psychological Science*, 5(3), 265-278.
- Mehta, P.H. & Josephs, R.A. (under review). Dual-Hormone Regulation of Dominance Behavior.
- Mehta, P.H., & Josephs, R.A. (in press). Social Endocrinology. To appear in *The Handbook of Social Motivation*, edited by David Dunning. New York: Psychology Press.
- Rivers, J.J., & Josephs, R.A. (2010). Dominance and health. In A. Guinote and T.K. Vescio (Eds.), *The Social Psychology of Power* (pp. 87-112). New York: Guilford Press.
- Josephs, R.A. (2009). Moving beyond dichotomies in research on oral contraceptives: A comment on Edwards and O'Neal. *Hormones & Behavior*, 56, 193-194.
- Schroeder, D. G., Josephs, R. A., & Swann, W. B. Foregoing lucrative employment to preserve low self-esteem. (under review).
- Campbell, R. S., Gibbs, B. N., Guinn, J. S., Josephs, R. A., Newman, M. L., Rentfrow, P. J., & Stone, L. D. (2002). A biased view of liberal bias, *American Psychologist*, 57 (4), 297-298.
- Silvera, D. H., Josephs, R. A., & Giesler, R. B. (2002). Bigger is better: the influence of physical size on aesthetic preference judgments. *Journal of Behavioral Decision Making*, 15, 189-202.

**Marc S. Lewis, Ph. D. , Associate Professor (Clinical)**  
**Offc. 3. 212; ph: 471-3393; email: [lewis@psy.utexas.edu](mailto:lewis@psy.utexas.edu)**

Marc Lewis received his Ph. D. in Clinical Psychology from the University of Cincinnati. He is currently conducting research in cellular genetics looking for the cause of a rare, often fatal disease called Cronkhite-Canada Syndrome. Dr. Lewis has won numerous teaching awards, including the prestigious 2010 Regents' Outstanding Teacher Award..

- Wang A, Lewis, M & Johnson, A (2005) Domain interactions within the Ski2/3/8 complex and between the Ski complex and Ski7p, *RNA*, 11 (8): 1291-1302.
- Hofer AC, Tran RT, Aziz OZ, Wright W, Novelli G, Shay J, Lewis M. (2005) Shared phenotypes among segmental progeroid syndromes suggest underlying pathways of aging, *Journal of Gerontology: Biological Sciences*, 60 (1): 10-20.
- Amati et al. (2004) Gene expression profiling of fibroblasts from a human progeroid disease (Mandibuloacral Dysplasia) through cDNA microarrays, *Gene Expression*, 12 (1); 39-47.
- Lewis, M. S. (2002) PRELP, Collagen and a Theory of Hutchinson-Gilford Progeria. *Aging Research Reviews*, (in press).

**Martita A. Lopez, Ph. D., Director of Clinical Training, Professor (Clinical)**  
**Offc. 3. 132B; ph: 232-4626; email: [lopez@psy.utexas.edu](mailto:lopez@psy.utexas.edu)**

Martita A. Lopez received her Ph.D. from Syracuse University in 1977 and completed her internship at the Yale University School of Medicine. She spent several years on the faculty at Virginia Tech and then joined the faculty at Rush Medical College, Rush University Medical Center, in Chicago. At Rush she served as Director of Clinical Training for the APA-accredited internship program. She also headed several hospital programs, specializing in adults with chronic illnesses, rehabilitation psychology, and geropsychology. She came to UT-Austin in 2001 as director of the Clinical Psychology Training Clinic and currently is also Director of Clinical Training. She was recently a co-investigator for an NIH-funded grant on the effectiveness of a CBT insomnia treatment program for older adults who have comorbid medical illness. Recent publications have been in the areas of psychology training, effectiveness of insomnia treatments, and geropsychology research methods and practice.

- Lopez, M. (2008). Exercise and sleep quality. In W. Spirduso, L. Poon, & Chodzko-Zajko (Eds) *Exercise Effects on Mediators of Cognition Vol 2*. Champaign, IL: Human Kinetics.
- Rybarczyk, B., Stepanski, E., Fogg, L., Lopez, M., Barry, P., & Davis, A. (2005). A placebo controlled test of CBT for comorbid insomnia in older adults: A comparison across three chronic diseases. *Journal of Consulting and Clinical Psychology*, 73(6), 1164-1174.
- Rybarczyk, B., Lopez, M., Schelble, K., & Stepanski, E. (2005). Home-based video CBT for comorbid geriatric insomnia: A pilot study using secondary data analyses. *Behavioral Sleep Medicine*, 3(3), 158-175..
- Stepanski, E., Rybarczyk, B., Lopez, M., & Stevens, S. (2003). Assessment and treatment of sleep disorders in older adults: A review for rehabilitation psychologists. *Rehabilitation Psychology*, 48, 23-36.
- Rybarczyk, B., Lopez, M., Benson, R., Alsten, C., & Stepanski, E. (2002). The efficacy of two behavioral treatment programs for comorbid geriatric insomnia. *Psychology and Aging*, 17, 288-298.
- O'Brien, W., Lopez, M., & Collins, A (2002). Education and training in health psychology: As it is, as it should be, as it could be. *The Health Psychologist*. 23, 12-14.

**Cindy Meston, Ph. D. , Professor (Clinical)**

**Offc. 3. 232; ph: 232-4644; email: [meston@psy.utexas.edu](mailto:meston@psy.utexas.edu); Website: [www.mestonlab.com](http://www.mestonlab.com)**

Cindy Meston is a Full Professor of Clinical Psychology at the University of Texas at Austin. She received her Ph.D. from the University of British Columbia in 1995 and completed a postdoctoral fellowship in Sexual and Reproductive Medicine at the University of Washington, School of Medicine in 1996. She was awarded a fellowship from the Social Science Research Council, Ford Foundation, NY from 1996-1998 to study the cognitive processes that mediate the relationship between early childhood sexual abuse and later adult sexual dysfunction. Since being hired at the University of Texas in 1998, she received the Athena Institute of Women's Wellness Award to examine the effects of hysterectomy on sexual arousal processes, a five year grant from the National Center for Complementary and Alternative Medicine (NCCAM) to study the effects of ginkgo biloba on women's sexual arousal, and a five year grant from the National Institute of Child Health Development (NICHD) to conduct a treatment outcome study for women with sexual dysfunction who have a history of childhood sexual abuse. She is the Past President of the International Society for the Study of Women's Sexual Health (ISSWSH), and is an active member of the International Academy of Sex Research (IASR), and the Society for the Scientific Study of Sexuality (SSSS). She is past Associate Editor of the *Journal of Sexual Medicine* and currently serves on the Editorial Boards of the *Journal of Sexual Medicine*, *Archives of Sexual Behavior*, the *Journal of Sex and Marital Therapy*, and the *Journal of Sex Research*. She has published over 100 peer reviewed articles and book chapters on women's sexuality, and given over 160 professional presentations on human sexuality. For information on her current research, see: [www.mestonlab.com](http://www.mestonlab.com).

## Recent Publications include:

- Stephenson KR, Meston CM (in press). When are sexual difficulties distressing for women? The selective protective value of intimate relationships. *Journal of Sexual Medicine* (Epub ahead of print)
- Stephenson KR, Meston CM (2010). Differentiating components of sexual well-being in women: Are sexual satisfaction and sexual distress independent constructs? *Journal of Sexual Medicine* (Epub ahead of print)
- Gerstenberger EP, Rosen RC, Brewer JV, Meston CM, Brotto LA, Wiegel M, & Sand M (2010). Sexual desire and the Female Sexual Function Index (FSFI): A sexual desire cutpoint for clinical interpretations of the FSFI in women with and without hypoactive sexual desire disorder. *Journal of Sexual Medicine* (Epub ahead of print)
- Ahrold TK, Farmer M, Trapnell, PD, Meston CM (2010). The relationship among sexual attitudes, sexual fantasy, and religiosity. *Archives of Sexual Behavior* [Epub ahead of print].
- Harte CB, Meston CM (2010). Recreational use of erectile dysfunction medications in undergraduate men in the United States: Characteristics and associated risk factors. *Archives of Sexual Behavior*
- Pujols Y, Meston CM, Seal BN. (2010). The association between sexual satisfaction and body image in women. *Journal of Sexual Medicine*, 7, 905-916.
- Hamilton LD, Meston CM (2010). The effects of partner togetherness on salivary testosterone in women in long distance relationships. *Hormones and Behavior*, 57, 198-202.
- Meston CM, Ahrold TK (2010). Ethnic, gender, and acculturation influences on sexual behaviors. *Archives of Sexual Behavior*, 39, 179-189.
- Ahrold TK, Meston CM (2010). Ethnic differences in sexual attitudes of U.S. college students: Gender, acculturation, and religiosity factors. *Archives of Sexual Behavior*, 39, 190-202 .
- Meston CM, Harte CB (2010). Female Sex Therapy. In: I.B. Weiner, & W E. Craighead (Eds.). *The corsini encyclopedia of psychology* (4th ed). New York: John Wiley & Sons.
- Meston CM, Harte CB (2010). Heterosexuality. In: I.B. Weiner, & W.E. Craighead (Eds.). *The corsini encyclopedia of psychology* (4th ed). New York: John Wiley & Sons.

**A. Rebecca Neal, Ph.D., Assistant Professor (Clinical)**  
 Offc. 3.216; ph: 475-8491; email: [neal@psy.utexas.edu](mailto:neal@psy.utexas.edu)

Rebecca Neal received her Ph.D. in Child Clinical and Applied Developmental Psychology from the University of Miami in 2002. She completed her clinical internship in the Department of Psychiatry and Human Behavior at Brown University. Rebecca stayed on at Brown after internship to complete a two-year postdoctoral fellowship at the Brown University Center for the Study of Children at Risk (CSCR). She joined the faculty at the University of Texas at Austin in January 2005, and became an Assistant Professor in January 2009.

Rebecca's research interests fall into two related domains. Her primary area of interest involves the identification of early markers of developmental delay in at-risk populations. Recent work in this area focuses on understanding the contribution of early social-communicative (e.g., visual joint attention) and regulatory processes (e.g., infant cry) to developmental outcome (e.g., cognitive and language outcome). Rebecca maintains a second line of research in childhood autism. Recent efforts in this area used indices of physiological regulation (e.g., vagal tone) to understand social and communication deficits in children with autism and other pervasive developmental disorders. Other recent autism projects include an examination of emotion recognition abilities in high-functioning children with autism. Rebecca has received grant support from the National Institute of Child Health and Human Development. She has also received grant support from the National Institute of Drug Abuse.

When not at work, Rebecca and her husband, Chris, spend most of their time toting their 5-year-old son, Graham, and 2½-year-old daughter, Julia, to various parks, Biscuit Brothers concerts, and birthday parties in and around Austin

Selected publications include:

- Neal, A.R., Lester, B.M., LaGasse, Linda L., & the Maternal Lifestyles Study, NICHD, Neonatal Research Network (under review). Testing the Biosocial Model of Infant Cry: 1-month cry predicts 36-month outcome in the Maternal Lifestyles Study.
- Neal, A.R., Mundy, P.C., Claussen, A., Malik, S., Scott, K., & Acra, F. (under review). The relations between infant joint attention skill and cognitive and language outcome in at-risk children.
- Neal, A.R. (2008) Autism. In D. Blanchfield (Ed.), *The encyclopedia of life course and human development*. Farmington Hills, MI: Gale Publications.
- Vaughan Van Hecke, A., Mundy, P., Acra, C.F., Block, J., Delgado, C., Venezia, M., Meyer, J., Neal, A.R., and Pomares, Y. (2007). Infant joint attention, temperament, and social competence in preschool children. *Child Development*.
- Nathani, S., Oller, D.K., & Neal, A.R. (2007). On the robustness of vocal development: an examination of infants with moderate hearing impairment and additional risk factors.
- LaGasse, L.L., Neal, A.R., & Lester, B.M. (2005). Assessment of Infant Cry: Acoustic Cry Analysis and Parental Perception. *Mental Retardation and Developmental Disabilities*, 11, 83-93.
- Morales, M., Mundy, P., Crowson, M., Neal, A.R., & Delgado, C. (2005). Individual Differences in Infant Attention Skills, Joint Attention and Emotion Regulation Behavior. *International Journal of Behavioral Development*, 29, 259-263.
- Neal, A.R. Lester, B.M., Sheinkopf, S.J., LaGasse, L.L., Bauer, C.R., Shankaran, S., Bada, H.S., Poole, K., & Smeriglio, V. (2005, April). Infant cry as a marker of physiological and behavioral regulation in the Maternal Lifestyles Study (MLS). In A.R. Neal (Chair), *Infant cry as a marker of regulatory development*. Paper presented at the Biennial Meeting of the Society for Research in Child Development, Atlanta, GA.
- Mundy, P.M. & Neal, A.R. (2001). Neural plasticity, joint attention, and autistic developmental pathology. *International Review of Research in Mental Retardation*, 23, 139-167.

**James W. Pennebaker, Ph. D. , Professor (Social/Clinical) and Department Chair**  
Offc. 4.212; ph: 232-2781; email: [pennebaker@mail.utexas.edu](mailto:pennebaker@mail.utexas.edu)

James W. Pennebaker is Professor and Chair of Psychology with appointments in the Social and Clinical areas. He and his students are exploring how people talk and write about emotional events in their lives. Over the years, he has discovered that writing about emotional upheavals can improve physical and mental health as well as influence social behavior. His most recent research examines how everyday language reveals people's personalities, intentions, and social lives. Much of this research involves the study of group processes and cultural differences using methods from computational linguistics.

- Tausczik, Y., & Pennebaker, J.W. (2010). The psychological meaning of words: LIWC and computerized text analysis methods. *Journal of Language and Social Psychology, 29*, 24-54. A broad summary of the LIWC dimensions and how they are related to various psychological states. A must read for the LIWC researcher.
- Chung, C.K. & Pennebaker, J.W. (2008). Revealing dimensions of thinking in open-ended self-descriptions: An automated meaning extraction method for natural language. *Journal of Research in Personality, 46*, 96-132. By using a factor analytic method on content-related words, it is possible to extract meaning from samples of text files. These language dimensions are linked to personality.
- Pennebaker, J.W. & Chung, C.K. (2008). Computerized text analysis of Al-Qaeda transcripts. In K. Krippendorff and MA.. Bock (Eds), *A content analysis reader* (pp 453-465). Thousand Oaks, CA: Sage.
- Pennebaker, J.W., & Gonzales, A. (2008). Making history: Social and psychological processes underlying collective memory. In J.V. Wertsch and P. Boyer (Eds.), *Collective memory* (pp. 110-129). New York: Cambridge University Press.
- Petrie, K.J., Pennebaker, J.W., & Sivertsen, B. (2008). The things we said today: A linguistic analysis of the Beatles. *Psychology of Aesthetics, Creativity, and the Arts, 2*, 197-202. A language analysis of the history of the Beatles, including a comparison of the lyrics of Paul McCartney, John Lennon, and George Harrison.

**Manuel Ramirez, III, Ph. D. , Professor (Clinical)**  
Offc. 5. 206; ph: 475-7012; email: [ramirez@psy.utexas.edu](mailto:ramirez@psy.utexas.edu)

Dr. Ramirez received his Ph. D. from the University of Texas. He completed his internship at Norfolk State Hospital and Outpatient Clinic in Norfolk, Nebraska. Dr. Ramirez has taught at California State University at Sacramento, Rice University, Pitzer College of the Claremont Colleges, the University of California at Riverside, and the University of California at Santa Cruz. His research interests include Mestizo Psychology, multicultural personality development, assessment, and psychotherapy. His areas of expertise include ethnopsychology, cross-cultural psychology, and diagnostic assessment. In working with students, Dr. Ramirez aims to (1) provide training in research and practice with the "different" in society, (2) help to de-colonize society, and (3) enable students to become multicultural researchers, therapists, and educators. Dr. Ramirez is chair of the sub-committee on minority issues within the Clinical Training Committee.

- Ramirez, M., Valdez, G. & Perez, M. (2003). Applying the APA cultural competency guidelines: A cultural and cognitive flex perspective. *The Clinical Psychologist, 56* (4), 17-23.
- Ramirez, M. (1999). *Multiracial psychotherapy*. Allyn and Bacon.
- Ramirez, M. (1998). *Multicultural/Multiracial psychology: Mestizo perspectives in personality and mental health*. Jason Aronson Publishers.

**Tim Schallert, Ph.D., Professor (Behavioral Neuroscience)**

**ph: 423-1150; email: [tschallert@mail.utexas.edu](mailto:tschallert@mail.utexas.edu); lab web site: [Schallertlab.org](http://Schallertlab.org)**

Received Ph.D. from Arizona State University in 1976. Postdoctoral research at the University of Illinois and the Canadian Center for Behaviour and Brain at the University of Lethbridge in Alberta, Canada . Professor at the University of Texas since 1979. Elected Fellow of APA, APS and the International Behavioral Neuroscience Society, and the Academy of Distinguished Teachers. Funded by NIH for over 30 years.

Research interests in the Schallert lab include treatments for experimental animal models of Parkinson's disease, stroke, traumatic brain injury, brain tumors, peripheral and spinal cord injury, aging, memory and drug abuse. Anatomical, neurochemical and behavioral methods are used to understand mechanisms of neuroplasticity and to develop interventions that might improve functional outcome and neuroprotection.

Recent sample of peer reviewed publications (out of 230 total) include:

- Simola N, Ma ST, Schallert T (2010) Influence of caffeine on 50 kHz ultrasonic vocalizations in male adult rats and relevance to caffeine-mediated psychopharmacological effects. *Int J Neuropsychopharmacol*, 13: 123-132
- Okauchi M, Hua Y, Keep RF, Morgenstern LB, Schallert T, Xi G (2010) Deferoxamine treatment for intracerebral hemorrhage in aged rats: therapeutic time window and optimal duration. *Stroke*, 41, 375-382.
- Ma ST, Maier EY, Ahrens AM, Schallert T and Duvauchelle CL (2010) Repeated intravenous cocaine experience: Development and escalation of pre-drug anticipatory 50-kHz ultrasonic vocalizations in rats. *Behavioral Brain Research*, 212: 109-114.
- Britt JM, Kane JR, Spaeth CS, Zuzek A, Robinson GL, Gbanaglo MY, Estler C, Boydston EA Schallert T, Bittner GD (2010) Polyethylene glycol rapidly restores axonal integrity and improves the rate of motor behavior recovery after sciatic crush injury. *Journal of Neurophysiology*, 104: 695-703.
- Ciucci MR, Russell J, Conner N & Schallert T (2010) Targeted exercise therapy for voice and swallow in persons with Parkinson's disease. *Brain Research*, in press.
- Maier EY, Ahrens AM, Ma ST, Schallert T, CL Duvauchelle CL (2010) Cocaine deprivation effect: Cue abstinence over weekends boosts anticipatory 50-kHz ultrasonic vocalizations in rats. *Behavioural Brain Research*, 214, 75-79.
- Maier, E. Y., Ma, S.T., Ahrens, A.M., Schallert, T., Duvauchelle, C.L. (2010). Assessment of ultrasonic vocalizations during drug self-administration in rats. *Journal of Visualized Experiments (JoVE)*: <http://www.jove.com/index/details.stp?id=2041>
- Carlson ES, Fretham SJB, Unger E, O'Conner M, Petryk A, Schallert T, Rao R, Tkac I, Georgieff MK (2010). Hippocampus specific iron deficiency alters competition and cooperation between developing memory systems. *Journal of Neurodevelopmental Disorders*, 2: 133-143.
- Xiong Y, Mahmood A, Qu CS, Schallert T, Chopp M. (2010) Erythropoietin improves histological and functional outcomes after traumatic brain injury in mice in the absence of the neural erythropoietin receptor. *Journal of Neurotrauma*, 27: 205-215.
- Kane JR, Ma ST, Ciucci M, Ahrens AM, Schallert T (2011) Fine oro-motor control in a rat model of Parkinson's disease. *Journal of Communication Disorders*, in press.
- Maier EY, Abdalla MI, Ahrens AM, Schallert T, Duvauchelle CL (2011) The missing variable: Ultrasonic vocalizations reveal hidden sensitization and tolerance-like effects during long-term cocaine administration. *Psychopharmacology*, in press.
- Gil-Perotin S, Haines JD, Jasbir K, Marin-Husstege M, Spinetta MJ, Kim K-H, Duran-Moreno M, Schallert T, Zindy F, Roussel M, Garcia-Verdugo JM, Casaccia P (2011) Roles of p53 and p27Kip1 in the regulation of neurogenesis in the adult subventricular zone. *European Journal of Neuroscience*, in press.

**David Schnyer, Associate Professor (Cognition & Perception/Clinical)**

**SEA 5.246**

**Phone: 475-8499**

**Email: [schnyer@psy.utexas.edu](mailto:schnyer@psy.utexas.edu)**

Much of human mental capacity is driven by our ability to monitor and then control our behavior. In the past, my research has explored metamemory- the monitoring and control processes that contribute to memory functioning. I focused this work primarily at the role of monitoring in memory functioning by examining the algorithms and functional neural anatomy that underlie this process. While metamemory work continues in my lab, more recently I have also begun to expand this work by looking at the function of cognitive control more generally – its role in memory and mood regulation, as well as genetic influences, individual differences and aging. In addition, we examine disruption to control systems due to fatigue or brain injury.

Across all this work, I primarily take a Cognitive Neuroscience approach - testing well founded cognitive theories using several complimentary research methodologies including, (a) task dissociations in neurologically damaged patients and healthy controls, (b) human electro and magneto encephalographic recordings (EEG and MEG), (c) functional Magnetic Resonance Imaging (fMRI), and (d) the multimodal integration of fMRI and EEG/MEG.

- Maddox, W. T., Pacheco, J., Reeves, M., Zhu, B., & Schnyer, D. M. (2010). Rule-based and information-integration category learning in normal aging. *Neuropsychologia*, 48(10), 2998-3008.
- Beevers, C, Clasen, P., Stice, E, & Schnyer, D.M. (2010). Depression Symptoms and Cognitive Control of Emotion Cues: An fMRI Study, *Neuroscience*, 167. 97-103
- Beevers, C.G. & Schnyer, D.M. (2009). The Serotonin System and the Cognitive Control of Emotion: Associations with Depression Vulnerability. *Frontiers in Neuroscience*. 3. 248-249.
- Pacheco, J., Beevers, C., Benavides, C., McGeary, J., Stice, E. and Schnyer, D.M. (2009). Frontal-Limbic White Matter Pathway Associations with the Serotonin Transporter Gene Promoter Region (5-HTTLPR) Polymorphism. *Journal of Neuroscience*, 29. 6229-6233.
- Rocklage, M, Williams, V, Pacheco, J. & Schnyer, D.M. (2009). White matter differences predict cognitive vulnerability to sleep deprivation. *Sleep*. 32. 1100-1103.
- Schnyer, D.M., Zeithamova, D. & Williams, T. (2009). Decision Making Under Conditions of Sleep Deprivation: Cognitive and Neural Consequences. *Military Psychology* 21, 36-45.
- Schnyer, D.M., Dobbins, I.G., Nicholls, L.D., & Verfaellie, M. (2006) Rapid response learning in amnesia: Delineating associative learning components in repetition priming. *Neuropsychologia*, 44, 140-149.
- Schnyer, D.M., Nicholls, L.D., & Verfaellie, M. (2005). The role of VPMC in metamemorial judgments of content retrievability. *Journal of Cognitive Neuroscience*. 17, 832-846
- Dobbins, I.G., Schnyer, D.M., Verfaellie, M., & Schacter, D.L. (2004). Cortical activity reductions during repetition priming can result from rapid response learning. *Nature*, 428:6980, 316-319.
- Schnyer, D.M., Verfaellie, M., Alexander, M.P., LaFleche, G., Nicholls, L., & Kaszniak, A.W. (2004). A Role for Right Medial Prefrontal Cortex in Accurate Feeling of Knowing Judgments: Evidence from Patients with Lesions to Frontal Cortex. *Neuropsychologia*, 42:7, 957-966.

**William B. Swann, Ph. D., Professor (Social/ Clinical)**  
Offc. 3.106; ph: 471-3859; email: [swann@psy.utexas.edu](mailto:swann@psy.utexas.edu)

William B. Swann, Jr. , received his Ph. D. from the University of Minnesota. He has been a fellow at Princeton University and at the Center for Advanced Study in the Behavioral Sciences in Stanford and is the recipient of two research scientist development awards. He has also received multiple research grants from the National Science Foundation and the National Institutes of Mental Health. He has authored numerous articles and a book on self-esteem, depression, and relationships. His current research focuses on the self, victimization, and gender in close relationships. Dr. Swann is a professor in the areas of Social-Personality and Clinical Psychology.

- Swann, W.B., Jr. & Bosson, J. (2010). Self and Identity. Chapter prepared for S.T. Fiske, D.T. Gilbert, & G. Lindzey (Eds.), *Handbook of social psychology* (5th ed; 589-628), New York: McGraw-Hill.
- Sasaki, T., Hazen, N. L., & Swann, W. B., Jr. (2010). The supermom trap: Do involved dads erode moms' self-competence? *Personal Relationships*, 17, 71-79.
- Kwang, T., Wells, T. T., McGeary, J. E., Swann, W. B., Jr., & Beevers, C. G. (2010). Association of the serotonin transporter promoter region polymorphism with biased attention for negative word stimuli. *Depression and Anxiety*, 27, 746-751.
- Kwang, T. & Swann, W. B., Jr. (2010). Do people embrace praise even when they feel unworthy? A review of critical tests of self-enhancement versus self-verification. *Personality and Social Psychology Review*.
- Swann, W.B., Jr., Gómez, A., Dovidio, J. Hart, S. & Jetten, J. (2010). Dying and Killing for One's Group: Identity Fusion Moderates Responses to Intergroup Versions of the Trolley Problem. *Psychological Science*. In press
- Buhrmester, M. D., Blanton, H. & Swann, W. B. Jr. (in press). Implicit self-esteem: Nature, measurement, and a new way forward. *Journal of Personality and Social Psychology*.
- Swann, W. B., Jr. (in press). Self-verification theory. In P. Van Lang, A. Kruglanski, & E.T. Higgins (Eds.) *Handbook of Theories of Social Psychology*, Sage: London.
- Swann, W.B., Jr., Gómez, A., Huici, C., Morales, F., & Hixon, J. G. (in press). Identity fusion and self-sacrifice: Arousal as catalyst of pro-group fighting, dying and helping behavior. *Journal of Personality and Social Psychology*.

**Michael J. Telch, Ph. D. ; Professor (Clinical)**  
Offc. 3. 208; ph: 475-8488; email: [telch@austin.utexas.edu](mailto:telch@austin.utexas.edu)

My Ph. D. training was at Stanford University. Upon completing a two-year postdoctoral fellowship in behavioral medicine at the Stanford University School of Medicine, I stayed on as a research scientist in the medical school for an additional two years prior to joining the faculty at the University of Texas. My program of research mainly focuses on the nature and treatment of anxiety-related disorders. Within this broad area, I continue to make use of multiple research tactics including: (a) clinical trials; (b) experimental studies using biological challenge agents such as caffeine and CO<sub>2</sub>; (c) longitudinal risk and prevention studies; and (d) descriptive studies.

I am committed to training graduate students to become competent clinical researchers. Over the past 12 years, 14 students have received their Ph. D. s under my supervision, and over half of these have gone on to accept faculty / research positions at major universities. I am also committed to the clinical training of graduate students in empirically-supported treatments. I have considerable expertise and experience in both

behavior therapy and cognitive therapy. I offer advanced clinical supervision for doctoral students in their third year and beyond. More detailed information about my research program can be found at:

<http://homepage.psy.utexas.edu/homepage/group/telchlab/home.htm>

I teach the required course in Empirically-Supported Clinical Interventions that our students take during the fall semester of their second year. I also co-teach with Dr. Chris Beevers the required graduate course in Clinical Research Methods that is taken during the first year in the program. My outside interests include athletics (tennis, weight lifting, golf, and cycling), music, and traveling.

- Schultz, L.T., Heimberg, R.G., Rodebaugh, T.L., Schneier, M.R., & Telch, M.J. (2006). The Appraisal of Social Concerns Scale: Psychometric Validation with a Clinical Sample of Patients with Social Anxiety Disorder. *Behavior Therapy*, in press.
- Smits, J., Powers, M., Buxcamper, R., & Telch, M.J. (2006). The efficacy of videotape feedback for enhancing the effects of exposure-based treatment for social anxiety disorder: A controlled investigation. *Behaviour Research and Therapy*, in press.
- Reijntjes, A., Stegge, H., Terwogt, M., Kamphuis, J. & Telch, M.J. (2006). Emotion Regulation and its Effects on Mood Repair in Response to an Internet Simulation *In Vivo* Peer Rejection Challenge. *Emotion*, (in press).

**David M. Tucker, Ph. D. , Adjunct Associate Professor (Clinical)**  
Offc. 5. 224; ph: 458-6121; email: [dtucker@mail.utexas.edu](mailto:dtucker@mail.utexas.edu)

David Tucker completed his graduate studies in Clinical Psychology, with an emphasis in neuropsychology, at the University of Georgia. He completed a specialty internship in clinical neuropsychology at the West Haven VAMC. He was previously an associate professor in the departments of Neurology, Physical Medicine and Rehabilitation and Psychology at the University of Missouri School of Medicine and served as the Director of Neuropsychological Services at the U of M Hospital and Clinics. He moved to Austin in 1990, joining the Austin Neurological Clinic and the psychology faculty at UT as an adjunct associate professor. He teaches graduate courses in the area of clinical neuropsychology and also supervises neuropsychology clinical practica. Dr. Tucker is a Diplomate in Clinical Neuropsychology from the American Board of Professional Psychology and the American Board of Clinical Neuropsychology. His current research interests include memory dysfunction in temporal lobe epilepsy, recovery of function following temporal lobectomy, fMRI with memory disorders and the neuropsychology of ADHD.

- Tucker, D. M., Roeltgen, D. P., Hartmann, J., Tulley, R., & Boxell, C. (1988). Memory dysfunction following unilateral transection of the fornix: A hippocampal disconnection syndrome. *Cortex*, 24, 465-472.
- Tucker, D. M., Roeltgen, D. P., Wann, P. D., & Wertheimer, R. I. (1988). Memory dysfunction in Myasthenia Gravis: Evidence for central cholinergic effects. *Neurology*, 38, 1173-1177.
- Roeltgen, D. P., & Tucker, D. M. (1988). Developmental phonological and lexical agraphia in adults. *Brain and Language*, 35, 287-300.
- Parsons, M., & Tucker, D. (1995). Word completion priming in normal reading and learning disabled children: Evidence for a deficit in phonological representation. *Journal of the International Neuropsychological Society*, 1, 163.
- Gaub, M., Bunner, M., & Tucker, D. M. (1996). Behavioral and neurocognitive differences in DSMIV subtypes of ADD. *International Neuropsychological Society*, Chicago.
- Harrington, P. J., & Tucker, D. M. (1997). Visual and linguistic dissociations in a case of literal alexia. *American Neuropsychiatric Association*, Orlando, FL.

### **E. Students with Disabilities:**

Students who have a disability or condition that may impair their ability to complete assignments or otherwise satisfy course criteria are encouraged to meet with the course instructor to identify, discuss, and document any feasible instructional modifications or accommodations. The student should notify the instructor no later than the end of the second week of the semester in which the course is offered, or no later than the end of the second week after such a disability or condition is diagnosed--whichever occurs earlier. The student may contact Services for Students with Disabilities (471-6259) for information and auxiliary aid. Students with disabilities that may affect their performance on a placement, their ability to take a placement, or their progress through the program need to approach the Program Director for assistance in working out alternative placements or appropriate accommodations. The Program Director may require evidence supporting the student's claim of disability, which might include a letter from the Services for Students with Disabilities Resource Center, or another appropriate source, confirming that the condition or disability falls under the Americans with Disabilities Act. It is incumbent upon students to notify the appropriate parties of disabilities as specified above, prior to any performance problems that may develop.

### **F. Ethical and Professional Guidelines:**

The Clinical Department expects both faculty and students to conduct academic, therapeutic, and research pursuits according to the American Psychological Association's Ethical Code of Conduct.

The University adheres to the guidelines of the National Institutes of Health with regard to the involvement of human subjects in research. Any graduate student in psychology proposing to do research involving human subjects must first receive approval from either the Departmental Review Committee (if the researcher is recruiting subjects exclusively from UT undergraduate classes) or the University's Human Subjects Institutional Review Board (if the researcher plans to recruit subjects from outside the university).

### **G. Scholastic Dishonesty and Plagiarism:**

Information regarding scholastic dishonesty and plagiarism can be found in *The Graduate School Policy Manual: Policies, Procedures, and Problems*, cited hereafter. This manual is available online at <http://www.utexas.edu/ogs/gspolicymanual/33.html>

"Scholastic dishonesty" includes, but is not limited to, cheating, plagiarism, collusion, falsifying academic records, and any act designed to give unfair advantage to the student, or the attempt to commit such an act. Detailed definitions of these infractions may be found in General Information, Appendix C, Section 11-802 of *The Graduate School Manual*. Reprints of Appendix C are available from the Office of the Dean of Students. Detailed information also may be found under the Dean of Students on the Student Affairs web page at <http://www.utexas.edu/student/>

The Student Judicial Services of the Office of the Dean of Students has the delegated responsibility for student discipline, but when there is recommendation for suspension from the University or dismissal from the graduate student's academic program, Student Judicial Services will work with the Office of Graduate Studies in investigating and recommending resolution of the case.

## H. APA Guidelines on Sharing Authorship with Faculty

In accordance with the APA Code of Ethics (1992), principal authorship and other publication credits must accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as Department Chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications should be appropriately acknowledged in footnotes or in an introductory statement. A student is usually listed as principal author on any multiple-authored article that is substantially based on the student's dissertation or thesis.

## I. Grievances

### 1. Overview

Most student grievances are essentially appeals of a termination decision. In such situations, the student contacts the Director of Clinical Training and asks that the Clinical Training Committee reconsider its decision. On occasion, the committee has reversed itself in this situation upon the presentation of new evidence. If the committee reaffirms its decision, the student can appeal to the departmental executive committee. This committee is composed of the chair of the department, the graduate advisor, and one elected representative from the assistant, associate, and full professors. This committee examines the original facts and obtains new information when available. The committee has the power to affirm an area's decision or reverse it.

Before a grievance is filed, every effort should be made to resolve the problem informally between the student and the faculty member(s) involved or with the assistance of the Graduate Advisor, the chair of the GSC, or the chair of the department. However, when problems cannot be resolved informally, the student should submit a written complaint to the Office of Graduate Studies. The Office of Graduate Studies will notify the chair of the GSC that a formal grievance has been filed. Students must initiate their complaints within six months of the incident that is the subject of the grievance.

If you have questions regarding particular grievances, contact the Office of Graduate Studies, Main Building 101, 475-4511. Information is also available online at [www.utexas.edu/ogs/gspolicymanual/33.html#3311](http://www.utexas.edu/ogs/gspolicymanual/33.html#3311).

### 2. Academic-related grievances

Academic grievances involving grade disputes should first be discussed with the course instructor. Grade disputes that are not resolved and all other academic grievances should be submitted in writing to the department chairperson or another designated administrator of the academic program to which the grievance relates. Appeals should be directed to the Office of Graduate Studies.

More serious problems—such as dismissal from a graduate program on grounds of failed qualifying examinations, insufficient progress, deadlines not met, final projects (thesis, reports, dissertations, treatises) not accepted, or failed doctoral defense oral examinations—are handled according to the procedure outlined in the *Handbook of Operating Procedures*. This procedure may be referenced on the web at <http://www.utexas.edu/policies/hoppm/h012.html#h012D>.

Student grievances not related to termination decisions are handled by the chairman of the department on a case by case basis. In some situations, an advisory committee may be formed; in others, the chair acts as both fact-finder and decision-maker. Depending upon the situation, the advice of the University Attorney may be sought. An attempt is made to redress fairly grievances that can be resolved at the departmental level. If a student is dissatisfied with the outcome of a departmental decision, he or she can appeal to the University grievance committee.

### **3. Student program and student activity related grievances**

Grievances related to non-academic student programs and activities should be submitted in writing to the director of the specific student affairs area. If a resolution cannot be reached, appeals may be directed to the Vice President for Student Affairs, and then to the President for final disposition.

### **4. Disability-related grievances**

According to UT policy, no qualified disabled student shall, on the basis of disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any academic program or activity at UT. Complaints alleging discrimination on the basis of disability should be routed through the procedures described above. Should you need assistance, call Sandy Murphree at the Office of Students with Disabilities (471-6259).

### **5. Hazing, sexual and racial harassment, and sexual assault**

Complaints alleging hazing, sexual or racial harassment, or sexual assault should be addressed to the Office of the Dean of Students (471-1201).

### **6. Students' Attorney**

The Students' Attorney provides students with advice, representation, or referral for legal problems. No charge is assessed for advice, referral, or general assistance, but payment of court costs and other incidental expenses may be required if the office agrees to handle a student's case. The office reserves the right to accept or decline any individual case and to determine the manner of legal representation it will provide. Representation may be provided in civil legal matters only. Cases normally accepted for representation are landlord-tenant disputes, student loan disputes, property damage claims resulting from automobile accidents, employment disputes, credit card complaints, auto repair claims, and consumer protection matters including deceptive trade practices. The Students' Attorney is prohibited from representing students in criminal proceedings, purely business matters, family law, and most civil actions against other students, or in actions directly or indirectly against any part of The University System or its agents. If you need assistance call 471-7796 (Director Raymond Schiflett, raymonds@mail.utexas.edu).

## 7. Ombudsman

The ombudsman serves as a neutral third party providing assistance to students who have University-related complaints of a non-legal nature. The ombudsman and most of the office staff are students, and they very often serve as an information center for students who are not certain about which grievance procedure they should follow. The office is authorized to investigate grievances and recommend corrective measures involving both academic and nonacademic concerns, usually in cases where a student has followed a required procedure, yet his or her rights were violated. The types of cases the office handles include complaints about grades, parking, financial aid, registration, adds and drops, refunds, residency, housing, and scholastic probation and dismissal. The ombudsman may decline any case he or she considers inappropriate. All assistance provided by the office is confidential and is available by phone or in person.

Should you need assistance, contact Lauren Bloom (471-3825, SSB G1. 404). Students who wish to contact the office via e-mail may write to [ombuds@uts.cc.utexas.edu](mailto:ombuds@uts.cc.utexas.edu).

In addition to the University ombudsman, at the Department level, Dr. Marc Lewis and Dr. Becky Bigler are available for student consultation.

## J. Websites, Blogs, Email, Email signatures, and Answering Machine Messages Policy

In recent years, the Council of University Directors of Clinical Psychology (CUDCP) has observed the following activities connected with student information available on things like websites, emails, voicemail, answering machine messages, Facebook, and other public venues containing personal information:

- internship programs report conducting web searches for applicants' names before inviting applicants for interviews and ranking applicants in the match.
- clients are conducting web-based searches on trainees' names and finding information about therapists;
- employers are conducting on-line searches of potential employees prior to interviews and job offers; and
- legal authorities are looking at websites for evidence of illegal activities.

Accordingly, psychology trainees are encouraged to consider the implications of the ways in which their websites, blogs, listserve postings, voicemail messages, and email/email signatures affect how others view them as a professional. If you identify yourself as a graduate student in the program, then we also have some interest in how you portray yourself (see other program policies). We strongly encourage you to approach online blogs and websites, including personal information, in a way that is consistent with professional standards and ethics. Similarly, if you ever use your cell or home phone for research, teaching, or clinical activities, you should be sure that your greeting is appropriate in demeanor and content.

## SECTION II: FINANCIAL AID

### A. General Information

The Department of Psychology is able to provide graduate students with three types of financial support—research assistantships, teaching assistantships/assistant instructorships, and fellowships. It is the general policy of the department to provide all graduate students in good standing with some form of support during the academic year (fall and spring semesters) for the first four years of their graduate training. Many students receive support for five years. Students who receive support must satisfy the departmental and Graduate School requirements for the type of support they receive. The requirements for most types of support include full-time registration (nine hours of coursework each semester during the academic year) and no more than one incomplete from a previous semester. There is a limit of 14 long-session semesters of appointment as a teaching or research assistant.

### B. Teaching Assistantships (TAs)

Almost all new students who do not have fellowship or RA support receive an offer of TA support at the time of their acceptance to the program. Continuing students apply for fall semester TA support in the preceding April. All students apply for spring semester TA support in November. Students may request a particular course or instructor when they apply for TA support. The list of prospective TAs is circulated to the faculty, who are then given an opportunity to indicate their TA preferences.

The TA appointments and specific TA assignments are usually made during the week before classes begin. The assignments are not made before then because the list of potential TAs typically changes until just before the semester begins. A faculty member may receive a grant and consequently ask a potential TA to be an RA. A student may decide that he or she does not want to return to school. If there are not enough graduate students to fill every TA position, the department may appoint psychology students who would not otherwise be eligible (e. g. , students who are completing only an MA degree; students past their fourth year in the clinical area; and students in their seventh year in other areas) or recruit TAs from other departments such as Educational Psychology.

### C. Research Assistantships (RAs)

Faculty members who have research grants often hire graduate students to work as research assistants (RAs) on their funded projects. The faculty members with grant support (the principal investigators, or PIs) will select students for these appointments. RA appointments are either 10 or 20 hour per week appointments. Most students with a 10 hour per week RA appointment also receive a 10 hour per week teaching assistantship appointment. Some faculty members try to conserve their grant funds and provide students with RA support only during the summer when the alternative sources of support (fellowships and teaching assistantships) are less available; others are able to support some students for a full year. Approximately 30% of the current pre-internship clinical students are receiving partial or full RA support.

## **D. Assistant Instructors (AIs)**

The Department of Psychology attempts to provide each graduate student who wants to have direct classroom teaching responsibility an opportunity to teach at least once as an AI. Clinical students usually teach Introductory Psychology or undergraduate Statistics and Research Design. AIs are generally fourth- or fifth-year graduate students. They must have taken the teaching course (398T) and have been a TA for the course that they plan to teach. The teaching course is offered during the school year and in the summer in the Department of Psychology and the Department of Educational Psychology. Students must apply for AI positions one semester in advance of the semester in which they plan to teach. The selection of AIs for the courses is made by the TA/AI Committee in consultation with the heads of the applicants' areas. The TA/AI Committee can, to some extent, adjust the number of sections of AI-taught courses to match the number of requests. However, it is not always possible to satisfy the AI requests in a given semester. At other times, the department may seek potential AIs to teach scheduled sections of these lower-division courses.

## **E. Salary and Benefits for TAs, RAs, and AIs**

Students from out of state who are employed for 20 hours per week as a TA, RA or AI are considered Texas residents for tuition purposes and thus pay the resident tuition rate. Students employed for 20 hours per week are also eligible for premium sharing (the state and University's contribution to insurance premiums) which offsets the cost of health and dental insurance for TAs, RAs, and AIs. Students who work as TAs or AIs for 20 hours or more per week for a full spring semester are extended medical coverage during the following summer at no cost and regardless of whether they are employed by the University. TAs and AIs also receive tuition remission that is indexed to the number of hours of their appointment. This assistance is paid in a lump sum, separately from the regular appointment. Current tuition fees and stipend rates are available from the graduate office.

## **F. Graduate Fellowships**

### **1. University Preemptive Fellowships**

The heads of the graduate study areas and the graduate advisor select the nominees from the pool of incoming graduate students. Approximately one new student receives partial support from this fellowship source each year.

### **2. Research Internships**

Research Internships are awarded to faculty members to recruit entering graduate students. Faculty members are able to offer these positions to students who have been admitted to the faculty member's program. The essence of an RI appointment is the mentoring relationship between the faculty member and the student who is recruited.

### **3. University Continuing Fellowships**

Continuing graduate students are eligible for University Continuing Fellowships. The department can nominate up to two students for these fellowships, which also include various named fellowships (Cullen Trust Student Endowment Fellowships, Bess Hefflin Fellowship, William S. Livingston Graduate Fellowship, etc. ). Nominations for continuing fellowships are made in early March for the following academic year. The graduate advisor asks area heads to suggest possible nominees in early February. The graduate advisor and the area heads then select the departmental nominees. A primary criterion for these awards is performance as a graduate student; nominated students must have a record of research productivity. Because of this criterion most of the students nominated for this award are in their third or fourth year in the program. Approximately one student receives support from this source each year.

### **4. Fellowships for Students who are Ineligible for Resident Tuition**

The Office of Graduate Studies also provides fellowships with a stipend of \$1,000. A primary criterion for nomination for these fellowships is student need. Approximately 12 students receive this fellowship support each year. Many of these recipients are on internship and thus not eligible for teaching or research assistantships. Others have received external fellowships that do not provide tuition payment.

### **5. External Fellowship Support**

The Department of Psychology encourages all of its graduate students to apply for external fellowship support from such sources as the National Science Foundation, the American Association of University Women, the Social Science Research Council, the Hogg Foundation, etc. Information about these fellowships is posted on the Fellowship Bulletin Board on the third floor of the Seay building. A description of these fellowships, along with application information, can be found in the *Graduate Fellowship Programs* booklet published by the Office of Graduate Studies, or online at [www.utexas.edu/ogs](http://www.utexas.edu/ogs). On average, two to three students each year are supported by external fellowships. In the last several years, clinical students have received fellowships from organizations including the Hogg Foundation, the Wacker Foundation, the American Association of University Women, and the National Institute of Mental Health.

## **G. Federal Stafford Loan (FSL) and Federal Unsubsidized Stafford Loan (FUSL)**

As of this writing, FSL and FSUL loans are available as need-based, long-term loan programs in which banks or credit unions provide the funds. The interest on these loans is subsidized or paid for by the federal government while students are in school for at least half time, and for six months after they leave. Students can get updated information and applications for these loans through the Office of Student Financial Services.

## **SECTION III: DEGREE REQUIREMENTS AND PROGRAM POLICIES**

### **A. Overview of Degree Requirements**

To receive a doctoral degree from the clinical area of the U.T. psychology department, students must (1) complete four academic years of graduate study, (2) defend a dissertation successfully, and (3) complete a one-year internship. The clinical program is designed to meet both APA requirements and those of the UT Psychology Department in providing competency in research, clinical practice, and professional issues.

Students can receive their doctoral degrees in five years, but most faculty believe that six years is a more realistic time-span for the doctoral degree. The sixth year provides time for the additional training and the development of evidence of research productivity that is essential for a student who wishes to be competitive for academic positions. In addition, the faculty realize that research does not always proceed in a linear manner, and that research projects must be changed and redesigned when early results are non-interpretable and when new insights are achieved. Thus it is not unusual for students to remain in the program, as active researchers, for longer than six years.

### **B. Chronological Description of the Curriculum Plan**

What follows is a year-by-year listing of the clinical area curriculum. With few exceptions, the first- and second-year curriculum during the academic year is the same for all students: the emphasis is on completion of a sequence of courses that provides a foundation for advanced research and practicum work in clinical psychology, is consistent with APA guidelines, and satisfies the Psychology Department's requirements for core courses and statistics. (Subsequent sections provide more detailed descriptions of the specific departmental and APA requirements regarding course curriculum, research and clinical training.) Students in later years have more freedom to individualize their curriculum, provided it meets all of the area, departmental, and APA requirements. Thus, as students progress through the program and have an opportunity to develop more specific interests, they are encouraged to select courses, field work experiences, and practicum placements that correspond to their individual interests.

#### **1. First Year**

Students must satisfactorily complete the first-year clinical assessment courses (Theory and Techniques of Assessment I and II). First year students must also complete Research Methods in Clinical Psychology, Advanced Behavior Pathology (a core course) and Advanced Statistics: Inferential. First year students are required to attend the weekly clinical area seminar (Current Topics in Clinical Psychology), which features speakers from inside and outside the department and presentations from clinical students. Finally, students must also take History and Professional Issues in Clinical Psychology (offered in alternate years) in either their first or second year.

(Note on the Clinical Area Seminar: Students' regular attendance in the seminar addresses part of the APA guideline for program coverage of general psychology topics. All clinical students are expected to attend the majority of the seminars, and attendance by both first- and second-year students is required at a minimum of 80% of the meetings).

First-year curriculum:

**Fall**

PSY 384M	Advanced Statistics: Inferential
PSY 396	Advanced Behavior Pathology (= a core course)
PSY 194Q	History and Professional Issues (if offered)
PSY 394Q	Research Methods in Clinical Psychology

**Spring**

PSY 389K	Theory and Techniques of Assessment I
PSY 389L	Theory and Techniques of Assessment II
PSY XXX	a Department Core Course

**2. Summer of First Year**

Some students elect to take courses during the summer, particularly the summer after the first year. Many enroll in one statistics course and three hours of research (PSY 390). (Students only need to take one course [3 hours] to be eligible for funding through a summer TA or RA position.)

Summer curriculum:

PSY 390	Graduate Research
--- ---	a statistics course or elective

### 3. Second Year

In the fall semester of their second year, students take Empirical Foundations of Behavior Therapy and Clinical Practicum I. In the spring semester they take Clinical Practicum II. A second-year research project, written in APA manuscript style, must be submitted by first day of Fall classes of the third year.

Second-year curriculum:

#### Fall

PSY 390/698A	Graduate Research or Master's Thesis
PSY 393	Clinical Practicum I
PSY 394Q	Empirical Foundations of Behavior Therapy (if offered)
PSY 194Q	History and Professional Issues (if offered)
PSY ---	a departmental core course or elective

#### Spring

PSY 390 or 698A/B	Graduate Research or Master's Thesis
PSY 393K	Clinical Practicum II
PSY ---	a departmental core course or elective
PSY ---	a departmental core course or elective

### 4. Third and Fourth Years

During their third and fourth years, students are expected to complete a minimum of three semesters of advanced clinical practica, complete the departmental course requirements, and ensure that they have satisfied the APA competency requirements (see "Courses Grouped by APA Guideline Category" below). Students may also wish to take electives during this time. If they are seeing clients, students must be enrolled in Advanced Clinical Practicum (PSY 194Q or 394Q).

Third-year curriculum:

#### Fall

PSY 194Q	Area Seminar (Current topics in Clinical Psych)
PSY 194Q/394Q	Advanced Clinical Practicum (1 or 3 hours)
PSY 190, 290, or 390 or 698A/B	Graduate Research or Master's Thesis
PSY 394Q	Empirical Foundations of Behavior Therapy (if offered)
PSY ---	a core course or elective

#### Spring

PSY 194Q	Area Seminar (Current topics in Clinical Psych)
PSY 194Q/394Q	Advanced Clinical Practicum (1 or 3 hours)
PSY 190, 290, or 390 or 698A/B	Graduate Research or Master's Thesis
PSY ---	a core course or elective
PSY ---	a core course or elective

Fourth-year curriculum:

**Fall**

PSY 194Q	Area Seminar (Current topics in Clinical Psych)
PSY 194Q/394Q	Advanced Clinical Practicum (1 or 3 hours)
PSY 190, 290, or 390 or 399R/699R	Graduate Research or Dissertation
PSY ---	elective

**Spring**

PSY 194Q	Area Seminar (Current topics in Clinical Psych)
PSY 194Q/394Q	Advanced Clinical Practicum (1 or 3 hours)
PSY 190, 290, or 390 or 399R/W or 699R/W	Graduate Research or Dissertation
PSY ---	elective

## 5. Fifth and Sixth Years

During the fifth and sixth years, students should complete their predoctoral internships in one year, and complete their dissertations in the other. **Prior to applying for internship, students must have held their dissertation proposal defense.** Again, if they are seeing clients, students must be registered for Advanced Practicum (PSY 194Q or 394Q).

Fifth- or sixth-year curriculum:

**Fall**

Psy 399W, 699W or 999W	Dissertation (3, 6, or 9 hours)
---------------------------	---------------------------------

**Spring**

Psy 399W, 699W or 999W	Dissertation (3, 6, or 9 hours)
---------------------------	---------------------------------

Fifth- or sixth-year curriculum: Students must enroll for Internship during one semester, and can enroll for either Internship or Dissertation/Research hours the other semester. Some student loans require half-time (4.5 hour) enrollment, so check loan requirements regarding minimum number of hours for which you must enroll. Students should register for 399W the summer they are planning to graduate.

**Fall**

Psy 382K or Psy 399W	Internship in Clinical Psychology Dissertation
-------------------------	---

**Spring**

Psy 382K or Psy 399W	Internship in Clinical Psychology Dissertation
-------------------------	---

## C. Coursework Requirements

### 1. Overall Course Requirements

To meet all program requirements, the course curriculum for clinical students must include

- three departmental core courses,
- at least two statistics courses,
- coursework that meets requirements specific to the clinical area, and
- coursework that satisfies APA requirements.

No more than one-third of all courses may be taken from the same faculty member (excluding the dissertation courses). While 20% of all courses may be taken credit/no credit, all of the organized first-year courses must be taken for a grade (e.g., core courses, assessment, advanced behavior pathology, methods).

Students should meet each semester with their mentors to discuss their programs of study, including current and future semester plans.

### 2. Core Courses

All students are expected to take at least one departmental core course from each of two out of the three content groups listed below, and one additional core course from any of the content groups.

*(Note: before the fall of 2010, students were required to take four core courses, and at least one from each of the below three groups. Now, though, clinical students simply taking each of the APA-required starred courses below, will thereby automatically also have fulfilled the UT Psychology Dept. core courses requirements.)*

- |     |             |  |
|-----|-------------|--|
| (A) | PSY 383T    | Principles of Sensory and Behavioral Neuroscience* |
|     | PSY 391 N   | Learning and Memory                                |
|     | PSY 396D    | Clinical Psychopharmacology                        |
|     | PSY 383C    | Functional Neuroanatomy                            |
|     | PSY 394     | Behavioral Neuroendocrinology                      |
| (B) | PSY 380E    | Vision Systems                                     |
|     | PSY 387N    | Fundamentals of Perception                         |
|     | PSY 387R    | Fundamentals of Cognition*                         |
|     | PSY 394U    | Fundamentals of Early Perception & Cognition       |
|     | PSY 394U.3  | Intro to Cognitive Science                         |
|     | Psy 394U.15 | Cognitive Neuroscience                             |
| (C) | PSY 385P    | Fundamentals of Social Psychology*                 |
|     | PSY 396     | Advanced Behavior Pathology                        |
|     | PSY 394T    | Evolutionary Psychology                            |
|     | PSY 394V    | Social Neuroscience                                |
|     | PSY 394S    | Fundamentals of Developmental Psy (B&C)            |

\* an APA required course

Students are able to satisfy both departmental and APA requirements with a minimum number of courses by taking

- PSY 383T from Area A;
- PSY 387R or 394U from Area B; and
- PSY 385P from Area C (in addition to PSY 396, Advanced Behavior Pathology, which is required for first year clinical area students and satisfies one of the four core courses requirement).

First year students must take at least one core course, and must take all core and quantitative courses, on a letter grade basis. Students should complete the core course requirement by the end of the third year. Core courses may be taken on a credit/no credit basis during the second and third years.

### 3. Statistics Courses

All psychology department graduate students must complete a minimum of two statistics courses. Students must take PSY 384M (Advanced Statistics: Inferential) during the fall semester of their first year. The second course taken to fulfill the requirement may be PSY 384K, PSY 394T, or EDP 382K (see the course titles below). Frequently, students opt to enroll in EDP 382K (Correlation and Regression) during the summer after their first year, as this course complements the previous required course.

Statistics courses are offered through the Department of Psychology, the Department of Educational Psychology (in the College of Education), and other departments. Some of the more popular courses are listed below:

		usually offered in:
PSY 384M	Advanced Statistics: Inferential (required)	Fall
PSY 394T	Regression Analyses	Fall
PSY 384K	Advanced Statistics: Experimental Design	Spring
EDP 382K	Factor Analysis	Fall
EDP 382K	Structural Equation Modeling	Fall
EDP 382K	Survey of Multivariate Methods	Fall/Summer
EDP 382K	Correlation and Regression Methods	Spring/Summer

### 4. Coursework Meeting Requirements Specific to the Clinical Area

Courses required by the clinical area include:

PSY 194Q	Clinical Area Seminar (Current Topics in Clinical Psych) (register both semesters of the third and fourth years)
PSY 194Q	History and Professional Issues in Clinical Psychology
PSY 389K	Theory and Techniques of Assessment I
PSY 389L	Theory and Techniques of Assessment II
PSY 396	Advanced Behavior Pathology
PSY 394Q	Research Methods in Clinical Psychology
PSY 394Q	Empirical Foundations of Behavior Therapy
PSY 394Q	Diversity Issues in Research and Practice, and
PSY 393, etc.	5 semesters of clinical practicum

## **5. APA Requirements**

The American Psychological Association's standards for accreditation of clinical psychology graduate programs require that in the course of their training students acquire competency in the following areas

- (1) the breadth of scientific psychology, its history of thought and development, its research methods, and applications (this requires that students gain exposure to the biological, cognitive, affective, and social aspects of behavior, the history and systems of psychology, psychological measurement, research methodology and techniques of data analysis);
- (2) the scientific, methodological, and theoretical foundations of practice in clinical psychology; and
- (3) diagnostics, assessment, measurement, and intervention

The departmental requirements of three core courses and statistics, together with the clinical area requirements outlined previously, are designed to satisfy these APA guidelines.

## **6. Note on Other Courses**

Clinical students typically elect to take additional courses not specifically mentioned above. These frequently include specialized courses offered within the Psychology department. Also, other university departments offer many excellent statistics courses, and clinical students often take courses in the Department of Educational Psychology from faculty associated with the APA-accredited programs in counseling and school psychology.

## D. Research

Students are expected to be active in research during each year of their graduate training. During the first one or two years, students are likely to work on faculty-developed projects. Students complete a research proposal in their first semester Research Methods course, and a second-year research project either in conjunction with or independent of faculty-developed projects. In later years, a student's research should be more independent, but still linked to the supervisor's work. Ideally, the dissertation is the project that would be the logical next step in a student's research program at the time that he or she attains the doctoral degree.

To ensure breadth of research training, either the Master's or dissertation research must be a study for which the student is primarily responsible for data collection in addition to hypothesis generation, data analysis, and write-up of results. For students who do not seek the formal Master's degree, the second year project (see next) may be used to meet this requirement upon approval.

### 1. Second-Year Research Project/Presentation

The second-year project involves completing an original research project by collecting data, conducting statistical analyses, and writing a final manuscript. The second-year project should involve clinically relevant issues and/or populations. This is intended to provide the student with experience in formulating, designing, executing, and reporting research prior to working on the dissertation, and is conducted under the continuing and close supervision of a faculty member. It is up to the advisor to weigh in on the format (i.e., whether it should be written in "regular journal article" style or with an extended literature review), and whether students write up what they presented at Psychfest\* or make changes (e.g., gather more data). The final paper should be read and approved by the advisor prior to being submitted to the Clinical Administrative Associate by the first day of Fall semester classes in the third year. (An advisor may approve a paper as having met guidelines for a second year project, but still ask for additional revisions to meet the criteria for a master's thesis; a master's thesis is to be approved by a second reader, as well.)

### 2. Psychfest

Psychfest, initiated in 2000 as an additional research training opportunity, is held each April and serves to showcase and honor students' completion of this important research milestone. In addition to the student talks, the Lee Willerman Award for Research Excellence is given to the student paper judged best for that year; the recipient receives a plaque and a \$500 award, and their name is added to the permanent award plaque displayed in the department. In addition, an outside speaker (chosen with student input) is invited to give a talk and to provide feedback to students and meet with them informally. We have been able to attract an exceptionally distinguished group of researchers as our guest speakers, including Michael Bailey (the "inaugural speaker"; a graduate of our program), John Weisz, Jack Rachman, Edna Foa, Margaret Kemeny, William R. Miller, Andrew Shatté, James Coyne, and Julia Heiman. The festivities are capped with a reception, featuring a presentation to the speaker a framed limerick honoring their research (to view limericks, see the "Limerick Committee" page on the department website).

### 3. Presentations at Area Seminars

During their advanced years (3<sup>rd</sup> year and beyond), students are expected to actively participate in area seminars by making research presentations as well as by contributing to discussions of presentations by other students. Such presentations may involve presenting a research/dissertation idea, discussion of ongoing research projects, or giving a “practice” job talk.

### 4. Master's Thesis

Although students are not required to obtain a master's degree (M.A.) from the psychology department, many choose to do so. Second-year research projects are usually of sufficient scope to serve as master's theses, though an advisor may request further revision. Most students elect to apply for the M.A. degree during the third year, after they have had time to complete the required coursework and format their theses according to the requirements of the Graduate School.

This degree requires 30 hours of coursework (ten courses). The ten courses should include:

1. at least one statistics course
2. at least one core course from each of the three core content areas
3. Master's Thesis courses PSY 698A and PSY 698B (PSY 698B must be taken during the semester that the thesis is submitted)
4. at least two related courses that are not in the student's major area

Any other graduate courses may be used to satisfy the requirement of 30 hours. Please consult with the Graduate Advisor's Office (Seay 4.312) for more detailed information regarding the requirements, deadlines, and procedures of the master's degree. Application forms are available from that office. Other information about the graduate school requirements (e.g., thesis format guidelines) is available online at [www.utexas.edu/ogs/pdn](http://www.utexas.edu/ogs/pdn).

## 5. Dissertation

Most students begin developing their dissertation ideas in the third or fourth year, and students should apply for doctoral candidacy by the beginning of their fourth year. "Candidacy" is a formalized status for students who have completed their required coursework and all other departmental and/or area requirements, with the exception of the dissertation and internship. All of these requirements have been outlined elsewhere in this document (see "Coursework Requirements," "Research," and "Clinical Training"). A general sequence of events for the dissertation is as follows:

- (1) develop an idea with the adviser's help;
- (2) form the dissertation committee;
- (3) conduct a thorough literature search;
- (4) apply for doctoral candidacy;
- (5) write the dissertation proposal, including the introduction, methods, and statistical analysis plan;
- (6) submit the proposal to the dissertation committee and defend it orally;
- (7) collect data;
- (8) complete the dissertation manuscript;
- (9) submit the final manuscript to the dissertation committee and defend it orally.

While it is always preferable to complete the final dissertation before undertaking the clinical internship, many students return after the internship to complete and defend their dissertations; program policy does, however, require students to have at least defended their dissertation proposal prior to applying for internships. As with the Master's thesis, the final manuscript must be submitted to the Graduate School according to specific formatting requirements before the Ph.D. can be granted.

The program of work for the doctoral degree must consist of at least 20 courses, including the dissertation courses. The program of work includes required department course work (core courses and quantitative courses) and courses in the field of concentration.

Once students have been admitted to candidacy, they must register for "dissertation" — either PSY 399R (3 hours), PSY 699R (6 hours), or PSY 999R (9 hours) — for the first semester. They must then register for PSY 3/6/999W for each following fall or spring semester until the dissertation is submitted to the graduate school (unless the student is on internship and not working on the dissertation). Students are expected to complete the degree within three years from the date of admission to candidacy.

Please consult with the Graduate Advisor's Office for more detailed information regarding the requirements, deadlines, and procedures of applying for candidacy. Application forms are available from that office. Additional information about the graduate school requirements is available online at [www.utexas.edu/ogs/pdn/](http://www.utexas.edu/ogs/pdn/).

## E. Clinical Training

The function of the clinical training component of our program is to provide students with an opportunity to interact with patients in a professional setting. This allows maximum exposure to clinical phenomena. **Students are required to purchase liability (malpractice) insurance, and should do so at the beginning of their first year** (APA members call APA Insurance Trust at 1-800-477-1200; others call 1-800-374-2721 to join APA).

### 1. First Year

Within the auspices of the courses, Theory and Technique of Assessment I and II, taken during the second semester, first-year students conduct intellectual and personality assessments, but do not do therapy with clients.

### 2. In-house Practicum

During the second year, students begin to learn evidence-based psychotherapy techniques through the in-house training clinic. The emphasis of training is primarily based on cognitive-behavioral theory; however, alternative theories are also introduced. Students enroll in Clinical Practicum I and II, which involves 1-2 hours per week of didactic training, and 2-3 hours per week of individual and group supervision. Each semester, students conduct several assessments with community-referred clients, and begin conducting therapy with approximately 2-3 clients per week. Students also gain experience in report writing, and participate in individual and group supervision. An ethics module covers clinical and research ethics, and culminates in an ethics exam. Students should begin recording their clinical hours this year, as the Association of Psychology Post-doctoral and Internship Centers (APPIC) application for internships requires a full record of hours spent conducting clinical work.

### 3. External Practica

The clinical area requires that students complete a minimum of three semesters of advanced clinical practica. These take place at external training sites, either on campus or in the community. Most practicum sites require a one-year commitment; however, some offer summer placements. At the end of their second year, students are provided information about each practicum site. They then work with their practicum supervisors to be placed at one of their top choices. Students must be enrolled in Advanced Practicum (PSY 394Q) while being trained at external practica. A list of practicum sites is available from Martita Lopez. Among the practicum training agencies recently used are: Austin Child Guidance Center, UT Counseling and Mental Health Center, the Austin OCD Center, Blackstock Family Health Center, and Austin Neuropsychology.

To allow students adequate time for research—the primary focus of our program—students can do a maximum of 10 hours/week of practicum work throughout their training (including client hours, supervision time, didactic training, and administrative duties). These limits are an average per week over the course of a semester; we recognize that some weeks might require more than 10 hours. It is also acceptable to carry one long-term client (see below) in addition to a practicum.

Practicum supervisors must complete an evaluation to assess the student's performance (see Appendix 2). Students will also keep a log of their practicum hours, which will be submitted at the end of each semester. Students will receive an "incomplete" in their practicum courses until they have completed the log.

Some classes (e.g., assessment) and some research projects produce hours that may count as "clinical" hours toward internship; these hours do not count toward the 10 hours per week maximum. In addition, students in good standing who have met all program deadlines and show evidence of ongoing research productivity (e.g., conference presentations and papers submitted) may petition the Clinical Training Committee (CTC) to take additional practicum hours. Students with full-time summer funding can carry 10 hours per week of practicum in the summer if they wish. Students who are not TAs or RAs can carry up to 30 hours of practicum if that is the source of their summer income.

Note: In order to satisfy state licensing regulations, students must be registered for practicum hours during any semester in which they are seeing clients. For students beyond second year, this typically entails PSY 194Q or PSY 394Q (Advanced Practicum in Clinical Psychology).

#### **4. Long-term Clients**

Many students wish to supplement their clinical training during their third year and beyond by seeing one or two clients on a longer-term basis. These may be new clients referred through the in-house training clinic, or continuing clients from the student's second-year in-house or third-year external practica. Students should work with the training clinic supervisor to arrange for appropriate supervision of this work. Students must be enrolled in Advanced Practicum (PSY 194Q, 1 hour, or PSY 394Q, 3 hours) while seeing clients through the in-house training clinic.

## 5. Internship (coordinated by Martita Lopez, Director of Clinical Training)

Students usually complete the required yearlong APA-accredited internship during their fifth or sixth years. **Prior to applying for internship, students must have held their dissertation proposal defense.** While on internship, they must be enrolled in Internship in Clinical Psychology (PSY 382K) for either fall or spring semester, and can enroll either in Internship or Dissertation (or Research) the other semester. Some student loans require half-time (4.5 hour) enrollment, so check loan requirements regarding minimum number of hours for which you must enroll. Students should register for 399W the summer they are planning to graduate. The department has typically been able to provide waivers for the out-of-state portion of tuition during internship. Prior to leaving for internship, students should leave a forwarding address with the Graduate Coordinator.

Please be aware that, due to strict APA policy, students cannot graduate until completion of the internship. Accordingly, students who have defended their dissertations prior to this time will graduate in the summer of their internship year. The university does not allow students to participate in the general graduate ceremony prior to the student's official graduation (i.e., you could participate the December or May following summer graduation). The Department, however, allows clinical students who are graduating in the summer to "walk" in the Department graduation ceremony in the May preceding graduation; the title of the dissertation is announced, and advisors are able to "hood" their students. Most clinical students choose this option, and invite family and friends to attend this ceremony.

Nationally, students typically apply to approximately 12 internship sites, targeting those based on their individual preferences for emphasis of training (research or clinical), type of institution (e.g., hospital, outpatient treatment center), primary rotations (e.g., acute psychiatric care, substance abuse, neuropsychology, children's programs), and location. Applications involve completion of the standardized APPIC form, collection of letters of recommendation, and completion of supplemental information and/or essays as requested by individual internship sites. Application deadlines are usually in November. Training sites that conduct interviews typically contact students in December to set up meeting times for December or January. By approximately the beginning of February (deadlines to be announced), students are asked to rank their selected internship sites in order of preference. The internship sites also rank the applicants in order of preference, and a computer program matches the applicant and site rankings. The final matches are posted on the internet in late February (date to be announced).

Students preparing to apply to internships should subscribe to the APPIC MATCH-NEWS list by sending a blank e-mail message to the following address: [subscribe-match-news@lyris.appic.org](mailto:subscribe-match-news@lyris.appic.org). For more information about the MATCH-NEWS list, as well as the other e-mail lists provided by APPIC: <http://www.appic.org/i11email-lists.html>.

For more information about the APPIC MATCH [www.appic.org/i10match.html](http://www.appic.org/i10match.html). And for more specific information regarding internship sites and applications, students should also access [www.appic.org](http://www.appic.org)

## **F. Training in Neuropsychology and Neuroimaging**

The clinical program offers neuropsychology training, involving both coursework and practicum experiences. Students interested in pursuing this training should speak with their mentors about how to fit these experiences into their overall graduate training.

Coursework:

- PSY 382C Functional Neuroanatomy (taken either before or after 380C)
- PSY 380C Human Neuropsychology: Introduction to classical neuropsychology and neuropathology
- PSY 380D Neuropsychological Assessment
- PSY 194Q or 394Q Neuropsychology Practicum

In order to meet board-eligibility criteria for certification in Neuropsychology, the following additional courses or training experiences must be satisfied during graduate school, internship, or postdoctoral training

- PSY 394P Foundations of fMRI Research
- PSY 396D Clinical Psychopharmacology

It is recommended that students also take additional coursework in the Cognitive Neuroscience area (see the American Board of Clinical Neuropsychology website [<http://theabcn.org>] for more detailed information about certification requirements).

In addition to the neuropsychology track in Clinical, UT's Psychology Department also administers a neuroimaging track. For details, see Appendix 6, "A Neuroimaging Track."

## **G. Outside Employment Policy**

"Outside employment" is any employment, paid or unpaid, not directly related to TA duties, RA duties, or part of a formal practicum (i.e., arranged through the clinical program and supervised by an adjunct faculty member). We strongly recommend that students consult with their mentors about the advisability of engaging in outside employment. While some outside employment opportunities offer training experiences consistent with our program philosophies, such employment is generally discouraged due to the training demands inherent in our program. The program does not grant extensions for completion of program requirements due to excessive outside employment, and employment that interferes with research progress can jeopardize the student's standing in the program. The experience of past students in the first two years of the program in particular has been that outside employment is virtually impossible, due to the program requirements of those first two years.

To allow the CTC to monitor student activities, students must complete a "Student Outside Employment Form" (Appendix 4) at the beginning of the fall semester and at the beginning of the summer session.

There are certain types of outside employment which state licensing laws prohibit students from performing. Under Texas state law, students may not be employed by a psychologist and/or engage in the delivery of psychological services, except under the following conditions: (1) the employer is a government agency or a regionally-accredited institution of higher learning; or (2) the provision of services is part of a supervised course of study in a recognized training institution or facility; or (3) the

student is licensed by the state Board. If you are unsure whether or not an outside employment activity is consistent with these guidelines, check with the Director of Clinical Training, Martita Lopez, prior to accepting or engaging in the work.

State laws do allow students to work for faculty. The CTC is sensitive, however, to the potential this creates for "dual relationships" (e.g., the faculty member for whom you work may also be assigning you a grade for a class). Accordingly, we urge you to talk to Martita Lopez or to Chris Beevers should a difficult situation arise.

## **H. Student Evaluation Process**

As an APA-accredited program, we are required to regularly evaluate students and provide them with feedback. To this end, we evaluate students each year in the following four areas: Academic performance, clinical performance, research performance, graduate student role, and professional behavior/ attributes. The Annual Student Evaluation Ratings Form (Appendix 1) provides the behavioral descriptors of each of these domains. Clinical evaluations (Appendix 2) are completed by the clinical supervisors of each practicum in which the student is enrolled.

The field recognizes that the comprehensive academic evaluation of student-trainee competence includes the evaluation of intrapersonal, interpersonal, and professional development and functioning. Accordingly, a policy describing the evaluation of student-trainee competence in professional psychology programs was developed by the Council of Chairs of Training Councils (CCTC). Our program adheres to these guidelines (contained in Appendix 5).

In an effort to assess cumulative training experiences and professional development, students are asked to use a standardized format (see Appendix 3) to prepare curriculum vitae documenting their accomplishments. To assist in evaluating the graduate student role and professional behavior/ attributes, students should include (in the vita or in a separate document) attendance at area seminars and other talks, workshop and conference attendance, and a list of other accomplishments, such as leadership and/or service to the department, university, or profession, mentoring, volunteering, etc. This overall evaluation of professional development and experience allows the student and faculty to gauge the student's productivity and the degree to which he or she will be competitive when it comes time to apply for clinical internships, postdoctoral positions, and jobs.

Student CVs and input from evaluators (mentors and clinical supervisors) will be reviewed at a meeting of the Clinical Training Committee (CTC), which comprises all faculty in the clinical area. After discussion, the CTC members reach a consensus regarding each student's performance in the aforementioned areas; the possible outcomes of the CTC evaluation are satisfactory, borderline, and unsatisfactory (see Appendix 1 for definitions of these anchor points). The student receives written documentation of the outcome of his or her evaluation, and is asked to sign a copy to signify his or her receipt of the evaluation.

First-year students are evaluated once at mid-year and again at the year's end. The mid-year evaluation, conducted by the CTC, takes into account the student's first semester grades, research (as reported by the student's mentor), work record (if he or she is a teaching or research assistant), and professional issues (e. g. attendance at colloquia, in-class responsiveness, commitment to psychology). After the review, each student

receives a written report indicating his or her status in the program. If a student's performance is less than satisfactory at mid-year, a remediation plan will be provided, and the student will be invited to meet with the Director and Associate Director of Training to discuss his or her status.

The CTC conducts first-year students' end-of-year evaluations as well. Grades, professional skills, and work record are evaluated as in the mid-year evaluation, and clinical skills are now evaluated for the first time. Research skills are evaluated in part by performance on the first-year research paper. If a student's performance is deemed unacceptable for academic reasons, the area may recommend that he or she be put on probation or terminated depending upon circumstances and collateral information available. These recommendations may be presented to the entire faculty in the last departmental meeting of the year, and the faculty may vote to affirm or modify the area's recommendation. If the result of an evaluation is academic probation, the student is given remedial or alternate coursework with clear performance standards. For example, a student with borderline performance in statistics might be required to take another statistics course and score in the top half of the class. First-year students whose clinical performance is unacceptable are counseled with regard to how they can improve.

Second-year students are evaluated at the end of the year. Research skill is evaluated using the second-year paper, performance in the laboratory, and grades in statistical and methodological courses as criteria. The main information used to judge clinical skill is the ability shown in the clinical practicum. When students are judged to be at the borderline or unsatisfactory levels, they may be placed on clinical area or departmental probation (depending on the nature and severity of the deficit), and asked to complete specific remedial work to address the problematic domain(s). For example, they may be asked to retake a class for which they received a failing grade, or to obtain additional clinical supervision. Students are notified in writing of the specific remediation required and the time frame in which it must be completed in order to remove the probationary status. If the student is unable to successfully remediate the problem area(s), he or she may be terminated from the program. In such cases, the CTC would meet to discuss the student's progress and reach a consensus regarding the fate of the student. If termination is the outcome, two options are possible:

1. Redirection: If the problem is with clinical skills and the student has a good academic record, he or she can find a supervisor and leave the clinical program. Such students are eventually awarded a degree either in some other area of psychology, or in general psychology.
2. Terminal Master's Degree: If the problem is with academic skills, but the student's academic record is more borderline than failing, he or she can write a thesis and receive a terminal master's degree.

Students in their third-year and beyond are evaluated annually with an eye to whether they're making adequate and timely progress in the program. As above, students who receive less than satisfactory ratings in any area are given feedback and a remediation plan to address areas of deficit. Failure to complete program requirements as outlined in the remediation plan can result in probation or termination.

Appendix 1

**University of Texas at Austin Clinical Psychology Program**

**ANNUAL STUDENT EVALUATION RATINGS**

STUDENT NAME: \_\_\_\_\_ Advisor/Mentor \_\_\_\_\_

Academic Year Began Program \_\_\_\_\_ Years in Program \_\_\_\_\_

The Clinical Training Committee (CTC) will rate the student's performance in each of the following areas, using the ratings categories described below, and provide a brief narrative summarizing the evaluation. A remediation plan, if needed, will be outlined in the narrative section.

- (3) Satisfactory: adequate progress.
- (2) Borderline: less than expected progress and problems that need to be addressed.
- (1) Unsatisfactory: significant problems that must be addressed, or failure of one or more parts of the program, or has one or more academic classes that must be repeated in order to obtain the minimal acceptable grade.
- (0) Not Applicable: no opportunity to obtain experience in the area, has been on internship or has completed all academic coursework but not yet obtained the degree.

ACADEMIC PERFORMANCE: *(overall academic coursework, completion of courses, grades, performance on exams, quality of writing, critical-analytic skills, written communication skills, class participation; intellectual engagement; teaching and/or scholarly activity)*

0 (N/A).....1 (unsatisfactory).....2 (borderline).....3 (satisfactory)

CLINICAL PERFORMANCE: *(performance in assessment course and related practicum; performance in second year practicum; clinical competencies as evaluated by clinical supervisors in practicum placements)*

0 (N/A).....1 (unsatisfactory).....2 (borderline).....3 (satisfactory)

RESEARCH PERFORMANCE: *(performance in research courses, progress and quality of second year and doctoral projects, critical thinking, writing skills, research sophistication; active participation/leadership in mentor's research projects, ability to use and interpret quantitative and qualitative strategies and methodologies; independence and competence of ideas, presenting and publishing research)*

0 (N/A).....1 (unsatisfactory).....2 (borderline).....3 (satisfactory)

GRADUATE STUDENT ROLE: *(evidence of substantive theoretical, clinical, academic, research interest in clinical psychology; attendance at area seminars and department talks; motivation; class attendance, timely work and class progression; collegiality and good citizenship with faculty and students; attendance at conferences; leadership and/or service to department and/or school [volunteering time, mentoring role, participating in school-wide, clinical program and extra-curricular activities, support of other students]).*

0 (N/A).....1 (unsatisfactory).....2 (borderline).....3 (satisfactory)

PROFESSIONAL BEHAVIOR/ ATTRIBUTES: *(evidence of ethical, legal, and professional knowledge and behavior that could impact on role as clinical psychologist; interpersonal skills in professional settings; professional responsibility, performance of TA and/or RA duties, ability to maintain appropriate boundaries and conduct with patients, students, staff and faculty; respect for cultural, racial, gender, age, sexual orientation, and theoretical diversity, etc.)*

0 (N/A).....1 (unsatisfactory).....2 (borderline).....3 (satisfactory)

**OVERALL RATING:**

0 (N/A).....1 (unsatisfactory).....2 (borderline).....3 (satisfactory)

Narrative:

Director of Clinical Training or Associate DCT signature\_\_\_\_\_ Date\_\_\_\_\_

I have read and received a copy of this evaluation.

Student signature\_\_\_\_\_ Date\_\_\_\_\_

Appendix 2  
**CLINICAL PSYCHOLOGY PROGRAM**  
 UNIVERSITY OF TEXAS AT AUSTIN  
**PRACTICUM EVALUATION**

Student: \_\_\_\_\_ Primary Supervisor: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Dates of Practicum Placement: \_\_\_\_\_ to \_\_\_\_\_

Please evaluate this student's performance, relative to other students at the same level of training. You may use the space on reverse to elaborate on your ratings.

**PROFESSIONAL STANDARDS AND CONDUCT**

	Unacceptable	Weak	Average	Strong	Exceptional
1) Global rating of professional standards and conduct (e. g. responsibility in keeping appointments, returning messages; professional in manner of conduct [attire, behavior]; maintenance of appropriate client-therapist relationship)	1	2	3	4	5
2) Global rating of assessment and diagnostic skills (e. g. skill in test administration and scoring; ability to form hypotheses and draw conclusions from data; knowledge of formal diagnostic categories [DSM-IV]; written and verbal skills in reporting assessment findings)	1	2	3	4	5
3) Global rating of psychotherapy skills (e. g. flexibility in use of a variety of therapeutic techniques; ability to establish working relationship with clients; ability to empathize and respond supportively; ability to conceptualize case)	1	2	3	4	5



## Appendix 3

### Vita example

(sample items in each section, NOT Dr. Stice's full Vita)  
TEMPLATE AVAILABLE IN THE CLINICAL OFFICE

**J. DOE, M. A.**

DEPARTMENT OF PSYCHOLOGY  
UNIVERSITY OF TEXAS AT AUSTIN  
SEAY, 4. 212  
108 E. DEAN KEETON  
AUSTIN, TEXAS 78712  
512. 232. 4627  
STICE@PSY.UTEXAS.EDU

#### **EDUCATION**

Ph. D. 1996, Arizona State University, Clinical Psychology (APA accredited). Dissertation committee: M. Barrera, Jr. , L. Chassin, N. Gonzales, and D. MacKinnon

M. A. 1992, Arizona State University, Clinical Psychology. Thesis committee: M. Barrera, Jr. , L. Chassin, and G. Knight

B. S. 1989, University of Oregon, Psychology (Summa Cum Laude). Honors Thesis committee: S. Kitiyama, R. Mauro, and E. Schaughency

#### **GRANTS AND AWARDS**

Research Scientist Career Award from the National Institute of Mental Health. Direct costs = \$XXXX  
8/98-8/02

National Research Service Award, Institutional Post Doctoral Fellowship from the National Institute of Mental Health, Stanford University School of Medicine, Department of Psychiatry, 7/96-7/98

Exploratory-Development Grant from the National Institute of Alcohol Abuse and Alcoholism,  
Collaborator, 9/96-9/98

National Research Service Award, Individual Predoctoral Fellowship from the National Institute of Drug Abuse. 9/94-7/95

#### **HONORS**

Phi Beta Kappa

Junior Scholar Award from the Mortar Board Honor Society

Dean's List and Dean's Scholar List, University of Oregon

Graduated Summa Cum Laude from the University of Oregon

#### **PUBLICATIONS**

Stice, E. , Barrera, M. , Jr. , & Chassin, L. (1998). Prospective differential prediction of adolescent alcohol use and problem use: Examining mechanisms of effect. *Journal of Abnormal Psychology, 107*, 616-628.

Stice, E. , Killen, J. D. , Hayward, C. & Taylor, C. B. (1998). Age of onset for binge eating and purging during adolescence: A four-year survival analysis. *Journal of Abnormal Psychology, 107*, 671-675.

Stice, E. , Killen, J. D. , Hayward, C. & Taylor, C. B. (1998). Support for the continuity hypothesis of bulimic pathology. *Journal of Consulting and Clinical Psychology, 66*, 784-790.

Telch, C. , & Stice, E. (1998). Psychiatric comorbidity in a non-clinical sample of women with binge eating disorder. *Journal of Consulting and Clinical Psychology, 66*, 768-776.

### **MANUSCRIPTS UNDER REVIEW**

Stice, E. , & Agras, W. S. (1998). Subtyping bulimics along dietary restraint and negative affect dimensions.

Stice, E. , Cameron, R. , Killen, J. D. , Hayward, C. , & Taylor, C. B. (1998). Risk factors for growth in adiposity and onset of obesity during adolescence.

Stice, E. , Colder, C. , & Chassin, L. (1998). Differential prediction of onset of alcohol use versus problem use: A prospective survival analysis.

### **CONFERENCE PRESENTATIONS**

Stice, E. , & Agras, W. S. (1998). Subtyping bulimics along dietary restraint and negative affect dimensions: A cluster analysis. Paper presented at the annual convention of the Association for Advancement of Behavior Therapists, Washington, DC.

Stice, E. , Colder, C. R. , & Chassin, L. (1998). Differential prediction of onset of alcohol use versus problem use. Paper presented at the annual convention of the American Psychological Association, San Francisco. Organized and chaired symposium.

Stice, E. & Barrera, M. , Jr. (1993). Examination of reciprocal effects between parenting and adolescent substance use: A structural modeling approach. Paper presented at the annual convention of the American Psychological Association, Toronto

### **COLLOQUIA AND INVITED PAPERS**

Cornell University Medical School, Department of Public Health, 1998

University of Michigan, Department of Psychology, 1998

Stanford University School of Medicine, Division of Child Psychiatry, 1997

University of California San Diego, Department of Psychology, 1995

### **RESEARCH EXPERIENCE**

Research Associate Addictions Research Team, University California San Diego. NIAAA funded study of adolescent substance abusers. Duties include grant writing, data analyses, statistical consultation, and manuscript preparation. Under S. Brown PhD & M. Myers PhD 6/95-6/96.

Coordinator of Eating Disorder Research Team Arizona State University. Initiated and coordinated team. Principal investigator on several projects, including a longitudinal community study. Duties included grant writing, study design, data collection, data analyses, and manuscript preparation. Collaborated with C. Nemeroff PhD & N. Gonzales PhD 10/91-6/95

Research Assistant Adolescent and Family Development Project, Arizona State University. NIDA funded longitudinal study of children of alcoholics and controls. Duties included data management, programming, data analyses, battery construction, and manuscript preparation. Under L. Chassin PhD & M. Barrera Jr. PhD 6/90-6/95

Research Assistant Oregon Research Institute. Personality research. Duties involved coding and literature review. Under L. Goldberg PhD 1/90-4/90

### **TEACHING EXPERIENCE**

Instructor of Psychology Department of Psychology, Arizona State University. Courses taught: Introduction to Psychology (1 course) and Statistical Methods (2 courses). 8/91-8/92

Teaching Assistant Department of Psychology, Arizona State University. Assisted: Abnormal Psychology (1 course) and Statistical Methods (2 courses). 8/91-12/91

Supervisor Supervised over 48 post doctoral, graduate, and undergraduate research assistants and medical students. 8/91-present

### **CLINICAL EXPERIENCE**

Psychotherapist Department of Psychiatry and Behavioral Sciences, Stanford University. Duties include outpatient individual psychotherapy in a behavioral medicine clinic. Supervisors: R. Apple, PhD, B. Arnow, PhD, & Y. Morris, PhD Total hours=1200. 7/96-8/98.

Psychology Intern University of California, San Diego. Adult substance abuse, child, and adolescent rotations. Duties included inpatient and outpatient individual and group therapy; psychoeducational lectures; psychological, intellectual, achievement, and neuropsychological assessment; treatment planning; and participation in multidisciplinary treatment teams. Supervisors: S. Brown, PhD, T. Wall, PhD, E. Granholm, PhD, & S. Sparta, PhD Total hours=2000. 7/95-6/96.

Psychology Extern Arizona State Hospital. Completed adolescent, general adult, and male forensic rotations. Duties included individual and group therapy; psychological, intellectual, achievement, and neuropsychological assessment; treatment planning; and participation in multidisciplinary treatment teams. Supervisors: D. Miller PhD, & R. Holler EdD Total hours=1000. 8/92-7/93

### **TEST ADMINISTRATION AND INTERPRETATION**

Wechsler Adult Intelligence Scale (WAIS-R) (18 administrations and interpretations)

Wechsler Memory Scale-Revised (WMS-R) (3)

Minnesota Multiphasic Personality Inventory (MMPI, MMPI-A, and MMPI II) (15)

Rorschach (Exner scoring) (17)

### **BEHAVIORAL CODING SYSTEMS**

Achenbach and Edelbrock's observational rating system

Barkely's behavioral rating system

### **AD HOC REVIEWER**

*Journal of Abnormal Psychology*

*Journal of Consulting and Clinical Psychology*

*Health Psychology*

*Child Development*

### **PROFESSIONAL AND COMMUNITY SERVICE**

Pro bono consultation to local high schools in conducting substance use surveys, 8/97-present

Campus Representative for American Psychological Association of Graduate Students, 1/94-6/95

Member of faculty search committee, Arizona State University Department of Psychology, 1993-1994

Grant reviewer, Arizona State University Research Development Awards 11/93

### **PROFESSIONAL AFFILIATIONS**

Member of the American Psychological Association, 92-present.

Member of the Association for the Advancement of Behavior Therapy, 98-present.

Member of Society for Behavioral Medicine, 96-98.

### **PROFESSIONAL PRESENTATIONS AND WORKSHOPS ATTENDED**

Kim Fromme, Ph. D. (1998). Prevention of Binge Drinking. Colloquia presented in Clinical Area Seminar, University of Texas at Austin, Austin.

UPDATED: JULY 2002

Appendix 4

**University of Texas at Austin**  
**Clinical Psychology**

**Student Outside Employment Form**

*Please be aware of the state licensing laws on student employment, which are as follows: students may not be employed by a psychologist and/or engage in the delivery of psychological services **except** under the following conditions (1) the employer is a government agency or a regionally-accredited institution of higher learning; or (2) the provision of services is part of a supervised course of study in a recognized training institution or facility; or (3) the student is licensed by the state Board.*

**Directions:** *This form is to be completed at the beginning of each fall and summer term, and at any other time when a student obtains new employment outside the University.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

I am working at a job that is ***not*** a TA, RA, or practicum for course credit:    Y    N

**If “no” you may stop here. If “yes” please complete the rest of this form.**

Name of employer or agency: \_\_\_\_\_

Is this a government agency or accredited institution of higher education?    Y    N

Name of supervisor (if different than employer): \_\_\_\_\_

Start date of this job \_\_\_\_\_ Anticipated end date \_\_\_\_\_

How many hours a week do you work? \_\_\_\_ Are you being paid for this work?    Y    N

Does this work require psychological education and training?    Y    N

Brief description of duties:

---

---

## Appendix 5

**The Comprehensive Evaluation of Student-Trainee Competence in Professional Psychology Programs**

Students and trainees in professional psychology programs (at the doctoral, internship, or postdoctoral level) should know—prior to program entry, and at the outset of training—that faculty, training staff, supervisors, and administrators have a professional, ethical, and potentially legal obligation to: (a) establish criteria and methods through which aspects of competence other than, and in addition to, a student-trainee's knowledge or skills may be assessed (including, but not limited to, emotional stability and well being, interpersonal skills, professional development, and personal fitness for practice); and, (b) ensure—insofar as possible—that the student-trainees who complete their programs are competent to manage future relationships (e.g., client, collegial, professional, public, scholarly, supervisory, teaching) in an effective and appropriate manner. Because of this commitment, and within the parameters of their administrative authority, professional psychology education and training programs, faculty, training staff, supervisors, and administrators strive not to advance, recommend, or graduate students or trainees with demonstrable problems (e.g., cognitive, emotional, psychological, interpersonal, technical, and ethical) that may interfere with professional competence to other programs, the profession, employers, or the public at large.

As such, within a developmental framework, and with due regard for the inherent power difference between students and faculty, students and trainees should know that their faculty, training staff, and supervisors will evaluate their competence in areas other than, and in addition to, coursework, seminars, scholarship, comprehensive examinations, or related program requirements. These evaluative areas include, but are not limited to, demonstration of sufficient: (a) interpersonal and professional competence (e.g., the ways in which student-trainees relate to clients, peers, faculty, allied professionals, the public, and individuals from diverse backgrounds or histories); (b) self-awareness, self-reflection, and self-evaluation (e.g., knowledge of the content and potential impact of one's own beliefs and values on clients, peers, faculty, allied professionals, the public, and individuals from diverse backgrounds or histories); (c) openness to processes of supervision (e.g., the ability and willingness to explore issues that either interfere with the appropriate provision of care or impede professional development or functioning); and (d) resolution of issues or problems that interfere with professional development or functioning in a satisfactory manner (e.g., by responding constructively to feedback from supervisors or program faculty; by the successful completion of remediation plans; by participating in personal therapy in order to resolve issues or problems).

This policy is applicable to settings and contexts in which evaluation would appropriately occur (e.g., coursework, practica, supervision), rather than settings and contexts that are unrelated to the formal process of education and training (e.g., non-academic, social contexts). However, irrespective of setting or context, when a student-trainee's conduct clearly and demonstrably (a) impacts the performance, development, or functioning of the student-trainee, (b) raises questions of an ethical nature, (c) represents a risk to public safety, or (d) damages the representation of psychology to the profession or public, appropriate representatives of the program may review such conduct within the context of the program's evaluation processes.

Although the purpose of this policy is to inform students and trainees that evaluation will occur in these areas, it should also be emphasized that a program's evaluation processes and content should typically include: (a) information regarding evaluation processes and standards (e.g., procedures should be consistent and content verifiable); (b) information regarding the primary purpose of evaluation (e.g., to facilitate student or trainee development; to enhance self-awareness, self-reflection, and self-assessment; to emphasize strengths as well as areas for improvement; to assist in the development of remediation plans when necessary); (c) more than one source of information regarding the evaluative area(s) in question (e.g., across supervisors and settings); and (d) opportunities for remediation, provided that faculty, training staff, or supervisors conclude that satisfactory remediation is possible for a given student-trainee. Finally, the criteria, methods, and processes through which student-trainees will be evaluated should be clearly specified in a program's handbook, which should also include information regarding due process policies and procedures (e.g., including, but not limited to, review of a program's evaluation processes and decisions).

## Appendix 6

### A Neuroimaging Track in Psychology

As Magnetic Resonance Imaging (MRI) is becoming a strong and popular research tool across many areas of psychology, a new training track has been created in neuroimaging for all graduate students in the Psychology Department. The sequence of courses is intended to provide students with skills in two critical areas for students interested in neuroimaging and also will help them present their data to the widest possible audience.

- 1. Strong training in neuroimaging.** This requires understanding how the MRI scanner works, how to design MRI experiments, and how to analyze imaging data.
- 2. Strong functional neuroscience training.** This requires understanding the brain, its function in various behavioral tasks, and its structure.

To address these two areas of expertise, the Neuroimaging Track includes the following groups of courses offered through the Psychology Department.

#### COURSE REQUIREMENTS:

Psychology Department requirements: same as for all other graduate students.

Functional neuroscience requirements: take the following 2 core courses:

- \* PSY 383T. Principles of Neuroscience II. Systems/Behavioral Neuroscience
- \* PSY 383C. Functional Neuroanatomy.

These courses can be taken as part of fulfilling the core requirement in Area A (Behavioral and Sensory Neuroscience).

#### **3. Methodological requirements: take the following 2 methodology courses.**

- \* PSY 394P. Foundations of MRI Research
- \* PSY 394U. Analysis of fMRI Data

Depending on their interest, students are encouraged, but not required to include: PSY394P Quantifying Brain Structure or a Psychophysiology course (on EEG technology) soon to be added to the course listings.

#### **COORDINATION:**

Coordination of the Neuroimaging Training Track is provided by Dr. David Schnyer, Associate Professor of Psychology and Associate Director for Education at the Imaging Research Center.

Visit the IMAGING RESEARCH CENTER at <http://www.irc.utexas.edu/>.