



THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

Doctoral Program in Clinical Psychology Program Handbook

A Description of Program Requirements, Available Resources, and Helpful Hints
Provided by the Faculty, Students, and Staff of the Clinical Program

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Introduction & Table of Contents

Welcome to UNC-Chapel Hill! The information presented in this document (the Clinical Psychology Program Handbook) has been prepared by faculty, staff, and students to help you as you progress through the UNC-Chapel Hill Clinical Psychology graduate program. *Note:* For the rest of this document, we'll use "UNC" to refer to "UNC-Chapel Hill."

This handbook is broad in scope and very inclusive in nature. We hope that you will consult sections as needed throughout your training; some sections will be most applicable to your first year, other sections to later years. In particular, when you are embarking on a research milestone (e.g., Master's thesis, oral research presentation, comps, dissertation), please make sure to read the relevant section of the handbook so that you know what is expected.

The handbook is always a work in progress, and updated versions will be available online across your time in the program – thus referencing the online version is usually the best way to be sure you have the most updated information. We hope that you will provide feedback and suggestions to ensure that this resource continues to offer current and helpful guidance to for future classes of students.

Of course, this handbook serves to supplement, not replace, the in-person feedback, information, and guidance we hope you will solicit from the faculty, staff, and your fellow student colleagues in the department. In addition to your primary research advisor, all faculty are available for advice and input, and to answer questions as needed.

We are happy you have joined us and look forward to helping foster your growth as a clinical scientist and psychologist! Go Tar Heels!

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Mission Statement

The Clinical Program is committed to excellence in research and clinical training from a clinical science perspective. Our goals are to educate students in scientific principles and empirically-supported theoretical models that may guide the study and treatment of psychopathology as well as the study of psychological factors related to health and well-being. The faculty of the Clinical Program subscribe to the views that clinical psychologists should be trained to produce, evaluate, and apply scientific knowledge in both research and clinical endeavors, and that ideal training promotes the synthesis of knowledge garnered from empirical scientific inquiry and clinical practice activities.

The UNC Clinical Program emphasizes training in both clinically informed research and evidence-based clinical work. We recognize and value that students have varying career aspirations and that career goals may evolve over the course of graduate training. Our program, therefore, offers opportunities to achieve excellence in all activities inherent in a clinical science framework, including training in scientific investigation, the practice of clinical psychology, and evidence-based teaching, as well as professional development to help guide students as they begin to make these career decisions. Consistent with this approach, our alumni have pursued a variety of careers, all of which rely on an evidence-based mindset to clinical psychology.

Students have an opportunity to select from training in the clinical adult or the clinical child/family psychology training tracks. Both tracks offer opportunities to gain exposure to a variety of training settings and career options that involve an integration of research and practice activities.

Research experiences at UNC are designed to help students achieve excellence in the development of independent research skills including the ability to critically evaluate the existing theoretical and empirical scientific knowledge base, to generate novel hypotheses that can be examined using current methods and statistical techniques, to produce research offering the potential to better understand and improve the mental or physical health of adults or youth, and to disseminate research findings to the scientific community and/or broader public of psychology consumers. The program encourages the integration of theoretical and empirical contributions across research areas within clinical psychology and from related psychological sub-disciplines or social sciences. UNC also emphasizes the opportunity to become involved in both basic and applied research. Research activities are designed to include, at a minimum, training in manuscript preparation, oral and written research presentations, and the thesis and dissertation requirements.

In addition to its emphasis on the development of research excellence, the Clinical Program values clinical training and an introduction to teaching and supervision/consultation experiences. We regard clinical training during graduate school as providing an important initial foundation in clinical skills that fully prepares students for the predoctoral internship training experience. Our approach to clinical training is based on the fundamental principle that clinical psychologists have a public responsibility to apply practice techniques that are firmly grounded in a scientific and evidence base when available. Thus, clinical training at UNC prioritizes the development of an evidence-based approach to clinical assessment and intervention including an awareness of the empirical support for assessment and intervention approaches, a scientific evaluation of clinical practice data, the evaluation of clinical efficacy throughout the treatment process, and the application of scientific principles even in the absence of established empirically supported treatments. UNC emphasizes the development of competence in these skills and principles as the best measure of clinical training success.

All graduate training emphasizes the program's commitment to three central values. First, the program strives to prepare students to be ethical and professional in their research, clinical, and teaching activities. Second the program educates and prepares students to be sensitive to issues of diversity and individual differences in all work including, but not limited to, diversity in gender identity, race, ethnicity, culture, religion, sexual orientation, and socioeconomic status. This is achieved through the program's formal commitment to the active recruitment of a diverse group of students and faculty, the integration of diversity training throughout students' years in the program, as well as multiple training experiences within the diversity-rich community of the Triangle area. Third, the program is dedicated to the importance of dissemination of psychological science to benefit the public interest. Program faculty provide models of opportunities to be advocates and ambassadors of clinical science by participating in numerous community outreach programs, by holding leadership roles within the department; as well as local and national communities, and by continuing to contribute to the field in academic and/or clinical venues.

Who's Who in the Clinical Program

Tenure-Track Faculty

Jon Abramowitz

Professor and Director of the Clinical Psychology Program

Office: 255 Davie; E-mail: jabramowitz@unc.edu

Research Interests: Psychological processes and cognitive-behavioral treatment of anxiety disorders – especially obsessive-compulsive disorder (OCD) and health-related anxiety

Anna Bardone-Cone

Bowman and Gordon Gray Distinguished Term Professor

Office: 268 Davie; E-mail: bardonecone@unc.edu

Research Interests: Etiology and maintenance of bulimia nervosa, sociocultural factors (race/ethnicity, family, media) in relation to body image and eating disorders, defining “recovery” from an eating disorder

Don Baucom

Richard Lee Simpson Distinguished Professor

Office: 264 Davie; E-mail: don_baucom@unc.edu

Research Interests: Marital distress, cognitive behavior therapy, gender differences

Stacey Daughters

Professor and Associate Director of the Clinical Psychology Program

Office: 247 Davie; E-mail: daughter@unc.edu

Research Interests: Addiction, distress tolerance, depression, neuroimaging, HIV/AIDS, and behavioral activation therapy

Karen Gil

Lee G. Pedersen Distinguished Professor and Co-Associate Chair

Office: 254 Davie; E-mail: kgil@unc.edu

Research Interests: Health psychology, chronic illness, acute and chronic pain, stress and coping with medical illnesses, cancer survivorship

Michael Hallquist

Associate Professor

Office: 250 Davie; E-mail: michale.hallquist@unc.edu

Research Interests: Development of interpersonal functioning and maladaptive personality features in young people from a decision neuroscience perspective.

Andrea Hussong

Professor

Office: 262 Davie; E-mail: hussong@unc.edu

Research Interests: Developmental studies of the social and familial influences associated with adolescent substance use and comorbid disorders among high risk youth

Deborah Jones

Zachary Smith Distinguished Term Professor and Co-Associate Chair

Office: 267 Davie; E-mail: djjones@email.unc.edu

Research Interests: The family transmission of mental and physical health and well-being as well as the mechanisms by which families may transmit risk, such as depression, and resilience in at-risk and underserved families

David Penn

Linda Wagner-Martin Distinguished Professor

Office: 256 Davie; E-mail: dpenn@email.unc.edu

Research Interests: Social cognition in schizophrenia, psychosocial treatment of schizophrenia, stigma

Mitch Prinstein

John Van Seters Distinguished Professor (on leave)

Office: 240 Davie; E-mail : mitch.prinstein@unc.edu

Research Interests: Cognitive-interpersonal models of adolescent depression and suicidality, peer influence and adolescent health risk behavior

Margaret Sheridan

Associate Professor

Office: 248 Davie; E-mail: sheridan.margaret@unc.edu

Research Interests: Neural mechanisms through which adversity affects brain development and risk for externalizing disorders, diagnosis and treatment of attention-deficit/hyperactivity disorder in early childhood (3-7 years), typical and atypical development of the prefrontal cortex, impact of all forms of childhood adversity (e.g., poverty, maltreatment, institutionalization) on risk for psychopathology

Eric Youngstrom

Professor

Office: 257 Davie; E-mail: eay@unc.edu

Research Interests: Dissemination and implementation of evidence-based approaches to assessment, with special emphasis on bipolar disorder across the life cycle

Affiliated Faculty

Cynthia Bulik

Distinguished Professor of Psychiatry and Director of Center of Excellence for Eating Disorders

Office: Neurosciences Hospital; E-mail: cynthia_bulik@med.unc.edu

Research Interests: Treatment and genetics of eating disorders and body weight regulation.

Gabriel Dichter

Professor of Psychiatry

Office: Carolina Institute for Developmental Disabilities (CIDD); E-mail: dichter@med.unc.edu

Research Interests: Neural mechanisms of core deficits and treatment response in autism spectrum disorders and affective disorders

Christian Hendershot

Associate Professor of Psychiatry and the Bowles Center for Alcohol Studies

Office: Thurston-Bowles Building, E-mail: christian_hendershot@med.unc.edu

Research Interests: Etiology and treatment of substance use disorders, integrating behavioral, cognitive, neuroscience, and psychopharmacology methods to examine addiction risk mechanisms and potential treatments.

Laura Klinger

Associate Professor of Psychiatry and Director of TEACCH Autism Program

Office: Chapel Hill TEACCH Center; E-mail: laura_klinger@med.unc.edu

Research Interests: Childhood predictors of long-term outcomes in adults with autism spectrum disorder and the development of community-based intervention programs that promote successful adult outcomes.

Fixed-Term Faculty

Kaitlyn Burnell

Research Assistant Professor

Office: 243A Davie; E-mail: burnellk@unc.edu

Research Interests: The way adolescents and emerging adults use digital technologies, with a special focus on how this use parallels their developmental tasks and challenges.

Jennifer Kirby

Clinical Professor and Director of Clinic Operations and Training

Office: 246 Davie; E-mail: jennifer.kirby@unc.edu

Research and Professional Interests: Couples-based interventions for psychopathology, empirically supported interventions, clinical training

Adam Miller

Research Assistant Professor

Office: 259 Davie; E-mail: adam.miller@unc.edu

Research Interests: Neural mechanisms of the link between childhood adversity and risk for adolescent health risk behaviors, especially suicide.

Jen Youngstrom

Clinical Professor and Director of Clinic Services

Office: 212 Finley Golf Course Road; E-mail: jky@unc.edu

Research and Professional Interests: Evidence-based or empirically supported treatments, effectiveness research with children and adolescents, transporting treatments into the community, supervision, and training

Clinical Program Staff

Yelley Gomes

Clinical Program Coordinator

Office: 260 Davie; Email: ygomes27@live.unc.edu

Responsibilities: The Clinical Program Coordinator assists in the coordination of all Clinical Program activities. She is your first contact for many things related to the clinical program as well as travel reimbursements and anything student-related that does not involve the Student Services Manager. Ask her any questions you have about the Clinical Program or the Department of Psychology and Neuroscience.

Chanti Coleman

Community Clinic Manager

Office: 203 Evergreen /123 Finley; Email: chantiac@email.unc.edu

Responsibilities: The Clinic Manager assists the Clinic Directors in the oversight of all resources in the UNC Department of Psychology and Neuroscience Community Clinic, which includes the Evergreen and Finley clinics. The manager's responsibilities include: financial management; technical development; system security; system administration of the clinic servers and PCs (which includes the configuration and oversight of the clinic electronic client record system, Titanium); HIPAA compliance; facilities management for the Evergreen and Finley buildings (including One Card access and parking); development and administration of clinic policy; and training and support for technical and administrative matters for student therapists.

Other Key Staff

The Department of Psychology and Neuroscience staff coordinates many activities relevant to graduate students' experiences at UNC. Some of these staff members' responsibilities are especially relevant to you. A brief guide of their responsibilities is listed below.

Chase Debnam

Associate Chair for Business Administration

Office: 205 Davie; Email: chase@unc.edu

Good to see for: Everything! He coordinates all Department of Psychology and Neuroscience staff.

Christopher Coffey

Assistant Department Manager

Office: 203 Davie; Email: ctcoffey@email.unc.edu

Good to see for: Teaching assignments (IA/TF)

Tamsen Foote

Human Resources (HR) Specialist

Office: 206A Davie; Email: tfoote@unc.edu

Good to see for: Parking passes; affiliate forms (for outgoing interns); TIM and any HR-related questions

Tudor Comaniciu

Executive Assistant

Office: 201 Davie; Email: tudormc@email.unc.edu

Good to see for: Communications via listservs and the departmental website & departmental social media

Phil Lee

Grants Management Officer

Office: 203A Davie; Email: palee@email.unc.edu

Good to see for: All issues related to grants management and grant applications

Hugh Meriwether

Department IT/Computer Specialist

Office: 359 Davie; Email: hugh_meriwether@unc.edu

Good to see for: Hardware and software maintenance and installation for all non-HIPAA computing needs. Also manages the Department of Psychology and Neuroscience computing servers.

Rachel Mintel

Student Services Manager

Office: 203B Davie; Email : remintel@email.unc.edu

Good to see for: Graduate student course enrollment, funding, and issues related to coursework registration and grades for graduate and undergraduate students; health insurance (GSHIP); MA & PhD paperwork; graduation

Mercy Sviatsky

Accounting Technician

Office: 207 Davie; Email: mercys@unc.edu

Good to see for: Accounting questions (this person is the accounting technician in charge of clinical)

Keith Payne

Director of Graduate Studies; Professor (social psychology)

Office: 312 Davie Hall; Email: bkpayne@email.unc.edu

Good to see for: Dual student requirements

Tre' Rush

Facilities Manager for Davie and Howell Halls

Office: 105 Davie; Email: rusht@live.unc.edu

Good to see for: Keys, moving furniture, general building maintenance

Amanda McCartney

Accounting Manager

Office: 204 Davie; Email:

Good to see for: Accounting questions

Guiding Principles and Policies

The Clinical Program adheres to several basic principles and policies that guide all aspects of training. Several of these principles are listed below, and resources are offered where applicable.

Ethics.

The Clinical Program subscribes fully to the professional ethics of the American Psychological Association (APA). All students are expected to read and adhere to a copy of the APA Ethical Standards of Psychologists, which can be found at: <https://www.apa.org/ethics/code> . At <http://www.ncpsychologyboard.org/Office/PDFfiles/PRACACT.pdf> students may obtain a copy of the NC Practice Act. Students also should maintain Human Subjects certification via the online exams at <http://research.unc.edu/human-research-ethics/getting-started/training/> and HIPAA certification as directed by the Director of Clinic Operations and Training via the Environment, Health and Safety (EHS) website.

Diversity.

The Clinical Program is strongly committed to issues of diversity pertaining to 1) the recruitment of students and faculty from diverse backgrounds; 2) training in multicultural competence and cultural humility within all professional endeavors; and 3) the maintenance of a safe, respectful, and educated community with respect to all types of diversity. We expect students to develop multiculturalism skills during their training at UNC. Please refer to the “Multicultural Training” section of this handbook for the Clinical Program’s Developmental Sequence of Diversity Training.

The Clinical Program includes a Diversity Training Committee, formed in 1998, whose mission is to “foster an atmosphere that promotes open dialogue about cultural issues and to develop the Clinical Psychology program into an exemplary model for producing culturally sensitive practitioners and researchers.” The committee has a membership of graduate student volunteers and at least one faculty member. All graduate students are welcome to participate in this committee, and many choose to do so at some point during their graduate training. This committee has been involved in assisting with recruitment and retention of a diverse student body via activities such as the Diversifying Psychology Weekend and the diversity brunches over interview weekend and has been central to supporting diversity training and conversations about diversity in the program.

Students are expected to read the APA Guidelines for Multicultural Competence (<http://www.apa.org/about/policy/multicultural-guidelines.pdf>), and the guidelines for psychotherapy with sexual minorities (<http://www.apa.org/pi/lgbt/resources/guidelines>).

The program adheres to the University policy on non-discrimination:

“The University is committed to providing an inclusive and welcoming environment and to ensuring that educational and employment decisions are based on individuals' abilities and qualifications. Consistent with these principles and applicable laws, it is therefore the University's policy not to discriminate on the basis of age, color, disability, gender, gender expression, gender identity, genetic information, national origin, race, religion, sex, sexual orientation or veteran status as consistent with the University's Policy on Prohibited Discrimination, Harassment and Related Misconduct. No person, on the basis of protected status, shall be excluded from participation in, be denied the benefits of, or be subjected to unlawful discrimination, harassment, or retaliation under any University program or activity, including with respect to employment terms and conditions. Such a policy

ensures that only relevant factors are considered and that equitable and consistent standards of conduct and performance are applied.”

(<https://policies.unc.edu/TDCClient/2833/Portal/KB/ArticleDet?ID=131717>)

Thus, the University recognizes the rights of all members of the University community to learn and work in an environment that is free from harassment and discrimination based on their protected status as described above. Any such harassment or discrimination of University students and employees, including faculty, non-faculty employees who are exempt from the Personnel Act (“EPA non-faculty employees”), employees who are subject to the State Personnel Act (“SPA employees”), post-doctoral scholars, and student employees is prohibited. This policy also prohibits retaliation against an individual who in good faith utilizes the procedures in this policy and/or participates in any investigation related to an allegation of prohibited harassment or discrimination.

Working with Diverse Clients.

In our APA-accredited program we are committed to a training process that ensures that graduate students grow in the awareness, knowledge, skills, and attitudes (cultural humility) that will help them work effectively with members of the public who embody intersecting demographics, attitudes, beliefs, and values. When graduate students’ attitudes, beliefs, or values create tensions that negatively impact the training process or their ability to effectively treat members of the public, the program faculty and supervisors are committed to a developmental training approach that is designed to support becoming more culturally competent. We support graduate students in finding a belief- or value-congruent path that allows them to work in a professionally competent manner with all clients/patients.

For some trainees, integrating personal beliefs or values with professional competence in working with all clients/patients may require additional time and faculty support. Ultimately though, to complete our program successfully, all graduate students must be able to work with any client placed in their care in a beneficial manner. Professional competencies are determined by the profession for the benefit and protection of the public; consequently, students do not have the option to avoid working with particular client populations or to refuse to develop professional competencies because of conflicts with their attitudes, beliefs, or values.

Student Involvement.

Students are integrally involved in the direction and decisions of the Clinical Program. Students are asked for substantial input in decisions regarding training opportunities, faculty hiring, and graduate admissions, for instance, and are the main drivers of activities of the Diversity Training Committee.

Several opportunities for student involvement include:

1. *Attendance at Clinical Faculty Meetings.* Students are asked annually to nominate Student Representatives (one from each track) to attend Clinical Program faculty meetings. The Student Representatives (2-3) serve as a conduit between their fellow students and the faculty, conveying the thoughts, ideas, and needs of students. Of note, starting in 2022-2023 each cohort not represented by a Student Representative identifies a liaison that the Student Representatives can communicate with and who provides assistance in program activities.
2. *Diversity Training.* As noted above, students are encouraged to serve on the Diversity Training Committee, the mission of which is to foster an atmosphere that promotes open

dialogue about cultural issues and to develop the Clinical Program into an exemplary model for producing culturally sensitive practitioners and researchers.

3. *Graduate Student Admissions.* Students play a central role in our recruitment of graduate students to the Clinical Program. In particular, students take the primary role in planning many aspects of “Visit Day” when invited applicants visit the campus to interview. For in-person visits, this includes housing applicants, coordinating transportation for applicants, interviewing applicants, hosting and/or participating in the applicant party, and participating in the organization of the diversity brunches for racial/ethnic minority applicants and for LGBTQ+ and Allies applicants. These responsibilities are also shared with the Clinical Program Coordinator
4. *Social Planning!* Students also are encouraged to organize and participate in various student-driven social events throughout the course of each academic year. Examples include a social gathering to welcome the new students and a party celebrating the students leaving for internship where the first-year students traditionally organize a skit/parody. See the section on Program Structure and Community Activities for more information. Students are encouraged to initiate ways to socialize and get to know each other as a support network.

Disability, Impairment, or Psychological Distress.

Students experiencing an impairment in their well-being and ability to function competently as a graduate student or clinical psychology trainee are encouraged strongly to contact their primary research advisor and/or the Director of the Clinical Program to obtain assistance (e.g., support, referral information). It is important that at least one member of the faculty be aware of issues that may affect any student’s ability to thrive within the program and perform their professional duties. The clinical program cares about the well-being of the program’s students; having one or more faculty members informed of the relevant issues will enable the clinical program to provide appropriate assistance and support. It also is ethically necessary for a faculty member to determine whether the student’s abilities are compromised in a significant manner that may meaningfully affect their professional conduct with the public.

On a related note, the student-faculty relationship is different from a client-health care provider relationship:

- In a client-health care provider relationship, information that is shared by the client is bound by confidentiality (with certain limitations). As faculty are not students’ health care providers, it is important that all parties recognize that there is no presumption of confidentiality around students’ sharing of well-being concerns to program faculty.
- When a student is experiencing personal difficulty, it is typically in the best interests of the student for multiple faculty to know of such concerns so that they can be understanding and supportive in their roles as mentor, instructor, supervisor, etc. Therefore, when students bring personal well-being concerns to the attention of a faculty member, those parties will discuss whether and how such information needs to be shared with other members of the faculty. In situations where the student and faculty member disagree on the approach, they will meet with the Director of the Clinical Program to decide on the next steps.

Students experiencing a more extensive or ongoing disability (e.g., learning disability, a physical or mental health condition) that may affect academic, research, or clinical performance should consult with the Accessibility Resources and Services (<http://ars.unc.edu>) and/or the Learning Center

(<https://learningcenter.unc.edu/>). The Director of the Clinical Program or the Clinical Program Coordinator are available to help students navigate this process. Reasonable accommodation can be made if a disability is documented.

Occasionally students are interested in seeking psychosocial treatment for their own adjustment issues or psychological concerns. In some cases, therapy will be recommended to students to help resolve issues that seem to interfere with personal or professional functioning. Some students also may feel that the experience of therapy, as a client, may add to their training as a clinician, but this is not required by our program. Several options are available for students to identify a local therapist who can provide treatment at a reasonable cost:

- First, students are entitled to free services at the UNC Counseling and Wellness Center (<https://caps.unc.edu/>). However, some students may have reservations about this option given that CAPS is a practicum training site for our program. For the most up-to-date referral options for therapists in the community (i.e., not in CAPS), students are encouraged to seek a referral from CAPS. There are two ways to do this: (1) students can send an email to CAPSreferrals@unc.edu and include their insurance and any provider preferences – email responses are received within one week; or (2) students can set up a referral coordination visit – more information about this can be found here: <https://caps.unc.edu/services/referral-coordination>.
- In addition, to CAPS there are many low-cost options in Chapel Hill. UNC Hospitals provides Adult Outpatient Services through the Department of Psychiatry in the School of Medicine: <https://www.med.unc.edu/psych/patient-care/adult/outpatient>. The Student Health Action Coalition (SHAC) provides low-cost therapy on Wednesday nights: <https://www.med.unc.edu/shac/programs/mental-health/>
- Another route to finding a local therapist is to review a list of local psychologists who may be available to see graduate students – this can be found on the clinical website under Program Resources, which is under About Us (<https://clinicalpsych.unc.edu/program-resources/>), and in Appendix L or via Psychology Today’s listing of therapists in North Carolina. Appendix L also contains information about how to look for a psychologist through the Blue Cross system.
- Students also are welcome to discuss their need for a psychological treatment referral with any faculty member, including the Director of the Clinical Program, without bias. However, if students do not wish to discuss this with a faculty member, the Clinical Program Coordinator can discuss options with students and will maintain confidentiality of this request.
- Finally, if you are not comfortable with coming to anyone in the program. Please utilize the Heels Care Network website to provide some support: <https://care.unc.edu/>

There are also student organizations on campus that have mental health as a focus and that could provide support and guidance. Stigma-Free Carolina is a “UNC community campaign aimed at reducing stigma toward mental health concerns and treatment” – more information can be found here: <https://stigmfree.unc.edu/>. Rethink Psychiatric Illness is “a student organization and Campus

Y committee at the University of North Carolina Chapel Hill committed to changing the way that we think and talk about mental illnesses on our campus and in our community” – more information can be found here: <https://www.rethinkunc.org/>. And in our own Department, there is Mental Health Liaisons, a group recently developed by graduate students across several programs to develop social initiatives as well as other events aimed at reducing stigma related to mental health concerns and addressing the mental health needs of Department graduate students.

Sexual Harassment.

The Clinical Program does not tolerate verbal or physical abuse on the part of its faculty, staff, or students. The program endorses the University’s policy on harassment, which is outlined on the following website: <https://policies.unc.edu/TDCClient/2833/Portal/KB/ArticleDet?ID=132487#autoid-drq2r>. Please note that the University of North Carolina considers a sexual relationship between faculty and student as a form of sexual harassment, even if both persons consent to the relationship. This is because of the inequality of power inherent in such a relationship.

Criminal Activities & Reporting Requirements.

In accordance with the “Regulation on Student Applicant Background Checks (UNC Policy Manual 700.5.1[R])” guidelines adopted by the General Administration of the University of North Carolina as well as the contractual requirements of some clinical agencies to which students are assigned for training practica, the Clinical Psychology Program (Program) of the UNC Chapel Hill Department of Psychology and Neuroscience requires all students to undergo a Criminal Background Check (CBC).

The CBC shall be performed: 1) following admission acceptance, usually prior to program matriculation but certainly prior to any clinical practicum experience; and 2) when deemed necessary by University administrators or 3) upon request by a student’s external practicum experience. A CBC may also be requested upon program re-entry subsequent to a leave of absence, program withdrawal, or program separation greater than thirty (30) consecutive days. Offers of admission to the program issued subsequent to January 2014 will generally stipulate that the applicant’s admission is *contingent* upon the results of the CBC, in which case, any student who fails to comply with this requirement may not enroll in the Clinical Psychology Program.

The CBC must be performed (at the program’s expense) by a qualified vendor selected by the University, Department, or Program. Students must sign a “Release to Share Background Information and Agreement to Report Future Felony or Misdemeanor Convictions” form, which authorizes the program to conduct the CBC and to share the results with clinical agencies as necessary for the purpose of arranging clinical placements as part of the student’s educational experience during their graduate training.

In addition to submitting to a CBC, students must also report to the Director of the Clinical Program the following events with respect to felonies and misdemeanors other than minor traffic violations:

- Pending criminal charges,
- Criminal convictions,
- Pleas of no contest or nolo contendere,
- Alford pleas, and
- Receipt of deferred prosecution or prayer for judgment.

These reports must be made in a timely (within five (5) business days of the charge or resolution of the charge) and complete manner. Failure to disclose the occurrence of one or more of these events may be a violation of the University's Honor Code and may result in disciplinary action, up to and including dismissal from the program and expulsion from the University.

In the event any CBC report reveals an offense other than a minor traffic violation, or if a student discloses that any of the events identified above have occurred, the Director of the Clinical Program will meet with the student. Prior to meeting with the Director of the Clinical Program, the student will submit a thorough but succinct statement describing the incident, the status of the incident, and lessons learned from the experience. In the event the student believes that a CBC report is erroneous in some way, the student may request a repeat check be conducted at the student's expense using the student's Social Security number as the primary identifier.

Students with a positive CBC report or a student who has disclosed a pending criminal charge, conviction, or other resolution may be referred to the University's Emergency Evaluation and Action Committee. Additionally, the program may separately evaluate whether such students may be permitted to enroll or continue in the program. The Director of the Clinical Program and Clinical Advisory Committee would meet personally with the student and would receive any relevant information the student wishes to provide before rendering a decision; the results of that meeting and recommendations will be discussed among the clinical faculty. The program's decision is final as to students who have been admitted into the program but who have not yet matriculated.

Enrolled students who wish to appeal the program's decision may do so by submitting a written statement of appeal to the Chair of the Department of Psychology and Neuroscience. The statement of appeal must be submitted within ten (10) calendar days of receiving the program's determination. The Chair's decision regarding the appeal is final.

Clinical agencies will make the final decision about whether a student with a positive CBC report may be placed at that site.

In addition, a student may be required to do a drug screening, at the expense of the program, if an external practicum requires it for onboarding.

Notes/Clarifications:

Students who resided outside the US due to active military deployment, service in the Peace Corps, employment with the US Foreign Service, or other approved reasons, may submit one of the following alternative forms of documentation in lieu of securing an international background check:

- A copy of the Certificate of Release or Discharge from Active Duty Form (Form DD214) detailing an "honorable" discharge status, OR
- A copy of the final Description of Peace Corps Volunteer Service detailing completion of service assignment in "good standing", OR
- A copy of the letter terminating service in "good standing" from the US Foreign Service or relevant agency.

Accreditation.

Since 1949, the UNC Clinical Psychology Program has been accredited by the American Psychological Association (APA; <https://www.apa.org/>). For more information on APA

accreditation, please contact:

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, NE
Washington, DC 20002-4242
(202) 336-5979
TDD/TTY (202) 336-6123
apaaccred@apa.org

Since 2017, the UNC Clinical Psychology Program has also been accredited by the Psychological Clinical Science Accreditation System (PCSAS; <https://www.pcsas.org/>). For more information on PCSAS accreditation, please contact:

Joe Steinmetz, Executive Director
Psychological Clinical Science Accreditation System (PCSAS)
Department of Psychological & Brain Sciences
Indiana University
1101 E 10th St
Bloomington, Indiana 47405 USA
(479) 301-8008
JSteinmetz@pcsas.org

Training Experiences: Overview

The Clinical Program includes two training tracks: Adult Clinical and Child/Family Clinical. Both tracks include training experiences specific in content; however, the general program experiences and requirements are similar across tracks.

We have designed the program to allow students to gain expertise in both research and clinical skills, to become involved in different types of activities across settings, and to have flexibility in determining their own training experiences.

Training experiences involve several different domains of learning. This handbook has been organized with respect to each domain. Within each section, UNC Graduate School, Department of Psychology and Neuroscience, and Clinical Program requirements have been articulated.

Each academic year, the Department of Psychology and Neuroscience publishes a document, “MA and PhD Requirements in Psychology” listing specific requirements; this is available from the Student Services Manager. The UNC Graduate School also publishes an annual handbook with University requirements (<https://handbook.unc.edu/>). This Clinical Program handbook is typically revised according to these documents each year; however, if contradictions arise, the requirements specified in the Department and University documents override the text listed here.

The sections that follow include:

1. Didactic Training
2. Research Training, including
 - a) Consistent involvement in research
 - b) Master’s thesis
 - c) Oral research presentation
 - d) Comprehensive Area Paper (Comps)
 - e) Dissertation
3. Clinical Training, including
 - a) Practicum training
 - b) Predoctoral internship
4. Multicultural Training
 - a) Multicultural Competencies and Cultural Humility
 - b) Diversity Training Sequence

Students also may obtain training in teaching in the clinical program (e.g., in training undergraduate research assistants in lab and in supervising independent research classes [PSYC 395]) and in the Department (e.g., as a Teaching Fellow). These experiences also have been described within the handbook.

A summary of skills related to research and clinical training is listed in Appendices D and F, respectively.

Didactic Training

Coursework will offer you a basic foundation in areas of clinical science and practice expertise that will be applied more substantially in your research and clinical placements. Coursework helps to develop expertise in research, psychopathology, assessment and evaluation, intervention with individuals and groups, and ethics. Coursework is designed to help you meet several different sets of training requirements simultaneously while also allowing for flexibility. A brief discussion of the basis for these course requirements is offered below, with a list of courses and typical schedules of required courses in the appendices.

Formal Coursework

Enrollment.

Students are required to be enrolled full-time throughout their entire course of graduate study in order to be eligible for a tuition remission. This is technically accomplished by enrolling for a minimum of 3 hours of either Psychology 993 (Master's Thesis) or Psychology 994 (Doctoral Dissertation) each semester, but during the first 2-3 years of graduate study most students are enrolled in at least 9 hours each semester, given course requirements. All doctoral degree requirements must be completed within eight years of first enrollment at UNC as a graduate student. Under extreme circumstances, an extension may be requested from the Graduate School.

Students register for courses through the UNC ConnectCarolina portal: <https://connectcarolina.unc.edu/>. Students are requested to register at least for 993 or 994 as soon as registration opens, since registering for at least 3 credits prior to the University's pre-payment deadline avoids headaches for the Student Services Manager who otherwise has to go through extra steps so that students can register.

The UNC clinical psychology program requires a minimum of 4 full-time academic years of graduate study in addition to a pre-doctoral internship. The modal number of years in our program pre-internship is 5 years and, in recent years, students have been in residence 4-6 years before internship; the curriculum is structured so that core clinical coursework is completed in 4 years. For students who may have begun their doctoral training at another institution, at least 2 of their academic doctoral training years must be completed in the UNC clinical psychology program in order to receive a doctoral degree from UNC. This scenario may occur for students transferring from another doctoral program for reasons such as the relocation of their faculty advisor.

NC Residency.

Students are strongly encouraged to apply for in-state residency within their first year of graduate training to be eligible for a tuition waiver in subsequent years. The first application can be submitted after 12 months in North Carolina and we encourage you to apply as soon as possible after the 12 months. In preparation for this, indicators of residency should occur significantly before the application date (e.g., aim to register to vote in NC and get a NC driver's license within 1 month of moving to the state). The residency application has moved to an all online process making it much more stream-lined. More information can be found at: <http://gradschool.unc.edu/residency/>. International students with a green card are now eligible to apply for NC residency; see the Director of Graduate Studies and the Office of International Student and Scholar Services for more information.

Once you have received in-state residency, there are two things left to do: (1) email the Student Services Manager to alert them that residency has been granted, and (2) go into your ConnectCarolina student center and enter your RCN number under the NC Residency Status tab (underneath program advisor), which is how residency status is changed in the system.

Courses.

A minimum of 30 credit hours of successfully completed graduate credit, no more than 6 of which can be approved transfer credits, is required for the Master's degree. Many of these hours may be for Master's thesis research (Psych 993). Students who transfer from another graduate program before obtaining a Master's and who hope to have some of their credits transfer would need to meet with the Director of the Clinical Program and provide the syllabi of the courses along with their transcript. The Director of the Clinical Program, in consultation with faculty who teach the relevant courses and the Clinical Advisory Committee, will determine if credits can transfer, in which case, the student would complete and submit a Transfer Credit Recommendation form (<https://gradschool.unc.edu/academics/resources/forms.html>).

All graduate students in the Department of Psychology and Neuroscience are required to take a minimum of three graduate level psychology courses (9 semester hours) *outside of their program area*. For most all clinical students, two semesters of required coursework in statistics (Psychology 830 and 831) will constitute a portion of the three courses. The remaining course should be selected in a manner that meets departmental and APA-accreditation distribution requirements – see Appendix B for the typical sequence of required courses for the Clinical Psychology program and the “APA Accreditation (and Licensure) Requirements” section below. Students should seek the input of program faculty in selecting these courses. In addition, we encourage students to save digital versions of all their syllabi, in case it is needed for licensure.

Formal Concentration in Quantitative Psychology (FCQP).

Students particularly interested in statistical analyses may consider completing coursework for a formal concentration in quantitative psychology. The most updated information about this concentration can be found here: <https://quantpsych.unc.edu/concentration-in-quantitative-psychology/> -- in particular, this website includes: information about the requirements for completing a FCQP; examples of quantitative psychology courses that count toward the concentration; guidance on cases when quantitatively-focused courses offered by other departments may count toward the concentration requirements; and how to obtain a letter of completion of the FCQP. Of note, there is no formal procedure for applying or enrolling in the FCQP – all that is needed is that you email the Director of the Quantitative Psychology Program to indicate your intent in pursuing this concentration.

Exemptions.

Students may be exempted from the statistics requirement (PSYC 830 and/or 831) by the Director of Graduate Studies on the recommendation of the Director of the Quantitative Psychology Program. Should a student be exempted from both courses, they would be required to pass one advanced behavioral statistics course offered by the Department.

Students entering the program with a Master's degree in psychology approved by the Director of the Clinical Program and the Director of Graduate Studies may have more flexibility in completing coursework requirements. Of the three graduate courses outside of the clinical area (not including PSYC 830 and 831), these students may petition for the (presumed third) outside course to be fulfilled

by a course successfully completed at the graduate level at another institution. Such a course would have to be in a non-clinical area of psychology. Approval will not be automatic but will be based on careful consideration by the Director of the Clinical Program (with consultation from the Clinical Advisory Committee) and by the Director of Graduate Studies of course materials (syllabi, etc.) submitted by the student as part of their petition. Similarly, in some cases, students may be exempt from taking an otherwise required clinical course. The faculty who teach the clinical courses being considered for exemption will review the course syllabi and let the Director of the Clinical Program know if they would support an exemption based on how comparable the other institution's course is to UNC's course in terms of content and approach. The Director of the Clinical Program will bring these recommendations to the Clinical Advisory Committee for a discussion and decision. In addition to reviewing syllabi and training experiences to see how they match up to how the UNC Clinical Program approaches APA requirements, we will also take into consideration the institution students are coming from (especially if students are moving with their advisors) and operate with the understanding that if the institution is APA-accredited and, in particular, if we would consider it a peer program, then we may allow leeway even if some requirements are met differently from how our program meets them. Only courses taken as part of a (completed) Master's program are eligible for exemption.

APA Accreditation Requirements.

The American Psychological Association stipulates that students in accredited clinical programs should demonstrate competence/knowledge in:

1. Profession-wide competencies (PWC), including: a) research, b) ethical and legal standards, c) individual and cultural diversity, d) professional values, attitudes, and behaviors, e) communication and interpersonal skills, f) assessment, g) intervention, h) supervision, and i) consultation and interprofessional/interdisciplinary skills.
2. Discipline-specific knowledge (DSK), including: a) affective aspects of behavior, b) biological aspects of behavior, c) cognitive aspects of behavior, d) developmental aspects of behavior, e) social aspects of behavior, f) history and systems of psychology, g) research methods, h) statistical analysis, and i) psychometrics.

Students must also demonstrate advanced integrative knowledge of at least 2 of the discipline-specific areas listed above in a-e. This is typically done via a graduate-level course that serves as “an evaluated educational experience that provides basic coverage in two or more areas and integration across those areas.”

These areas of competence and knowledge may be demonstrated through students' participation in coursework (full courses or parts of courses), independent study, research experiences, **or** clinical practica. For the DSK areas (and for “advanced integrative knowledge”), APA requires that knowledge be demonstrated via an “evaluated educational experience” (EEE), defined as “a learning experience (e.g., course, parts of courses, or independent study) the outcome of which is assessed by a person recognized as having current knowledge and expertise in the area of the learning experience.” Most typically in our program, this is done via a course, although in some cases the EEE is an independent study. For courses, a grade of “Pass” is required to count as having met a DSK or PWC requirement. If a “Low Pass” is received, then part of a remediation plan will likely be retaking the course and earning a “Pass.”

Students often have questions regarding courses that fulfill the DSK requirements listed above. The purpose of this requirement, as specified by APA in the Standards of Accreditation, is to ensure that students “acquire a general knowledge base in the field of psychology, broadly construed, to serve as a foundation for further training in the practice of health service psychology.”

Foundational knowledge is required for DSK areas a-e above; this refers to more foundational material in these domains that are built upon in graduate-level classes. In our program, foundational knowledge is obtained as part of the graduate courses and graduate-level evaluated educational experiences our students take in the areas of affective, biological, cognitive, developmental, and social aspects of behavior. This is accomplished by syllabi including breadth readings related to discipline-specific knowledge (e.g., review articles and chapters either interwoven among the readings or identifiable as a set of “foundational readings”), in addition to the graduate-level depth readings that contribute to graduate-level knowledge. The understanding is that doing well in a graduate course (or graduate-level evaluated educational experience) reflects mastery of both foundational and graduate-level knowledge. The Commission on Accreditation provides latitude with how programs approach foundational knowledge, noting that “For some programs, rigorous entry criteria will result in the need for less emphasis on foundational content within the doctoral program and more extensive coverage of graduate-level knowledge of DSK” (IR C-7 D). Given that our program is competitive from an admissions perspective, we are able to be especially selective and admit students who are quick learners (the vast majority with extensive academic experience in psychology) and who are readily able to dive into graduate-level coursework that, bolstered with foundational readings, they are able to master. So that the Director of the Clinical Program can ensure that graduate courses taken to meet DSK requirement in areas a-e include foundational readings, students should let the director know at the end of each semester which DSK-relevant courses they intend to take the upcoming semester so that the director may approach the relevant instructors and review the course syllabi.

Graduate-level knowledge is required for areas a-e and g-i; this is commonly achieved via graduate-level courses in our department. There are some courses that will satisfy foundational and graduate-level knowledge for 2+ areas at once, as well as provide integration of these areas, and thus could meet both the DSK requirements and the “advanced integrative knowledge” requirement.

The sole DSK requirement that only needs to be met at the foundational level is history and systems of psychology. Most students meet this requirement by completing the program’s independent study course (PSYC 899) on history and systems of psychology and earning a grade of at least a Pass. Starting in 2022-23, this course, which is set up as a self-paced independent study, will typically be taken in the fall semester of students’ first year.

To help you select courses in the program, a worksheet has been developed with each of these requirements listed (see Appendix A). Also, a sample schedule of courses for students entering the program in even or odd years has been provided (Appendix B). A link to and information about key graduate courses in the department that are especially relevant to clinical students is provided in Appendix C; this listing includes some of the graduate courses that cover 2+ of the DSK areas a-e listed above, although any one given course may not be counted for more than 2 DSK areas. On occasion, students also may take graduate courses at Duke to fulfill requirements. This will be handled on an individual basis. Please see your primary research advisor and/or the Director of the Clinical Program with any questions regarding the appropriateness of specific courses in fulfilling graduate requirements.

Licensure.

Following graduation, you may wish to obtain a license to practice clinical psychology in one or more North American states or provinces. No clinical psychology doctoral program leads directly to licensure; licensure requirements are set by state agencies and are varied and can change at any time. That said, for many states, obtaining a doctoral degree from an APA-accredited doctoral program meets the *educational requirements* for licensure. In order to determine if a particular state's educational requirements for licensure align with our program's curriculum, students are encouraged to review this document:

https://cdn.ymaws.com/www.asppb.net/resource/resmgr/docs/7.22.21_consumer_information.pdf

as well as to go to the state-specific licensing board websites to make sure you are accessing the most up-to-date information about licensure requirements. (You can find links to state and province psychology licensing boards here: <https://www.asppb.net/page/BdContactNewPG> .) The linked PDF was developed by the ASPPB (Association of State and Provincial Psychology Licensing Boards) with plans to update it annually; it can also be found as part of our "Consumer Information Disclosure" under the "For Applicants" tab of our program website. In general, unless you know for certain where you will live and want to seek licensure, following the APA requirements listed in the clinical program handbook will likely suffice in terms of the doctoral educational requirements for licensure for most states. In the end, however, it is the student's responsibility to determine licensure requirements (educational requirements or otherwise) for a state they want to be licensed in and how they can meet those requirements. For questions regarding licensure in a particular state, please contact the state's licensing board; for general questions regarding licensure, feel free to reach out to one of the clinic directors (Director of Clinic Operations and Training, Director of Clinic Services) or the Director of the Clinical Program. If you need a letter from the Director of the Clinical Program for your licensure application, please email the Clinical Program Coordinator.

Clinical Lunch Seminar.

In addition to formal coursework, the Clinical Program offers a seminar series (informally called "Clinical Lunch") to further enhance training. The clinical faculty and students participate in these 1.25 hour-long seminars on most Fridays starting at noon. These seminars are mandatory for all students each semester (students would enroll for the seminar under PSYC 807) with the exception of students applying for internship. Students sign in for each Clinical Lunch as a way to document participation via attendance. It is essential that no regularly scheduled meetings of research labs, clinical practica, or coursework be scheduled in conflict with this time.

Some of the types of seminars included in Clinical Lunch are described below.

Research Presentations. Clinical Lunch offers an opportunity to be exposed in greater depth to ongoing research activities and findings. Speakers include faculty, students, and post-doctoral fellows from within the UNC Clinical Program, alumni from the program, and presenters from other programs or departments within UNC or in the surrounding research community. These presentations are not necessarily finished works of completed research but can be works "in progress" that could foster spirited discussion, possible collaboration, and input. Since Fall 2020, we have had to rely on Zoom for these presentations (and we are partially doing so for 2022-2023), but this has also provided the opportunity to "bring in" experts from across the country. In terms of student presentations, each student will present at Clinical Lunch at least once during their time in the program, most typically in their 3rd or 4th year as one of the research milestones; for these presentations, the expectation is that a completed research project is presented including results and discussion (for more information, see the Oral Research Presentation section).

Clinical Presentations. Some presentations at Clinical Lunch have a clear clinical practice focus -- for example, a specific evidence-based intervention or clinical considerations for a specific population. These presentations often have interactive elements and some of the presenters are supervisors of practica.

Professional Development. Seminars that are focused on professional development offer students an opportunity to learn skills and ask frank questions regarding important aspects that are not formally included in most doctoral psychology curricula but may be helpful for a successful career as a psychologist. For instance, recent topics have included seminars (presenters or panels) on how to start a private practice; the job search; successes and failures; mentoring; applying for internship (led by students who just finished the process); and interactions between clinical psychology and the law. Topics are usually selected by students and the relevant clinical lunches are coordinated by the Director of Clinical Psychology and any students interested. Periodically (about every other year), Clinical Lunch includes a practicum fair attended by clinical supervisors for practicum sites post-2nd year practicum (i.e., mainly external practica) who describe the practicum experiences they offer and answer questions.

Diversity Journal Club. Clinical Lunch provides opportunities to think about diversity and multiculturalism issues that are relevant to research, practice, and teaching in clinical psychology. Although aspects of diversity typically appear across multiple Clinical Lunch presentations in any given year, there may also be specific Clinical Lunches with an explicit focus on diversity, broadly defined. These seminars may include a discussion of a recent journal article, presentation and conversation about policy statements/current events, guest speakers (from within or outside the department), experiential exercises, thematically organized discussion groups, or multicultural case conferences. The topics for the Diversity Journal Club are typically selected by the students and faculty on the Diversity Training Committee.

Research Training

The UNC Clinical Program is strongly committed to the development of clinical science skills including a) the critical, scientific evaluation of theoretical and empirical literature, clinical assessment practices, and therapy practices; b) familiarity with the scientific method as a basis for inquiry; c) knowledge of empirically-derived findings and research methods common to the study of child/family and/or adult psychopathology and treatment; d) the ability to use or understand a variety of statistical techniques; and e) the ability to engage in independent scientific investigations.

Upon entry into the program all students should complete the online human subjects training course, located at <http://research.unc.edu/human-research-ethics/getting-started/training/>. Students also need to complete the HIPAA training module annually through the UNC Environment, Health and Safety (EHS) website (<https://apps.fo.unc.edu/ehs/training/hipaa/>). First year students are encouraged to complete the HIPAA training in August, which would mean they would renew via annual testing each August. For questions about HIPAA training, ask the Director of Clinic Operations and Training.

To assist students in developing the aforementioned clinical science skills, five research tasks/activities are included in the training program. These include 1) consistent involvement in research activities throughout graduate training (i.e., being part of a research lab), and completion of four research milestones: 2) the Master's thesis, including passing the final oral examination (i.e., Master's defense); 3) the oral research presentation at Clinical Lunch; 4) the Comprehensive Area Paper (Comps); and 5) the Dissertation, including passing the final oral examination (i.e., Dissertation defense). Each of these is described below. *Note:* Dual students should make sure to discuss the Master's thesis, Comps, and dissertation research milestones with both of their advisors and both program directors to make sure that both programs, both advisors, and the student are on the same page regarding expectations and timing for these milestones.

Our hope is that you will progress from strongly-mentored research experiences to more independent research skills reflecting your abilities as a scientist with growing autonomy. We thus have different expectations and hopes for you as you progress through each of the research milestones. We have prepared a research skills checklist to help you track your progress in these research skills over the course of your training and to help you have an ongoing dialogue with your advisor about your research progress (see Appendix D). This checklist also gives you a good idea of how you will be evaluated for the Masters' thesis, Comps, and Dissertation research milestones.

Consistent Involvement in Research Activities

Although not a "milestone," since it is ongoing rather than discrete, we include information about the nature of consistent involvement in research activities, since research is a cornerstone of our program. Students are expected to dedicate a minimum of 10 hours each week during the academic year towards research activities. Given our program's mentor model, students will arrive in the program with a primary research advisor. This advisor will be responsible for maintaining consistent contact with the student to supervise research activities, including typically weekly or biweekly individual meetings. The primary advisor also will be responsible for evaluating the student's research progress at the end of each semester and communicating the results of program feedback to the student.

Research activities in the Clinical Program take place at numerous affiliated sites in addition to the Clinical Program in the Department of Psychology and Neuroscience. These opportunities may include collaborations with numerous faculty members, some of whom may have a primary appointment in a

psychology graduate program outside of clinical (e.g., developmental, social, etc.) and some of whom may have a primary appointment outside of the Department of Psychology and Neuroscience (e.g., Department of Psychiatry). Such research experiences are encouraged and often can provide unique and valuable training opportunities. The primary research advisor must be a member of the tenure-track faculty or the affiliated faculty listed within this handbook. An exception is dual students who have co-primary research advisors (one in clinical and one in another psychology program area) and whose research focus may be equally split across these two advisors' labs or may be more in one lab than the other.

Research activities should be discussed regularly between the student and the primary research advisor and may include whatever tasks are a) mutually agreeable and b) have clear potential to advance the student's development as a clinical scientist. Students who work on research with a faculty member who is not their primary research advisor should regularly update their primary research advisor about these research activities. In addition to assistance on ongoing research projects, we strongly encourage students to actively participate in the preparation of grants, presentations, and publications throughout their graduate training. Beyond the required Master's and Dissertation requirements described below, many students complete and publish findings from other studies, reviews, critiques, and book chapters during their years in the program, and most present their research at national conferences throughout graduate school, although presenting at conferences is not required. We strongly encourage such activities, particularly among those students who intend to pursue academic research careers. We are committed to assisting students during all phases of whatever scholarly activity they undertake while here in the program.

Students are strongly encouraged to use an Individual Development Plan (IDP) to: (1) assess their interests, skills, and strengths; (2) develop a plan for skill development related to their professional goals; and (3) communicate regularly with their advisor as goals and skills evolve. The IDP is something to be regularly revisited and fine-tuned based on changes in interests, skills, and goals. There are many guides to IDPs, but two that may provide helpful information and structure are: <https://gradprofdev.unc.edu/idp/> and <https://grad.wisc.edu/professional-development/individual-development-plan/>

In terms of IRB (Institutional Review Board) approval of research activities, it is the joint responsibility of the graduate student and the primary research advisor to ensure that all research activities are fully compliant with the UNC Office of Human Research Ethics (OHRE)/IRB requirements. Information regarding these requirements and relevant forms needed to obtain permission to conduct human research can be found at: <https://research.unc.edu/human-research-ethics/>.

Master's Thesis

Students are required to complete a Master's thesis demonstrating independent research expertise within the first three years of graduate training. A proposal of this thesis must be presented and defended to the Master's committee (defined below) by **November 1** in the second year of graduate training. Students must submit this thesis to the UNC Graduate School to receive a Master's degree. The graduate school requires completion of the Master's degree within five years of enrollment at UNC; however, the Clinical Program requires completion of the Master's thesis **by the last day of the third year** (i.e., sixth semester) **of graduate training.**

Ideally the Master's thesis (and the Dissertation) will result in important, published contributions to the empirical literature. Regardless of whether this goal is attained, we believe that the two research projects should enhance the student's ability to be a good producer and consumer of research. The Master's thesis is designed to facilitate research training. Thus, students should work closely with their advisors and sometimes with other committee members as a research team. Also note that the Master's proposal and defense meetings will not be conducted merely to evaluate the student's research progress but also to provide students with a training experience in carefully scrutinizing their own research and acknowledging the limitations inherent in all empirical work.

Although students will draw on the assistance of faculty and other university resources, the final thesis must represent the student's own work. For example, the student may obtain consultation with statistical procedures but must not have someone else conduct the analyses.

We encourage Master's theses written in the style and length of a typical manuscript submission for an APA-style journal, but this is at the primary research advisor's discretion and should be based on the advisor's and student's conversations about the student's research training needs. Thus, there are no number of pages specified for either the Master's thesis proposal or the completed Master's thesis. Students are encouraged to ask their primary research advisor for models of recent Master's theses in the lab that may serve as a guide in terms of structure and length.

Use of an Existing Dataset.

Students may complete their Master's thesis by formulating unique hypotheses and independently conducting statistical analyses on an existing dataset such as publicly accessible data or data collected by their research advisor. In all instances, the use of the existing dataset must be approved by the primary research advisor. The use of an existing dataset is permissible for the completion of the Master's thesis (preferred) or the Dissertation but not both; that is, an original data collection is required for at least one of these two independent research projects. (See information under "Use of an Existing Dataset" in the Dissertation section for possible exceptions.)

Master's Committee.

Students should constitute a Master's committee to review a proposal of the thesis and to evaluate the completed thesis. This committee must include at least three members. At least two of the committee members must be tenure-track faculty of the Clinical Program (or affiliated faculty of the Clinical Program), one of whom is the primary research advisor. One member of the committee must be an "outside" member, typically a faculty member from another graduate program of the Department of Psychology and Neuroscience or another department on campus. Committee members must be members of the UNC Graduate Faculty, but not all UNC faculty are members of the Graduate Faculty. Email the Department Student Services Manager to confirm the UNC faculty status of any faculty member outside of the tenure-track faculty members in the Department of Psychology and Neuroscience. Fixed-term faculty in clinical (e.g., Jennifer Kirby, Adam Miller, Jen Youngstrom) are eligible to serve on committees, but check with the Student Services Manager to make sure that the overall composition of the Master's committee aligns with University and Departmental requirements (e.g., often a fixed-term faculty member may be a 4th member given the requirements related to tenure-track members and a member outside of clinical). In some cases, the committee may include a faculty member who does not have an appointment at UNC (e.g., faculty at a different university). To include such a committee member, permission must be requested from the UNC Graduate School -- contact the Director of Graduate Studies and the Student Services Manager to make this request. The Master's

committee is typically chaired by the student's primary research advisor (i.e., a tenure-track or affiliated faculty in the clinical program).

Master's Proposal.

A proposal of the Master's research, typically including a review of relevant literature, study aims and hypotheses, proposed study methods and procedures, and planned analyses, must be approved by the Master's committee. The Master's committee should receive a copy of the Master's proposal within two weeks (or before a deadline determined by the committee) of the date of the proposal meeting.

The proposal meeting is scheduled for approximately 1.5 hours during which the student offers a brief (~15-20 minute) presentation of the topic overview, research questions, methodology, and planned analyses. The remainder of time is focused on questions and discussion among the committee members and student. The purpose of this evaluation is to review the quality of the proposal and to provide recommendations for improvement.

Students should plan to successfully defend their Master's proposal to the Master's committee by November 1 of the second year of graduate training. Proposal meetings must be scheduled during the academic year (i.e., **not** during holidays or summer; however, the academic year does include days when finals are being administered).

Master's Defense.

Once a student and their primary research advisor mutually have agreed that the Master's thesis has been completed (or is near completion), the student may schedule a time for the Master's defense. The committee should receive a copy of the thesis document two weeks (or by a deadline agreed by the committee members) prior to the scheduled defense. Defense meetings must be scheduled during the academic year (i.e., **not** during holidays or summer; however, the academic year does include days when finals are being administered).

This defense is an oral examination scheduled for approximately 1.5-2 hours during which the student offers a brief (~20 minute) presentation of the research questions, methodology, findings, conclusions, and future directions. The remainder of time is focused on questions and discussion among the committee members and student. The purpose of this evaluation is in part to review the quality of the Master's thesis; however, this portion of the defense also is meant to enhance the student's skills in critically evaluating their own work and recognizing the limitations inherent in all empirical work, as well as their skill in producing clear and compelling scientific presentations.

At the completion of the Master's defense, the committee will determine whether the thesis is acceptable and/or whether it requires revisions. The decision to pass the Master's defense is based on the committee's determination that the student has demonstrated all of the competencies in the relevant section of the Research Skills Checklist (see Appendix D).

Potential Outcomes (for the proposal and/or defense).

- a. *Pass*: The student passes the proposal/defense; no further action is required. Relevant paperwork is signed.
- b. *Pass with minor revisions*: The student passes the proposal/defense, although small clarifications, corrections, or minor additions to the paper are needed before it should be submitted to the Graduate School. Relevant paperwork is signed. The Chair of the Master's

committee (i.e., the primary research advisor) will review these revisions, and the student may require brief consultation with committee members to assist with revisions, but the committee will not review the document further before signing the relevant paperwork.

c. *Pass with memo of understanding* (for proposals only): The student passes the proposal; however, several suggestions have been offered to improve the study. *Note:* these suggestions must not be of the nature that would turn an unacceptable document or low-quality research into an acceptable document or adequate quality research. By definition, these are suggestions that help augment a study/document that already was of passable quality. To ensure that the student has understood all of the suggestions offered and that each suggestion can be successfully incorporated into the proposal, the student will distribute a memo summarizing the changes they intend to make to the study before conducting the research. Committee members can comment informally on the memo to the student and committee chair. Relevant paperwork is signed.

d. *Fail:* The student has not met the requirements of the program; the paper is not of adequate quality. The committee does not sign the relevant paperwork. The committee advises the student whether it may be possible to continue with the proposed research following the production of a document of adequate quality or whether to entertain a new research topic/approach.

Forms/Paperwork/Whom to Alert.

Go to <https://gradschool.unc.edu/academics/resources/forms.html> or google “UNC graduate school forms.” In the Master’s Students section, click on “Master’s Comprehensive Exam Report” and print out that document. Alternatively, you may go to the Student Services Manager to obtain this form. This is the only sheet that the Graduate School needs for documenting the progress of your Master’s thesis.

Part I (report of written examination) and Part II (report of oral examination) have to do with the proposal of your Master’s thesis – the document itself (Part I) and the proposal meeting with your committee members (Part II). Note that only the chair of your Master’s thesis committee (usually your primary research advisor) needs to sign these sections. Thus, you do not need to bring this form to your proposal meeting. However, after a successful proposal meeting, obtain the committee chair’s signature for both Part I and Part II. You can keep this document and bring it to your Master’s defense meeting or you can ask the Student Services Manager to file it and you would need to obtain it from them prior to your Master’s defense meeting. Make sure to let the Director of the Clinical Program and the Clinical Program Coordinator know when you have successfully proposed your Master’s thesis so that they can update the program’s record of your progress through the research milestones.

Part III (report of the final oral examination) and Part IV (report of the final thesis) refer to the defense of your Master’s thesis – the defense meeting with your committee members (Part III) and the thesis document itself (Part IV). Note that all committee members must sign these sections. Thus, make sure to bring this form to your defense meeting. After a successful defense meeting, have your committee members sign Parts III and IV of the document that already has signatures for Parts I and II. Turn this document in to the Student Services Manager who will submit the form to the Graduate School. Make sure to let the Director of the Clinical Program and the Clinical Program Coordinator know when you have successfully defended your Master’s thesis so that they can update the program’s record of your progress through the research milestones.

Submission of the Thesis.

Following the Master's defense, students must submit their completed thesis electronically to the Graduate School. Students should follow the Electronic Thesis and Dissertation (ETD) guidelines and departmental specific instructions for preparing and submitting their theses and dissertations. Only final documents with approvals from committee members should be submitted. For a copy of the ETD Guidelines and to submit an electronic thesis visit: <http://gradschool.unc.edu/etd/index.html>.

Students entering with a Master's degree.

In some cases, students entering with a Master's degree in psychology that included a Master's thesis will not be required to complete a second Master's thesis during graduate training at UNC. Students wishing to waive the Master's requirement should submit a copy of the completed thesis from the prior institution to the Director of the Clinical Program within 1 month of their first year. The Director, the student's primary research advisor, and one other clinical faculty will review the thesis to determine its adequacy in meeting the UNC requirement. If approved, send a copy to the Clinical Program Coordinator and include approval letter or email for our files.

Steps and Timing Related to the Master's Thesis

STEP	TIMING/DEADLINE
1. Choose committee members in discussion with primary research advisor and <u>check with</u> Student Services Manager to make sure all committee members are eligible	No fixed timeline, but with enough time to make sure all are eligible; recommended <i>at least</i> 4 weeks before anticipated proposal date
2. Decide on proposal date – <u>email</u> the Clinical Program Coordinator & DCT with info about committee members and date/time/location of proposal	At least 2 weeks before proposal
3. Master's thesis proposal meeting	By Nov. 1 of the 2nd year
4. After a successful proposal, advisor signs Parts I & II of the "Master's Comprehensive Exam" form	After proposal meeting
5. <u>Email</u> the Clinical Program Coordinator & the DCT re: the successful proposal	After proposal meeting
6. Decide on defense date – <u>email</u> the Clinical Program Coordinator & DCT with info about committee members and date/time/location of defense	At least 2 weeks before defense
7. Master's thesis defense meeting	By the last day of finals week of the 3rd year
8. After a successful defense, all committee members sign Parts III & IV of the "Master's Comprehensive Exam" form	At the defense meeting
9. Submit the form with all the signatures to the Student Services Manager	After defense meeting
10. <u>Email</u> the Clinical Program Coordinator & the DCT re: the successful defense	After defense meeting
11. Submit the thesis electronically to the Graduate School	See link below for graduation deadlines related to submission of thesis

<https://gradschool.unc.edu/academics/resources/graddeadlines.html>

Oral Research Presentation

In addition to the oral defense of the Master's thesis and Dissertation, the program requires one other research presentation.

Students are required to deliver an oral research presentation, most typically as a conference-style presentation (e.g., ~12-15 minutes), during the Clinical Lunch Seminar. It is expected that the presentation be given in the 3rd or 4th year, but requests for exceptions of timing will be considered, as long as the presentation occurs before internship. Most often, students will present in a given clinical lunch with other students (e.g., 3-4 students in the third-year cohort presenting at a clinical lunch). Research to be presented must be research the student has been involved in – this could be the Master's defense or another research project they have contributed to and for which there is data to report. A talk that was presented or will be presented at a conference and that is presented at Clinical Lunch would be acceptable for the oral research presentation requirement. Of note, the research presentation must be of a completed research project, including results and discussion. The oral research presentation must include discussion of diversity as related to the presentation topic; ideally, this would refer to how diversity was considered in the study (e.g., via the methodology or the research question asked), but at a minimum there should be a slide addressing what is known about the presentation topic in relation to an aspect of diversity, along with recommended, theoretically-based future directions related to diversity (beyond simply stating that the research should be done in more diverse populations).

Oral presentations of research, as well as teaching, are an important part of the clinical psychologist's repertoire of skills. Competence in such presentations facilitates obtaining employment and gaining an audience for one's work. These presentation requirements (the Clinical Lunch oral research presentation as well as the Master's thesis and Dissertation proposals and defenses in front of students' committees) are designed to help students develop such skills before they leave the program. Students are expected to gain further practice with oral presentations via research presentations in their labs, presentations for their courses, and ideally presentations at conferences. (*Note:* Students who started the program in Fall 2016 or earlier are grandparented into the old policy which stated that the oral research presentation could occur at Clinical Lunch *or* at a state or national, peer-reviewed scientific conference.)

Once you have met the oral research milestone, please email the Clinical Program Coordinator and Director of the Clinical Program with the date of the presentation and the title of your talk; for those in the Fall 2016 cohort or older, also provide the venue (i.e., conference name or Clinical Lunch). Contacting the Clinical Program Coordinator lets us update our records of your research milestones.

Comprehensive Area Paper

Goals.

The Comprehensive Area Paper ("Comps") offers an opportunity for students to gain special expertise in an area of clinical science. This paper also serves as one measure to evaluate students' performance within the clinical program and their potential to succeed as skilled consumers, producers, and/or evaluators of clinical science. In addition to the evaluative component of the Comps, additional benefits include (a) providing a learning opportunity for the graduate student to focus in depth on a body of

research, (b) exposing students to a review process that is similar to that encountered when one submits an article for publication to a peer-reviewed journal, and (c) producing a potentially useful document for a manuscript submission.

The Comps must be completed after the defense of the Master's thesis and must be completed before the submission of the Dissertation proposal. It is expected that there will not be substantial redundancy between the Comps and the literature review for either the Master's or Dissertation projects. Rather, the Comps is a document much broader in scope, addressing an issue with a broader implication for clinical psychology than the specific hypotheses that are examined and supported in the Introduction section of the Master's or Dissertation projects. In many cases the Comps might end with a summary of future directions and needs for the field, and the Dissertation proposal may start by taking one of these future directions and developing/justifying a set of discrete hypotheses. Thus, the Dissertation proposal may begin where the Comps ends, but it is not required.

Note: For dual students, their Comps may look different. Dual students should make sure to contact the Director of the Clinical Program when they are starting to think about comps so that both of their advisors and the directors of both their programs can provide guidance.

Format.

The Comps should be a scholarly review of theoretical and empirical literature in an area of clinical psychology. This review should be in the style of a manuscript for a major review outlet such as *Psychological Bulletin*, *Clinical Psychology Review*, *Clinical Psychology: Science and Practice*, *Annual Review of Psychology*, or *Psychological Review*. Submissions should be no more than 50 pages including all tables and references. (Submissions exceeding 50 pages will be returned to the student and not reviewed until the next submission deadline.) In most cases it is desirable if the finished product actually is submitted for publication. The Comps should address a question that is relevant to students' research and/or clinical interests. This may involve a traditional literature review of research literature or a "progress review" of the current state of the evidence on a specific assessment or intervention approach. To see examples of students' submitted Comps, go to the Clinical Website and look under Program Resources, <https://clinicalpsych.unc.edu/program-resources/>

Submission Instructions.

Please let the Director of the Clinical Program and Clinical Program Coordinator know the date you hope to submit your Comps document (see below for the 3 possible dates) – at that time, also provide the title/topic of your comps, your list of 3+ preferred reviewers, and an outline if you have one ready (see later in this section for more information about the outline). Reviewers cannot include your advisor, and to the extent possible, we strive to include faculty within your track who have research interests relevant to your Comps topic. Reviewer assignments also take into account the reviewer workload of each faculty member, and preferences are not always able to be accommodated.

Soon after you contact the Director of the Clinical Program and Clinical Program Coordinator with your planned submission date, topic, and reviewer preferences, you will be assigned your two reviewers. At that point, you may reach out to your reviewers for feedback on your Comps outline should you have one – an outline is *strongly encouraged*, although not required, and the outline does not have to be ready by one of the review cycle dates. (However, if you will develop an outline, please email it to the Director of the Clinical Program and Clinical Program Coordinator in addition to your reviewers once it is ready.)

The outline should be no more than 3-4 pages (12pt, double-spaced). A “long abstract” of the Comps is recommended in addition to this outline; this will be a 1-page summary of the argument that will be put forth in the Comps and will offer good practice (and opportunity for feedback) for the type of integrative synthesis that Comps is meant to test. Should you draft an outline, you are strongly encouraged to meet with your reviewers and/or primary research advisor who will offer “big picture” feedback about organization, direction, and integration (e.g., a 30-minute meeting).

We offer three review cycles for submissions of the final Comps document. Submission dates are September 1, November 1, and February 1. Please submit electronic copies to the Director of the Clinical Program, the Clinical Program Coordinator, and your two reviewers by 11:59pm on one of these dates. Of note, if you are not able to turn in your Comps when you aimed to, that is okay – just provide that update to your reviewers, the Director of the Clinical Program, and the Clinical Program Coordinator and aim for the next submission cycle date. If you do not submit Comps by the indicated time (11:59pm) on the expected date, your Comps will not be reviewed until the next submission deadline.

Note that Comps has a strict deadline and a strict page limit. This models the experience for most grant proposals that similarly have a hard and fast deadline and a page limit. The Master’s thesis and Dissertation do not have program-specified page limits, but do have deadlines.

We strongly recommend that students submit their Comps within one year after their Master’s thesis defense.

If you want to apply for internship in a given academic year, you must have submitted your Comps by February 1st of the prior academic year; the September 1st deadline is not eligible for submission.

Students may submit their Comps at any point after the Master’s thesis defense. An exception may be requested in writing to the Director of the Clinical Program by providing 1) a summary of progress on the Master’s thesis, and 2) a justification for early Comps submission. This justification will be circulated among the tenure-track faculty for a vote. Of note, students can receive feedback on a Comps outline before the Master’s thesis defense. For example, if they plan to submit their Comps on September 1 and have their Master’s defense scheduled for early May, they can let the Director of the Clinical Program and Clinical Program Coordinator know of their September 1 plans and topic and get assigned reviewers with whom they could meet in the spring semester for feedback on an outline. By developing an outline and meeting with reviewers in April or May (before the end of semester/finals week), the student can plan to focus on working on Comps over the summer with the benefit of reviewer feedback on their outline.

The Comps must be completed and passed before submission of the Dissertation proposal.

Role of Primary Research Advisor.

The Comps should be completed independently; this is an evaluation of students’ conceptual/critical thinking, knowledge of clinical psychology, and methodological acumen. Thus, the research advisor should be regarded as a consultant, rather than a co-author or collaborator on the Comps. In common practice, a consultant may be asked to provide broad, general feedback regarding the topic and scope of a project, they may be asked to provide some general input as to work and areas that may be incorporated in a paper, and they may provide some general feedback in response to an outline of the paper. This outline also can be shared with the two Comps reviewers for oral, consultant-style

feedback. The consultant role is substantially limited in scope as compared to a co-author or collaborator role. In contrast, co-authors/collaborators typically make a scientific contribution to papers by offering their scientific input including their own ideas; and/or by helping to write the document. For the Comps, therefore, it is perfectly reasonable for a research advisor or reviewer to suggest some authors or resources and offer some general suggestions of the theories or arguments that would be helpful in guiding the Comps. However, the research advisor/reviewer should not provide substantial input in these areas, should not construct hypotheses or arguments for the student, and should not provide any comments (“track changes,” corrections/revisions) regarding the text of the Comps whatsoever.

More Specific Guidance on How Faculty (e.g., Primary Research Advisor or Assigned Reviewers) May Assist Students with their Comps

DOs	DON'Ts
<p>Faculty can discuss students’ area of interests.</p> <p>Faculty can offer suggestions for areas of the literature to cover.</p> <p>Faculty can offer suggestions for specific articles to include.</p> <p>Faculty can guide students towards an area that is likely to fill a gap in the literature.</p> <p>Faculty can help (assist, guide) students in formulating new hypotheses and models.</p> <p>Faculty can review a very detailed outline provided by the student.</p> <p>Faculty can help edit the outline in a broad sense (i.e., suggest how to move, add, delete sections).</p> <p>Faculty can review and help edit (in a broad sense) a second draft of the outline.</p> <p>Once the student has started writing, faculty can continue to answer questions about the outline or a revised version of the outline or broad questions about Comps.</p> <p>If the student does not pass on the first submission, the primary research advisor can read the first draft in full and offer comments just as the two reviewers did.</p>	<p>Faculty cannot offer models and hypotheses that are primarily the faculty member’s idea and encourage students to write about them.</p> <p>Faculty cannot read a draft of the written document (or sections thereof) to make broad comments/suggestions.</p> <p>Faculty cannot read a draft of the written document (or sections thereof) to make specific writing (wording, grammar) suggestions.</p> <p>Faculty cannot write the Comps with the student collaboratively (i.e., write significant – or any – parts of the document).</p>

AFTER the Comps process is over, faculty can work with the student to help them revise the document into publishable quality.	
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Evaluation.

Two forms of feedback are provided. First, reviewers will use the Comps Rating Form to evaluate students' research skills based on the Research Skills Checklist (see Appendix E for the rating form specific to Comps). It is expected that students should demonstrate competence in several conceptual, methodological, and written skills by the time they have reached this training milestone. Each of these skills will be rated on a 1-10 scale and weighted as described in Appendix E, and a percentage score will be computed as a "grade" on the Comps. The scale is anchored such that a score of 80% indicates that the student has achieved the expectations for a typical UNC clinical student in years 3-4 of training. Scores above 80% reflect that the Comps has substantially exceeded the expectations for a third/fourth year student and the Comps already appears to be of a quality commensurate to a published journal article. Students who achieve a score of 70% or above based on the mean of the two reviewers' scores have "passed" the Comps requirement.

Second, reviewers will provide substantive feedback to the student either in writing (i.e., similar to reviewers' feedback on a manuscript, and more than just comment bubbles) or verbally during a 30-minute meeting with the student. Students should initiate this meeting with their reviewers if they did not receive written feedback about their Comps when they received their scores.

Reviewers will typically provide their scores within 30 days of submission. These 30 days refer to days when school is in session (i.e., not counting school holidays/break). For a given submission cycle, Comps scores will be released to all students individually on a rolling basis.

If the two reviewers' scores indicate a split decision (i.e., one score above 70% and one score below 70%) on either the first or second submission, and the average score between the two reviewers is below 70%, then a third reviewer will be assigned and expected to provide numerical ratings only. In this case, decisions will be based on the average score in consideration of all 3 reviewers.

After successful completion of Comps, students are strongly encouraged to submit a revised version of their Comps for publication.

Remediation.

Students who receive a score below 70% will be allowed to revise and resubmit the Comps for further evaluation. Students should also submit a letter addressing the reviewers' comments if they are revising and resubmitting. A Comps score below 70% indicates that a student has not yet demonstrated adequate clinical science skills to meet the Comps requirement. In this case, the student must meet with the 2 faculty reviewers of their Comps to receive oral structured feedback and suggestions regarding their document; the student should reach out to these reviewers to schedule these meetings as soon as possible. Students should also meet with their research advisor to get explicit feedback regarding their document and helpful suggestions for how to improve the Comps. Note that the reviewers and research advisor must maintain a consultant role (and not a co-author/collaborator role) during the remediation process. In other words, in written or verbal form, reviewers and the research advisor may provide detailed suggestions and feedback for how to revise the paper (much as a journal reviewer might do) but should not offer their own scientific ideas or writing in a manner that would typically qualify them to be a co-author on the revised Comps.

The revised Comps should be resubmitted for further consideration within 45 days after the meeting with reviewers to discuss detailed feedback and recommendations (i.e., it does not need to be submitted on one of the submission cycle days). The revised Comps will be reviewed by the same reviewers, if possible, with reviewers typically providing their scores within 30 days of submission. Students may only revise and resubmit the Comps once. Second submission evaluation is pass/fail, meaning that there are no opportunities for further remediation beyond a second submission of Comps; the student does not advance to candidacy if they do not pass via their revised Comps and will become academically ineligible for further graduate training. “Advancing to candidacy” is defined as having met all the formal requirements for the program aside from the doctoral dissertation.

Dissertation

Students are required to complete a Dissertation of original empirical work. A proposal of this Dissertation must be presented and defended to the Dissertation committee by **October 1** in the academic year that the student will apply for internship. Successful Dissertation proposal is a requirement for internship readiness and eligibility. The Graduate School requires completion of the Dissertation within eight years of enrollment at UNC. We encourage students to complete the Dissertation before leaving for the internship Clinical Program.

Use of an Existing Dataset.

The use of an existing dataset is permissible for the completion of the Master’s thesis (preferred) or the Dissertation but not both; that is, an original data collection is required for at least one of these two independent research projects. (See information immediately below for possible exceptions.)

Occasionally, students have assisted substantially in the collection of data for one or more research projects in collaboration with other students and/or faculty who are part of a research team or lab. In this case, students may wish to use this and other lab experiences to satisfy the original data collection requirement for either their Master’s thesis or Dissertation project. This original data collection requirement is designed to allow students an opportunity to develop experience with a) formulating research hypotheses; b) having substantial input in the selection of the research design and measures; c) obtaining human subjects approval for research; d) soliciting participants or sites for recruitment; e) training research staff, if applicable; f) applying for grant funding, if applicable; and g) conducting and/or managing data collection and data entry activities. To obtain permission to credit a research lab project(s) as providing original data collection experience, a letter should be submitted to the Director of the Clinical Program enumerating in detail the student’s involvement in each of the experiences listed above. Of note, the above elements of an original data collection experience may be satisfied by involvement in one research project or across several research projects. The Director of the Clinical Program will review this request with the student’s primary research advisor and members of the Clinical Advisory Committee to determine whether these experiences satisfy the requirement.

Of note, if you choose to do an “integrative” dissertation format (see “Dissertation Formats” section) as long as at least one of the three studies in this integrative format represents original data collection, you will have met the original data collection requirement.

Distinctiveness from Master’s Work.

It may be that students wish to design a Dissertation that will represent an extension of their Master’s research. The Dissertation must represent a distinct research effort that is unique both in theoretical conceptualization and in analyses and findings from prior work. Moreover, there may not be

redundancy between the student's (and their research advisor's) recently published work and the Dissertation project. However, often there are opportunities to conduct a new theoretical analysis and/or substantially different methodological (e.g., coding) or analytic approach to prior work. This may be appropriate for the Dissertation project if the work to be extended is the student's own (i.e., if the student is the primary author on the original work). A useful measure of distinctness would be to determine whether two projects would yield two separate publications within the same APA-quality peer-reviewed journal. Projects meeting this standard should be adequate for use as a Dissertation project. The primary research advisor and the Dissertation committee will determine whether the proposed Dissertation project represents a unique contribution that qualifies as meeting the Dissertation requirement.

Dissertation Formats.

The dissertation may be written in one of two formats. The "Traditional" format includes an Introduction, Methods, Results, and Discussion section and typically describes a single study or two related studies (e.g., a set of research questions may be examined using a survey study and an experimental study). An often-stated guideline regarding the scope of this study is that it should include enough aims and hypotheses to yield at least two empirical publications (if significant results emerged). For a "Traditional" Dissertation, a proposal meeting is convened once the Introduction and Methods (including data analytic plan) sections have been completed, and the final Defense is conducted to review the entire dissertation manuscript.

Alternatively, students may elect to complete their dissertation in an "Integrative" format where three conceptually-related papers are presented in an integrated form. This format is intended to help students think programmatically about their work, and allow the progress towards their dissertation to have maximal impact on their publication record. (That said, a student can be thinking and publishing with a programmatic research lens and decide to do use the "Traditional" format.) The "Integrative" format includes 1) an Integrative Introduction section; 2) three empirical papers; 3) a General Discussion that summarizes and integrates findings across all three publications and discusses broad implications; and 4) an integrative abstract that addresses all three papers. The three empirical publications included in the Integrative Dissertation should meet the following guidelines:

- a. The student should be the first author on each publication
- b. The publications may not represent hypotheses or aims that were the central focus of the Master's thesis
- c. The work published in each of the three papers must be based on work begun, performed, and completed while a student in the clinical program at UNC Chapel Hill.
- d. No more than 1 of the 3 papers can be *accepted* for publication prior to the dissertation proposal meeting, and no more than 2 of the 3 papers may be *submitted* for publication prior to the proposal meeting, which allows the committee the opportunity for substantive input and direction on the student's program of research. No more than 1 of the 2 papers that may have been submitted/accepted for publication before the proposal meeting may be a brief report.
- e. Responses to dissertation committee members' comments regarding submitted (but not published) papers should be submitted to the committee in writing at the time of the final defense. In addition, if the student includes a paper that has been submitted (but not published) at the proposal meeting, then it is likely that they will also receive comments from journal reviewers before the final defense. If responses to journal reviewers require additional changes to the document beyond those required by committee, then the reviews and response to reviewers letter should be included as an appendix. If the response to the

journal reviewers requires changes that do not align with committee member suggestions, these also should be explained in writing at the time of the defense.

- f. The three papers must, in the view of the student's dissertation committee, be conceptually related to one another. Given this requirement, students interested in an Integrative Dissertation are wise to begin discussing this with their primary research advisor early in their graduate training.
- g. The three papers included in an Integrative Dissertation need not reflect work that was conducted after the completion of Comps. It may reflect work done at any time during the student's tenure at UNC, as long as it meets these other criteria.

Students may propose an Integrative Dissertation once they have completed at least one of the three empirical manuscripts that will make up the Dissertation. (*Note:* Although it is permissible for students to submit up to 2 papers for publication prior to the proposal meeting, it is not required that students have submitted any of the empirical papers for publication in order for the student to pursue the Integrative Dissertation format.) The proposal document for an Integrative Dissertation must include an integrative Introduction section and the empirical manuscript completed. For papers that have not been submitted for publication prior to the proposal meeting, be sure the proposal document includes an Introduction and Methods section for these other papers.

Students schedule the dissertation defense when the Integrative Introduction, all three papers, the General Discussion that summarizes and integrates findings across all three publications, and the integrative abstract have been completed. The defense meeting will involve a discussion about "big picture" implications across the body of work.

Of note, the "Traditional" and "Integrative" formats of the Dissertation are equally good and appropriate – one is not better than the other. Students should discuss the dissertation format options with their primary research advisors and be guided by which approach best fits their research interests and goals.

Dissertation Committee.

This Dissertation committee evaluates the Dissertation proposal and completed document. The Dissertation committee is comprised of at least five faculty members.

At least two of the committee members must be tenure-track faculty of the Clinical Program (or affiliated faculty of the Clinical Program), one of whom is the primary research advisor. In addition, at least one member of the committee must be a Department of Psychology and Neuroscience tenure-track faculty member who is in a program other than Clinical. (The University requires that a majority of the committee members be from the Department.) Other members of the committee may be members of the UNC Graduate Faculty, including other Clinical Program faculty (including fixed-term faculty), other faculty who are within other graduate programs of the Department of Psychology and Neuroscience (including fixed-term faculty), or faculty in other departments on campus. Note that not all faculty members are full members of the Graduate Faculty. To confirm faculty status, contact the Student Services Manager. In some cases, a student may want as a committee member someone who does not have an appointment at UNC (e.g., faculty from a different university). Before serving on a committee, such an individual must be given a fixed-term appointment to the Graduate Faculty -- contact the Director of Graduate Studies and the Student Services Manager to make this request. The Dissertation committee is typically chaired by the student's primary research advisor (i.e., a tenure-track or affiliated faculty in the clinical program).

The Dissertation committee must be approved by the Department's Director of Graduate Studies, and it is recommended that this occurs at least four weeks prior to the Dissertation proposal date. The relevant form ("Report of Doctoral Committee Composition") is available from the Student Services Manager and can also be found here: <https://gradschool.unc.edu/academics/resources/forms.html>

Checklist of Dissertation Committee Membership Requirements

1. A dissertation committee consists of at least five people. Five is the usual number.
2. A majority of the committee must be tenured or tenure-track (T/TT) members of the Department of Psychology and Neuroscience.
3. One of these individuals serves as chair of the dissertation committee. Normally, the committee chair also serves as your primary research advisor, but this is not always the case. Talk with the Student Services Manager or Director of Graduate Studies for details.
4. At least two of the committee members must be from the Clinical program.
5. At least one committee member must be from a different program within the Department (i.e., Behavioral and Integrative Neuroscience, Cognitive, Developmental, Quantitative, or Social).
6. Additional committee members are typically T/TT members at UNC, but this is not required. Fixed-term faculty are also possible committee members. Anyone who does not have an appointment at UNC must receive a fixed-term appointment to the Graduate Faculty before they can serve on a dissertation committee. These appointments take time and are subject to certain restrictions; email the Student Services Manager and the Director of Graduate Studies for details. If you have any questions at all about the make-up of your dissertation committee, make sure to consult with the Student Services Manager.
7. Get committee approved by Director of Graduate Studies, and then submit to the Student Services Manager.

Dissertation Proposal.

The Dissertation proposal should not be scheduled until after the student has successfully completed Comps. The Dissertation committee should receive a copy of the Dissertation proposal within two weeks (or before a deadline determined by the committee) before the proposal date. See the "Dissertation Formats" section for information about the nature of the proposal document.

The proposal meeting is scheduled for approximately 1.5 hours during which the student offers a brief (~15-20 minute) presentation. Following this presentation of the Dissertation proposal, the committee will offer suggestions, comments, and inquiries designed to help maximize the potential for the success of the project. The intent is to ensure that the research is sufficiently original, methodologically sound, and important, and that the procedures planned are feasible and appropriate. The student can expect this to be a rigorous analysis of the project including its theoretical basis and its methodology. In many circumstances, data collection should not begin until after the Dissertation proposal meeting.

Students must successfully defend their Dissertation proposal to the Dissertation committee by October 1 of the academic year they are applying for internship. Proposals meetings must be scheduled during

the academic year (i.e., **not** during holidays or summer; however, the academic year does include days when finals are being administered).

Dissertation Defense.

When the student and advisor mutually have agreed that a penultimate version of the dissertation is ready for evaluation by the committee, the Dissertation defense is scheduled. The committee should receive a copy of the Dissertation document two weeks (or by a deadline agreed by the committee members) prior to the scheduled defense. As is the case for the Master's thesis, Dissertation defense meetings must be scheduled during the academic year (i.e., **not** during holidays or summer; however, the academic year does include days when finals are being administered).

The defense typically lasts about 1.5-2 hours and starts with the student offering a brief (~20 minute) presentation of the research questions, methodology, findings, conclusions, and future directions. Should students want to open the presentation part of their Dissertation defense to others (e.g. friends, family) they are welcome to do that; students should discuss this with their primary research advisor. After the presentation portion, non-committee members would be given the opportunity to ask questions and would then be asked to leave so that the committee members and student can have their discussion.

The discussion and deliberation part of the defense is typically focused on such issues as whether additional analyses are needed, whether results have been interpreted fairly, and whether conclusions drawn are appropriate, as well as “big picture” items, clinical implications, and future research directions. The dissertation process, with the attentive input of committee members, tends to result in very thoughtfully conceived and carefully executed research. The finished product is usually a source of considerable pride for both the student and the committee members. We hope that most students will quickly prepare their Dissertations for publication.

At the completion of the Dissertation defense, the committee will determine whether the Dissertation is acceptable and/or whether it requires revisions. The decision to pass the Dissertation is based on the committee's determination that the student has demonstrated all the competencies in the relevant section of the Research Skills Checklist (see Appendix D).

Potential Outcomes (for the proposal and/or defense).

- a. *Pass*: The student passes the proposal/defense; no further action is required. Relevant paperwork is signed.
- b. *Pass with minor revisions*: The student passes the proposal/defense, although small clarifications, corrections, or minor additions to the paper are needed before it should be submitted to the Graduate School. Relevant paperwork is signed. The Chair of the Dissertation committee (i.e., the primary research advisor) will review these revisions, and the student may require brief consultation with committee members to assist with revisions, but the committee will not review the document further before signing the relevant paperwork.
- c. *Pass with memo of understanding* (for proposals only): The student passes the proposal; however, several suggestions have been offered to improve the study. *Note*: these suggestions must not be of the nature that they would turn an unacceptable document or low-quality research into an acceptable document or adequate quality research. By definition, these are suggestions that help augment a study/document that already was of passable quality. To ensure that the student has understood all the suggestions offered and that each suggestion

can be successfully incorporated into the proposal, the student will distribute a memo summarizing the changes they intend to make to the study before conducting the research. Committee members can comment informally on the memo to the student and committee chair. Relevant paperwork is signed.

d. *Fail*: The student has not met the requirements of the program; the paper is not of adequate quality. The committee does not sign the relevant paperwork. The committee advises the student whether it may be possible to continue with the proposed research following the production of a document of adequate quality or whether to entertain a new research topic/approach.

Forms/Paperwork/Whom to Alert.

Go to <https://gradschool.unc.edu/academics/resources/forms.html> or google “UNC graduate school forms.” There are 2 documents in the Doctoral Students section that are relevant.

One of these documents is the “Report of Doctoral Committee Composition.” Fill out Part I of this form and then pass it along to the Director of Graduate Studies for their signature and then give that signed form to the Student Services Manager. Make sure to obtain this form back from the Student Services Manager prior to your proposal meeting, since committee members will need to sign this document (Part II) once they have approved that the dissertation proposed move forward. After a successful proposal meeting, turn this signed form in to the Student Services Manager.

The other document needed is the “Doctoral Exam Report.” This is the sheet that the Graduate School needs for documenting the progress of your doctoral thesis through its final completion. More information about this form is provided below.

Part I (report of preliminary written examination) and Part II (report of oral examination) of the “Doctoral Exam Report” are what is filled out for the proposal of your Dissertation – the document itself (Part I) and the proposal meeting with your committee members (Part II). Note that only the chair of your Dissertation committee (usually your primary research advisor) needs to sign these sections. Thus, you do not need to bring this form to your proposal meeting. However, after a successful proposal meeting, obtain the committee chair’s signature for both Part I and Part II. You can keep this document and bring it to your Dissertation defense meeting or you can ask the Student Services Manager to file it and you would need to obtain it prior to your defense meeting. Make sure to let the Director of the Clinical Program and the Clinical Program Coordinator when you successfully proposed your Dissertation so that they can update the program’s record of your progress through the research milestones.

Part III (report of the final oral examination) and Part IV (report of the final dissertation) refer to the defense of your Dissertation – the defense meeting with your committee members (Part III) and the dissertation document itself (Part IV). Note that all committee members must sign these sections. Thus, make sure to bring this form to your defense meeting. After a successful defense meeting, add all the signatures needed for Parts III and IV to the document that should already have signatures for Parts I and II. Turn this document in to the Student Services Manager who will submit the form to the Graduate School. Make sure to let the Director of the Clinical Program and the Clinical Program Coordinator know when you successfully defended your Dissertation so that they can update the program’s record of your progress through the research milestones.

Submission of the Dissertation.

The timing of when you submit your successfully defended and approved dissertation online is different from when doctoral students from other programs do this because of the internship requirement. Once you successfully defend, you should proceed with all the paperwork as indicated in the “Forms/Paperwork/Whom to Alert” section (also reflected in steps #9-11 below). However, hold off on submitting your approved dissertation electronically to the Graduate School until close to when you finish your internship. If you defend before you leave for internship, you must contact Chris Harris (Admissions and Enrolled Students Specialist) so that your student status may be reactivated, and you can apply for graduation in ConnectCarolina. If you defend in your final semester, this is not necessary as you will be registered for Dissertation Defense (994). In general, for an August graduation date (the August after you finish internship), the due date for the electronic submission of your dissertation is mid-July. Students should follow the Electronic Thesis and Dissertation (ETD) guidelines and departmental specific instructions for preparing and submitting their theses and dissertations. Only final documents with approvals from committee members should be submitted. For a copy of the ETD Guidelines and to submit an electronic Dissertation visit: <http://gradschool.unc.edu/etd/index.html>.

Steps and Timing Related to the Dissertation

<i>STEP</i>	<i>TIMING/DEADLINE</i>
1. Choose committee members in discussion with primary research advisor and <u>check with</u> Student Services Manager to make sure all committee members are eligible <i>*Fill out Part I of the “Report of Doctoral Committee Composition” form, obtain the signature of the Director of Graduate Studies, & turn it in to the Student Services Manager</i>	No fixed timeline, but with enough time to make sure all are eligible; recommended <i>at least</i> 4 weeks before anticipated proposal date
2. Decide on proposal date – <u>email</u> the Clinical Program Coordinator & DCT with info about committee members and date/time/location of proposal	At least 2 weeks before proposal
3. Dissertation proposal meeting	By Oct. 1 in the academic year, you apply for internship
4. After a successful proposal, all committee members sign Part II of the “Report of Doctoral Committee Composition” & this is turned in to the Student Services Manager	At proposal meeting
5. After a successful proposal, advisor signs Parts I & II of the “Doctoral Exam Report” form	After proposal meeting
6. Email the Clinical Program Coordinator & the DCT re: the successful proposal	After proposal meeting
7. Decide on defense date – <u>email</u> the Clinical Program Coordinator & DCT with info about committee members and	At least 2 weeks before defense

date/time/location of defense and the final title of the dissertation	
8. Dissertation defense meeting	Strongly encouraged prior to leaving for internship (i.e., no later than finals week of the last semester before internship)
9. After a successful defense, all committee members sign Parts III & IV of the “Doctoral Exam Report” form	At defense meeting
10. Submit the form with all the signatures to the Student Services Manager	After defense meeting
11. <u>Email</u> the Clinical Program Coordinator & the DCT re: the successful defense	After defense meeting
12. After/near the end of your internship, submit the dissertation electronically to the Graduate School	See link below for graduation deadlines related to submission of the dissertation.

<https://gradschool.unc.edu/academics/resources/graddeadlines.html>

Clinical Training

The Clinical Program is strongly committed to clinical training. All graduate students participate in formal practicum training at UNC beginning in the second year. We encourage clinical experiences with a variety of diverse populations in different types of clinical settings. A predoctoral internship is required for the Ph.D. degree following completion of all other graduate training requirements apart from the Dissertation defense. Information related to practicum experiences and preparing for the predoctoral internship is described below.

Practicum Training

During their practicum placements students are expected to meet the following goals:

1. Deliver a range of psychological services, including intervention, assessment, and consultation, in a manner consistent with APA ethical principles, standards of clinical psychology practice, and applicable legal mandates.
2. Demonstrate the use of the clinical science model in a clinical setting including an understanding of the scientific evidence that supports the theory or procedures on which assessment and therapeutic techniques are based. For clinical practice procedures that are not evidence-based, a thorough understanding of related evidence, the limitations of available scientific evidence, and the theoretical or empirical basis for deviations from evidence-based practices should be demonstrated.

To help you understand the minimal expectations for what clinical skills we hope for students to obtain during graduate training, we have included a checklist of clinical skills in Appendix F.

Professional Training Liability Insurance.

All students in the program are covered by a blanket professional liability insurance for the duration of their graduate training. The Clinical Program will enroll all current students and cover the cost for the university-approved policy. The policy also covers students who are on internship; internship-bound students with questions about this should contact the Director of the Clinical Program and the Director of Clinic Operations and Training.

Responsible Care of Clinic Resources.

The clinic has worked hard in recent years to upgrade and improve clinic facilities and we now have two truly state-of-the-art clinics in which you will be doing a significant portion of your clinical training. All students in the program are expected to treat all clinic resources in a responsible manner; this includes everything from carpeting to furniture to IT to video equipment, etc. Maintaining these resources is a top priority for the Clinical Program and the clinic.

UNC IT Security Policy.

When the UNC Medical School experienced a technical breach of personal health information (PHI) the UNC IT Security office also experienced major changes. The result of those changes has been new levels of IT security and new levels of expectations for everyone on campus using technology: from smart phones to servers, and from students to faculty. Accordingly, beyond any clinic policies, students must be aware of and adhere to the UNC IT security policies. The full listing of these policies can be found here: <https://unc.policystat.com/policy/5650502/latest/>. These policies include guidelines for appropriate passwords, login/log off responsibilities, email, encryption requirements, and other policies specifically for sensitive data. Since student therapists handle the most sensitive information

covered by these policies the expectation is they fully understand the importance of these policies and will comply. Questions about these policies may be directed to the Departmental IT Specialist (Hugh Meriwether).

Reference the Clinic Manual for Important Clinic Policy, Procedure, and Resource Information.

The reference document for student therapists using the Evergreen or Finley clinics is the Clinic Manual, the most updated version of which is on the public drive along with other clinical resources. The manual provides detailed information about clinic policy and procedures, use of Titanium (which is the client recordkeeping application used by the clinic), video recording protocol, guidelines for client documentation, client payment and collection, emergency procedures, and other information. Therapists are expected to follow the procedures and policies stated or referenced in the manual. Questions about manual content may be directed to the Director of Clinic Services or the Clinic Manager.

Confidentiality and HIPAA.

Within the first semester in the clinical graduate program, all students should complete and sign a HIPAA Confidentiality and Security Agreement (see Appendix J); this only needs to be completed once. This form is now available in the public drive (see mapping instructions immediately above) to read and save with signature in the proper folder. Students also must complete HIPAA training each year (<https://apps.fo.unc.edu/ehs/training/hipaa/>); it is recommended that students complete this in August of their first year and thus in August in subsequent years. For older students who used to complete the HIPAA training via Sakai, you will be alerted to complete the HIPAA training annually anchored in the month the training was last taken. Students must strictly adhere to HIPAA protocol in handling all client related matters.

Please Recycle.

We encourage recycling paper, batteries, cans, bottles, etc. Receptacles of various types are provided in the clinics to help reduce needless waste. Besides recycling, the re-use of forms that are still good (current and unmarked) reduces the need to make unnecessary copies.

Practicum Experiences.

All students enroll in the 2nd Year Practicum (“2nd year prac”) in their second year of graduate training (PSYC 811 - Adult, PSYC 812 - Child/Adolescent). The 2nd year prac involves both a didactic component, lasting approximately 2.5 hours each week, and an applied component. This seminar/practicum is offered in the Fall and Spring semesters; students enroll in 811/812 for both semesters of their second year. Students gradually will take an increasing number of cases over the course of the year, up to a caseload of about 4-5 cases each. Cases may be carried out over the summer, if approved by the supervisor. The 2nd year prac takes place in the UNC Department of Psychology & Neuroscience Community Clinics (i.e., Evergreen or Finley sites).

In subsequent years (3rd year onward), practicum training occurs at a variety of possible sites. Some of these rotations are specialized experiences in the UNC Department of Psychology & Neuroscience Community Clinic (e.g., Don Baucom’s couple prac). Other rotations are available at external practica such as Central Regional Hospital (adult, child & adolescent, geriatric, and forensic services units), Carolina Institute for Developmental Disabilities (CIDD), TEACCH, UNC Counseling and Psychological Services (CAPS), UNC Department of Psychiatry (Center of Excellence for Eating Disorders; Child & Adolescent Outpatient), UNC Department of Physical Medicine and Rehabilitation

(clinical neuropsychology), Schizophrenia Treatment and Evaluation Program (STEP), community-based substance use treatment practicum, Duke Child and Family Study Center, Durham VA Medical Center, and private practices, among others. Across practicum experiences, from 2nd year prac through advanced practica, clinical training is expected to involve competencies with increasing levels of complexity and greater independence (e.g., using supervision to propose next steps in an intervention rather than waiting for this information from the supervisor).

In years 3 and 4 in the program, students register for Advanced Practica. This could be a specialty rotation at the Department's Community Clinic (e.g., Couple Therapy) for which students would register for PSYC 817 (Advanced Adult Practicum) or PSYC 818 (Advanced Child/Adolescent Practicum) for both semesters of a given academic year.

Or this could be one of the external practica (see examples listed above), for which students would register for PSYC 825 (Advanced Clinical Practicum) for both semesters of a given academic year. In their first year of external practica, students register for 3 credits of PSYC 825, but for subsequent years of external practica, they register for 1 credit of PSYC 825. Of note, participation with external practica (and the required enrollment in PSYC 825) is paired with a seminar led by the Associate Director of the Clinical Program. This seminar provides a forum to discuss external community practicum experiences and relate these to earlier clinical training and academic coursework and will include opportunities for case presentations and discussion of clinically and professionally relevant topics, including those requested by the students based on their experiences at their external practica. Dates and times for meetings are determined at the start of each semester, taking into account students' various external practicum placements.

In some cases, students may combine an advanced practicum through the our Community Clinic with an external practicum, especially if one of those offers a low number of direct service hours; in this case, students would register for both 817 or 818 as well as 825. Time commitment varies across different advanced practica, but usually involves 1-2 days at the practicum site.

Brief summaries of the advanced practicum rotations available will be provided early each Spring semester for students to review before ranking their practicum rotation preferences in advance of practicum assignments being made. Practicum placement decisions typically rely heavily on seniority and are made by the Director of Clinic Operations in Training with consultation with the Director of the Clinical Program, the Associate Director of the Clinical Program, and the Clinical Advisory Committee as needed.

Students who wish to complete more than the required practicum training (i.e., more than three years, meaning more than in Years 2-4) should consult with their primary research advisor. If there are any concerns about a student participating in additional practica experiences beyond program requirements due to, for example, a student's progress in other program requirements (e.g., Dissertation, coursework, etc.), the student and advisor should consult with the Director of the Clinical Program who will bring up the concerns for discussion at a clinical faculty meeting. Students maintaining ongoing clients that require only 1-2 hours of direct service each week do not need to submit a request for additional practica beyond three years of training, but do need to be enrolled in the appropriate practicum.

Students typically conduct practicum training in the same area as their curriculum track (i.e., Adult or Child/Family); however, students are encouraged to obtain "out-of-track" training if possible.

Students do not enroll in practicum classes over the summer, but if pre-approved practicum experiences are occurring over the summer (e.g., carrying over clients from an academic year practicum; starting assessment practicum early), those are collected by the Clinical Program Coordinator in a google doc as documentation of supervised training experiences. Also, if students are engaging in a summer clinical experience (other than an already-established practicum) that meets the requirements to be program-sanctioned (i.e., specific APPIC and CUDCP criteria), those experiences are also documented in this google doc. Make sure to consult with the Director of the Clinical Program to see if a non-practicum summer clinical experience can be sanctioned by the program and thus count as hours on internship applications.

Note: Prior to March 2020, clinical interventions were delivered in person, but with the arrival of the COVID-19 pandemic and public health recommendations to work remotely, our Community Clinic (and most external practicum sites) switched to telepsychology to maintain continuity of care. Although not an intentional, planned-out change, this has resulted in students developing a new skill set in telepsychology that has the potential to increase our clinic's outreach. Going forward, different practicum sites may approach the modality of therapy provision differently with some, including our Community Clinic, planning to provide both in-person and telepsychology options to clients.

Supervision.

Supervision is provided in 2nd year prac via the core faculty instructors of the practicum as well as 4th year or more senior graduate students, using a vertical supervision model (supervision of supervision by the psychologist of record). Once students are in external practicum sites, the expectation is for at least one hour of weekly individual supervision by a North Carolina-licensed health service provider psychologist at the site, with supervision including some evaluations (at least once per semester) based in part on direct observation of the student, live or electronically.

Prior to March 2020, supervision occurred in person, but in the context of the COVID-19 pandemic, public health recommendations to avoid in-person meetings necessitated a shift to telesupervision so that we could maintain continuity of care for our clients (telepsychology) and adequate clinical supervision of students (telesupervision). Telesupervision will likely continue in some format through the end of the 2022-2023 academic year. At this point, the APA Commission on Accreditation is allowing continued use of telesupervision; if this changes, we will re-evaluate using telesupervision and consider using it in a more adjunctive way to our more traditional in-person supervision which will remain the predominant mode of supervision, assuming public health guidelines permit this. For example, telesupervision may be a periodic adjunct if there was a demonstrated need such as a student or clinical supervisor with underlying health conditions, or a supervisor with an area of clinical expertise, research knowledge, or multicultural perspective who might be unavailable in person for supervision for a week or more but available by telesupervision. Telesupervision is consistent with the program's overall aims and training outcomes since it functions well as a conduit for discussions about case conceptualization, therapeutic strategies (including role playing strategies), and the application of evidence-based approaches to client presenting problems.

Telesupervision can also be used for direct observation with the supervisor being on the video platform during a telepsychology session but without their audio or video activated. The off-site supervisor in telesupervision maintains full responsibility for the clinical case and reviews and signs all electronic medical record notes. Nonscheduled consultation and crisis coverage would

be handled the same as with our typical supervision. For consultation, the student would contact the supervisor to set up a phone or telesupervision session. In the event of a clinical emergency, the student would contact their supervisor via phone, and if the supervisor is not immediately available, they are expected to contact the Director of Clinic Operations and Training or the Director of Clinic Services or any licensed psychologist in the clinical program (all phone numbers are listed on our Urgent Care plan). Privacy and confidentiality are maintained by all telesupervision sessions occurring by secure Zoom.

Students receive training in supervision in a variety of ways. During the fall semester of their fourth year in the program, students enroll in Psyc 823 which discusses methods and models of clinical supervision and consultation. The course includes a didactic seminar component and an applied supervision training component. The applied supervision component can be met in different ways. The majority of students serve as clinical supervisors for practica in the program's psychology clinic. Clinical supervision may be of students participating in 2nd year prac, an advanced therapy prac (i.e., couples therapy prac, anxiety prac), or assessment prac. While supervisees are typically more junior in the program, there are occasions when students may supervise someone more senior in the program but less experienced in a given treatment/assessment approach. Students who provide clinical supervision serve in this role for the full academic year. Some students choose to meet their applied supervision component via conducting research supervision of a junior graduate student or an undergraduate student. Whether it is clinical or research supervision, the graduate student supervisor is supervised by a faculty supervisor in a vertical supervision format. Often students continue to serve as student supervisors beyond their fourth year depending on their interest and supervisee needs.

Decisions regarding students providing clinical supervision (whether it be in a therapy prac or in assessment prac) are influenced by a variety of factors, including student interest, student past practicum experience, and the number of supervisees and practica in a given year. Students are encouraged to discuss their interest with the faculty supervisor of the specific practicum in which they would like to supervise by the spring semester of their 3rd year. The student supervision plan for each academic year is developed by the faculty supervisors of each practicum in conjunction with the clinic directors. Students are notified of the supervision plan (for the following year) by the end of the spring semester of their 3rd year.

Proposing a New Practicum Site.

Occasionally students desire a clinical training experience that is not among the pre-approved practicum rotations. We encourage students to participate in innovative training that is relevant to their training goals. However, for consistency in training and to ensure that students will obtain a structured clinical experience, new training opportunities must be carefully reviewed by the clinical faculty before such assignments can be offered. This might include either an experience as part of the Advanced Adult (PSYC 817) or Advanced Child/Adolescent (PSYC 818) Practicum or as a practicum outside of our Community Clinic (PSYC 825).

If a student has identified such a clinical experience, they should request that a licensed Ph.D. psychologist at the site, who would serve as the student's primary clinical supervisor, complete the application form in Appendix G. The completed form should be returned to the Director of the Clinical Program. The faculty of the Clinical Program will review each request and determine the appropriateness of the training experience as a potential practicum rotation. All practicum rotations

begin at the start of the academic year. Since practicum matches are typically done in February, applications for new practicum sites to be considered should be submitted by the fall semester prior to the academic year they would start (e.g., Fall 2022 for a possible new practicum for -2023-2024).

Note that unlicensed students are only permitted to participate in clinical activities as part of a formal training experience as sanctioned by the Clinical Program, meaning meeting specific APPIC and CUDCP criteria (e.g., provision of direct clinical services to an identified client, supervision by a doctoral level psychologist, etc.). Moreover, only these clinical hours will count towards the doctoral training experiences that are documented within the internship application process. Students who have completed internship training but not the Dissertation (i.e., and therefore are unlicensed) also are only permitted to participate in clinical experiences that are sanctioned by the Clinical Program. All such requests regarding clinical activities being sanctioned by the program must be made in writing, submitted to the Director of the Clinical Program and the Director of Clinic Operations and Training for approval.

Assessment Experience.

In addition to the practicum requirements listed above, all students are expected to complete at least four comprehensive assessment batteries (yielding integrated assessment reports) under supervision by a licensed psychologist (typically by Jen Youngstrom). Each battery should include 1) cognitive (i.e., intellectual ability and/or achievement), and 2) behavioral/symptom assessments including, for child/adolescent clients, at least two reporters of behavior that have a long-standing relationship with the child/adolescent (e.g., parent, teacher). The battery should be integrative. The use of projectives could supplement, but not replace, the use of evidence-based approaches for understanding symptoms such as symptom checklists, structured diagnostic interviews, etc. To satisfy this requirement, all students should register for the Assessment Practicum (PSYC 828) for both semesters of their 3rd year. Child/Family track students typically also enroll in Assessment Practicum for both semesters of their 4th year. Adult track students may enroll in Assessment Practicum their 4th year, but more typically, Adult track students interested in ongoing assessment experience often seek these out at external practicum sites (e.g., clinical neuropsychology or forensics practicum sites). Of note, most students are able to complete their four required batteries in the 3rd year Assessment Practicum. There is sometimes the possibility to start Assessment Practicum the summer before the 3rd year; if interested in this, contact Jen Youngstrom around April of the spring semester of the 2nd year. For any questions about what counts as an integrated assessment report, consult with Jen Youngstrom.

Clinical Hours and Record Keeping in Time2Track.

Students are strongly encouraged to keep an ongoing record of their clinical hours throughout graduate training, starting with 2nd year prac, using the Time2Track system. The ongoing tabulation of hours will be helpful in determining the need for additional practica experiences. Clinical hours to be recorded include: 1) Intervention and Assessment Direct Service, 2) Indirect “Support” Hours, and 3) Supervision received. More details about what “counts” in these categories and other questions and answers related to tracking hours in preparation for internship can be found in the “AAPI Q&A” document on the public drive with the Time2Track resources:

For PCs:

[\\ad.unc.edu\cas\psychology\clinic\Public\UNC clinics and Practica\2nd year prac \(Didactics and Admin Resources\)\Time2Track Tutorial](\\ad.unc.edu\cas\psychology\clinic\Public\UNC clinics and Practica\2nd year prac (Didactics and Admin Resources)\Time2Track Tutorial)

For Macs:

smb://ad.unc.edu/cas/psychology/clinic/Public/UNC clinics and Practica/2nd year prac (Didactics and Admin Resources)/Time2Track Tutorial

The Clinical Program recommends that students accrue a minimum of approximately 550 Intervention and Assessment Direct Service hours before applying for internship (i.e., by November 1 of the academic year they apply for internship). Beyond approximately 550 Direct Service hours, additional experience does not appear to substantially increase the competitiveness of the internship applicant. The Clinic TF will provide a tutorial on how to use the Time2Track system at a 2nd year prac meeting.

Practica Evaluations.

At the end of each semester of a practicum experience, students complete an evaluation of their clinical training, including the quality of their overall experience and supervision, as well as the extent to which their clinical training included attention to diversity issues. The clinical training evaluations draw from our clinical skills checklist (Appendix F). Sample evaluation forms filled out by students to provide feedback to clinical supervisors, practicum sites, and graduate student supervisors are available under Program Resources: <https://clinicalpsych.unc.edu/program-resources/>. When students fill out these evaluations, the clinical supervisors will automatically receive the feedback via email. For information about how students are evaluated based on their practicum experiences, see the section on “Evaluation.”

Summary of Practicum Training.

All students should be actively engaged in clinical practica for at least three years (i.e., 811 or 812 in Year 2; 817 or 818 or 825 in Years 3 and 4, and possibly in Year 5). All students should additionally complete at least four integrated assessment batteries before being approved to apply for internship. It is anticipated that students will dedicate between 8-16 hours each week to their combined practicum experiences; however, this can vary by rotation. These hours reflect direct service (intervention and assessment), supervision, and the completion of “support” work including assessment scoring, report writing, consulting, attending team meetings, and reading clinically-relevant articles/manuals, etc.

Predoctoral Internship

To be eligible for the Ph.D. degree, all students must complete a year-long full-time internship (or a 2-year, part-time internship), with the expectation that students attend APA- or CPA-accredited predoctoral internships. The predoctoral internship occurs at a training site that is not directly affiliated with the Clinical program at UNC and requires a separate application.

Students complete the predoctoral internship when all other program requirements have been completed with the possible exception of the Dissertation defense. (However, it is strongly encouraged to defend before leaving for internship.) Upon completion of all remaining requirements (again, excluding the Dissertation defense), students’ progress in both research domains (e.g., successfully passing milestones) and clinical domains (e.g., clinical skills and technical standards) is reviewed by the faculty of the Clinical Program, and their eligibility for internship training is determined. If the Dissertation proposal meeting has not been completed at the time of this review, students’ internship eligibility may be approved contingent on the satisfactory completion of the Dissertation proposal by October 1 of the internship application year.

Students will receive instruction, guidance, and advice throughout the internship application procedure, typically beginning in the summer prior to the internship application year. The Association of Psychology Predoctoral and Internship Centers (APPIC: www.appic.org) determines the timeline of

the internship application procedure. Typically “Match Day – Phase I” occurs in the last half of February, and “Match Day – Phase II” (for “placing unmatched applicants into internship positions that were unfilled from Phase I”) occurs in March.

Multicultural Training

The UNC Clinical Psychology Program is committed to and enthusiastic about opportunities to offer training to help foster multicultural competence and cultural humility. We believe that working toward multicultural competence is a lifelong process, with no one ever “arriving” at an endpoint of multicultural competence; we hope to help guide students in how to think about multiculturalism and develop in key areas related to multicultural competence and cultural humility during graduate training. Students enter the program with different levels of awareness, knowledge, and skills related to multiculturalism. We aim to meet students at their current levels and help them grow during their years in the program. Below is a list of multicultural competencies we aim to provide training in during graduate training, along with a way of thinking about cultural humility. Following this list is a grid depicting our diversity training sequence in multiculturalism and a glossary with explanations of the training activities.

Multicultural Competencies

Awareness

- of one’s own personal cultural place/heritage including concepts of oppression and privilege (including but not limited to aspects of identity such as race, ethnicity, socio-economic status, gender, gender identity, sexual orientation, religion)
- of how one’s own personal cultural place/heritage has shaped one’s values, perspectives, and biases
- of how one’s own personal cultural place/heritage has a potential impact on their work as a psychologist
- of clients’/research participants’ cultural place/heritage and how it influences their views of therapy, research, mental health, and response to intervention

Knowledge

Cross-Cutting

- of cultural identity models and the impact of oppression, privilege, and discrimination on psychological functioning
- of strengths and limitations of assessments in different groups and when assessment instrument norms should and should not be used
- of how to conduct a cultural assessment as well as how to evaluate traditional assessment tools for appropriateness
- of the current state of the research literature on cultural tailoring of clinical interventions and how to help advance this literature and/or adapt evidence-based interventions accordingly
- of issues that are often salient for a particular multicultural group (e.g. acculturation differences for migrants vs. refugees; safety issues with clients who are coming out) and the potential limits of applying this work to understanding individuals
- of how to work with translators

Clinical

- of health disparities (i.e., differential access to treatment, institutional or cultural barriers to treatment, the degree to which seeking help through therapy is acceptable in one's culture), and how to adapt one's behaviors as a clinician accordingly
- of how to assess whether diversity issues may be relevant to one's client and/or provision of treatment, and how to address these issues in treatment if necessary/applicable
- of the role of multiculturalism in case conceptualization, assessment, and treatment

Research and Teaching

- of conducting research with diverse groups and subsequent strategies for gaining entry, increasing participation, etc.
- of the limits to "generalizability" of research findings to diverse groups, *why* findings are not applicable to all groups, and *what* would be needed to examine and enhance generalizability
- of diversity in learning styles of students in the classroom, how this affects classroom behavior, and how to tailor pedagogical and supervision approaches to accommodate this diversity

Skills

- ability to address issues of difference in a non-defensive and non-judgmental manner (with client, with supervisor/supervisee, colleagues)
- ability to seek out cultural information relevant to one's client (e.g., journals to look into, ways to identify researchers examining the relevant issues)
- ability to recognize when one's biases are influencing perceptions as a clinician, researcher, or teacher, and how to use skillful questioning (curious, non-judgmental) to educate oneself and dispel perceptions
- ability to build rapport in cases where significant differences may make this difficult
- ability to recognize when outside consultation is needed and when one's competence may be limited due to inexperience or unfamiliarity with relevant cultural issues
- ability to skillfully and appropriately make use of possible allies who are culturally relevant to the client (e.g., extended family, healers, clergy)
- ability to adjust/tailor research protocols or clinical interventions in response to an assessed cultural issue/factor
- ability to conduct a cultural assessment
- ability to use diverse teaching strategies that can increase engagement of diverse students

Cultural Humility

Cultural humility is best conceptualized as a stance, a way of being. It has been defined as the "ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person]" (Hook, Davis, Owen, Worthington, & Utsey, 2013; p. 2) and can be characterized by a stance of curiosity and non-judgment. Importantly, cultural humility can buffer the relationship between missed cultural opportunities and therapy outcomes (Owen, Tao, Drinane, Hook, Davis, & Kune, 2016).

Developmental Sequence of Diversity Training

As part of the Clinical Program’s strong commitment to the training of its students in domains of multicultural competence within all professional endeavors and to the maintenance of a safe, respectful, and educated community with respect to all types of diversity, the Diversity Training Committee developed the following Developmental Sequence of Diversity Training for all graduate students in the program.

This table illustrates the discrete experiences that students will have in relation to diversity training across their time in the Clinical Program (F = Fall, S = Spring), and is organized within a diversity training model of building awareness, knowledge, and skills related to multiculturalism. Experiences in italics in the table reflect coursework with a specific emphasis on diversity or diversity-focused assignments. However, many other courses in our program incorporate attention to diversity, as we attempt to integrate a focus on diversity into all aspects of training.

YEAR IN PROGRAM	AWARENESS	KNOWLEDGE	SKILLS
1 st	Multiculturalism orientation (F)		
	<i>Ethics & Practice course – 815 (S) *ethics autobiography assignment</i>		
	<i>Research Methods – 806 (S) *diversity presentation</i>	<i>Research Methods – 806 (S) *diversity presentation</i>	<i>Research Methods – 806 (S) *diversity presentation</i>
	Diversity Journal Club (F&S), with Multicultural Case Conference	Diversity Journal Club (F&S), with Multicultural Case Conference	Diversity Journal Club (F&S), with Multicultural Case Conference
2 nd	<i>2nd year practicum - 811/812 (F&S) *diversity training through role plays and attention to diversity in clinical case presentations</i>	<i>2nd year practicum - 811/812 (F&S) *diversity training through role plays and attention to diversity in clinical case presentations</i>	<i>2nd year practicum - 811/812 (F&S) *diversity training through role plays and attention to diversity in clinical case presentations</i>
	Diversity Journal Club (F&S), with Multicultural Case Conference	Diversity Journal Club (F&S), with Multicultural Case Conference	Diversity Journal Club (F&S), with Multicultural Case Conference
3 rd	<i>Multiculturalism course- 827 (or 4th yr) *including a cultural genogram</i>	<i>Multiculturalism course- 827 (or 4th yr) *including a cultural genogram</i>	<i>Multiculturalism course- 827 (or 4th yr) *including a cultural genogram</i>
	Oral research presentations *discussion of diversity as related to presentation topic	Oral research presentations *discussion of diversity as related to presentation topic	
	Diversity Journal Club (F&S), with Multicultural Case Conference	Diversity Journal Club (F&S), with Multicultural Case Conference	Diversity Journal Club (F&S), with Multicultural Case Conference
4 th	<i>Multiculturalism course- 827 (or 3rd yr)</i>	<i>Multiculturalism course- 827 (or 3rd yr)</i>	<i>Multiculturalism course- 827 (or 3rd yr)</i>

	*including a cultural genogram	*including a cultural genogram	*including a cultural genogram
		<i>Supervision/Consultation course – 823 (F) *including cultural humility & conscious clause considerations</i>	<i>Supervision/Consultation course – 823 (F) *including cultural humility & conscious clause considerations</i>
			Multicultural case conference (or 5 th yr) – opportunity to present
	Diversity Journal Club (F&S), with Multicultural Case Conference	Diversity Journal Club (F&S), with Multicultural Case Conference	Diversity Journal Club (F&S), with Multicultural Case Conference
5 th			Multicultural case conference (or 5 th yr) – opportunity to present
	Diversity Journal Club (F&S), with Multicultural Case Conference	Diversity Journal Club (F&S), with Multicultural Case Conference	Diversity Journal Club (F&S), with Multicultural Case Conference

In recent years, we have emphasized diversity in our Clinical Lunch speaker series; in years when we have diversity as a key theme for topics, we may not have separate Diversity Journal Club components to the Clinical Lunch.

In addition, there are other events and activities available to all students, regardless of year in the program, such as film nights with discussion on a topic related to diversity.

There is also the opportunity to be involved in the Diversity Training Committee that helps develop and implement formal and informal experiences related to diversity. Members of the Diversity Training Committee have played the lead role in the Diversifying Clinical Psychology weekends of the past and will continue to play this role in the Diversifying Psychology Weekends (clinical and other program areas) in the future, but all program members (students and faculty) are invited to participate in these weekends. There is also the opportunity to be part of planning and participating in the diversity brunches that are part of Visit Day for applicants who identify as racial/ethnic minorities and for applicants who identify as LGBTQ+ or allies.

Lastly, trainings related to diversity are offered on campus, and include trainings related to diversity in terms of sexual orientation, gender identity, and gender expression; experiences of sexual or interpersonal (relationship) violence or stalking; undocumented individuals; and military-affiliated students (<https://diversity.unc.edu/education/campus-wide-trainings/>).

Glossary of Diversity Training Activities

Multiculturalism orientation = an interactive workshop occurring before 1st year students start classes (usually the day or two before the start of the semester)

This event begins to orient students to the many layers of diversity and aims to increase awareness of our own areas of diversity and biases. This orientation usually provides students with information about the Diversity Training Committee. An overview of the diversity of training activities is usually provided in the program orientation.

Ethics Autobiography (as part of PSYC 815 – Ethics & Practice) = in this course assignment, students are asked “to reflect on their personal ethics of origin and their ethnic and religious background, as well as what they have already learned about psychology ethics” and are challenged “to consider specifically how their own personal values, backgrounds, and traditions may interact or conflict with professional ethics principles and rules in psychology” (Bashe, Anderson, Handelsman, & Klevansky, 2007)

Diversity Presentation (as part of PSYC 806 – Research Methods) = in this course assignment, students lead a 30-45 minute presentation, including learning objectives, on a topic related to diversity in clinical science; example topics include conducting research with underrepresented groups (e.g., race/ethnicity, social class, age, gender) and addressing measurement equivalence; in addition to the presentation, students write a reflection paper on how their research for the diversity presentation informed the research design for their grant proposal (culminating course assignment)

Cultural genogram (as part of PSYC 827 – Multiculturalism) = an activity that lets students better understand their own cultural identities and family history with the aim of increasing insight and appreciation of how culture may impact them in their roles as clinicians and how culture may influence the lives of their clients

Multicultural case conference = presentations by more senior students (usually 4th or 5th year students) of clinical cases where diversity played an important role, followed by a discussion among students, faculty, and supervisors

These case presentations at a Clinical Lunch are intended to provide students with increased exposure to clinical situations where some aspect of diversity was salient to the case conceptualization and to provoke discussion of clinical skills and considerations important in demonstrating multicultural competence in clinical work. These activities usually have an interactive component.

Diversity Journal Club (DJC) = part of the clinical psychology program-wide lunchtime seminar (Clinical Lunch) where topics related to diversity are a key focus

The format of this seminar varies but aims to be interactive (e.g., discussion; practice of skills) and has included the discussion of journal articles, presentations from guest speakers, and presentations from our own students or faculty. In recent years, we have on

occasion organized speakers around a theme related to diversity, in which case we may not have discrete DJC sessions (since there is a cluster of speakers focusing on diversity). When the Clinical Lunch theme is not related to diversity, there are usually 2-3 DJC-focused clinical lunches across the academic year.

Training in Teaching

Many clinical students' initial teaching experience comes as an Instructional Assistant (IA) in undergraduate courses offered by the UNC Department of Psychology and Neuroscience including: Laboratory Research in Psychology (PSYC 270), Statistics (PSYC 210), Psychopathology (PSYC 245), Introduction to Clinical Psychology (PSYC 242), and General Psychology (PSYC 101), as well as other 200-level courses in other program areas (e.g., social psychology). IAs can expect to dedicate about 15 hours/week on their teaching-related duties. IA experiences can occur at any point in graduate training, with the instructors the students are assisting serving as informal teaching mentors.

Some students choose to teach their own undergraduate class as a Teaching Fellow (TF) during the fall and spring semesters of their third or fourth year in the program. Before they do this, they complete a one-credit course, Laboratory in College Teaching (PSYC 793), typically during the spring of their second year. This 1-credit course heavily focuses on rapport and engagement factors, both of which pedagogical research has shown to be critical for a successful course. The course will also consider common teaching dilemmas which may occur. All graduate students in the UNC Department of Psychology and Neuroscience must complete this course before teaching independently. Also prior to teaching independently, students must have served as an IA for a psychology course in the program; this does not have to be the same course that the student will eventually teach independently. Of note, completing the teaching course does not guarantee that a student will be able to teach their own class as a TF. Students may express interest in being a TF (the Director of the Clinical Program will inquire about interest in advance of teaching assignments being made by the Assistant Department Manager), but it cannot be guaranteed and depends in part on departmental needs for instructors.

Clinical students who are TFs are supervised directly by a faculty member during the semester(s) they teach their own courses (typically either Psychopathology [245] or Introduction to Clinical Psychology [242]) as Teaching Fellows. The TF and assigned teaching mentor meet regularly to discuss the student's teaching; this relationship provides the TF someone to go to for consultation related to teaching (e.g., brainstorming the development of a classroom activity, questions regarding grading, ways to respond to a student issue). Each TF is also observed in their classroom once each semester by their teaching mentor and feedback is provided.

Graduate students desiring an academic career can be assured that by becoming a Teaching Fellow, they will receive exposure to the published literature on college teaching, with explicit training in the essential skills of teaching, and the opportunity to develop and independently teach a full semester course. We believe that students who pursue a TF opportunity are well-prepared for the classroom teaching duties associated with an academic career. As evidence of their level of skill, several of our clinical students have won departmental recognition and university-wide teaching awards.

Evaluation

Students receive numerous types of feedback regarding their progress in the graduate program. Some of this feedback is formally prescribed by the Department or University, some is expected as part of APA accreditation (e.g., the requirement of at least annual written feedback), and some is offered informally. Importantly, students need not wait until a formal evaluation procedure has occurred to obtain frank and honest feedback about their progress. It always is possible to request a meeting with one's primary research advisor or the Director of the Clinical Program to discuss professional performance and program expectations.

Formal evaluation occurs in several formats and at multiple times throughout training.

Course Grades.

Although graduate coursework is only one measure of students' competence and progress, course grades provide a familiar and frequent measure of professional performance. The UNC Graduate School allows letter grades of H, P, L, and F corresponding to "High Pass," "Pass," "Low Pass," and "Fail." UNC does not allow pluses or minuses to accompany these letter grades. The Clinical Program generally de-emphasizes course grades as an indicator of student progress since most learning occurs outside the classroom context. That said, students are expected to receive a "Pass" in the required clinical courses (i.e., those listed in Appendix B as well as coursework reflecting DSK [Discipline-Specific Knowledge] or PWC [Profession-Wide Competencies] requirements). If a "Low Pass" is received, then part of a remediation plan will likely be retaking the course and earning a "Pass."

Students who do not complete their research requirements (e.g., Master's thesis by the required deadlines) will receive a grade of IN (Incomplete) on their transcript for the corresponding course (i.e., Master's or Dissertation Research). The UNC Graduate School indicates that a grade of INC automatically converts to a grade of "F*" (equivalent to F) after one year if the requirements are not met.

The UNC Graduate School specifies that a single grade of "F" will render a student ineligible to continue graduate training. In addition, a grade of "L" for nine or more semester hours of coursework (i.e., typically corresponding to three graduate courses) will necessitate the termination of graduate training. See the Graduate School Handbook for information about rare circumstances where academically ineligible students may be reinstated.

Progress Evaluations and Records.

As part of being an APA-accredited program we are required to have formal written policies and procedures related to student performance evaluation and feedback. Formal evaluations of student progress are conducted twice each year. At the end of each semester, faculty are asked to complete an evaluation form for students they interact with closely. Thus, students can expect a written evaluation at the end of each semester from their primary research advisor and their practicum supervisor(s). If the student has a graduate student supervisor, that supervisor will contribute to the evaluation provided by the practicum supervisor of record. These evaluations are set up as online evaluation systems so that as soon as an evaluation form is submitted, the student receives an electronic copy via email. Students are encouraged to go over their evaluations/feedback with their primary research advisors and practicum supervisors. Evaluations will also be requested of clinical faculty teaching first year students, although those evaluations are usually provided orally as part of the student

evaluation meetings that occur at the end of each semester. Also, instructors of the statistics sequence (taken in the first year) are contacted for feedback on the first year students.

Some of the research skills that the research advisor would evaluate include commitment to research, professional interactions, and scientific writing. Research advisors also comment on professional skills such as department, punctuality, accountability, and general interpersonal skills. Practicum supervisors evaluate professional skills (e.g., ethical knowledge and practice, clinical notes, use of supervision, consideration of diversity issues), assessment skills, and intervention skills. Sample evaluation forms filled out by research advisors and practicum supervisors are available under Program Resources: <https://clinicalpsych.unc.edu/program-resources/>

At the end of each semester, faculty meet to discuss student progress, with the completed evaluation forms as a starting point. Typically, half of the students are discussed at the end of the fall semester, and the other half at the end of the spring semester, with students planning to apply for internship the next year discussed in the spring to determine readiness for internship. First year students are discussed at the end of each semester given their newness to graduate school. Also, students who have been experiencing difficulties are discussed at the end of each semester and evaluations may be completed at different times as well, to monitor progress. Discussions focus on strengths and recommended areas of growth in relation to research, clinical, and coursework activities, as well as research milestones attained (e.g., Master's thesis) and students' acquisition of specific skills and competencies that are thought to be essential and necessary for functioning as a clinical psychologist in all roles and respects. Typically, discussions are brief. Longer discussions occur for students who may be experiencing difficulties or who receive evaluations of "below expectations."

These evaluations can be a particularly good measure of student progress because they often reflect the student's performance in research and clinical endeavors, as well as: classroom performance; general professionalism; adherence to professional ethics; multicultural development; lifelong learning attitudes; and the student's ability to work in an effective, cooperative, and timely manner. Evaluations also can include a review of program "technical standards," that are included in this handbook. Our intent is for formal evaluations to be a way for faculty to systematically discuss students' progress, strengths, and areas for growth in a variety of aspects of doctoral training (research, clinical work, coursework), to highlight strengths and help shore up weaknesses. These meetings also provide a way for faculty to assist their colleagues in developing plans for how to best help a student who may be struggling.

Each summer, students will receive an emailed letter from the program indicating whether they are in good standing and recording their status on various program research milestones (i.e., for each milestone, the deadline and the dates when students accomplished them). This letter is based on the student evaluations completed each semester and the end-of-semester student evaluation meetings. For the majority of students, this is a letter of good standing and is brief. Students for whom faculty have some concerns will have those concerns explicitly stated in the letter and often the faculty advisors, student, and Director of the Clinical Program will meet to develop a written remediation plan using the Remediation Plan Template (see Appendix N). This plan will be detailed and will lay out actionable items and ways to assess progress. In these cases, students will receive follow-up letters from the Director of the Clinical Program noting what the faculty has observed in terms of progress. It is expected that most all students will be capable of excelling in the graduate program with remedial guidance or referral for additional support and resources. However, in rare circumstances, students may evidence continual difficulties meeting program requirements and expectations and/or failed attempts at 61 remediation. UNC Graduate School Policy indicates that

there are three ways a student becomes “academically ineligible” (terminated from the program). Two such ways involve course grades, namely a single grade of F or a grade of L on 9 or more credit hours, with the understanding that students’ difficulties in research or clinical domains may be reflected in their grades on courses that capture their research or practicum experiences. Another way that a student may become academically ineligible involves repeated difficulties meeting core program requirements (e.g., research milestones), such as two unsuccessful attempts (failures) on a written or oral exam (i.e., Comps, a proposal meeting, or a defense meeting). Termination from the program could also be a result of failing to meet the technical standards described in this handbook despite attempts at remediation. Specifically, after unsuccessful attempts at remediation, the faculty members who developed the remediation plan will discuss the ongoing difficulties with the full clinical faculty, who will consider the student for termination.

Standing Letters

Letters of standing as well as other student records are kept as electronic documents in the University’s encrypted server. These electronic student records are accessible only to the Director of the Clinical Program/Director of Clinical Training (DCT), the Associate DCT, and the clinical program coordinator, but records are shared, as appropriate, with select faculty. In a given student’s file, there are folders designated for various domains including most typically: admissions (application, admissions offer letter), Master’s thesis, comprehensive exam, dissertation, history & systems of psychology independent study, evaluations, standing letters, curriculum worksheet, practicum, and internship. Records are retained to document progress through the program and for reference as need be once graduated (e.g., if a student needs documentation of the completion of an independent study course for licensure).

Grievance and Due Process Procedures.

If a student believes that they have been treated unfairly or inappropriately by faculty, staff, or other students either on an academic or interpersonal matter, the student is encouraged to address the matter according to the following procedures. In most cases, the first action would be to address the concerns of the other person(s) involved and attempt an informal resolution of the area of concern. However, this is NOT required at all; if you are uncomfortable going to the person directly, do not do so. If the student is not satisfied with the resolution of the problem, the student should next contact their primary research advisor for assistance. Lack of satisfactory resolution at this point should be followed by discussion with the following people, in order, as needed: the Director of the Clinical Program/Director of Clinical Training (DCT), the Associate DCT, the Clinical Advisory Committee (in 2022-2023: Deborah Jones, Karen Gil and Jennifer Kirby), the Chair of the Department of Psychology and Neuroscience, and the Dean of the Graduate School. The University Ombuds Office is also a resource for discussing concerns (<https://ombuds.unc.edu/>). Even if the student can satisfactorily resolve the concern through informal conversation with the other person(s) involved, the Director of the Clinical Program should be informed of any serious incidences or infractions that have occurred (e.g., sexual or other forms of harassment). There may be circumstances in which the student feels that they cannot discuss the issue with one of the parties described above (e.g., fear of retaliation from the other person; one of the persons in the chain above is the basis of concern, etc.); in such instances, the student is encouraged to discuss the matter with the next person in the chain outlined above. It is most important for you to speak with whomever you feel comfortable with in the program before going higher up in the chain, but feel free to break the order if that feels right to you. Our hope is that your stay at UNC will be constructive and prepare you for your career as a clinical psychologist free from such incidents; however, should they arise, we want you to have the freedom to address them with our support and without fear of retaliation.

**The University of North Carolina at Chapel Hill
Clinical Psychology Doctoral Program
Technical Standards**

Earning a degree from the Clinical Psychology Doctoral Program requires mastery of a coherent body of knowledge and skills. Doctoral students must acquire substantial competence in the discipline of clinical psychology as specified in the American Psychological Association (APA) Standards of Accreditation and must be able to relate appropriately to clients/patients, fellow students, faculty and staff members, and other health care professionals. Combinations of cognitive, behavioral, emotional, intellectual, and communication abilities are required to perform these functions satisfactorily. These skills and functions are not only essential to the successful completion of the Clinical Psychology Doctoral Program, but they are also necessary to ensure the health and safety of clients/patients, fellow students, faculty and staff members, and other health care providers.

In addition to required academic achievement and proficiency, the Technical Standards described below set forth non-academic qualifications the Clinical Psychology Doctoral Program considers essential for successful completion of its curriculum. Therefore, in order to be admitted to, to successfully progress through, and to be approved for internship and subsequent graduation from the Clinical Psychology Doctoral Program, applicants for admission and current students in the Clinical Psychology Doctoral Program must satisfy these Technical Standards. Students who are unable to meet these standards may be recommended for remediation or may be terminated from the program, consistent with policies articulated in the Clinical Program Handbook.

I. Attitudinal, Behavioral, Interpersonal, and Emotional Attributes

Doctoral students must be able to relate to clients/patients, fellow students, faculty and staff members, and other health care providers with honesty, integrity, and dedication and in a non-discriminatory manner. They must be able to understand and use the power, special privileges, and trust inherent in the psychologist-client/patient relationship for the client/patient's benefit and to know and avoid the behaviors that constitute misuse of this power. Doctoral students must demonstrate the capacity to examine and deliberate effectively about the social and ethical questions that define psychologists' roles and to reason critically about these questions. They must be able to identify personal reactions and responses, recognize multiple points of view, and integrate these appropriately into clinical decision making. In research teams, doctoral students must demonstrate the ability to interact appropriately with research participants, other students, and faculty and staff members. Doctoral students must be able to collaborate well with others on joint projects (e.g., effectively accept and provide input).

A clinical psychology student must be of sufficient emotional health to utilize fully their intellectual ability, to exercise good judgment, to complete client/patient care responsibilities promptly, and to relate to clients/patients, families, fellow students, faculty and staff members, and other health care providers with courtesy, compassion, maturity, safety, and respect for dignity. The ability to participate collaboratively and flexibly as a member of an inter-professional team is essential. Doctoral students must display this emotional health in spite of multiple and varied academic, teaching, and research responsibilities, in addition to clinical training expectations. Doctoral students must be able to modify behavior in response to constructive criticism. They must be open to examining personal attitudes, perceptions, and stereotypes (especially those that may negatively

impact client/patient care and professional relationships). Doctoral students must be able to take responsibility for their behavior, which includes being open to feedback from their supervisors, academic instructors, and research advisors. Doctoral students must be open and empathic with others and show respect for different viewpoints, perspectives, and opinions. They must strive to work collaboratively with others in the classroom, laboratory, clinic, and in all other academic or professional settings. They must convey genuine interest in other people and demonstrate affect tolerance (i.e., appropriately manage and contain emotions in academic and professional settings). As an essential part of conducting research or clinical practice, doctoral students effectively tolerate uncertainty and ambiguity. They must be emotionally mature (e.g., intellectually and emotionally open to and appropriate when receiving feedback). Doctoral students must be able to advocate for their own needs in the work place without being inappropriately aggressive. They must also seek the resources and build the relationships needed to advance in their academic or professional career.

The study and ongoing practice of clinical psychology often involves taxing workloads and appropriate management of stressful situations. A doctoral student must have the physical and emotional stamina to maintain a high level of functioning in the face of multiple demands on their time and energy.

II. Intellectual Skills

Doctoral students must possess a range of intellectual skills that allows them to master the broad and complex body of knowledge that comprises clinical psychology education.

Doctoral students must be able to critically evaluate their own and others' research, including the ability to identify limitations in the research literature or design of a specific study, to critique a manuscript as an ad hoc reviewer, and to "make psychological sense" of their own data. They must be able to use theory to inform the conceptualization, design, and interpretation of research. Additionally, doctoral students must be able to effectively understand the theoretical literature in their identified substantive research area, to appropriately discuss this literature in individual and group lab meetings, and to integrate their understanding into scientific writing and presentations. They must further demonstrate an ability to generate novel hypotheses and to design a study that follows from those hypotheses.

Doctoral students must be able to analyze and synthesize information from a wide variety of sources and must demonstrate sophisticated critical thinking skills. They must be able to learn effectively through a variety of modalities including, but not limited to: classroom instruction, clinical supervision, small group discussion, individual study of materials, independent literature review, preparation and presentation of written and oral reports, and use of computer-based technology.

Because the practice of psychology is governed by the ethical principles set forth in the current APA Ethics Code and by current state and federal laws, including the North Carolina Psychology Practice Act, a clinical psychology doctoral student must have the capacity to learn and understand these ethical standards and legal requirements and to perform consistent with those principles and mandates as a student in the Clinical Psychology Doctoral Program.

III. Communication Skills

Doctoral students must be able to ask effective questions, to receive answers perceptively, to record information about clients/patients, and to provide effective psychoeducation to clients/patients. They must be able to communicate effectively and efficiently with clients/patients, their families, fellow students, faculty and staff members, clinical supervisors in varied practicum settings, and with other members of the health care team. This includes verbal and non-verbal communication (e.g., interpretation of facial expressions, emotions, and body language). Mastery of both written and spoken English is required, although applications from students with hearing and speech disabilities will be given full consideration. In such cases, use of a trained intermediary or other communications aide may be appropriate if this intermediary functions only as an information conduit and does not serve integrative or interpretive functions.

IV. Commitment to Non-Discrimination

The University is committed to equality of educational opportunity. The University does not discriminate in offering access to its educational programs and activities on the basis of age, color, creed, disability, gender, gender expression, gender identity, genetic information, national origin, race, religion, sex, sexual orientation, or veteran status.

A doctoral student with a diagnosed psychiatric disorder or other physical, mental, or emotional disability may participate in the Clinical Psychology Doctoral Program so long as the condition is managed sufficiently with or without reasonable accommodation to permit the student to satisfy the requirements of the Clinical Psychology Doctoral Program, including these Technical Standards. Students who seek reasonable accommodations for disabilities must contact the University's Office of Accessibility Resources and Service. The Office will determine a student's eligibility and recommend appropriate accommodations and services.

In the event of deteriorating function, it is essential that a doctoral student be willing and able to acknowledge the need for and to accept professional help before the condition poses a danger to the student, clients/patients, other students, faculty and staff members, or research participants.

V. References

American Psychological Association (2010). Ethical principles of psychologists and code of conduct. Retrieved from <https://www.apa.org/ethics/code/>

North Carolina Psychology Practice Act.
<http://www.ncpsychologyboard.org/office/pdffiles/pracact.pdf>

The University's Policy Statement on Non-Discrimination –
<https://policies.unc.edu/TDClient/2833/Portal/KB/ArticleDet?ID=131717>

The University's Office of Accessibility Resources and Service – <https://ars.unc.edu/>

Funding

Most graduate students in the Clinical Program receive a tuition remission and an assistantship stipend during their training (some students are awarded a fellowship, regulated differently). This practice has been maintained for many years with few to no exceptions. Please read the information below carefully for details about different aspects of funding.

Tuition Remission.

Students may receive a tuition remission from the Department of Psychology and Neuroscience and UNC graduate school for up to five years (i.e., 10 semesters) of graduate training; all 10 semesters must be in residence. A tuition remission is available only for students who also have assistantship funding. Some external sources (e.g., NIH National Research Service Award) of funding may be used as assistantship funding or to assist students with payment of tuition beyond these five years (or before, if received). *Note:* Students used to need to pay student fees, but those are now covered by the Department and University.

Students who complete their Dissertations (including the final oral examination; i.e., defense) the semester before they begin internship training do not need to register for classes or pay tuition while on internship. However, to retain UNC privileges, maintain an onyen, and to facilitate application for graduation, these students should become “affiliates” of UNC prior to departure for internship. You can download the affiliate application form from the Clinical Psychology Program Resources <https://clinicalpsych.unc.edu/program-resources/> -- this form should be completed and then signed by the Director of the Clinical Program who will turn it in to the HR Specialist for processing.

Students who have not completed their Dissertations before going on internship must register for three credits of Psychology 994 (Dissertation Research) in the semester that they defend and pay (out of pocket) tuition for these credits. If you will defend in the fall of your internship year, you must register for PSYC 994 for the fall semester. If you defend in the spring of your internship year, you will not register for the fall, but you would register for PSYC 994 for the spring semester. Regarding a spring semester defense during internship year: (1) you should follow the steps above before you leave on internship in order to become an “affiliate” of UNC so that you may maintain your UNC email account and onyen for the fall; and (2) following one semester in which students are not registered for classes at UNC, they must file for reinstatement at the UNC Graduate School – this must be done by December 1st and can be done via <http://gradschool.unc.edu/pdf/readmission.pdf>. All doctoral degree requirements must be completed within eight years of first enrollment as a UNC graduate student. In some rare circumstances, students may apply for an extension, but this is not guaranteed.

Assistantships.

Students may serve as a Research Assistant or a Teaching Assistant (including an Instructional Assistant [IA]-or Teaching Fellow [TF]) during their graduate training.

Research assistantships, enabled by a graduate student being on a faculty member’s grant, typically are arranged directly between a member of the faculty and the student. A research assistantship most often includes an opportunity to engage in research activities for about 15-20 hours per week; however, the responsibilities and salary associated with this position, as well as the length of this position, are determined by the faculty member providing the assistantship funding (in accordance with Department and University requirements). Funding sources must include the stipend, tuition waiver, and benefits associated with this position. Clinical graduate students may accept a research assistant position from

a faculty member who is not a member of the Clinical Program or from a Clinical faculty member who is not their primary research advisor, but this should be discussed with the primary research advisor before accepting such a position. The hours dedicated towards the research assistant position *may* encompass the Clinical Program requirement of consistent (i.e., 10 hours/week) research activity. This is determined by the primary research advisor.

Regardless of their funding circumstances during the academic year, students may obtain a summer research assistantship. As with the research assistantships described above, the responsibilities and salary associated with the summer research assistantship are determined by the faculty member providing funding.

Instructional Assistants (IA) and Teaching Fellows (TF) positions are determined by the Department of Psychology and Neuroscience in coordination with the Clinical Program. An IA is typically required to assist in the teaching or coordination of a course instructed by a member of the faculty (e.g., attend lectures to help with in-class active learning activities, help with grading). The specific responsibilities of the IA are defined by the course instructor and typically involve about 15 hours each week.

Clinical graduate students' IA assignments may not always be for courses that are taught by a member of the clinical faculty. Nevertheless, if questions or issues emerge, students can feel free to consult with any member of the clinical faculty, including the Director of the Clinical Program, if they wish. Students also should consult with the Director of Graduate Studies if issues related to their IA assignment emerge.

A Teaching Fellow is a graduate student course instructor for an undergraduate class. Students assigned a TF position will have primary authority and responsibility for all aspects of the course including the selection of course curricula and textbooks, preparation of the course syllabus, readings, assignments, exams, as well as the preparation and delivery of all class lectures and activities. TFs also are responsible for all grading. More information on training available within the Clinical Program to assist with the TF assignment is provided in this handbook in the "Training in Teaching" section. As noted there, before assignment as a TF, students must complete PSYC 793 (Laboratory in College Teaching) and must have served as an IA for a psychology course in the program, although this does not have to be the same course that the student will eventually teach independently.

IA and TF positions for each academic year should be requested in the Spring semester of the prior academic year. Usually, the Assistant Department Manager will indicate to the Director of the Clinical Program and other program directors when they are ready to start making teaching assignments. Given the large number of graduate students requesting positions in the Department of Psychology and Neuroscience, it is important to be as flexible as possible with teaching assignments. Graduate students often will not be assigned a TF position until their third year of graduate training. Graduate student requests for an IA or TF position following the fifth year of training cannot be guaranteed; these students may be included on a wait list for available positions.

Three special assignments usually are possible for clinical students. Each year one graduate student is selected as the Clinic TF. This person's assistantship funds their work in assisting with the organization and management of clinic functions. Each year one graduate student may be selected to serve as a Teaching Assistant (TA) for the graduate course on Ethics and Practice in Clinical Psychology (PSYC 815). Lastly, each year one graduate student may be selected to serve as a TA for Clinical Psychological Assessment (PSYC 829) which is the assessment class with the more applied focus. In the TA role,

students are more involved in instruction and may meet with the clinical faculty to discuss course planning.

In general, the Clinical Program recommends that graduate students serve as a TF for a maximum of two semesters (i.e., often in the third year). To assist students in completing program requirements in a timely manner, it is recommended that the fourth and fifth years of graduate training be dedicated towards the completion of the Dissertation and participation in the internship application process. Note that teaching a single class more than two semesters typically offers little to no incremental “vita-value” for obtaining a job as a researcher, practitioner, or educator, except perhaps at highly prestigious liberal arts colleges. If possible, we recommend acquiring funding in remaining years through grants, a research assistant position, or an IA position.

Teaching assistantships (as IAs) are also available, in a much more limited number, over the summer (Session I, Session II). If TF positions are available over the summer, they would be for PSYC 242 (intro to clinical psychology) and PSYC 245 (psychopathology). A student may only TF for a class in a summer session that they were a TF for during an academic semester. Students will be given the opportunity to indicate interest in a summer teaching assignment; assignments are made by the Assistant Department Manager in conjunction with the Director of Undergraduate Studies with priority given to those who have not yet had the opportunity for a teaching assignment over the summer and to seniority.

Department Guidelines for IA or TF Positions

The Department of Psychology and Neuroscience Instructional Committee would like to ensure that students fulfill their IA and TF assignments in a manner that maximizes the educational value of these experiences. As a result, the following guidelines must be followed.

1. Unless otherwise requested by the course instructor, IAs are expected to attend every class for courses to which they are assigned. If a student’s own course schedule or-practicum assignment conflicts with the time of their IA course assignment, students should notify the Assistant Department Manager and the Director of the Clinical Program immediately and follow the recommended steps sent out in an email along with the teaching assignments regarding how to approach this conflict.
2. TFs are expected to serve as the instructor during every meeting time of the class to which they are assigned. If other professional obligations (e.g., internship interviews; conference attendance) make it impossible to attend one or more class sessions, the TF should arrange for a qualified instructor to guest lecture in their absence. This should be done sparingly.
3. If you are an TA during the year you are applying for internship, it is imperative that you alert the instructor immediately (both that you may need to miss class(es) for internship interviews and the specific dates you will be on interview) so that the instructor can plan ahead as needed. It is your responsibility to make up the missed time as would be helpful to the instructor – for example, by offering extra office hours, by doing more grading during the part of the semester you will not be interviewing, etc. Should you be absent due to internship interviews on a date of an exam, you are responsible for lining up a graduate student proctor to replace you and for letting the instructor know you have done this.

Grant Funding.

Students are strongly encouraged to pursue grant funding from external sources. Many students have successfully obtained this type of funding in the Clinical Program, offering numerous possible benefits which may include 1) full funding of graduate school expenses (e.g., tuition, stipend), 2) possibly a higher stipend than available from UNC, 3) funding for research expenses or professional travel, and 4) very high prestige and “vita-value.”

Students in the Clinical Program most often have pursued the National Institute of Health (NIH) National Research Service Award (F31 Award; NRSA), which covers up to three years. The application for this award is written in collaboration with a member of the faculty and typically focuses on a student’s dissertation research, although minimal to no funding may be available for the actual research project (most money goes toward the student’s stipend, tuition, and health insurance coverage). Unfortunately, this award does not always cover all tuition costs, but students will not be expected to cover any deficits out of pocket; to help reduce tuition costs, having a minimal course load while on this award is helpful. To help defray tuition costs, students may be able to use a Graduate Tuition Incentive Scholarship (<https://gradschool.unc.edu/funding/gradschool/gtis.html>), which is a straightforward application. There are 3 submission dates for the F31: April 8th, August 8th, and December 8th, with most students’ applications requiring a resubmission before being funded. More information can be found at: <https://grants.nih.gov/grants/oer.htm> and <https://researchtraining.nih.gov/programs/fellowships/F31>

Funding opportunities can also be found at the National Science Foundation (NSF): <https://www.nsfgrfp.org/>, although the NSF fellowship does not fund research related to clinical practice and only supports basic research on the topics they consider eligible. Students and their advisors should take a close look at the NSF requirements to see if the proposed research would be eligible; this is a fantastic fellowship and worth trying for if eligibility is clear. Due dates for NSF submissions are usually in October, with no resubmissions allowed. The latest that graduate students may apply for an NSF is in the fall of their 1st or 2nd year. NSF awards are for 3 years; they cover the student’s stipend but do not provide money for the proposed research project. To confirm all of this information, check with the NSF website (see link above) as well as their FAQs (<https://www.nsf.gov/pubs/2020/nsf20114/nsf20114.jsp#q4>) and the Graduate School contact (Director of Fellowships in the Graduate School, currently Julie Montaigne).

Additionally, smaller awards may be found at many APA division websites or through the American Psychological Association of Graduate Students (APAGS) <https://www.apa.org/apags/programs/scholarships/index>

For assistance navigating funding mechanisms, consult with your research advisor who either may be able to guide you directly or suggest other faculty or resources that can be helpful. Also, our department offers a course called “Professional Development for Careers in Research” (PSYC 741) that covers topics such as seeking funding.

Examples of funded NSF and NRSA applications can be found on the Clinical Psychology Program Resources webpage: <https://clinicalpsych.unc.edu/program-resources/> For assistance with NRSA applications and all NIH-related grants, you will work with the Department’s Grants Management Officer. For NSF applications, you will work with the Graduate School.

Another useful resource is the Graduate School's Funding Resource Center (<http://gradfunding.web.unc.edu/>) – they are available to help graduate students get grants and, as part of their services, they offer individual consultations.

Outside Employment.

It is expected that students will not obtain additional employment unrelated to their graduate training during the academic year. In addition, it is expected that students will not obtain employment that is not directly sponsored or endorsed by the Clinical Program. If such an opportunity for employment arises, students should discuss the opportunity with their primary research advisor prior to accepting any position.

Professional Development & Travel Funds.

The Clinical Program is able to reimburse up to \$150 to each student (only on-campus students, not those on internship) for travel related to aspects of professional development (**Professional Development Funds**). This maximum reimbursement is per fiscal year (July 1 – June 30) with no carryover. The source of funds will primarily be the Clinical Excellence Fund, which is funded via donations from alumni and friends of the Clinical Program. The feasibility of providing these funds (and this amount) will be reviewed on an annual basis. The \$150 maximum is for the 2022-2023 year.

What is covered?

Students can request reimbursement for any of the following:

- Conference-related costs (e.g., registration fee, airfare) for a research conference a student attended for which they submitted an abstract – note that the student does not need to be first author and the abstract need not have been accepted
- For internship-applying students, students may request reimbursement for internship-related costs (e.g., airfare, hotels, application fees)
- Professional development workshops such as clinical workshops or statistical workshops (e.g., registration fees, airfare) – however, these need to be reviewed by the Director of the Clinical Program, sometimes with consultation from the Clinical Advisory Committee before being approved, so if a student would like to be reimbursed for a workshop, please provide the Clinical Program Coordinator with the information about the workshop being considered

What is the reimbursement process?

These funds are via reimbursement, so you must retain the receipts and submit those to the accounting technician in charge of the Clinical Program, cc'ing the Director of the Clinical Program and the Clinical Program Coordinator. Receipts must be accompanied by a completed Reimbursement Form which can be found here: <https://psychology.unc.edu/faculty-and-staff/>. For any reimbursement related to travel, a Travel Form must be completed, available from the same webpage. For assistance in completing these forms, please contact the Clinical Program Coordinator. Reimbursements must be requested within 30 days of the charge; if you are later than the 30-day window, feel free to still submit the receipts in case the accounting department will accept them, but no guarantees. For account/fund to charge, indicate the Clinical Excellence Fund. Also, because of accounting's deadlines, late May 2022 will be the spending deadline for the current fiscal year (check with the accounting staff for the specific date), meaning that charges occurring in June 2022 will not be reimbursable in the July 1, 2021-June 30, 2022 fiscal year.

Transportation grants from the Graduate School, for travel expenses only, are available for Doctoral and Master's students presenting research papers at international, national, or regional academic conferences, or meetings of professional societies via a **Graduate Student Transportation Grant**. Students may receive this grant only once. Applications are considered throughout the year and must be submitted prior to your travel. Reimbursement requests must be filed within 30 days of travel. For more information about the Graduate Student Transportation Grant, visit: <https://gradschool.unc.edu/funding/gradschool/transportationgrant.html>

The **Graduate and Professional Student Federation (GPSF)** offers a **Travel Award** to assist with conference and research travel expenses for graduate and professional students. For the Travel Award Guidelines, visit: <http://gpsf.unc.edu/gpsf-funding/travel-awards/>.

The Clinical Program has typically been allocated money each year as part of the **Dashiell Student Travel Awards**. This money goes toward conference-related travel for graduate students presenting first-author research at conferences in the fall or spring semesters. Typically, an email will go out to the clinical students early each semester inviting them to indicate interest in receiving funding from this source for a first-author conference presentation (poster or talk) that same semester. Awardees are randomly selected for this funding each semester with efforts to not duplicate awardees (i.e., to give more students a chance at this travel support). Students who are on internship are eligible for this award.

Training Costs Funds.

The Clinical Program is able to reimburse up to \$100 to each student (only on-campus students, not those on internship) for training costs that would otherwise be paid out of pocket (**Training Costs Funds**). This maximum reimbursement is per fiscal year (July 1 – June 30) with no carryover. The source of funds will be the Clinic Budget. The feasibility of providing these funds (and this amount) will be reviewed on an annual basis. The \$100 maximum is for the 2022-2023 year.

What is covered?

Students can request reimbursement for any of the following:

- gas reimbursement for travel to/from practicum sites
- gas reimbursement for travel to/from research sites (if not covered by a grant)
- Ubers/Lyfts/taxis to travel to/from practicum sites
- Ubers/Lyfts/taxis to travel to/from research sites (if not covered by a grant)
- campus parking
- parking costs related to pracs
- parking costs related to research sites (if not covered by a grant)
- clinical/treatment manuals, workbooks for client use, other training materials
- textbooks for classes
- research-related software (e.g., SPSS licenses)
- other research project-related costs (e.g., payments for study participants)
- greater reimbursement for conferences, professional development trainings/workshops, and internship-related costs
- poster printing

If there are training costs that you would like reimbursement for that are not covered by the list above, let the Director of the Clinical Program know for the Clinical Advisory Committee to consider.

What is the reimbursement process?

These funds are via reimbursement, so you must retain the receipts and submit those to the accounting technician in charge of the Clinical Program, cc'ing the Director of the Clinical Program and the Clinical Program Coordinator. Receipts must be accompanied by a completed Reimbursement Form which can be found here: <https://psychology.unc.edu/faculty-and-staff/> . For any reimbursement related to travel, a Travel Form must be completed, available from the same webpage. For assistance in completing these forms, please contact the Clinical Program Coordinator. Reimbursements must be requested within 30 days of the charge; if you are later than the 30-day window, feel free to still submit the receipts in case the accounting department will accept them, but no guarantees. For account/fund to charge, indicate the Clinic Budget. Also, because of accounting's deadlines, late May 2022 will be the spending deadline for the current fiscal year (check with the accounting staff for the specific date), meaning that charges occurring in June 2022 will not be reimbursable in the July 1, 2021-June 30, 2022 fiscal year.

Note. If there is a recurring cost that you will be seeking reimbursement for (e.g., parking at a prac site), work with the Clinical Program Coordinator in terms of the submission to accounting. For recurring costs, it is best to save up your receipts and submit them as a group for the past month's expenditures. That way, the Clinical Program Coordinator can put in one request for a month's worth of parking costs instead of having to submit a reimbursement request individually for each day of parking costs.

Summer Funding.

There are sometimes summer research assistantships and summer teaching assistantships available (see above, under "Assistantships"). Some additional possibilities for summer funding are included in the Program Resources section of "About Us" from the clinical psychology program website ("Summer Job Options").

The summer after the 1st year in the clinical psychology doctoral program, students will receive 2 months of summer funding that will be paid out for May 15-July 15 for fiscal reasons, although the research work can occur across any 2-month period of the summer agreed up on by the student and primary research advisor. The source of funds will be a combination of the Clinic Budget and the Clinical Endowment Fund. The feasibility of providing these funds (and this amount) will be reviewed on an annual basis. For the summer of 2022, for students entering in Fall 2021, the stipend will be \$4000 for the 2 months.

Expectations for this funding: Research activities, including a focus on the student's Master's (e.g., getting their Master's proposal ready for early in the fall semester – or, if already proposed, making headway on data collection/analyses/writing). At the start of the summer, students will develop a plan with their advisors for research activities over the summer and will produce an update at the end of the summer on their progress.

What if a student already has funding the summer after their 1st year? They still get the stipend (unless there is some reason that their other funding will not allow that – we'll address that on a case by case basis) and will still be expected to make progress on their research

(e.g., Master's). They will be encouraged to save the money for another summer when they may not have coverage, but that is totally up to them.

Other Training Opportunities

Professional Societies.

Students are strongly encouraged to participate in the activities of professional societies or organizations in psychology throughout their graduate training. Professional organizations offer opportunities for grants, professional presentations, conference networking, and leadership experiences, as well as other professional development resources. A summary of specific reasons for joining professional associations, with some common associations relevant to clinical psychology, is offered in Appendix H.

Many clinical students attend the Association for Behavioral and Cognitive Therapies (ABCT) each year as well as other conferences, including specialty conferences (e.g., focused on schizophrenia). Several resources are available to assist you with travel expenses – see the section on “Travel Funds” under Funding.

Program Structure and Community Activities

The UNC clinical psychology program works on a mentorship model. Thus, the roles of labs in our program are quite important – a community within a community that includes the faculty advisor, the graduate students, undergraduate research assistants, and sometimes project managers and postdocs. Each lab is run differently given different mentoring styles (and different people!). We believe that a key to productive and positive lab experiences is open communication by all parties; thus, we encourage students to share with their advisors their goals for their training (which often change across time) and to ask their advisors whatever questions they have about lab expectations, etc.

The program has a **director (Director of the Clinical Program aka Director Clinical Training/ DCT)** who is a clinical faculty member who leads the program and helps with both vision and logistics of running an excellent training experience. The DCT is available for meetings by appointment (email to set these up). Our program also has an **Associate DCT** who is a clinical faculty member. The DCT works closely with the Associate DCT on program-level decisions and activities and the **Clinical Program Coordinator** who is a full-time administrative staff member (mainly focused on clinical, but they sometimes have some broader departmental responsibilities as well) who helps with the logistics of running the program smoothly. The DCT is advised by the **Clinical Advisory Committee (CAC)** on a range of issues including student training and development, curriculum, and any concerns that come up. Clinical faculty (DCT, Associate DCT, faculty advisors) provide students with guidance and support for internship applications and interviews (e.g., feedback on essays, role plays for interviews, etc.).

Each spring, the clinical students select **2-3 program student representatives** for the upcoming academic year (ideally 1 child-track representative and at least 1 adult-track representative). These program student representatives work closely with the DCT and the Clinical Program Coordinator in an array of areas. Student representatives are responsible for coordinating some of the program-wide social activities (e.g., fall welcome; dessert potluck) and attending clinical faculty meetings. Minutes from these meetings are distributed to the student listserv; students can follow-up with the program student reps or the DCT. *Note:* In previous years, student representatives were required to identify speakers and plan the Clinical Lunch Series, but this is no longer a requirement. Students may get involved if they wish to, but it is completely optional. The DCT and CPC will handle the planning if they are uninterested. The outgoing student representatives will solicit nominations (self-nominations welcome) for program student representatives in the spring and confirm that nominated students accept the nomination; a vote will determine the 2-3 students who will serve in this role for the next year. The DCT and Clinical Program Coordinator will meet with the newly selected program student representatives ahead of the upcoming academic year to discuss the responsibilities of the role and goals for the year. This is seen as a prestigious position and provides students with additional training that their peers may not get. In addition, the DCT will mention this role in your letter of recommendation when you apply for internship. New in 2021-2022, there are **student liaisons** from cohorts not represented among the program student representatives; these liaisons will be identified by the cohorts themselves. The program representatives will turn to these liaisons for assistance in communicating with their cohorts and in carrying out program-level activities. Also new in 2021-2022, at the departmental level, there will be one clinical student representative attending departmental faculty meetings for one semester in an academic year. (Three programs will have student representatives in the fall and three in the spring.) In some years, one of the program student representatives will serve this role; in other years, a different student may be identified by the students.

Each year, at the end of each fall semester or the beginning of the spring semester, the **3rd year cohort identifies two student representatives who will assist with the coordination of the program's Visit Day** for applicants to our program, working especially closely with the Clinical Program Coordinator. It has been the tradition that the 3rd year cohort as a group covers much of the logistics of Visit Day, with the 3rd year student coordinators as leaders, and all working closely with the Clinical Program Coordinator and DCT. Some of the key activities that the 3rd year student coordinators engage in include: arranging housing with current graduate students, coordinating transportation, coordinating hospitality/check-ins to 261 where applicants wait when not in interviews; lining up a setting and host for the Friday applicant party (which does not have to be hosted by a 3rd year student), etc. The DCT and Clinical Program Coordinator will meet with the 3rd year student coordinators at the start of the spring semester to discuss activities related to Visit Day. Of note, this description refers to an in-person Visit Day; for a remote "Visit" Day, the 3rd year coordinators will be active in preparations related to that event.

We greatly value having a positive sense of community – a warm, supportive environment where there is investment in each other's growth and well-being. One way we aim to bolster this sense of community is by having our **clinical lunch series**. This is described in more detail in the "Clinical Lunch Seminar" section and involves meeting as a community of students and faculty 2-3 Fridays per month. We view this as the time/place when we can regularly come together as an intellectual community to learn, share, and discuss.

To welcome the incoming students to our community, 2nd cohort students are chosen as **"big sibs"** for each incoming student. Traditionally, each incoming student ("little sib") gets assigned to a current student who is 1 year ahead of them, with "big sibs" being students outside of the incoming student's lab if possible. This peer mentorship is designed to provide students with another support system in our program outside of their advisor and/or lab. Incoming students are encouraged to reach out to their big sibs with questions and requests for advice, in addition to their lab mates – and other students & faculty in the program.

Another way we aim to provide a sense of community is via **social activities**. Listed below are some of the regular social events our program hosts, presented chronologically, along with information about the event and the point people who make it happen. The Clinical Program Coordinator is involved with the facilitating and planning of most of these events, but will likely solicit help from the cohorts listed below. Of note, what is detailed below is what has been traditionally done by the program, but certainly open for change, new traditions, etc.!

Welcome First Year party – for students

*coordinators: students and student reps

*location: usually in a graduate student's home (does not have to be a 2nd year student's home)

*timing: usually the 2nd Friday of the fall semester

Fall Welcome Picnic – program-wide

*coordinator: DCT and Clinical Program Coordinator

*location: typically, Homestead Park

*timing: ideally early in the fall semester

*snacks, desserts, fruit, sometimes kickball or softball

Winter Dessert Potluck – program-wide

- *coordinators: DCT and Clinical Program Coordinator
- *location: usually a faculty's home
- *timing: usually January
- *usually each cohort brings 1-2 desserts & faculty bring desserts/fruit/beverages

Visit Day Applicant Party – for the students & applicants

- *coordinators: 1st year students, with the assistance of the 3rd year student reps
- *location: usually in a graduate student's home (does not have to be a 1st or 3rd year student's home)
- *timing: Visit Day (Friday evening)

End-of-Year Party (aka Party for the Outgoing Interns) – program-wide

- *coordinators: DCT and Clinical Program Coordinator, and those who will be applying for internship the following year
- *location: typically, The Farm
- *timing: usually end of April/early May
- *main dish is typically catered, with different cohorts & faculty asked to contribute different categories of items (e.g., heavy appetizers, desserts); a cohort also helps with clean-up
- *outgoing interns don't bring anything
- *1st year cohort presents an Oscar-worthy skit (see "First Year Primer from Post-First Year Students" for more details)

First Year Primer from Post-First Year Students

Welcome First Years!

We are excited to have you all join us at UNC, and we look forward to getting to know each of you. There are many “housekeeping” tasks ahead of you as you settle in to the program. We’ve put together an instructive list of the tasks that you will need to undertake. Some of these you will do immediately; the need for others will arise later in the semester. We hope this is helpful for you as you navigate this new environment. Flag us down in the hall if you have any questions! Good luck!

Things to Do Your First Week on Campus

1.1 Get One Card

The student ID at UNC is called the One Card, and you can get yours at the One Card office located adjacent to the Student Stores, on the ground level. Go to www.onecard.unc.edu for more information.

1.2 Get Keys

For 2022, this process is streamlined through the Clinical Program Coordinator. The Facilities Manager, (Tre’ Rush), will have your keys in Davie 105. You’ll need to have your student ID before you can get them though, so make sure to take care of that first. You will also need to give Tre a deposit of \$5.00 for each key (e.g., office, lab, front doors). Best to email him in advance to coordinate a pick-up date/time. Also, note that some labs use a lockbox so that individual keys are not needed – check with your faculty advisor about this. For access to the Davie building, you should be able to use your One Card – if that does not work for you, contact the Facilities Manager.

1.3. Set up a UNC Zoom account

Go to <https://software.sites.unc.edu/zoom/> -- click on “Create Account” and follow the instructions to set up your account. Any problems, contact UNC ITS (<https://its.unc.edu/> ; 919-962-HELP).

1.4. Graduate Student Health Insurance Plan (GSHIP)

If you are an RA or have a teaching assistantship (IA/TA/TF), the department will enroll you in this health insurance plan (GSHIP). Importantly, if enrolled in GSHIP, you need to waive out of Student Blue each semester so that there is no insurance premium charge to your student account – submit an online waiver to studentbluenc.com/#/uncch – find more information here: <https://campushealth.unc.edu/charges-insurance/mandatory-student-health-insurance-hard-waiver-process> . You need your insurance card to waive out of Student Blue; this card will be mailed to your local address in ConnectCarolina, so make sure that address is accurate. For any questions about health insurance, contact the Student Services Manager.

Things to Do in Your First Months on Campus

2.1. IRB Ethics Training (CITI training)

You need to complete the online modules immediately. These are located at: <http://research.unc.edu/human-research-ethics/getting-started/training/>

2.2 HIPAA Training

The Health Information Portability and Accountability Act of 1996 sets forth patient confidentiality guidelines that we adhere to as healthcare providers. You will need to complete HIPAA training

(done annually), which is separate from the CITI training that you complete for research purposes. You will receive the HIPAA training information at some point in August of your first year. In your first month here, you should review and sign a HIPAA Confidentiality and Security Agreement (see Appendix J); this only needs to be completed once and should be turned in to the Clinic Manager.

2.3 VPN and Mapping Drives

To access UNC servers/network from off-campus, download VPN to your computer -- the program and instructions are available at: <https://help.unc.edu/sp>. You must login with your onyen and password, then do a search for “VPN”. Pick from the list – there are options for installing for MacOS and Windows.

The step above gives general access to the UNC network, but to access particular drives, they must be mapped onto your computer

- a. Right click “My Computer” and go to Map Network Drive
- b. Choose a letter for your drive to be called
- c. For Folder, put in the IP address of the *drive* (not computer IP) you want to retrieve (ask Hugh Meriwether [Department IT Specialist] if you do not know the IP address of interest)
- d. Click on Different User Name
 - i. The username begins with “davie\” and the rest of the username and password are the user name and password you would use to access the drive when on campus.
 - ii. So, if you access the drive on campus with your onyen, then your username would be davie\onyen
- e. Click Finish
- f. Now if you want to access the drives, you connect to UNC through VPN, click on My Computer, and then click on the networked drive

2.4 Put Money on Your One Card

Students are given \$40 every semester for printing in the library. You may add additional money afterwards if needed. In addition, you may add Carolina Convenience and/or Flex to your OneCard for food and additional purchases in the campus community. For more info on putting money on your One Card and what can be purchased on campus with it, visit: www.onecard.unc.edu.

General Department Information

3.1 Photocopiers and scanners are on the 2nd floor of Davie Hall in Room 225. You will need a copy code. Ask a member of your lab for the code or the professor for whom you are an IA.

3.2 The mailroom is on the 2nd floor of Davie Hall in Room 226. There are mailboxes here for doctoral students as well as for faculty and staff.

3.3 Refrigerators & microwaves can be found in two places in Davie Hall: Room 225 (where the photocopiers are) and next to the corner room of the 3rd floor that faces the courtyard and is farthest from the arboretum. The 3rd floor room also has a sink. Labs may have mini fridges and microwaves.

3.4 Software

A) For common software:

- 1) Check if your advisor/lab has a copy. Many labs have certain designated computers or licenses for certain academic software (most commonly for SPSS or SAS).

- 2) Ask Hugh Meriwether in Davie 359. He provides basic software at no cost if you are using it for school-related activities.
- 3) Go to <https://software.sites.unc.edu/software/>. This gives you the menu for what is available from UNC for free or for discounted rates. Ordering software from here is a minor headache. You start with Hugh and usually end up talking to the Department Manager.
- 4) Go to the bookstore. They often have software discounted (just not as much as Hugh or ITS).
- 5) All students have free access to all Microsoft Office 2016 apps (e.g., Excel, Word, PowerPoint, OneNote, Outlook) both electronically and for download as desktop utilities on personal computers through their onyen. Learn more [here](#). *Note:* Downloading this most recent Office package through UNC can prove worthwhile for upgrading the quality and ease of putting together presentations for class and conferences!

B) Less common software (e.g., advanced stats programs):

- 1) Go to Odum Institute, located on the 2nd floor of Davis Library; they have labs but will not give you the software.
- 2) Check Virtual Lab – though using a software package through Virtual Lab can prove a bit slower and more cumbersome than having the software downloaded on your computer, you can access some software needed for class or other use (e.g., SPSS, SAS, Stata) for free with your onyen. Learn more about accessing Virtual Lab [here](#), or ask a more senior student in the program for help.
- 3) Ask Quant. students if they have it. They get much cooler stuff than we do for free. However, since software licenses are usually localized to a device and limited in number, there may be limits to the usefulness of this strategy (unless they can physically loan you their laptop/computer!).
- 4) Ask your advisor if they have money to buy it, or consider getting reimbursed for what you can through the Training Costs Fund (up to \$100 annually).

3.5 Party Planning Responsibilities

Each class is responsible for certain social events throughout the school year. 1st years plan the Visit Day party (a Friday evening) for applicants to the Clinical Program and present a skit at the end-of-year party for the internship-bound students.

You will oversee planning and assigning duties for the Visit Day party and will work with the 3rd year student coordinators (who coordinate logistics for Visit Day) to plan the party (i.e., keep the 3rd year student coordinators in the loop – they will need to know when and where for the party so that they can make sure to coordinate transportation for applicants). It has been traditional to have the 1st years be responsible for planning the entrées and then assigning salads, desserts, drinks, paper goods, etc. to other classes. Apparently, alcohol is traditionally assigned to the most advanced students (5th years and beyond). Food can be reimbursed by the department from Visit Day funds—see the Clinical Program Coordinator for details, including a sense of the budget—but alcohol cannot. It is

preferable that you ask the Clinical Program Coordinator to purchase for you to reduce the need for reimbursements. You are not required to host the party at one of your homes – indeed, it is usually the case that more senior students are more likely to have homes with space to accommodate a big group. Your responsibility is to find a student in the program who can accommodate a large group (i.e., reach out to clinical students to ask for a volunteer); in the case that this cannot be done, reach out to the Clinical Program Coordinator for help.

At the end-of-year party, the first years are expected to present a “skit,” which is usually a funny video created beforehand. It’s often helpful to reach out to other cohorts to ask for examples of previous first year skits.

For inspiration, see some of the fun skits put together by previous 1st year cohorts below:

2021-2022: Look at the 2021 1st year cohort, who also started in a pandemic [here!](#)

2020-2021: Hear from the 2020 cohort who started & finished their 1st year in a pandemic [here!](#)

2018-2019: Learn more about how the 2018 cohort survived their first year [here!](#)

2017-2018: Watch the 2017 cohort in a funny Office-themed skit [here!](#)

Appendices

- A. Curriculum Worksheet
- B. Typical Sequence of Required Courses for Students Entering in Even- & Odd-Numbered Years
- C. Graduate Courses in the Department of Psychology & Neuroscience
- D. Research Skills Checklist
- E. Comps Ratings Form
- F. Clinical Skills Checklist
- G. Practicum Requirements and Practicum Application Form
- H. About Professional Societies in Psychology
- I. Helpful Links and Resources
- J. HIPAA Confidentiality and Security Agreement
- K. Overall Summary and Checklist
- L. Options for Locating an Affordable Therapist in the Area
- M. Graduation Guide

Appendix A. Curriculum Worksheet

Appendix A acts as a guide for which courses and experiences meet various APA requirements in our program. The last part of this appendix is the curriculum worksheet that students use to track their attainment of these requirements. The curriculum worksheet needs to be updated annually to indicate which requirements and research milestones have been met, and then sent to the Clinical Program Coordinator for record-keeping. These updates are usually done in late spring in advance of individual meetings with the Director of the Clinical Program. Students should also feel free to use the curriculum worksheet for planning upcoming course selections; if used that way, the version that is sent to the Clinical Program Coordinator should clearly distinguish between which courses have been taken and which ones students plan to take.

Discipline-Specific Knowledge (DSK) Categories

The following are exemplars of what we believe satisfies the Discipline-Specific Knowledge requirements included in the Standards of Accreditation (SoA) set out by the Commission on Accreditation (CoA). The SoA only applies to students who matriculated in our program in Fall 2017 or later. Students who matriculated in Fall 2016 or earlier are not required to meet the particular SoA requirements that are different from the Guidelines and Principles (e.g., not required to meet the advanced integrative knowledge requirement since that was new with the SoA). For any questions about whether something would count toward the DSK requirement, contact the Director of the Clinical Program.

EEE = evaluated educational experience

MLA = minimum level of achievement

CATEGORY 1: History & Systems of Psychology

Only Foundational Knowledge is required for History & Systems of Psychology. This requirement can be met as follows:

- Undergraduate class in history of psychology from an accredited 4-year college/university or an accredited 2-year community college with a final grade \geq B-/80% *or...*
- Graduate class on history & systems of psychology in our department (PSYC 899) with a final grade of Pass (P)
 - PSYC 899 is a self-paced independent study course that, starting in 2022-23, will be offered each fall semester with, most typically, students enrolling in PSYC 899 the fall of their 1st year. At a minimum, students who have not met the history and systems of psychology requirement must complete the independent study course before leaving for internship. (Prior to Fall 2021, when this independent study was set up as PSYC 899, most students met this requirement with an independent study documented with a syllabus and evaluations – i.e., an “evaluated educational experience” – that was not connected to a course number.)

Note. When an undergraduate course in history of psychology is being considered for this requirement, the student must provide the relevant syllabus which will be reviewed by the Director of the Clinical Program, with consultation from the Clinical Advisory Committee as needed, to determine content appropriateness.

CATEGORY 2: Basic Content Areas in Scientific Psychology

For each of the following, you must fulfill the requirement for Foundational Knowledge *and* Graduate Level Knowledge:

- (2a) Affective aspects of behavior
- (2b) Biological aspects of behavior
- (2c) Cognitive aspects of behavior
- (2d) Developmental aspects of behavior
- (2e) Social aspects of behavior

Foundational-Level Knowledge for ALL the content areas (Affective, Biological, Cognitive, Developmental, and Social) is obtained as part of the graduate courses and graduate-level evaluated educational experiences in these discipline-specific content areas. This is accomplished by syllabi including breadth readings related to discipline-specific knowledge (e.g., review articles and chapters either interwoven among the readings or identifiable as a set of “foundational readings”), in addition to the graduate-level depth readings that contribute to graduate-level knowledge. The understanding is that achieving the MLA in a graduate course (or graduate-level evaluated educational experience) reflects mastery of both foundational and graduate-level knowledge.

Graduate-Level Knowledge for ALL the content areas (Affective, Biological, Cognitive, Developmental, and Social) can be met with:

- Graduate class in our department that clearly covers one of these domains and for which a final grade of Pass (P) is earned. This would usually be a class taught by faculty in a program other than Clinical.
 - See Appendix C for a list of courses that we expect would satisfy the DSK requirement at the Graduate Level; if there is a course not on this list that you think would meet the requirement, check with the Director of the Clinical Program
 - For developmental, coverage must include more than one developmental period (e.g., a focus on only childhood would not suffice)
 - Developmental Psychopathology (PSYC 810) will count as covering Graduate Level DSK for developmental aspects of behavior starting in Fall 2020 since the course now explicitly includes normal development
 - Some single courses may count as coverage for 2 DSK areas (e.g., cognitive neuroscience covers cognitive & biological) – see Appendix C for information about courses that will count for more than 1 DSK
- On occasion, this can be met with a special seminar or independent study – this has been available for affective aspects of behavior and developmental aspects of behavior and involves presentations by scholars with expertise in these areas, readings, and an evaluative component (e.g., a paper)

CATEGORY 3: Advanced Integrative Knowledge in Scientific Psychology

Advanced Integrative Knowledge can be met with:

- Graduate class in our department that clearly integrates at least 2 of the basic content areas (affective, biological, cognitive, developmental, social) in a substantive way.
 - See Appendix C for a list of courses that we expect would satisfy the advanced integrative knowledge requirement at the Graduate Level; if there is a course not on this list that you think would meet the requirement, check with the Director of the Clinical Program
 - Courses in Appendix C that are identified as advanced integrative knowledge courses count for 2 DSK content areas (Graduate Level and Foundational Knowledge) *and* advanced integrative knowledge
 - The Director of the Clinical Program has been in contact with the instructors of these courses to confirm that to receive a grade of Pass in their course (the MLA), the student would need to obtain a Pass on each of the content areas as well as their integration via their performance across course assignments.

CATEGORY 4: Research Methods, Statistical Analysis, and Psychometrics

(4a) Research Methods – requirement met by taking PSYC 806 (Clinical Research Methods) and earning a final grade of Pass (P).

(4b) Statistical Analysis – requirement met by taking the statistics course sequence in the first year (PSYC 830 & 831) and earning a final grade of Pass (P).

(4c) Psychometrics – requirement met by taking PSYC 814 (Assessment Across the Lifespan) & PSYC 806 (Research Methods) and earning a final grade of Pass (P).

Note: Prior to combining both child and adult tracks into PSYC 814 with a lifespan approach (first offered 2019-2020), psychometrics was covered in the earlier version of PSYC 814 (child-track) as well as PSYC 813 (adult-track), with each student taking either PSYC 814 or PSYC 813. Thus, for more senior students, PSYC 813 or the earlier version of PSYC 814 would meet this requirement.

Profession-Wide Competencies (PWC) Categories

The following are exemplars of what we believe satisfies the Profession-Wide Competencies requirements included in the Standards of Accreditation (SoA) set out by the Commission on Accreditation (CoA). As with the DSK categories, the SoA only apply to students who matriculated in our program in Fall 2017 or later; however, there is substantial overlap between the SoA and the earlier requirements. For any questions about whether something would count toward the PWC requirement, contact the Director of the Clinical Program.

When courses are listed, the expectation is that a final grade of Pass (P) will be earned. In addition, for practicum courses (811, 812, 817, 818, 825, 828), it is expected that evaluations from supervisors will yield a strong pattern of “meets expectations.”

(1) Research – PSYC 806 (Clinical Research Methods); PSYC 830 & 831 (Statistics I & II); ongoing research contributions in lab; passing Master’s thesis defense; passing comps; passing dissertation defense

(2) Ethical and Legal Standards – PSYC 815 (Ethics and Practice in Clinical Psychology); PSYC 811/ PSYC 812 (2nd year practicum); PSYC 823 (Clinical Supervision and Consultation: Theory, Research, and Practice)

(3) Individual and Cultural Diversity - PSYC 827 (Multiculturalism and Clinical Psychology)

(4) Professional Values, Attitudes, and Behaviors – PSYC 815, PSYC 811/ PSYC 812, being part of a research lab, practicum experiences

(5) Communication and Interpersonal Skills – PSYC 811/ PSYC 812; PSYC 828 (Assessment Practicum); being part of a research lab, practicum experiences

(6) Assessment – PSYC 814 (Assessment Across the Lifespan), PSYC 829 (Clinical Psychological Assessment), PSYC 828; and for elements related to diagnostic classification systems: PSYC 809/PSYC 810 (psychopathology courses by track)

Note. Students who entered the program prior to Fall 2018 would not have had a lifespan assessment course but instead would have either taken PSYC 813 (adult assessment) or an earlier version of PSYC 814 (child assessment).

(7) Intervention – PSYC 803/PSYC 804 (psychotherapy by track), PSYC 811/ PSYC 812, PSYC 817 (Advanced Adult Practicum) and/or PSYC 818 (Advanced Child/Adolescent Practicum) and/or PSYC 825 (Advanced Clinical Practicum)

(8) Supervision – PSYC 823

(9) Consultation and Interprofessional/Interdisciplinary Skills – PSYC 823

CURRICULUM WORKSHEET

Name _____

Semester: _____

Student (sig/date) _____

Advisor (sig/date) _____

DCT (sig/date) _____

Competency Requirements	Foundational (F) Knowledge (how met – e.g., course #/name & semester/year)	Graduate (G) Level Knowledge (how met – e.g., course #/name & semester/year)
Discipline Specific Knowledge		
Category 1: History and Systems	*1	N/A
Category 2: Basic Content Areas		
2a. Affective Aspects of Behavior	*2a	*2a
2b. Biological Aspects of Behavior	*2b	*2b
2c. Cognitive Aspects of Behavior	*2c	*2c
2d. Developmental Aspects of Behavior	*2d	*2d
2e. Social Aspects of Behavior	*2e	*2e
Category 3. Advanced Integrative Knowledge	N/A	*3
Category 4. Methods of Inquiry/Research		
4a. Research Methods		*4a
4b. Statistical Analysis		*4b
4c. Psychometrics		*4c
Profession-Wide Competencies		
Psychopathology (not listed by APA)		*
1. Research		*1
2. Ethical and Legal Standards		*2
3. Individual and Cultural Diversity		*3
4. Professional Values/Attitudes/Behaviors		*4
5. Communication/Interpersonal Skills		*5
6. Assessment		*6
7. Intervention		*7
8. Supervision		*8
9. Consultation & Interprof/Interdiscip Skills		*9

Research Requirements	Requirements/Deadlines	Date Completed
Master's Proposal	DUE Nov 1 of 2 nd Yr	
Master's Defense	DUE end of 3 rd Yr	
Oral Research Prestn	Expected 3 rd Yr	
Comps	Must pass <u>before</u> submission of Diss Proposal	
Dissertation Proposal	DUE Oct 1 of internship application year	
Dissertation Defense	Goal: Defend before you leave for internship!	

Clinical Requirements	
Number of Intervention Hours to Date	
Number of Assessment Hours to Date	
Number of Supervision (received) Hours to Date	
Number of Assessment Batteries (as defined by APPIC) with Adults	
Number of Assessment Batteries (as defined by APPIC) with Youth	
Prac(s) in Yr 3	
Prac(s) in Yr 4	
Prac(s) in Yr 5+	

Note: Aim for 550 total direct hours (Intervention + Assessment)

Appendix B. Typical Sequence of Required Courses

For Students Entering in EVEN-Numbered Years

Adult Track

Year 1

Fall

Adult Psychopathology (809)
Statistics I (830)
History & Systems of Psychology (899)
Clinical Lunch (807)
Master's Research (993)

Spring

Research Methods (806)
Ethics and Practice (815)
Statistics II (831)
Clinical Lunch (807)
Master's Research (993)

Year 2

Fall

Adult Therapy (804)
Assessment across the Lifespan (I) (814)
2nd Year Practicum (811)
Consider a DSK course
Clinical Lunch (807)
Master's Research (993)

Spring

Clinical Assessment (II) (829)
2nd Year Practicum (811)
Consider a DSK course
Consider College Teaching (793; 1 hr)
Clinical Lunch (807)
Master's Research (993)

Year 3

Fall

Advanced Practicum (817, 818, or 825)
Assessment Practicum (828)
Consider a DSK course
Clinical Lunch (807)
Master's/Dissertation Research (993/994)

Spring

Multiculturalism (827)
Advanced Practicum (817, 818, or 825)

Child/Family Track

Year 1

Fall

Developmental Psychopathology (810)
Statistics I (830)
History & Systems of Psychology (899)
Clinical Lunch (807)
Master's Research (993)

Spring

Research Methods (806)
Ethics and Practice (815)
Statistics II (831)
Clinical Lunch (807)
Master's Research (993)

Year 2

Fall

Child/Family Therapy (803)
Assessment across the Lifespan (I) (814)
2nd Year Practicum (812)
Consider a DSK course
Clinical Lunch (807)
Master's Research (993)

Spring

Clinical Assessment (II) (829)
2nd Year Practicum (812)
Consider a DSK course
Consider College Teaching (793; 1 hr)
Clinical Lunch (807)
Master's Research (993)

Year 3

Fall

Advanced Practicum (817, 818, or 825)
Assessment Practicum (828)
Consider a DSK course
Clinical Lunch (807)
Master's/Dissertation Research (993/994)

Spring

Multiculturalism (827)
Advanced Practicum (817, 818, or 825)

Assessment Practicum (828)
Consider a DSK course
Clinical Lunch (807)
Master's/Dissertation Research (993/994)

Assessment Practicum (828)
Consider a DSK course
Clinical Lunch (807)
Master's/Dissertation Research (993/994)

Year 4

Fall

Advanced Practicum (817, 818, or 825)
Supervision & Consultation (823)
Consider a DSK course
Clinical Lunch (807)
Dissertation Research (994)

Spring

Advanced Practicum (817, 818, or 825)
Consider a DSK course
Clinical Lunch (807)
Dissertation Research (994)

Year 5

Fall/Spring

Advanced Practicum (817, 818, or 825)
Dissertation Research (994)
[Clinical Lunch (807)]

Year 4

Fall

Advanced Practicum (817, 818, or 825)
Supervision & Consultation (823)
Assessment Practicum (828)
Consider a DSK course
Clinical Lunch (807)
Dissertation Research (994)

Spring

Advanced Practicum (817, 818, or 825)
Assessment Practicum (828)
Consider a DSK course
Clinical Lunch (807)
Dissertation Research (994)

Year 5

Fall/Spring

Advanced Practicum (817, 818, or 825)
Dissertation Research (994)
[Clinical Lunch (807)]

Notes:

You will register for Clinical Lunch (807) each semester except the year you are applying for internship – we encourage you to continue to attend Clinical Lunch that year, but you will not be enrolled in 807 as a class.

History & Systems of Psychology (899) is a self-paced independent study course; it must be completed the fall semester a student enrolls in it.

Register for Master's Research (993) each semester until you defend; starting the semester after you defend your Master's, you will register for Dissertation Research (994) each semester.

For years 2-4, you register for some practicum each semester. 817 & 818 refer to advanced practica that are in-house practica (e.g., Don's couple therapy) and 825 refers to advanced practica that are external practica (e.g., Durham VA). 825 is a variable credit course – if you enroll in 825 in your 3rd year, register for 3 credits each semester, but for subsequent years (4th year and more senior), register for 1 credit. You are not required to take and register for a Practicum in Year 5+, although you may choose to do so.

Supervision & Consultation (823) runs year-long in terms of supervision activities you'll be engaged in, but the didactic part is only in the fall semester, so that is the semester you register for.

DSK = Discipline-Specific Knowledge. APA requires courses that can be considered breadth courses (e.g., 2a-2e on the Curriculum Worksheet). These can be taken at any time, but you should be mindful that many of the courses our students use to meet DSK requirements are offered every other year. A non-exhaustive sample of courses that may satisfy the DSK requirement are listed in Appendix C.

The assessment course sequence is taught annually in the 2nd year in preparation for assessment practicum in the 3rd year. Assessment across the Lifespan (what you can consider “Assessment I”) will focus on assessment theory and psychometrics and Clinical Assessment (what you can consider “Assessment II”) will focus on applications. Both will include a lifespan perspective via assessment of children/adolescents and adults.

Appendix B (cont'd)

For Students Entering in ODD-Numbered Years

Adult Track

Year 1

Fall

Adult Therapy (804)
Statistics (830)
History & Systems of Psychology (899)
Clinical Lunch (807)
Master's Research (993)

Spring

Research Methods (806)
Ethics and Practice (815)
Statistics (831)
Clinical Lunch (807)
Master's Research (993)

Year 2

Fall

Adult Psychopathology (809)
Assessment across the Lifespan (I) (814)
2nd Year Practicum (811)
Consider a DSK course
Clinical Lunch (807)
Master's Research (993)

Spring

Clinical Assessment (II) (829)
2nd Year Practicum (811)
Consider a DSK course
Consider College Teaching (793; 1 hr)
Clinical Lunch (807)
Master's Research (993)

Year 3

Fall

Advanced Practicum (817, 818, or 825)
Assessment Practicum (828)
Consider a DSK course
Clinical Lunch (807)
Master's/Dissertation Research (993/994)

Spring

Advanced Practicum (817, 818, or 825)
Assessment Practicum (828)
Consider a DSK course

Child/Family Track

Year 1

Fall

Child/Family Therapy (803)
Statistics (830)
History & Systems of Psychology (899)
Clinical Lunch (807)
Master's Research (993)

Spring

Research Methods (806)
Ethics and Practice (815)
Statistics (831)
Clinical Lunch (807)
Master's Research (993)

Year 2

Fall

Developmental Psychopathology (810)
Assessment across the Lifespan (I) (814)
2nd Year Practicum (812)
Consider a DSK course
Clinical Lunch (807)
Master's Research (993)

Spring

Clinical Assessment (II) (829)
2nd Year Practicum (812)
Consider a DSK course
Consider College Teaching (793; 1 hr)
Clinical Lunch (807)
Master's Research (993)

Year 3

Fall

Advanced Practicum (817, 818, or 825)
Assessment Practicum (828)
Consider a DSK course
Clinical Lunch (807)
Master's/Dissertation Research (993/994)

Spring

Advanced Practicum (817, 818, or 825)
Assessment Practicum (828)
Consider a DSK course

Clinical Lunch (807)
Master's/Dissertation Research (993/994)

Clinical Lunch (807)
Master's/Dissertation Research (993/994)

Year 4

Fall

Advanced Practicum (817, 818, or 825)
Supervision & Consultation (823)
Consider a DSK course
Clinical Lunch (807)
Dissertation Research (994)

Spring

Multiculturalism (827)
Advanced Practicum (817, 818, or 825)
Consider a DSK course
Clinical Lunch (807)
Dissertation Research (994)

Year 5

Fall/Spring

Advanced Practicum (817, 818, or 825)
Consider a DSK course
Dissertation Research (994)
[Clinical Lunch (807)]

Year 4

Fall

Advanced Practicum (817, 818, or 825)
Supervision & Consultation (823)
Assessment Practicum (828)
Consider a DSK course
Clinical Lunch (807)
Dissertation Research (994)

Spring

Multiculturalism (827)
Advanced Practicum (817, 818, or 825)
Assessment Practicum (828)
Consider a DSK course
Clinical Lunch (807)
Dissertation Research (994)

Year 5

Fall/Spring

Advanced Practicum (817, 818, or 825)
Consider a DSK course
Dissertation Research (994)
[Clinical Lunch (807)]

Notes:

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Supervision & Consultation (823) runs year-long in terms of supervision activities you'll be engaged in, but the didactic part is only in the fall semester, so that is the semester you register for.

DSK = Discipline-Specific Knowledge. APA requires courses that can be considered breadth courses (e.g., 2a-2e on the Curriculum Worksheet). These can be taken at any time, but you should be mindful that many of the courses our students use to meet DSK requirements are offered every other year. A non-exhaustive sample of courses that may satisfy the DSK requirement are listed in Appendix C.

The assessment course sequence is taught annually in the 2nd year in preparation for assessment practicum in the 3rd year. Assessment across the Lifespan (what you can consider “Assessment I”) will focus on assessment theory and psychometrics and Clinical Assessment (what you can consider “Assessment II”) will focus on applications. Both will include a lifespan perspective via assessment of children/adolescents and adults.

Appendix C. Graduate Courses in the Department of Psychology & Neuroscience

(required clinical courses in blue; * = DSK basic content courses with relevant specific content areas in *italics*; ^ = advanced integrative knowledge courses)

- *701 Brain and Behavior I (3 credits). A survey of psychological and biological approaches to the study of sensory and perceptual information processing, with an emphasis on touch and pain. (*biological*)
- *701 Brain and Behavior II (3 credits). A survey of psychological and biological approaches to the study of basic learning and higher integrative processing. (*biological*)
- *^738 Neurons to Neighborhoods: Contributions to Neurobiological Development and Behavioral Consequences (3). This course provides an overview of what the field of human neuroscience has revealed about neural structure and function with an eye to examining individual differences. (*biological, cognitive, developmental – this course may be used to cover 2 of these 3 areas*)
- *^739 Cognitive Neuroscience (3). This course will highlight recent research regarding the cognitive and neural architecture of human memory or attention, with the emphasis placed on studies using cognitive neuroscience methods (e.g. fMRI, EPRs). (*biological, cognitive*)
- *740 Seminar in Cognitive Psychology (3). Discussion and critical evaluation of various theories of thinking; theories of concept formation, problem solving, and reasoning. (Different instructors may choose to have different emphases – e.g., judgment, memory). (*cognitive*)
- *^743 Cognitive Aging (3). This course examines theories of human cognitive aging and how these theories seek to explain age-group differences in various domains of cognitive functioning (e.g., episodic memory, language, judgment). (*cognitive, developmental*)
- *^760 Advanced Cognitive Development (3). This course covers the development of attention, perception, learning, memory, thinking and language, beginning in infancy and covering the life span from both information processing and Baldwin-Piaget approaches. (*biological, cognitive, developmental – this course may be used to cover 2 of these 3 areas*)
- *^761 Advanced Social Development (3). Current thinking and research relevant to social, emotional and personality development across the life span. Topics include parent-child interaction, peer relations, aggression, competence, sex roles and gender differences. (*biological, developmental, social – this course may be used to cover 2 of these 3 areas*) – Note. The faculty who has typically taught this course is retiring; the next time the course is offered, it will have to be evaluated to see if biological DSK would be sufficiently covered in the new instructor's version of the course.
- *^767 Advanced Family Theory and Research (3). Research related to family processes, especially regarding the developmental consequences of varying family environments on children. Topics include divorce, cognitive development, single parents, parental employment, discipline, cultural context. (*developmental, social*)
- *^768 Developmental Social Neuroscience (sometimes offered as “Seminar in Developmental Psychology”) (3). This course focuses on the neural systems that support development from childhood to adulthood by drawing on theories and methods from developmental and social

psychology as well as cognitive neuroscience. (*biological, developmental, social – this course may be used to cover 2 of these 3 areas*)

803 Empirically Validated Approaches to Child and Family Psychotherapy (3). This course covers the research bases and clinical application of psychotherapeutic interventions that have demonstrated empirical validity for assisting children and families.

804 Empirically Validated Approaches to Adult Psychotherapy (3). This course covers the research bases and clinical application of psychotherapeutic interventions that have demonstrated empirical validity for assisting adult clients.

806 Clinical Research Methods (3). Analysis of clinical and personality research in terms of their contribution to knowledge, their limitations, possibilities for their improvement, further research they suggest, etc. Preparation of individual research proposals for class presentation and critical evaluation.

807 Clinical Research Seminar (1). Includes exposure to and participation in research presentations, clinical presentations, professional development presentations, and diversity journal club.

809 Adult Psychopathology (3). The major forms of (adult) psychopathology are examined within a development framework.

*810 Developmental Psychopathology (3). The major forms of (child/adolescent/young adult) psychopathology are examined within a development framework. (*developmental DSK– starting Fall 2020*)

811 Adult Practicum (aka 2nd year practicum) (3). Supervised experience in psychological assessment and psychotherapy with a focus on adults.

812 Child and Adolescent Practicum (aka 2nd year practicum) (3). Supervised experience in psychological assessment and psychotherapy with a focus on children/adolescents.

814 Assessment Across the Lifespan (aka Assessment I) (3). Theory, research, and psychometrics related to assessment (e.g., behavioral, cognitive, and emotional assessment) across the lifespan from children to adults.

815 Ethics and Practice in Clinical Psychology (3). A survey and discussion of the ethical and legal issues that clinical psychologists confront in a variety of professional settings.

817 Advanced Adult Practicum and Professional Ethics (3). Supervised clinical work with a focus on adult clients (for advanced doctoral students in clinical psychology).

818 Advanced Child/Adolescent Practicum and Professional Ethics (3). Supervised clinical work with a focus on child/adolescent clients (for advanced doctoral students in clinical psychology).

823 Clinical Supervision and Consultation: Theory, Research, and Practice (3). This course will familiarize fourth year clinical psychology doctoral students with methods and models of clinical supervision and consultation in an ethical and multicultural context. Both a didactic seminar

component (fall semester only) and an applied supervision training component (fall and spring semesters).

825 Advanced Clinical Practicum (1-3 credits). Supervised clinical work at an external practicum site (for advanced doctoral students in clinical psychology). Combined with a seminar that provides a forum to discuss external community practicum experiences and relate these to both earlier clinical training and academic coursework.

827 Multiculturalism and Clinical Psychology (3). The development and format of this course is guided by current 'best practice' in multicultural education in emphasizing three overriding goals: awareness, knowledge, and skills, as well as cultural humility.

828 Child/Adolescent Assessment Practicum (1). This course provides students with an opportunity to integrate their academic foundation in clinical psychology assessment knowledge skills, ethics, and values in an applied practice setting with diverse clients. *Note: Assessment experiences are available with children, adolescents, and (primarily young) adults through this practicum.*

829 Clinical Psychological Assessment (aka Assessment II) (3). Introduction to the principles and practices of evidence-based assessment for clinical psychology.

830 Statistical Methods in Psychology I (4). Data analysis, sampling, applied probability, elementary distribution theory, principles of statistical inference.

831 Statistical Methods in Psychology II (4). Statistical estimation and hypothesis testing for linear models (ANOVA, ANCOVA, regression analysis); statistical models in the design and analysis of experiments.

*866 Interpersonal Processes and Close Relationships (3). Intensive study of the processes by which adult close relationships are initiated and developed. (*social*)

*^868 Social Psychobiology (sometimes offered as “Seminar in Social Psychology”) (3). Study of the major physiological and neurobiological systems of the body and their links with social psychological states and experiences. (*biological, social*)

*^869 Advanced Social Cognition (3). Advanced theory and research in social psychology that explores the cognitive processes underlying social phenomena. Specific topics include attributions, emotions, heuristics, self, goals, motives and others. (*cognitive, social*)

*870 Psychology of Emotions (3). Seminar featuring research and theory on emotions. It stretches across traditional psychological subdisciplines because emotions are complex, multiply-determined phenomena. (*affective*)

*875 Advanced Seminar in Positive Psychology (3). Positive psychology represents a scientific approach to understanding positive aspects of life, including character strengths and human flourishing. This seminar builds students' empirical skills in this vibrant area of inquiry. (*affective*)

*^876 Graduate Seminar in Social and Affective Neuroscience (3). This course will provide students with an understanding of the more basic biological (and psychological) mechanisms that contribute to social processes such as stereotypes, person perception, moral judgments, and emotions. This

course will prepare students to be informed consumers of contemporary neuroscience research.
(*affective, biological, social – this course may be used to cover 2 of these 3 areas*)

993 Master's Thesis (3)

994 Doctoral Dissertation (3)

Notes:

Most of the above descriptions come from the online catalogue of courses at UNC; more information about a given course would come from the instructor's syllabus.

The courses designated as DSK (*) are ones that students have taken in the recent past to meet the Category 2 requirements (basic content areas) or courses that will begin to be offered that will meet the Category 2 requirements. Courses with ^ are courses that will count for 2 DSK content areas and the Advanced Integrative Knowledge requirement (e.g., cognitive neuroscience – cognitive and biological). For any course you would like to take to meet DSK basic content area requirements or the Advanced Integrative Knowledge requirement (even if on this list), please advise the Director of the Clinical Program so that the course syllabi can be reviewed for confirmation that it covers the intended content and, if applicable, integration.

Graduate courses other than those listed above (which may also satisfy DSK requirements) are available across the other five program areas in the department (behavioral and integrative neuroscience, cognitive, developmental, quantitative, social). This is the link to view all the courses in the Department of Psychology and Neuroscience: <https://catalog.unc.edu/courses/psyc/>
-- note that courses number 700 and above are considered graduate courses.

Appendix D. Research Skills Checklist

CONCEPTUAL SKILLS	METHODOLOGICAL SKILLS	WRITING SKILLS	ORAL SKILLS
MASTER'S			
Understands their specific hypotheses, which variables are IVs, DVs, moderators, mediators, etc.	Can articulate how their hypotheses are examined methodologically	Uses appropriate tone and level of detail in writing their thesis	Can deliver a talk that appropriately summarizes all aspects of their study
Familiar with overall literature in their area of research	Clearly understands strengths and weaknesses of their study	Professionalism in writing: No typos, correct use of APA style	Slides are appropriately detailed, professional
Can connect their hypotheses and findings to the overall literature in their area	Can articulate different research designs to study their hypotheses	Can clearly articulate all aspects of a research report: theory, hypotheses, methods, statistics, results, discussion, and limitations	Can clearly articulate ideas verbally in talk
Can identify limitations in the prior research and justify the incremental value of their own study	Familiar and comfortable with the statistics used to test their hypotheses		Can respond to questions about their study thoughtfully
			Can answer questions regarding the strengths and weaknesses of their work
COMPS			
Can integrate and evaluate literature area more broadly than for just 1 specific set of hypotheses; evidence of critical thinking	Can scrutinize the methods across studies in a broad research area and determine the common strengths and limitations within a body of work	Can produce a document that seems like a reasonable submission to a quality journal	
Can recognize current state of knowledge and theory in a broad area of research	Can conceive of methodological advances that would help to strengthen a body of research	Can integrate findings by theme and idea; not simply abstract stacking	

CONCEPTUAL SKILLS	METHODOLOGICAL SKILLS	WRITING SKILLS	ORAL SKILLS
COMPS (cont'd)			
Can generate and apply novel ideas, theories, methods, or a new “spin” to a current body of literature			
Can connect the findings to other literatures or broad, evidence-based theoretical perspectives (e.g., CBT or developmental psychopathology theories more broadly)			
DISSERTATION			
Can independently generate research hypotheses	Can select measures appropriate for study questions; can justify the selection of these measures	Can produce a document that likely would receive a Revise and Resubmit decision at a quality journal	Can develop and deliver a talk that is appropriate for a national conference presentation
Emerging expertise in an area of research – can speak with authority about the state of the literature	Competent in human subjects processes and all relevant issues		Can engage in scholarly discussion of their field and how their work fits into the field
Excellent grasp of the theories that are relevant to the chosen area of research	Can train and supervise research staff to help conduct research and assist with data collection		Can discuss theoretical rationale for their work
Can articulate a series of studies that would be beneficial to the research area and how their own study fits within this research program	Can conduct all analyses independently (with consultation if analyses are especially complex)		Can acknowledge/ articulate strengths and weaknesses of their work
Can discuss how their study would fit within an overall program of research	Can choose optimal study design to answer important research questions, while appropriately acknowledging resource constraints and timing issues		

Note: In moving from the Master's thesis to Comps to the Dissertation, the various categories of research skills move from being more specific/narrow to more broad, and from being research activities done with assistance to research activities done autonomously.

Appendix E. Comps Ratings Form

		Score
Conceptual Skills		
1	Can integrate and evaluate literature area more broadly than for just 1 specific set of hypotheses; evidence of critical thinking	
2	Can recognize current state of knowledge and theory in a broad area of research	
3	Can generate and apply novel ideas, theories, methods, or a new "spin" to a current body of literature	
4	Can connect the findings to other literatures or broad, evidence-based theoretical perspectives (e.g., CBT or developmental psychopathology theories more broadly)	
COMPUTE CONCEPTUAL SKILLS SUM		
Methodological Skills		
5	Can scrutinize the methods across studies in a broad research area and determine the common strengths and limitations within a body of work	
6	Can conceive of methodological advances that would help to strengthen a body of research	
COMPUTE METHODOLOGICAL SKILLS SUM X 2		
Writing Skills		
7	Can produce a document that seems like a reasonable submission to a quality journal	
8	Can integrate findings by theme and idea; not simply abstract stacking	
COMPUTE WRITING SKILLS SUM X 2		

RATING SCALE (1-10)	
1	Skills are inadequate, does not seem to have progressed from the Master's thesis
2	
3	
4	Shows some promise, but no evidence that this skill has been developed adequately
5	
6	Shows strong promise to perform at expected levels; some evidence of meeting requirement, but not fully developed yet
7	*Pass*
8	Commensurate with a typical UNC graduate student in years 3-4 of training
9	
10	Commensurate with the quality of a published manuscript

GRADE = [(SUM of Conceptual, Methodological, and Writing Subscales)/120] x 100

Appendix F. Clinical Skills Checklist

By the end of graduate training, clinical students be competent in each of the following skills.

Case Conceptualization/Theoretical Orientation

1. Understand the importance of evidence-based practice, including:
 - a. The criteria used to determine whether specific theoretical approaches are considered to be “evidence-based”
 - b. The limits of evidence-based practices across settings, treatment modalities, clinical presentations, and client demographics
 - c. The best ways to modify or supplement evidence-based clinical practices to address these limits
 - d. Competence in identifying and applying psychological research to practice for specific clients
2. Can conceptualize a case in at least two distinct theoretical orientations, at least one of which must lead to an evidence-based treatment approach. The conceptualization is personalized in a rich manner to a particular client’s experiences.
3. Be competent using a broad CBT theoretical framework.
4. Develop case formulations that are used as hypotheses, leading to the selection of assessment approaches/ instruments, (dis)confirmation of hypotheses, and ultimately treatment strategies.
5. Recognize, discuss and defend the similarities and differences across different theoretical orientations, and articulate when integration of approaches seems appropriate.
6. Provide an informed argument regarding the strengths and limitations of specific theoretical orientations.
7. (Child Track) Can incorporate a developmental framework into case conceptualization and treatment planning.

Assessment

1. Administer, score, interpret, and deliver feedback (to both professional and lay audiences) regarding cognitive assessments.
2. Administer, score, interpret, and deliver feedback (to both professional and lay audiences) regarding structured and semi-structured diagnostic interviews.
3. Can construct a specialized assessment battery, using evidence-based assessment techniques, to thoroughly examine at least three separate diagnostic presentations (e.g., ADHD, anxiety, depression, learning disabilities, etc.). Students should be able to administer, score, interpret, and deliver feedback regarding this battery.
4. Recognize and screen for severe psychopathology, including psychosis.
5. Integrate results from assessment into case formulation and treatment planning.
6. Within treatment planning, can determine the most appropriate modality in terms of individual, couple, family, group therapy, etc.
7. Effectively incorporate ongoing assessments in order to monitor treatment progress and guide treatment decision-making, including altering initial treatment plans as appropriate.
8. Can conduct a screening to determine imminent risk for self- harm and other-harm and is knowledgeable regarding the specific protocol to follow if immediate action is necessary.
9. Understand when and how to obtain information from multiple reporters, and how to handle discrepancies in findings.
10. Understand the historic context of projective personality assessment techniques, and be broadly familiar with administration and scoring procedures.

11. Conduct an assessment or screening to investigate possible child maltreatment, and be knowledgeable regarding the specific protocol to follow when reporting suspected maltreatment.
12. Complete (administer, score, interpret, write) at least four assessment batteries including both cognitive and behavioral assessments, and (for Child Track) information from multiple reporters.
13. (Child Track) Can screen and identify psychopathology in adults, when relevant to child and adolescent treatment cases.

Intervention: Specific Techniques

1. Can execute basic behavioral and cognitive behavioral treatment techniques, including:
 - a. Functional analysis of behavior
 - b. Assigning and interpreting client thought records
 - c. Cognitive restructuring exercises
 - d. Systematic desensitization, imagery, relaxation
 - e. Behavioral activation strategies to help promote adaptive behavior or minimize maladaptive behavior (e.g., mastery or pleasurable experiences to decrease depression).
 - f. Implementation of appropriate skills training to assist in adaptive behavior (e.g., communication training, mindfulness training, etc.)
 - g. Can implement a range of homework assignments to contribute to adaptive functioning outside of session
 - h. Can use psychoeducation techniques appropriately
 - i. Problem-solving skills training.
 - j. (Child Track) Parent training and behavioral management plans.
2. Can conduct psychological treatment in more than one clinical setting or modality.

Intervention: Nonspecific Skills

1. Can understand and develop effective aspects of the therapeutic relationship, such as the communication of empathy, active collaboration, and positive therapeutic alliance (establishing a bond and agreement on therapeutic goals and tasks), that contribute to positive therapeutic outcomes.
2. Understands a wide range of therapeutic responses such as reflections, interpretations, questions, self-disclosures, advice etc. to achieve *specific* therapeutic goals.
3. Understands how one's own personality, attributes, etc. contributes to or interferes with therapeutic process.
4. Is attuned to diversity issues and their role in case conceptualization and assessment, and how to address diversity in therapy.
5. Can employ specific intervention techniques with appropriate timing and with individualization to a client's needs (i.e., flexible use of established treatments).
6. Knows how to terminate treatment, put gains and issues into perspective, consider future assistance, conduct relapse prevention, etc.
7. Understands, and can effectively implement in their clinical practice, ethical and legal standards such as informed consent, confidentiality, the setting of appropriate boundaries, and the documentation of services.
8. Can present an organized case summary in presentation format.

Appendix G. Practicum Requirements and Practicum Application Form

UNC DEPARTMENT OF PSYCHOLOGY & NEUROSCIENCE CLINICAL PROGRAM PRACTICUM REQUIREMENTS

In the course of their practicum placements, students are expected to meet the following goals:

1. Deliver a range of psychological services, including assessment, intervention, and consultation, in a manner consistent with legal mandates, professional standards of clinical psychology practice, and the ethical principles put forth by the American Psychological Association.
2. Demonstrate the use of the clinical science model in a clinical setting, including an understanding of the scientific evidence that supports the theory or procedures on which assessment and therapeutic techniques are based. For clinical practice procedures that are not evidence-based, a thorough understanding of related evidence, the limitations of available scientific evidence, and the theoretical or empirical basis for deviations from evidence-based practices should be demonstrated.

Course/General Practicum Requirements

1. Completion of practicum activities outlined in the Psychology Department's agreement with the site at a level appropriate to the student's training.
2. Professional conduct. Students are required to adhere to the ethical principles and standards guiding the practice of clinical psychology while in their field placement. They are also required to conduct themselves professionally, use good judgment, and successfully establish and maintain relationships with personnel.
3. At least one hour of weekly individual supervision by a North Carolina-licensed health service provider psychologist, with supervision including some evaluations based in part on direct observation of the student (live or electronically).
4. Clinical practicum sites will be routinely evaluated to ensure that students are receiving appropriate clinical training and supervision. If there is any evidence of inadequate supervision, ethical violations on the part of the setting and/or clinical supervisors, including any pending investigations by licensing boards, then the practicum arrangement between the UNC Department of Psychology & Neuroscience and the setting can be immediately terminated.

Application Procedures

1. The site practicum coordinator must complete the attached application form and return it to the Director of Clinical Training.
2. Applications are reviewed on a rolling basis by the faculty of the Clinical Psychology Program at UNC. Applications must be received by the fall semester to be considered for the next academic year.

**University of North Carolina-Chapel Hill
Clinical Psychology Program
Practicum Application Form**

Practicum Title: _____

Practicum Location: _____

Training Track (select one): ADULT CHILD/FAMILY

Please list the range of # of students you would be willing to supervise at your site next year _____

Can students complete this practicum during one day/week at your site? YES NO

If students are available to participate on more than one day/week,
would this be possible at your site? YES NO

If students are available to participate over the summer,
would this be possible at your site? YES NO

Number of Hours/Week Required of Practicum Students: _____

Specific Days/Times Required for Weekly Participation: _____
(If presence at a specific weekly meeting is required, students can make efforts to design their course
schedules accordingly. Please note that students are not available on Fridays between 12-1:15pm.)

What proportion of time on this practicum will be spent in Direct Service hours (i.e., face-to-face
interactions with clients conducting assessment or treatment?) _____%

Practicum Contact Person: _____

Contact Person Phone Number & Email: _____

Primary site supervisor's name, title, degree, & license number:

Specific Training Activities

Briefly describe activities in the following areas. If one area is not relevant to your site, mark N/A.

ASSESSMENT (____%)

(e.g., structured diagnostic interviewing, psychoeducational assessment and report writing, behavioral assessment, parent and child interviews)

INTERVENTION (____%)

(e.g., individual and group therapy, crisis intervention, school-based intervention/prevention)

CONSULTATION (____%)

(e.g., consultation/liaison, collaboration with other health care, mental health, or educational professionals)

SUPERVISION (hours/week) _____

(Please describe the amount of supervision, the setting in which it will be administered, and who will conduct the supervision. Also, please specify whether supervision will be based on the trainee's verbal report of cases, audio/videotaping of cases, or live observation.)

THEORETICAL ORIENTATION(S)

(Please describe the predominant theoretical orientations that will guide clinical supervision, including a detailed list of therapeutic procedures or assessment instruments that will be used on this rotation.)

PROFESSIONAL DEVELOPMENT (of trainee)

(Please describe professional development activities, which could include orientation to organization, participation in training, didactic experiences, case conferences, etc.)

LEARNING OBJECTIVES FOR PLACEMENT (please list)

- 1.
- 2.

BILLING

(If fees are generated by the services provided by the student, please specify procedures [or policies] for billing and utilization of these funds.)

Students' participation in this practicum rotation will involve the activities, procedures, responsibilities, and supervision experiences described above. All clinical activities, including clinical supervision, will be conducted in accordance with the ethical guidelines of the American Psychological Association, the laws and regulations specified in the most current version of the North Carolina Psychology Practice Act, and the training requirements specified in the most recent version of the UNC Chapel Hill Clinical Psychology Program Student Handbook.

Signature

Practicum Site Supervisor

Date

Appendix H. About Professional Societies in Psychology

Data from the past decade have revealed a notable decline in student membership across most professional societies in psychology. This disturbing trend has implications not only for the vitality of these psychology societies, but perhaps more importantly, the types of activities and services that professional organizations can undertake to benefit our field at local and national levels. Professional societies serve a crucial function in the training and education of psychologists, the dissemination of psychological science, and advocacy for the field of psychology and its consumers.

This appendix offers information regarding the importance of membership in professional societies and some specific details regarding organizations relevant to clinical psychology. This information is directed towards students to offer some incentive to join professional societies in psychology and to increase the visibility of several clinically-relevant organizations.

Graduate Students: Why Should You Join a Professional Society?

As a graduate student, you do not need to be told that, typically, graduate students do not have a lot of money. Students understandably must be fairly conservative when electing to join professional societies, and need to carefully consider the direct benefits of their financial investment.

Students who have joined professional societies typically report high levels of satisfaction with their decision. Listed below are some factors that students cite as important benefits of membership as well as some specific information regarding professional societies in psychology.

Identity

Most students who join a professional society state that the primary reason inspiring membership was to “enhance their professional identity.” Psychology is indeed a diverse and fragmented field, and affiliation with a particular group (e.g., in adult clinical, health, child clinical) often helps to define yourself, and for others to define you. There is a reason why psychologists list their professional memberships on their CV; the groups you affiliate with can offer some clues regarding your areas of expertise, theoretical orientations, and professional interests. Having said this, at \$20-80 each, an identity can get a little pricy! Here are some other reasons that also may be worthwhile.

Advocacy

Although most do not realize it, professional societies serve a major function in advocating for the field and profession of psychology. At the national level, the advocacy of our professional societies was largely responsible for the inclusion of psychology students in graduate education legislation, providing subsidies to doctoral and internship training programs, and increasing the number of training slots available for students. Professional societies were instrumental in increasing the federal allocation to NIH to support research. Our societies are forerunners in the fight for mental health care parity, and for the safeguarding of state and local licensing laws. Professional societies routinely call upon their members to testify before Congress and its subcommittees regarding bills with significant potential impact on the field or consumers of psychology. And, unlike most other disciplines with the resources to employ or hire professional lobbyists, psychology relies almost exclusively on its members to help support this advocacy. By joining a professional society, you are literally making it possible for the field to advocate for these and many more issues that are critical for our field.

Networking

It would be virtually impossible to meet professionals outside of your own (or local) training programs without professional societies. Conventions offer unique and important opportunities for students, as well as vita-building presentation experiences. Networking is useful not only for increasing the potential impact and visibility of your work, but also for establishing connections with professionals who will likely be reviewing your applications for internship and postdocs, reviewing your manuscripts and grant proposals, and offering you opportunities for collaboration. Convention fees alone do not cover the cost required to organize these networking opportunities; membership dues are the backbone of many societies' annual budget.

Information Dissemination

Most professional societies have several outlets, such as newsletters, listservs, and websites to help keep abreast of important developments in the field. Many societies also fund their own journal for the dissemination of scientific findings. Again, membership dues are needed to support these functions.

Discounted Expenses

Of course, membership in a professional society also can offer you some direct financial benefit. Many societies offer free or discounted journal subscriptions, and members also typically receive substantial discounts on convention registration fees as well as continuing education, which will be helpful as you progress in the field. Many associations also offer discounts for non-psychology related items, such as magazines, rental cars, car insurance, etc.

Eligibility for Awards and Grants

Membership in a professional society typically allows eligibility for student awards, travel grants, and mentoring fellowships. These awards are made possible through membership dues.

I'm Convinced! Now Which Society Should I Join?

There are many, many professional societies in psychology, including several national organizations (some listed below) as well as regional and state psychological associations. This list offers a quick review of some groups you may want to consider. Annual dues range from as low as around \$20 to as high as around \$100; the most updated information about dues will be found on the organization's website.

American Psychological Association (APA)

The largest psychology organization, APA is very actively involved in advocacy for the science and practice of psychology. Student dues automatically confer membership in the American Psychological Association of Graduate Students (APAGS), the graduate student organization within APA, governed by students, advocating specifically for student issues, with substantial benefits for student members (e.g., subscription to gradPsych). APA has one of the largest conventions in the field (approximately 15,000 attendees each year). APA offers major discounts on APA journals and APA books. More info can be found on their website (www.apa.org/index) and on the APAGS website (www.apa.org/apags). Free journal: *American Psychologist*. Free Newsletters: *The Monitor*, *gradPsych*.

Association for Behavioral and Cognitive Therapies (ABCT)

Specifically focused on and advocating for evidence-based treatments, including predominantly cognitive and behavioral approaches to psychopathology and treatment, ABCT's (www.abct.org/Home/) membership is comprised of a close network of faculty and students from

doctoral and internship programs. Although somewhat adult-focused, many regard ABCT as “the” conference to attend because its relatively small size makes it easier to see old friends and meet new ones. The ABCT conference also is known to provide some of the most valuable continuing education experiences, as well as high profile statistical institutes and “Master Clinician” training experiences. ABCT has many special interest groups related to specific areas of research and clinical interest. Free newsletter: *the Behavior Therapist*.

Association for Psychological Science (APS)

The APS (www.psychologicalscience.org) emerged about 15 years ago as a response to the perception that APA was not dedicating enough attention to the science of psychology. APS dedicates many resources to advocacy of psychological science, and its membership is more representative of the various subdisciplines of psychology (i.e., cognitive, experimental, etc.) than is APA (which has a higher percentage of clinical psychologists). APS has a student section as well: <https://www.psychologicalscience.org/members/apssc>. Free journals: *Psychological Science*, *Current Directions in Psychological Science*, *Psychological Science in the Public Interest*.

Society for Research in Child Development (SRCD)

The main society for developmental psychologists, SRCD (www.srkd.org) is a large association with a significant proportion of its work dedicated to the study of developmental psychopathology. Accordingly, many clinical child psychologists are members of SRCD and benefit from its very active advocacy initiatives. SRCD’s biennial convention attracts approximately 7,000 registrants each year and the programs are typically of very high quality (the acceptance rate for submitted programs is one of the lowest). Free journals: *Child Development*, *Monographs of the Society for Research on Child Development*. Free newsletters: *Social Policy Report* and *SRCD Developments*.

Society for Research on Adolescence (SRA)

SRA (www.s-r-a.org) is one of the “break-out” groups of SRCD, comprised of many of the same members and holding its convention on the alternate years of SRCD’s convention. The Society is focused specifically on research and policy relevant to adolescence. Free journal: *Journal of Research on Adolescence*. Also offers a free newsletter.

Society of Behavioral Medicine (SBM)

SBM (www.sbm.org) is “the” organization to join if you are interested in health psychology. The society and its convention is to health psychology what ABCT and its convention are to adult clinical. Free journal: *Annals of Behavioral Medicine*

Society of Clinical Child and Adolescent Psychology (SCCAP) (APA Division 53)

SCCAP is the only child clinical association open to student membership. The society (www.clinicalchildpsychology.org) is strongly invested in the development and promotion of evidence-based treatments for child and adolescent psychopathology as well as developmental psychopathology research. SCCAP offers several student awards, outstanding convention programs at the APA convention, and excellent opportunities to network with the leaders in child clinical psychology. It is recommended as a “must” for child students. Membership is free for APA student members. Free journal: *Journal of Clinical Child and Adolescent Psychology*. Free newsletter: *In Balance*.

Society of Clinical Psychology (APA Division 12)

The Society of Clinical Psychology (www.apa.org/about/division/div12) is a long-standing division within APA with a strong foothold in advocacy both within and outside the larger American

Psychological Association. Representing clinical practice and science across the lifespan, this society has several sections related to different specialty areas and several student awards. Free journal: *Clinical Psychology: Science and Practice*. Free newsletter: *The Clinical Psychologist*.

Society of Pediatric Psychology (SPP) (APA Division 54)

Pediatric psychology is a small field, so membership in SPP is a “must” for anyone interested in this area of practice or research. Division leaders are extremely accessible and friendly, with an active listserv, excellent newsletter, and many opportunities for students (<https://www.apa.org/about/division/div54>). Free Journal: *Journal of Pediatric Psychology*. Free newsletter, too.

North Carolina Psychological Association (NCPA)

Each state has a psychological association that helps to advocate for training and practice needs within the geographic area. NCPA is a particularly active state psychological association with substantial input to the state legislature on psychology-related issues. By joining NCPA, students can attend conferences and continuing education workshops for low student rates – NCPA also has a free sponsorship program for student members. Students can become involved in advocacy, including lobbying activities at the state legislature. Students also may become involved in numerous committees on NCPA. More information is available at: www.ncpsychology.org.

Appendix I. Helpful Links & Resources

Connect Carolina: <https://connectcarolina.unc.edu>

- Central resource for most student personal/academic things (e.g., payroll, emergency contacts, course registration, finances/billing, check grades, updated address, and more!). Log in with your onyen and password.

Sakai: <https://sakai.unc.edu>

- The main hub for all academic coursework - find your course syllabus and readings; also used for IA/TA administrative work (e.g., finding assignments turned in, recording grades)

Zoom Video Conferencing: <https://edtech.unc.edu/service/zoom/>

- Available to all UNC student for free – go to this website to download the necessary software and set up an account using your onyen. Great to use for easy audio/video conferencing!

Virtual Lab: <https://virtuallab.unc.edu/Citrix/SF7Web/>

- Access many software packages for free as needed for coursework or other academic projects (e.g., SPSS, SAS, Stata, and more).

The Odum Institute: <https://odum.unc.edu>

- Odum is our on-campus statistics center. They are equipped with an extensive selection of software that you may use in the computer lab and offer educational (e.g., workshops, classes) and general resources relevant to statistics and conducting research. Consultations are available at all stages of the research process, starting with study design, and consultants have weekly office hours as well as a walk-in hours in Davis Library. This and the department's stats consultation service (see below) are both very helpful for questions ranging from designing and executing your analyses to writing code.

Stats Consultant in Davie

- We are fortunate that the Quant program sometimes funds one of their graduate students as a statistics consultant. Look for emails about their current office hours early in the semester. When this position is funded, the graduate student statistics consultant has office hours, but you can schedule specific appointment times, too.

UNC Professional Development Workshops & Resources: <http://gradprofdev.unc.edu>

- This office puts on a lot of seminars, workshops, and events aimed to support graduate student professional development.
 - You can take classes with them on everything from academic writing to financial accounting!
 - They have some really cool offerings to help students improve leadership skills, teaching skills, effective scientific communication, and more, a 'TA Institute', and other events worth checking out.

UNC Center for Faculty Excellence (CFE)

- Although this center is primarily geared toward faculty, the CFE offers some resources tailored to graduate students – you can find these opportunities/resources here: <https://cfe.unc.edu/teaching-and-learning/teaching-as-a-graduate-student/>

Diversity Student Success Office - <https://graddiversity.unc.edu/>

- The diversity student center offers a number of affinity support groups as well as programming to support students as they matriculate through their years here at Carolina

International Student and Scholar Services (ISSS) - <https://isss.unc.edu/>

- This is an important resource for international students.

UNC Graduate School Website: <https://gradschool.unc.edu/>

Graduate Student Center: <https://gradschool.unc.edu/studentlife/resources/gsc/>

Funding Information: <http://gradfunding.web.unc.edu>

- A lot of resources about navigating internal or external funding applications, and an awesome monthly newsletter you can subscribe to that will send updates on available funding opportunities straight to your inbox! Info about workshops here and also ways to sign up for individual consultations related to funding.
- Other helpful links related to seeking funding and/or preparing proposals for fellowships and grant: <https://research.unc.edu/researchers/funding/> and <https://fundingportal.unc.edu/graduate-students/> and https://apps.research.unc.edu/successful_proposals/
- The Departmental newsletter, distributed monthly in the academic year, lists research funding opportunities for graduate students.

UNC Library: <https://library.unc.edu/> & <http://www.hsl.unc.edu>

- Lots of free articles, books, resources available!
- Davis Library staffs a full-time psychology librarian who is available for any questions regarding research. Consultations are available at <https://library.unc.edu/support/consultations/>

Google Scholar @ UNC: <https://library.unc.edu/find/googlescholar/>

- Links GS to your UNC account, and gives you free, easy access to many articles as you lit search!

Mendeley or Zotero: <https://www.mendeley.com> , <https://www.zotero.org/>

- Download a free reference manager to make course assignments, paper writing, milestones, etc. easier. They can help you to organize and store articles, cite efficiently while you write, quickly convert the reference style for a given journal or format, and more. Strongly recommended!

Becoming an NC Resident: <https://gradschool.unc.edu/studentlife/resources/residency/>

- Requested by the Department as it significantly cuts down the cost of your tuition!
- More information under “NC Residency” in the Didactic Training section. Note: the first application can be submitted after 12 months in North Carolina, but in preparation for this, indicators of residency should occur significantly before the application date (e.g., aim to register to vote in NC and get a NC driver’s license within 1 month of moving to the state).

Psychological Services: *See also the “Disability, Impairment, or Psychological Distress” section in this handbook and “Options for Locating an Affordable Therapist in the Area” in the appendices*

- For the most up-to-date referral options for therapists in the community, students are encouraged to seek a referral from the Counseling and Psychological Services (CAPS). There are two ways to do this: (1) students can send an email to CAPSreferrals@unc.edu and include their insurance and any provider preferences – email responses are received within one week; or (2) students can set up a referral coordination visit – more information about this can be found here: <https://caps.unc.edu/services/referral-coordination>
- In addition, please utilize this website that centralizes all of the mental health resources in the area: <https://care.unc.edu/>

Campus Health: <https://campushealth.unc.edu>

- Services are at no cost to students and covered by student fees. This is the lowest cost option, when possible, for routine and same day care appointments.
 - *A wide array of services including* primary care, ob/gyn, urgent care, allergy/flu shots, vaccinations, counseling and psychology services, sports medicine/physical therapy. Check out the website for more info!

UNC Campus Recreation: <http://campusrec.unc.edu/>

- Learn about facilities, hours, group fitness classes, etc. Student fees cover access to the rec centers, so take advantage of them!

UNC Graduate and Professional Student Federation (GPSF): <https://gpsf.unc.edu/>

- The GPSF advocates for improved resources for graduate and professional students; promotes active participation in university, local, state, national, and international issues; and collaborates with university administration faculty, staff, and undergraduate students to create policies that reflect the interests of all graduate and professional students.

Clinical Psychology Program Resources: <http://clinicalpsych.unc.edu/program-resources/>

- The clinical program has a webpage for frequently used documents including sample comps papers, integrative dissertation proposals, NSF and NRSA applications, the travel & reimbursement forms, and the clinical program handbook, as well as other forms and summer job ideas and alumni information. You can access this page with your onyen and password.

UNC My Chart: <https://www.myuncchart.org/MyChart/>

- This website functions as your healthcare portal.

Appendix J. HIPAA Confidentiality & Security Agreement



**THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL**

UNC Department of Psychology Community Clinic

Campus Box 3270 Davie Hall Room 271 Chapel Hill, NC 27599-3270	Campus Box 3274 212 Finley Golf Course Rd. Chapel Hill, NC 27599-3274	(919) 962-6906 MAIN Number (919) 843-1576 Davie SECURE FAX (919) 843-2059 Finley SECURE FAX	Email: clinic@unc.edu http://psychology.unc.edu
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HIPAA CONFIDENTIALITY & SECURITY AGREEMENT

1. Confidentiality:

All patient information, whether contained in a patient's paper or electronic medical record, or in any other medium, including audio or video, is **strictly confidential**. Disclosing, accessing, or permitting access to confidential patient information without proper authorization is a violation of the UNC Department of Psychology Community Clinic (the Clinic) Policy, UNC HIPAA and ITS Security policies, state laws (including the North Carolina Identity Theft Protection Act), and Federal laws, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health (2009 HITECH) Act, and unauthorized disclosures may result in **disciplinary action**. In addition, disclosing, accessing, or permitting access to confidential Protected Health Information (PHI) without proper authorization may also subject the violator to **civil and/or criminal penalties for violation of the policies and laws** noted above. Billing and financial management information is also to be held in strict confidence and is not to be disclosed without the specific permission of the client (the only exceptions are those outlined in the client's Consent for Treatment form).

I certify that as a practicum student, staff, or faculty member of the Clinic, I understand the statements above and am aware of the confidential nature of the patient's PHI. I understand and agree that in the performance of my duties at the Clinic, I am obligated to respect patient privacy and to protect patient PHI from unauthorized use and/or disclosure. This includes only accessing patient's PHI on a need to know basis related to treatment, payment, health care operations, or training. I understand that when client PHI is in my possession, I assume total responsibility for the confidential retention and handling of such material. I understand that in the limited approved circumstances for accessing electronic client PHI from outside the Clinic HIPAA rooms I **assume total responsibility for ensuring such access and viewing is secure and private**. I understand that the unauthorized use and/or disclosure of information from the patient's paper or electronic record or in any other medium, including audio or video, may result in disciplinary action up to and including dismissal, in accord with UNC's HIPAA, ITS Security policies, and the Clinic's Policies and Procedures Manual. Such actions may further subject me to civil and criminal penalties under the state and federal laws noted above.

2. Security:

The Clinic provides secure and private workspace for Clinic personnel to protect the confidentiality of patient information. All Clinic facilities and resources are to be treated as valued University assets. The Clinic designated HIPAA rooms are maintained with UNC One Card access or secure keypad entry doors. Secure computers, session recording equipment, and client records storage are provided in these designated rooms. **Physical access (paper records and computers), electronic access (records, reports, session recordings), and knowledge of how to access client PHI is individually granted on a need to know basis.**

Given the high priority need for client PHI confidentiality as required by the applicable state and federal laws, UNC HIPAA and ITS Security policies, **as well as those policies specifically stated in the Clinic Policies and Procedures Manual**, I understand and agree that during the full duration of my association with the Clinic I will conduct Clinic activities in a highly responsible manner, which **includes, but is not limited to, the following:**

- Client files are not to leave their designated Davie (adult) or Finley (child) HIPAA storage areas – other than individual forms that need to be signed by clients or supervisors.
- Lock combinations and passwords related to Clinic activities are confidential - they serve as a gateway to client PHI. Likewise, the UNC One Card system is expected to log individual access to HIPAA resources into the system and therefore should not be circumvented.
- Equipment, resources, signage, and materials in HIPAA rooms are to be used responsibly and treated as intended.
- All official client PHI related documentation must be done in the designated Clinic HIPAA rooms. For those activities where technology allows that it may be done outside of the HIPAA rooms, due diligence to strict privacy is required and expected.
- Never leave Titanium open and unattended. General internet browsing is not permitted on Titanium PC's. Always log out of any PC or laptop that has been used to access client PHI – this includes those situations noted above when client PHI may be viewed outside of a Clinic HIPAA room. UNC security policy specifically states it is a violation to allow log in to any University computer for anyone other than that Onyen login.
- Clinic policy is that email should never be used to communicate client PHI – encryption only addresses transit, not viewing or storage issues. Only UNC Outlook webmail is permitted on a Titanium PC (outlook.unc.edu).
- Faxing client PHI requires (1) the client's release/authorization, (2) a secure fax destination.

Signature	Date
Printed Name	

Appendix K. Overall Summary and Checklist

Below lays out a plan for 5 years of pre-internship graduate training.

First Year

1. Download and read:
 - APA Ethical Principles of Psychologists and Code of Conduct:
<https://www.apa.org/ethics/code>
 - APA Multicultural Guidelines:
<http://www.apa.org/pi/multiculturalguidelines.pdf>
 - The NC Psychology Practice Act:
<http://www.ncpsychologyboard.org/Office/PDFFiles/PRACACT.pdf>
 - APA Guidelines for Psychological Practice with Lesbian, Gay, and Bisexual Clients:
<http://www.apa.org/pi/lgbt/resources/guidelines>
2. Complete the online Human Subjects course (with HIPAA module) _____
<http://research.unc.edu/human-research-ethics/getting-started/training/>
 Also complete the HIPAA Training through the Environment, Health and Safety (EHS) website, as indicated by the Director of Clinic Operations & Training ***renew annually**
<https://apps.fo.unc.edu/ehs/training/hipaa/> _____
3. Sign the HIPAA Confidentiality and Security Agreement (Appendix J) & turn the signed agreement in to the Clinic Manager. _____
4. Enroll for 3 credits of PSYC 993 (Master’s thesis research) each semester, as well as the indicated courses for your cohort (see Appendix B). <https://connectcarolina.unc.edu> _____
5. As soon as possible after 12 months in NC, apply for state residency. See: _____
<https://gradschool.unc.edu/studentlife/resources/residency/> _____
6. Develop ideas for Master’s thesis; possibly propose Master’s thesis in 1st year _____

Second Year

1. Complete and submit a Curriculum Worksheet **annually** in the spring (see Appendix A) _____
2. Enroll for courses each semester through ConnectCarolina – see Appendix B for sequence of required courses for your cohort and year in the program. _____
3. Propose Master’s thesis by November 1. _____
4. Participate in the 2nd Year Practicum; begin record-keeping of clinical hours in Time2Track _____
5. If planning to teach your own course (i.e., as a TF), possibly in the third year, take the 1-credit PSYC 793 (“Laboratory in College Teaching” course). _____
6. Submit rankings for possible 3rd year practicum placements _____
7. Discuss with research advisor whether you will aim for an integrative dissertation and plan accordingly _____

Third Year

1. Complete and submit a Curriculum Worksheet **annually** in the spring (see Appendix A) _____
2. Enroll for courses each semester through ConnectCarolina – see Appendix B for sequence of required courses for your cohort and year in the program. _____
3. Participate in an Advanced Practicum & in Assessment Practicum _____
4. Complete Master’s thesis before the end of the academic year _____
5. Present your research (oral research presentation) in Clinical Lunch before the end of the academic year (ideally) _____
6. Complete Comps this year (or in the summer after this year) or in 4th year _____
7. Submit rankings for possible 4th year practicum placements _____
8. May serve as a TF (if assigned), if desired and have taken PSYC 793 and been an IA _____

Fourth Year

1. Complete and submit a Curriculum Worksheet **annually** in the spring (see Appendix A)
2. Enroll for courses each semester through ConnectCarolina – see Appendix B for sequence of required courses for your cohort and year in the program. All students would enroll for 3 credits of PSYC 994 (Dissertation research) each semester after having defended their Master’s thesis.
3. Participate in an Advanced Practicum & (if child track) in Assessment Practicum
4. Complete Comps if not completed in 3rd year
5. Present your research (oral research presentation) in Clinical Lunch if not completed in 3rd year (must be done before leaving for internship)
6. Develop dissertation plans – if you want to apply for internship, propose dissertation by October 1st
7. Apply for internship if you plan for 4 years of pre-internship graduate training
8. If you will seek practicum training next year, submit rankings for possible 5th year practicum placements

Fifth Year+

1. Complete and submit a Curriculum Worksheet **annually** in the spring (see Appendix A)
2. Enroll for courses each semester through ConnectCarolina – see Appendix B for sequence of required courses for your cohort and year in the program.
3. Participate in an Advanced Practicum, if desired
4. Propose dissertation by October 1st
5. Apply for internship
6. Defend dissertation before leaving for internship

Summary of Research Milestones

<i>Activity</i>	<i>Deadline</i>
I. Master’s Thesis Proposal	2 nd year, November 1
II. Master’s Thesis Defense	3 rd year, end of 2 nd semester
III. Oral Research Presentation	Expected 3 rd year
IV. Comps	Before submitting Dissertation Proposal & no later than Feb 1 of the academic year before you apply for internship; recommended to occur within 1 year of Master’s Thesis Defense
V. Dissertation Proposal	October 1, before applying for internship
VI. Dissertation Defense	Strongly recommended occurring before internship

Notes:

Students are considered full-time (which is relevant for receipt of benefits & tuition remission) as long as they are enrolled for a minimum of 3 hours of either Psychology 993 (Master’s Thesis) or Psychology 994 (Doctoral Dissertation).

Students are encouraged to complete their pre-internship graduate training in 5 years; this is the typical number of years for students in our program.

Students who choose to complete the program in 4 years would need to make sure they are hitting the research milestones early (in some cases), may want to start early on taking DSK courses, and must

be able to propose their dissertation by October 1st of their 4th year. Students planning to complete the program in 4 years should also make sure they hit the 550 direct service hours by November 1st of the year they apply to internship (i.e., their 4th year).

Students staying in a 6th year, which is the year they apply for internship, are encouraged to work closely with their research advisor to make sure that dissertation requirements are met, including proposing by October 1st. Although students are guaranteed funding for 5 years of doctoral training when in good standing, funding cannot be guaranteed beyond 5 years.

Appendix L. Options for Locating an Affordable Therapist in the Area

Graduate school can be a challenging time personally and financially. If a graduate student is interested in psychotherapy, finding a therapist who is in-network with your insurance company usually results in the most affordable rate. Below is information on in-network costs and two approaches for locating affordable mental health care in the Chapel Hill area:

Cost of In-Network Psychologist:

Your health insurance card should have information about your deductible for medical care; mental health costs are included in this deductible. (If this information is not on your card, call the number on your card for more information.) Note that the deductible refers to what you need to spend out of pocket (for medical and/or mental health care each year) before benefits kick in.

After that initial amount is spent, **mental health care is covered at 80% of the cost of an “allowed amount” per session**, and you must cover the remaining 20%. The in-network psychologist will file insurance and be directly reimbursed for the covered amount; you are just responsible for the copayment (no insurance filing).

Finding a psychologist using Counseling & Psychological Services (CAPS) resources:

Students in our clinical psychology programs are in a bit of a unique position when it comes to obtaining affordable mental health care for themselves, as some commonly used referral resources are less available to us due to conflict of interest with practicum opportunities. For example, because UNC Counseling and Psychological Services (CAPS) is a popular practicum site, it typically is not a good option for our doctoral students since you may be speaking with future clinical supervisors or your peers may be doing a placement there. However, CAPS maintains a detailed and extensive referral database that is kept up to date with information about specialties and insurance status of therapists in the community. Students can send an email to CAPSreferrals@unc.edu and include their insurance and any provider preferences – for example, “female providers who are in-network for the student health insurance, who are on a bus line, and who specialize in anxiety and trauma treatment.” You should receive an email response within one week with a list of names and contact information. Be sure to request an “in-network psychologist,” since this will be important in terms of cost to you. Students can alternatively set up a referral coordination visit – more information about this can be found here: <https://caps.unc.edu/services/referral-coordination>.

Using the CAPS referral system in one of the two manners described above will generally be the easiest approach to get connected with a psychologist. You can also call CAPS to set up an appointment with a referral specialist.

Finding an in-network Blue Cross provider on your own:

To find an in-network provider on your own, start with this link:

<https://www.bluecrossnc.com/find-a-doctor-or-facility>

- Under “Find a Doctor or Facility” select “Individuals, Families & Groups”
- From the drop-down menu under “Choose a plan to search,” select “Blue Options” and then “Submit”
- Select “Find a Doctor or Facility”
- In the search box for “Names, Facilities, and Specialty,” type in “Psychologist” – this will generate a list of names
- You can then set several search parameters (e.g., distance, accepting new patients)

This approach will provide you with a list of psychologists in the area who are in-network. However, there won't be much more information other than a name and phone number for each psychologist. The list does not provide information about specialties (e.g., anxiety disorders, couples therapy, etc.) or theoretical orientation, but you can search up the names of the psychologist or facilities online to see if they have websites that provide additional detail to help you decide whether they would be a good match for you.

You can also get assistance in finding a psychologist from the **NCPA referral service**: <https://www.ncpsychology.org/using-the-find-a-psychologist-directory> or from [Psychology Today's listing of therapists in North Carolina](#).

Note that, unless you find an out-of-network provider who is willing to offer you a reduced rate, they will likely be MUCH more expensive to see than an in-network provider.

Here are some informal in-network recommendations we have received – however, this list is not necessarily the most updated, and there are no guarantees that these providers are accepting new patients.

Amy E Schmitz-Sciborski, PhD

1201 Raleigh Rd, Ste 202, Chapel Hill, NC 27517

Michael G Ryan, PhD

1506 E Franklin St, Ste 202, Chapel Hill, NC 27514

Denise E Saunders, PhD

180 Providence Rd, Ste 2, Chapel Hill, NC 27514

Daniel J Darnell, PhD

1506 E Franklin St, Ste 202, Chapel Hill, NC 27514

Glen A Martin, PhD

1829 E Franklin St, Ste 800F, Chapel Hill, NC 27514

Tonya D Armstrong, PhD

The Armstrong Center For Hope - 5315 Highgate Dr, Ste 102, Durham, NC 27713

Elaine O Burgwyn-Bailes, PhD

1502 W NC Highway 54, Ste 603, Durham, NC 27707

Perrienne Davis, PsyD

6011 Fayetteville Rd, Ste 204, Durham, NC 27713

In addition, the UNC School of Medicine offers Adult Outpatient Services at a reduced cost. Find the information here: <https://www.med.unc.edu/psych/patient-care/adult/outpatient>

Appendix M. Graduation Guide

If you are currently in your final semester before leaving for your predoctoral internship, refer to the guide below to ensure that you will be eligible to graduate with your Ph.D. degree following the completion of your internship. Since our program functions quite differently than the other graduate programs in Arts & Sciences and even within the Department of Psychology and Neuroscience, there are many extra steps you will need to take prior to, during, and following your internship to guarantee your eligibility to graduate at the earliest time possible.

What do I need to do before I leave for internship?

TASK	DONE?		
Meet with Student Services Manager to ensure you have completed all necessary coursework for the Department and for Arts & Sciences	YES	NO	
Complete final Curriculum Worksheet and meet with Program Director to discuss	YES	NO	
Note about Health Insurance Coverage: Your health insurance coverage will end on July 31st during the summer that you leave for internship, regardless of the status of your dissertation, so plan accordingly. Unfortunately, there is currently no way to request an extension of your health insurance. For options for coverage to avoid a gap in your health insurance, check with the Student Services Manager for guidance. It is best to start exploring options a few months before your coverage from UNC-CH will end. If you have an internship start date in the month of June or July 1 st and your internship provides health insurance coverage, let the Student Services Manager know so that UNC health insurance can be terminated before July 31 st . This is so insurance does not overlap.	YES	NO	n/a

Have you defended your dissertation before going on internship?

YES, I defended prior to going on internship...

TASK	DONE?		
Complete the Affiliate Application Form. Since you will not be taking any more courses at UNC (i.e., don't register for the fall) and are therefore no longer considered an official on-campus UNC student, you will need to complete paperwork to maintain your "affiliation" with the University (i.e., your UNC email and onyen), at least until the end of your internship. You can download the form from the Clinical Psychology Program Resources page: https://clinicalpsych.unc.edu/program-resources/ or ask the HR specialist. In the form, select "Research Collaborator" as the affiliate type. For questions filling out the form, ask the Director of the Clinical Program or the Clinical Program Coordinator. The completed form needs to go to the HR Specialist for processing.	YES	NO	
If you will have a coverage gap between your health insurance that was provided by the University and the health insurance provided by your internship site you can contact Blue Cross Blue Shield (BCBS) and purchase an abbreviated bridge plan to cover the gap. Make the BCBS representative aware that you have a qualifying life event (loss of job and health insurance) which makes you eligible for this coverage.	YES	NO	n/a
IMPORTANT: If you have taken out any student loans and are defending your dissertation prior to internship, these loans will start to be due following your defense.	n/a		

NO, I didn't defend prior to going on internship, but I'm defending during the Fall semester...

TASK	DONE?	
Register for PSYC 994 for the upcoming Fall semester. NOTE: The student is financially responsible for any tuition costs and student fees during registered semesters while on internship. NOTE: Even though you may no longer reside in North Carolina while on internship, there is a 12-month "grace period" following your last semester in the program (before leaving for internship) during which you can still receive in-state tuition. Therefore, you will still be eligible for in-state tuition during the semester that you defend even if your internship is out-of-state.	YES	NO
After the dissertation defense date is finalized, email the Clinical Program Coordinator this date, the final title of your dissertation, and a list of all dissertation committee members. The Program Coordinator will email the committee members a memorandum with information regarding dissertation evaluation policies.	YES	NO
After the Defense: Complete the Affiliate Application Form. Since you will not be taking any more courses at UNC and are therefore no longer considered an official on-campus UNC student, you will need to complete paperwork to maintain your "affiliation" with the University (i.e., your UNC email and onyen), at least until the end of your internship. You can download the form from the Clinical Psychology Program Resources page: https://clinicalpsych.unc.edu/program-resources/ or ask the HR specialist. In the form, select "Research Collaborator" as the affiliate type. For questions filling out the form, ask the Director of the Clinical Program or the Clinical Program Coordinator. The completed form needs to go to the HR Specialist for processing.	YES	NO
After the Defense: Follow steps #9-11 in the "Steps and Timing Related to the Dissertation" section of the handbook in terms of paperwork/forms. In terms of submitting the approved dissertation to the Graduate School, see the instructions in the "Submission of the Dissertation" section. You won't submit your final dissertation online until the end/near the end of your internship and by the deadline listed here: http://gradschool.unc.edu/academics/resources/graddeadlines.html . Usually, students submit their final dissertation online at the time they are applying for graduation (i.e., typically, right after you've completed your internship).	YES	NO

NO, I didn't defend prior to going on internship, but I'm defending during the Spring semester...

TASK	DONE?	
Complete the Affiliate Application Form. Since you will not be taking any courses at UNC in the fall semester and are therefore no longer considered an official on-campus UNC student, you will need to complete paperwork to maintain your "affiliation" with the University (i.e., your UNC email and onyen), at least until the end of your internship. You can download the form from the Clinical Psychology Program Resources page: https://clinicalpsych.unc.edu/program-resources/ or ask the HR specialist. In the form, select "Research Collaborator" as the affiliate type. For questions filling out the form, ask the Director of the Clinical Program or the Clinical Program Coordinator. The completed form needs to go to the HR Specialist for processing.	YES	NO
Since you are not registered for any credits during the fall semester (you only need to register for the semester you will defend), you must complete an "Application for Readmission" form and submit it to the Graduate School by December 1st : http://gradschool.unc.edu/pdf/readmission.pdf	YES	NO
Register for PSYC 994 for the upcoming Spring semester. NOTE: The student is financially responsible for any tuition costs and student fees during registered semesters while on internship. NOTE: Even though you may no longer reside in North Carolina while on internship, there is a 12-month "grace period" following your last semester in the program (before leaving for internship) during which you can still receive in-state tuition. Therefore, you will still be eligible for in-state tuition during the semester that you defend even if your internship is out-of-state.	YES	NO
After the dissertation defense date is finalized, email the Clinical Program Coordinator this date, the final title of your dissertation, and a list of all dissertation committee members. The Program Coordinator will email the committee members a memorandum with information regarding dissertation evaluation policies.	YES	NO
After the Defense: Follow steps #9-11 in the "Steps and Timing Related to the Dissertation" section of the handbook in terms of paperwork/forms. In terms of submitting the approved dissertation to the Graduate School, see the instructions in the "Submission of the Dissertation" section. You won't submit your final dissertation online until the end/near the end of your internship and by the deadline listed here: http://gradschool.unc.edu/academics/resources/graddeadlines.html . Usually, students submit their final dissertation online at the time they are applying for graduation (i.e., typically, right after you've completed your internship).	YES	NO

What do I need to do while I am on internship? (typically during the summer that internship ends)

TASK	DONE?
<p>Apply for graduation in Connect Carolina by going to the “Academic” tab in your Student Center. From there choose “Apply for Graduation” in the drop-down box and follow the instructions. If you cannot access ConnectCarolina to apply to graduate (likely if you defended before internship), contact Chris Harris in the Graduate School for their assistance in processing a manual graduation application through the Registrar’s Office. Contact the Student Services Manager if you have any other questions about how to apply for graduation.</p> <p>The exact deadlines for applying for graduation for each semester are listed here: http://gradschool.unc.edu/academics/resources/graddeadlines.html. Approximate graduation application deadlines for each semester are below:</p> <ul style="list-style-type: none"> • May Graduation Application Deadline: around mid-February • August Graduation Application Deadline: around mid-late July • December Graduation Application Deadline: around late September <p>NOTE: If you have defended your dissertation and your internship ends on or <u>before</u> the August degree conferral/award date (i.e., the date of the August graduation ceremony), you will apply for August graduation and your transcript will indicate an August graduation date. If your internship ends <u>after</u> the August degree conferral/award date, you will apply for December graduation and your transcript will indicate a December graduation date.</p>	<p>YES NO</p>
<p>When internship has ended, request that the internship site email or mail the UNC Clinical Program Director and Program Coordinator a <u>signed</u> letter providing confirmation of the student’s completion of internship and including the date the internship was completed. This “internship completion letter” <u>cannot</u> be forward-dated or written in future tense about expected completion of internship. It has to be signed and sent AFTER the last day of internship.</p> <p>NOTE: Once the Program Director has received your internship completion letter, they or the Program Coordinator will forward it to the Student Services Manager who will then complete the “Program Certification of Degree Requirements” form on your behalf, including obtaining the signature of the Director of Graduate Studies, and will send this to the Graduate School. After the Graduate School has reviewed this paperwork and confirmed that you have submitted your final dissertation <u>and</u> applied for graduation, you will be “approved” for graduation.</p>	<p>YES NO</p>

What if I want “early clearance” for graduation?

While you will not receive your diploma until the official graduation date, you can obtain a “Proof of Awarded Degree” letter from the UNC Registrar indicating that you have completed all requirements for your Ph.D. in Psychology. Many postdoctoral positions and state licensing agencies request this type of documentation.

NOTE: If you do not need a “Proof of Awarded Degree” letter, skip to the Commencement/Hooding Ceremony section below.

TASK(S)	DONE?
<p>Once you have been approved for graduation, submit a request online for a “Proof of Awarded Degree” letter from the UNC Registrar’s Office: http://registrar.unc.edu/academic-services/diplomas/proof-of-awarded-degree/</p>	<p>YES NO</p>
<p>Follow-up with the organization needing this “Proof of Awarded Degree” letter (i.e., post-doctoral institution, state licensing board, etc.) to ensure that they received the letter.</p>	<p>YES NO</p>

Commencement/Hooding Ceremony

Now that you have completed all of the graduation requirements outlined above, you are eligible not only to receive your degree, but also to attend the graduation commencement/hooding ceremony. Unfortunately, there is not a formal commencement/hooding ceremony in August, when most of you all will receive your degrees. There are only ones held in May and December. While it is not required to attend either one, many program alumni/ae do choose to return to UNC for the commencement/hooding ceremony in May. If you do decide to “walk” during either the December or May commencement/hooding ceremony, please complete the following steps.

NOTE: The December commencement/hooding ceremony tends to be quite small, so most alumni/ae wait until the May event to walk.

DECEMBER

Are you attending the December or May Commencement/Hooding Ceremony?

MAY

TASK(S)	DONE?	
You will not need to formally RSVP for the December commencement. You may “walk” as long as you have applied for and are approved for the August <u>or</u> December graduation. NOTE: The names of graduates are not announced during the December ceremony. However, the Dean of Arts & Sciences will individually recognize all doctoral candidates as they walk across the stage.	YES	NO
Purchase your cap and gown at the UNC Student Stores or online through the Student Stores (deadline for ordering usually in November) – go to this link for more information: https://gradschool.unc.edu/events/hooding/#gowns	YES	NO
Let the Program Director and the Program Coordinator know that you will be attending the December commencement, so that they can inform current students and faculty who may be interested in attending.	YES	NO
Other Important Notes: <ul style="list-style-type: none"> • The Commencement/Hooding ceremony takes place in the Dean E. Smith Center on UNC’s campus • All guests are welcome to attend. No tickets are necessary for guests to attend and there is no restriction on the number of guests invited per graduate student. • For much more detailed information about the ceremony, directions to the Smith Center, parking, FAQs, etc., visit http://gradschool.unc.edu/events/ and click on “Winter Commencement Ceremony” under “Upcoming Events.” 	YES	NO

TASK(S)	DONE?	
In March, during the Spring semester <u>following</u> your official graduation from the Clinical program, you will receive an electronic invitation from the Graduate School to the May ceremony. Be sure to RSVP by the deadline posted within that email. NOTE: By RSVPing to the May ceremony, your name will be announced as you walk across the stage.	YES	NO
Purchase your cap and gown at the UNC Student Stores or online through the Student Stores (deadline for ordering usually in March) – go to this link for more information: https://gradschool.unc.edu/events/hooding/#gowns	YES	NO
Let the Program Director and the Program Coordinator know that you will be attending the May commencement, so that they can inform current students and faculty who may be interested in attending – also, stay tuned for an email about an informal brunch for you and your guests after the ceremony.	YES	NO
Other Important Notes: <ul style="list-style-type: none"> • The Commencement/Hooding Ceremony takes place in the Dean E. Smith Center on UNC’s campus • All guests are welcome to attend. No tickets are necessary for guests to attend and there is no restriction on the number of guests invited per graduate student. • For much more detailed information about the ceremony, directions to the Smith Center, parking, FAQs, etc., visit http://gradschool.unc.edu/events/ and click on “Doctoral Hooding Ceremony” under “Upcoming Events.” 	YES	NO

Appendix N. Competency Remediation Plan Template

Date of Competency Remediation Plan Meeting:

Name of Trainee:

Primary Supervisor/Advisor:

Names of All Persons Present at the Meeting:

All Additional Pertinent Supervisors/Faculty:

Date for Follow-up Meeting(s):

Circle all competency domains in which the trainee's performance does not meet the benchmark:

Foundational Competencies: Professionalism, Reflective Practice/Self-Assessment/Self-care, Scientific Knowledge and Methods, Relationships, Individual and Cultural Diversity, Ethical Legal Standards and Policy, Interdisciplinary Systems

Functional Competencies: Assessment, Intervention, Consultation, Research/evaluation, Supervision, Teaching, Management-Administration, Advocacy

Description of the problem(s) in each competency domain circled above:

Date(s) the problem(s) was brought to the trainee's attention and by whom:

Steps already taken by the trainee to rectify the problem(s) that was identified:

Steps already taken by the supervisor(s)/faculty to address the problem(s):

Competency Remediation Plan

<u>Competency Domain/ Essential Components</u>	<u>Problem Behaviors</u>	<u>Expectations for Acceptable Performance</u>	<u>Trainee's Responsibilities/ Actions</u>	<u>Supervisors'/ Faculty Responsibilities/ Actions</u>	<u>Timeframe for Acceptable Performance</u>	<u>Assessment Methods</u>	<u>Dates of Evaluation</u>	<u>Consequences for Unsuccessful Remediation</u>

I, _____, have reviewed the above competency remediation plan with my primary supervisor/advisor, any additional supervisors/faculty, and the director of training. My signature below indicates that I fully understand the above. I agree/disagree with the above decision (please circle one). My comments, if any, are below (*PLEASE NOTE: If trainee disagrees, comments, including a detailed description of the trainee's rationale for disagreement, are REQUIRED*).

_____	_____	_____	_____
Trainee Name	Date	Training Director	Date

Trainee's comments (Feel free to use additional pages):

All supervisors/ faculty with responsibilities or actions described in the above competency remediation plan agree to participate in the plan as outlined above. Please sign and date below to indicate your agreement with the plan.

Competency Remediation Plan Continued

SUMMATIVE EVALUATION OF COMPETENCY REMEDIATION PLAN

Follow-up Meeting(s):

Date (s):

In Attendance:

<u>Competency Domain/ Essential Components</u>	<u>Expectations for Acceptable Performance</u>	<u>Outcomes Related to Expected Benchmarks (met, partially met, not met)</u>	<u>Next Steps (e.g., remediation concluded, remediation continued and plan modified, next stage in Due Process Procedures)</u>	<u>Next Evaluation Date (if needed)</u>

I, _____, have reviewed the above summative evaluation of my competency remediation plan with my primary supervisor(s)/faculty, any additional supervisors/faculty, and the director of training. My signature below indicates that I fully understand the above. I agree/disagree with the

above outcome assessments and next steps (please circle one). My comments, if any, are below. *(PLEASE NOTE: If trainee disagrees with the outcomes and next steps, comments, including a detailed description of the trainee's rationale for disagreement, are REQUIRED).*

Trainee Date

Training Director Date

Trainee's comments (Feel free to use additional pages):

Please file this completed form with the Director of Clinical Training