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PREFACE

The purpose of these guidelines is to give concrete information about the Ph.D. Program in Clinical Psychology at Indiana University - Purdue University Indianapolis (IUPUI). They apply to all students admitted on or after the date on the title page of this document. Students are also responsible for compliance with Purdue Graduate School policies and procedures, as indicated in the Purdue University Graduate School Policies and Procedures Manual for Administering Graduate Student Programs. Although every effort is taken to ensure the material in this document is complete, accurate, current, and consistent with all other university policies, Purdue Graduate School and Departmental policies take precedence over any information provided in this document.

1. DEFINITION OF CLINICAL PSYCHOLOGY

Background and philosophy of the program. Over time, the domain of clinical psychology has greatly expanded. During the 1950s and through the late 1960s, clinical psychology adopted a narrow definition of its scope. In the 1950s, clinical psychologists typically worked in state psychiatric hospitals and the VA medical system, or taught at a university. The majority of clinical positions were located in inpatient psychiatric settings; opportunities for outpatient practice were very limited, except for the school system. With the advent of community mental health centers in the 1960s, psychologists became actively involved in outpatient mental health care, but their role was often restricted to traditional psychological testing. The populations they served were mainly individuals with emotional difficulties. Their therapeutic orientation was psychodynamic, the prevailing theoretical mode of their psychiatric colleagues.

In the 1970s, the purview of clinical psychology expanded to include aspects of health care, not just mental health, and APA-accredited doctoral training programs began to offer courses in health psychology. Health psychology practice differed considerably from traditional clinical psychology. It was primarily problem-focused and relied on empirically based behavioral and social psychological research for treatment planning and intervention. More recently, clinical psychology has expanded to encompass a broad range of psychological issues under health care, and these have included health promotion as well as rehabilitation. Across all health care psychology disciplines, the common linking factor has been a strong allegiance to the scientific method.

The IUPUI Ph.D. Program in Clinical Psychology (which will be referred to as the CP Program in this document) was designed to integrate the assessment and intervention strategies of empirically based clinical psychology with rehabilitation/community psychology's emphasis on optimizing the adaptation of persons with psychiatric conditions and health psychology's emphasis on understanding factors impacting the prevention, development, treatment and maintenance of health and mental health conditions. As researchers, we study behaviors, experiences, and attitudes of persons with disabilities and illness, develop and assess theoretical models that attempt to understand how behavior, health, and illness interact, and develop and evaluate treatment approaches. As practitioners, we assess individuals and their environments,
plan and implement interventions, and monitor the success of this work. The program emphasizes the acquisition of the methods, theories, and knowledge of behavioral science along with the practitioner skills of clinical psychology. As a program, we tend to focus on two areas within clinical psychology, psychiatric services and health psychology (see Appendix 18 for more detail about health psychology). Within both areas there is a strong emphasis on research. The range of populations subsumed is broad and includes such populations as persons with severe and persistent mental illness, chronic heart disease, chronic pain, cancer and addictions.

Clinical psychologists specializing in health psychology and psychiatric rehabilitation practice in a variety of health care settings, such as rehabilitation centers, hospitals, medical schools, community mental health centers, vocational training programs, and psychosocial rehabilitation agencies. In addition, services that previously had been institutionally-based (e.g., psychological services for persons with severe mental illness and/or with developmental disabilities) have now become "deinstitutionalized." Clinical psychologists in these settings either supervise or are directly involved in enhancing these individuals' skills related to employment and independent living, and in altering environments that pose obstacles to successful integration into the community.

The Clinical Psychology Ph. D. program at IUPUI subscribes to a clinical science model of clinical training. As such, students seeking strong research training, in conjunction with empirically based practicum experiences, would be the most desirable students for the program.

The IUPUI CP Program fills an important niche. Traditional training in clinical psychology and allied health sciences has not focused on how to help individuals manage chronic physical or mental health problems. Yet much of our current health care problems are chronic in nature and necessitate a modified framework for addressing these ever-growing needs. Chronic health problems are accelerating with the aging of our population. Advances in medical technology have conquered many of the acute disease processes without a concomitant elimination of chronic illnesses and health care problems. We are also cognizant of the changes in the health care systems in the United States, which are increasingly interested in costs and outcomes of services as prime considerations. As a faculty, we are philosophically committed to teaching students methods that are effective and cost-effective. This philosophy includes a commitment to conducting research to evaluate the effectiveness and cost-effectiveness of clinical approaches.

2. ORGANIZATIONAL STRUCTURE

History and institutional context. The CP Program is directed by a group of core program faculty in the Department of Psychology at IUPUI. All operational and instructional decisions are made by the core program faculty, with major curriculum revisions (e.g., changes in Ph.D. course requirements) approved by the full faculty in the Department of Psychology. Organizational, the Department of Psychology is part of the Purdue School of Science at Indianapolis, with administrative control for graduate programs ultimately residing with the Purdue Graduate School in West Lafayette, IN.
The CP Program was approved by the Indiana Commission for Higher Education in 1982 and achieved full autonomous status (equivalent to any other graduate program in the Purdue system) in 1991. The CP Program is recognized as a clinical psychology program by the National Register and is listed in their official publication. In addition, the CP Program is fully accredited by APA as a clinical psychology training program (Commission on Accreditation, 750 First St, NE, Washington, D.C., 20002, 202-336-5979).

CP faculty make recommendations for student admissions, student funding, and for approval of each stage of the student's Ph.D. program of studies (i.e., plan of study, masters thesis, preliminary examination, admission to candidacy, doctoral dissertation, and awarding of Ph.D. degree). The Dean of the Purdue Graduate School has the responsibility for formal approval, which is true for all doctoral programs in the Purdue system.

Core CP faculty are responsible for all curriculum decisions, recruitment and selection of students and clinical psychology faculty, monitoring of student progress, mentoring of students, identification and coordination of practicum and internship experiences, and all other program activities. These decisions are made in the context of other graduate psychology programs (i.e., the Ph.D. program in Addiction Neuroscience, and the M.S. program in Industrial/Organizational Psychology) within the Department of Psychology. The Director of Psychology Graduate Training and the Department Chair are consulted on these decisions as they have an impact on other programs. The executive committee within the Psychology Department advises the Department Chair on major administrative decisions. Membership on this committee includes representatives from each of the three graduate areas (including the CP Program).

The Director of the CP Program is appointed by the Chair of the Department of Psychology. Other faculty members within the Department of Psychology and faculty members from other University departments may be invited to join the CP committee on the conditions that 1) they are qualified, and 2) they agree to make a substantive contribution to the program. Before an invitation is extended, the qualifications of the proposed member are discussed and voted on by the CP Committee. All members, regardless of primary departmental affiliation, have full voting rights within the CP Committee.

Individuals eligible for status as core CP faculty must be full-time faculty in the IUPUI Department of Psychology and meet the following three requirements: 1) doctorate in psychology, 2) published pertinent articles in refereed journals (except in the case of the Assistant Director, who also coordinates practica), and 3) expertise in a recognized area of clinical or health psychology. Core faculty must also be eligible to supervise dissertation research (or, for recently-appointed faculty members, be in the process of qualifying for that role).

The CP Committee consists of all core and supporting faculty members. This committee is responsible for the administration of the CP program. Adjunct faculty members affiliated with the program are also invited to participate on this committee's
work, although, as a general rule, their full-time commitment to their professional position outside the university precludes active involvement. The CP Committee, however, actively consults with adjunct faculty members when their expertise may contribute to some task. For example, ad hoc Search and Screen Committees to hire new faculty members have invited adjuncts to serve as a regular member of those committees.

A student representative, elected by students actively enrolled in the doctoral program, is invited to attend open meetings of the CP Committee as a nonvoting member in order to provide the students’ perspective. The student representative will be excused from discussions of specific student performance. The student representative is expected to serve no more than one year.

IUPUI uses "responsibility-centered budgeting" as the decision-making mechanism for allocation of funds. The School of Science (in which Psychology is located) receives a budget each year, based on several factors, including total amount allocated to IUPUI by the state legislature, student enrollment, faculty salaries, research funding obtained, and so forth. The Dean of the School of Science, in turn, distributes funds to each of seven Departments within the School, based on similar factors. Since its inception in 1982, the Ph.D. program in Clinical Psychology has received strong support from the Department Chairs (Dan Landis, 1982; John Hazer, 1983-1991; John Kremer, 1992-1998; J. Gregor Fetterman, 1998-2008; Kathy Johnson, 2008-2011; Jane Williams, 2011-2012; Peggy Stockdale, 2012-present). This has meant tuition and stipend for all Ph.D. students in good standing during this entire period. The current chair is committed to providing continued funding at a similar level. The Department of Psychology has also supported the CP program by hiring new faculty, purchasing equipment and supplies, and teaching required core courses. The full faculty in the Department initially approved the development of the Ph.D. Program in Rehabilitation Psychology in 1982. The faculty has consistently supported substantial departmental expenditures at each point of the program’s evolution when formal approval was called for. Thus, the Department is the primary source of financial support for the Ph.D. program in Clinical psychology.

Current faculty. The Clinical Psychology faculty are listed in Appendix 1. The full-time faculty consists of 10 core faculty members (Cyders, Guare, Hirsh, McGrew, Minor, Mosher, Rand, Salyers, Stewart, & Zapolski). Michelle Salyers serves as the Director of the Clinical Psychology Program and John Guare serves as the Assistant Director of Clinical Training and also coordinates practicum placements. These faculty are responsible for administering the program, serving on students’ research committees, teaching courses, providing clinical supervision, providing supervision of students’ teaching, and serving as role models. Other qualified faculty members outside the CP Committee teach courses and serve on thesis and dissertation committees. In particular, the faculty members in the two other graduate areas (Industrial/Organizational Psychology and Addiction Neuroscience) are frequent contributors to the CP program (examples are listed in Appendix 2) as are the adjunct CP faculty (listed in Appendix 3). Not listed are other faculty members in other academic units within the
university (e.g., Nursing, Medicine) who may have roles in the training and supervision of students that have not yet been formally recognized in adjunct faculty status.

3. ADMISSION REQUIREMENTS

Procedures. Students will be admitted to the program only at the beginning of the Fall Semester. The CP program is designed for full-time students only. All admission materials for the Ph.D. program must be submitted by December 1. Admission material consists of: 1) a graduate school application that can be electronically submitted; 2) a full set of undergraduate and graduate transcripts; 3) three letters of recommendation; 4) verbal and quantitative GRE (Graduate Record Examination) scores; 5) Personal Statement; and 6) answers to the departmental questions. Additionally, international students must submit Test of English as a Foreign Language (TOEFL) scores.

Requirements for admission. The Clinical Psychology program at IUPUI subscribes to a clinical science model of clinical training. As such, students seeking strong research training, in conjunction with empirically based practicum experiences, would be the most desirable students for the program. Admission to the program is competitive and only under unusual circumstances will students be considered for admission who fail to meet these standards:

- An undergraduate and graduate grade point average of 3.2 or higher on a 4-point scale.
- A minimum composite GRE (Verbal & Quantitative) score of 1200 is preferred, corresponding roughly to a verbal score of 161 and quantitative score of 151. NOTE: GRE scores for applicants accepted for admission to the program during the past 8 years averaged 160 on the Verbal and 154 on the Quantitative subscales.
- Three favorable letters of recommendation.
- A personal statement displaying an interest in clinical psychology, especially in the areas of psychiatric rehabilitation or health psychology.
- Prior research experience is strongly recommended, but not required, for admission.

Undergraduate Prerequisites. Except in unusual circumstances, students admitted to the program are expected to complete at least 15 credit hours in psychology. Although there are no specific undergraduate course prerequisites for program entry, students without coursework in the following areas will likely be at a disadvantage when taking some of the required courses: (1) tests and measurement, (2) statistics, (3) human physiology or physiological psychology, and (4) abnormal psychology. Students without preparation in these areas may be asked by their instructors to complete some remedial activity prior to enrolling in the graduate course (e.g., reading an undergraduate text or taking an undergraduate course).

Completed applications received by the application deadline are reviewed by the Admissions Committee, consisting of the core CP faculty, in December. After the folders are reviewed individually by each faculty member, a meeting is scheduled in which an initial pool of candidates is selected. Candidate selections are made using the following criteria: research experience, GPA, strength of undergraduate education, GRE scores,
and letters of recommendation. The compatibility of student interests with those of the faculty and the program emphasis is also considered.

Candidates are then interviewed by faculty during a day-long onsite visit to the campus, usually scheduled in January or early February. Candidates also meet individually and as a group with current CP graduate students. Telephone interviews may be conducted if the applicant is unable to attend the interview day. The Department Graduate Coordinator is responsible for the logistics of planning the Interview Day, under the supervision of the Director of the CP Program.

Following the interviews, the CP Committee meets again to make final selections. The candidates are then rank-ordered with primary selections and alternates. Recommendations by the CP Committee are forwarded to the Director of Graduate Programs in Psychology and the Chairman of the Department for their concurrence. Those approved at this level are then contacted by telephone, with acceptance letters sent to the applicants. Simultaneously, the paperwork is forwarded to the Graduate School at IUPUI for final approval. Throughout our history, the Graduate School has concurred with all recommendations made by the IUPUI Department of Psychology.

Each year between five-to-eight Ph.D. applicants are recommended for admission by the CP Committee, with all the faculty committee members participating in the selection process. The exact number of acceptances is determined by a consideration of (1) qualifications of applicants; (2) capacity to provide quality training to all students; and (3) capacity to provide assistantships or other sources of support to all new and qualifying returning Ph.D. students (as defined in the next section). More qualified applicants apply to the CP program than can be admitted. Thus, recently, the first criterion has not been the limiting factor. The second criterion assumes a ratio of about 6 students to each core faculty. With 9 current core faculty who can mentor research, this means that the program maximum capacity is approximately 54 students. As a practical matter, the financial aid is currently the most salient limiting factor for Ph.D. admissions. Our current algorithm, taking into consideration fellowship, grant, and departmental support, is that, conservatively, 5 Ph.D. students can be funded for 4 years each.

The final selection of candidates is made shortly after the Interview Day from a list of rank-order applicants that would be admitted given available slots. Following American Psychological Association Guidelines, applicants must communicate whether they accept the offer for admission by April 15. The rank-order list of accepted applicants provides the next individual who will be offered acceptance into the program if an initial offer is rejected. Finally, the selections are sent to the Graduate School at West Lafayette for final approval.

**CUDCP policies governing the making and accepting of offers of admission.** The IUPUI CP program is a member of the Council of University Directors of Clinical Psychology Programs (CUDCP) and adheres to their guidelines concerning admissions. These guidelines are listed below.
1. The policies listed here should be sent to all students applying to CUDCP-member graduate programs (or other graduate programs that have adopted these guidelines). Whenever possible, undergraduate advisors for students seeking admission into graduate programs of clinical psychology should familiarize the students with these guidelines, emphasizing the importance of adhering to the guidelines for the benefit of other students.

2. To facilitate decision making for students, training programs should inform students as soon as possible that they have been excluded from consideration for admission.

3. A student can expect to receive offers of admission to programs over a considerable period of time. The timing of offers to students largely is determined by the University's review schedule, which is a strictly internal matter. Regardless of when the offer is made, students are not required to respond to the offer before the decision date of April 15 (or the first Monday after April 15, if April 15 falls on a weekend), except as specified in Section 6 below.
   a. Offers usually are made in writing prior to April 1st. Between April 1st and the decision date, universities may choose to facilitate the process by making offers to students over the phone or by email when a position comes up. These offers are official, but should be followed up by a written confirmation within 48 hours.
   b. Offers, once made, cannot be withdrawn by the university until after the decision date and then can be withdrawn only if the student fails to respond to the offer by the decision date.
   c. A program may make an offer after the April 15th decision date if it still has one or more open slots. Offers made after the decision date should clearly state how long the student has to decide on the offer. The student should be given sufficient time (at least a week) to visit a program before making a decision.

4. Offers with funding are treated like any other offer. There should be no stipulation by the University that the offer carries funding only if the student accepts by a specific date that precedes the decision date described above.

5. The Director of Clinical Training or the designated person in charge of graduate admissions should make every effort to inform students on the alternate list of their status as soon as possible.
   a. The procedure of designating all students who have not been offered immediate admissions as alternates is inappropriate. The University Training Program should have a procedure for identifying those students who clearly will not be offered admissions.
   b. A reasonable designation of the student’s position on the alternate list is encouraged, if applicable (e.g., high, middle, or low on the alternate list). If such a designation is used, the operational definition of "high on the alternate list" is that, in a normal year, the student would receive an offer of admission (but not necessarily funding) prior to the April 15 decision date.
   c. Once the class has been filled, students on the alternate list should be informed that they are no longer under consideration for admission. Students who were designated "high on the alternate list" should be informed by phone or email.

6. A student should not hold more than two offers for more than one week unless there is specific information (e.g. a visit is scheduled, funding decisions, advisor decisions) they are waiting to receive from the program. Difficulty making up one’s mind is not considered an adequate excuse to limit the options available to other applicants. Holding multiple offers ties up slots, preventing programs from making offers to other students. This is a complex principle operationalized in the points below.
   a. It is legitimate for students to want to visit a program, if they have not done so already, before making decisions among offers. Such visits should be scheduled as soon as practical after the offer of admission is received. If after a visit to a program the student decides that the program is rated lower than a program that the student has already been offered admission to, the student should inform the lower rank program that they will be declining their offer.
   b. Whenever possible, the student applicant should inform training programs by phone or email of a decision, following up within 24 hours with a written confirmation of that decision.
c. Once a student has accepted an offer of admission to a Graduate Training Program, the student should inform all programs in which they are currently under consideration that they are either declining outstanding offers of admission or no longer wish to be considered for admission. Students should contact by phone or email those programs that have offered them admission.

7. It is the responsibility of the Director of Clinical Training or the designated person in charge of graduate admissions to keep students informed of changes in their status. Ideally, the student should be informed immediately by phone or email. Offers of admission or offers of funding for students already offered admission should be made over the phone or email with a follow-up letter mailed within 24 hours.

8. The current policy statement of the Council of Graduate Departments of Psychology allows students to resign offers they previously accepted up to the April 15th decision date by submitting the resignation in writing (preferably by email immediately followed up by a letter). The purpose of this policy is to avoid pressure on students to accept offers before they have heard from other schools. Although withdrawing an acceptance is legitimate, it is not good form and is very strongly discouraged. A much better approach is to accept a position only if you intend to follow through on your commitment. Students have the right to hold offers as described above if a preferable offer is still possible. Except in very unusual situations (e.g. serious illness or major personal problems), a student who accepts an offer of admission is expected to start the graduate program the following fall. Upon request, programs may grant a deferral but they are not obligated to do so. Training lines are severely limited and failing to use a line once it has been offered prevents other qualified students from obtaining training.

4. FINANCIAL ASSISTANCE

The Department of Psychology has various forms of financial aid available to graduate students. Since its inception, the CP program has provided tuition remission and half-time assistantships during the academic semesters (that is, fall and spring semesters) to all Ph.D. students in good standing. Currently, we are able to provide assistance for at least four years for all doctoral students in good standing. Note, however, that provision of assistance is always conditional on university, school and departmental financial health.

Sources of financial assistance include University Fellowships, awarded to promising first-year students by a university committee. This one-year fellowship for Ph.D. students is currently an award in the amount of $22,500. In addition, the fellow is awarded a fund of $1000 for research expenses. These fellowships are very competitive; however, the CP Program has been fortunate to obtain one or two of these each year for the past several years.

A second fellowship is the Research Investment Fund (RIF) Fellowship, administered by the School of Science, and funded through the IUPUI Graduate Office. These fellowships are also competitive, and are used to support research activities (many students earn part of their support through a RIF fellowship and part of their support through a teaching assistantship). The RIF Fellowship may be awarded to newly admitted students or to outstanding students already in the program. In the case of both of these fellowships, the department is committed to provide assistantship support (from other sources) in subsequent years for students in good standing who receive these
awards upon admission. In past years, the Department of Psychology has always fulfilled this commitment for continued support.

Fellowship recipients generally do not have pre-assigned duties either in teaching or on a specific research project. However, all Fellowship recipients must engage in research and scholarship within the department. To this end, students are required to identify a mentor and research or scholarly activity that will fulfill this requirement. Thus, Fellowship recipients have the flexibility and freedom to seek out rewarding educational activities that meet their particular educational goals. The expectation is that these scholarly activities will approximate 20 hours per week. The freedom from pre-assigned activities, then, allows Fellowship recipients to be more self-directed.

Assistantships are a further source of support. Assistantships include research and teaching assistantships. Some efforts are made to match the interests of students with the assistantship duties, but departmental needs are primary. Assistantship support currently is $14,000 (AY: 2014-2015) for the main academic calendar (i.e., Fall and Spring Semesters) and will raise to $16,000 in AY 2015-2016. In return, students are expected to work 20 hours per week under the supervision of a faculty member. Summer support for a few graduate students is occasionally available. Most summer support comes through research grants and contracts funded within the Department of Psychology or within other units of the university.

Graduate student academic fee remission normally accompanies a research or teaching assistantship and a Fellowship. For any given semester, fee remission is limited to 12 credit hours or fewer. Fee remission covers tuition costs except for approximately $40-$50 per credit hour, which the student must pay. This is termed the ‘non-remittable’ portion of tuition. In addition, students may have to or wish to enroll for more than 12 hours of credit. In these instances students are responsible for tuition over the 12 hours. Students are also responsible for all technology and activity fees.

The source of funding for many research assistantships are grants and contracts awarded to faculty members (mostly psychology faculty, but faculty members with grants in other departments have also supported CP students). The principal investigator has the prerogative for hiring graduate students and for setting the conditions for employment, provided they are consistent with departmental guidelines. Research duties vary widely, but often involve collecting bibliographies, designing and conducting research, and conducting statistical analyses. The assistantships are intended to serve the dual purpose of training students as well as achieving the goals of the research or contract.

Teaching assistantships are awarded according to the guidelines developed by the Departmental Chair, with counsel from the CP Committee. Teaching duties vary widely depending upon assignments; they may include grading exams, meeting with students, preparing exams, and/or lecturing. Opportunities include independent teaching of the recitation sections of the introductory psychology course, or sections of other courses, including undergraduate courses in Developmental Psychology and Abnormal Psychology. The teaching load typically is 6 credits per semester (e.g., two 3-credit
sections of the same course; or one section and serving as your own teaching assistant). Students who are hired as instructors are encouraged to enroll in Seminar in Teaching Psychology, to be taught by designated psychology faculty during the summer months, or arrange for similar instructional experiences through the IUPUI Preparing Future Faculty program. There are other departmental assistantships that do not involve independent responsibility for teaching courses. These assistantships include the management of the student satisfaction evaluation system and assisting the teaching of laboratory courses. The job responsibilities for these assistantships are negotiated with the Department Chair, with counsel from the CP Committee. Students should consult their major advisor before considering a teaching assistantship.

The CP Committee meets with the Department Chair before and after the admissions process to attend to budgetary matters. The Chair provides the Committee with a budget from which the assignments must be made, recognizing that assistantship support must be subsidized beyond the amount that otherwise would be paid to part-time instructors (currently approximately $3000 to $4000 per course).

All students are required to attend the CP program on a full-time basis. Full-time student status includes enrolling in at least 9 credit hours of coursework and participating in other scholarly activities (e.g., attending research seminars). For students who have completed most of their course requirements, the 9-credit hour requirement will be waived with the approval of the student's major advisor. All Ph.D. students are also required to be involved continuously in research while they are enrolled in the program. Therefore, Ph.D. students enrolled in this program may not engage in competing activities, such as concurrent enrollment in another program (e.g., law school), regular employment (20 hours or more), or extensive volunteer work prior to admission to the Ph.D. candidacy. Occasionally, students may find that they have the time and the opportunity to engage in brief (e.g., two weeks) employment or volunteer work. Another exception is that students may engage in paid clinical work (assuming it is properly supervised), with permission of the CP Committee. However, prior to engaging in any of these outside activities, all students must obtain approval from the CP Committee. Failure to do so will jeopardize the student's standing in the program. Regular employment is permitted during summer periods.

Students are encouraged to aggressively seek outside funding. CP Committee members are also expected to join in this search. Funding may come from a variety of sources. These alternatives ordinarily should be similar in form and intent to departmental assistantships, contributing to the professional training of students, in areas such as research, teaching, and clinical work. Students should keep their major advisor fully informed and ordinarily should be under the direct supervision of a CP psychology faculty member (which include adjunct faculty). The student, the student's supervisor at IUPUI, and a representative from the funding source should sign a written contract describing the rights and responsibilities of this arrangement.

In addition to funding through the psychology department, past students have sought support through grants such as National Research Service Award (NRSAs) or F31 through the National Institutes of Health or the Predoctoral Fellowship through the
Training in Research for Behavioral Oncology and Cancer Control Program. Limited funding opportunities (e.g. Educational Enhancement Grant) may also be found through IUPUI’s Graduate Office website: http://www.iupui.edu/~gradoff/students/.

Students have the right to refuse all assistantship support from the department. However, past experience suggests that students who are not working closely with a faculty member find it more difficult to develop a professional identity. The assistantship role is not only a mechanism for financial assistance but also often serves an important function in role development.

5. PROGRAM OBJECTIVES

As noted earlier, our program subscribes to a clinical science model of clinical training. Accordingly, students seeking strong research training, in conjunction with empirically based practicum experiences, will be the best fit for the program. Graduates of this program will be qualified to assume positions as academicians, researchers, evaluators, trainers, executives, direct service planners, consultants and providers. The CP program embraces a series of 3 overarching goals and 7 subsidiary objectives for training at the Ph.D. level as outlined below. Upon graduating from the program, students will be able to demonstrate a high level of competence in each of these areas.

Goal 1: To produce graduates who are capable of making independent contributions to the scientific knowledge base of clinical psychology.

**Objective 1A:** Students will demonstrate knowledge in the breadth of scientific psychology, including historical perspectives of its foundations and development.

**Objective 1B:** Students will demonstrate knowledge in the theory, methodology, and data analysis skills related to psychological research.

**Objective 1C:** Students will demonstrate the ability to generate new scientific knowledge and theory related to the field of psychology.

Goal 2: To produce graduates who can competently integrate the science and practice of clinical psychology and can provide evidence-based services.

**Objective 2A:** Students will acquire knowledge and skills in the assessment of individual strengths and weaknesses, as well as the diagnosis of psychological problems and disorders.

**Objective 2B:** Students will acquire knowledge and skills in the conceptualization, design, implementation, delivery, supervision, consultation, and evaluation of empirically supported psychosocial interventions for psychological problems and disorders.

Goal 3: To produce graduates who demonstrate they can conduct themselves in culturally sensitive and ethical ways in the practice and science of clinical psychology.
Objective 3A: Students will demonstrate sensitivity, knowledge, and skills in regard to the role of human diversity in the research and practice of clinical psychology.

Objective 3B: Students will demonstrate a working knowledge of the APA ethical code and will demonstrate their ability to apply ethical principles in practical contexts.

6. IUPUI CLINICAL PSYCHOLOGY CURRICULUM GUIDELINES

Credit hour requirements consist of a minimum of 90 semester hours of graduate work, plus completion of any undergraduate prerequisites that may not have been completed prior to acceptance into the program. It is expected that the Ph.D. degree will take a minimum of 5 years of full-time, post-bachelor's work. This will include about 3 years of coursework, 1 year for the dissertation, and 1 year of internship. Students should consult with their major advisor when choosing optional courses. Although students may take additional electives, more research credit, or additional practicum, students are required to take a minimum number of credit hours in the following areas:

<table>
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<tr>
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<th>Credit Hours</th>
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<tbody>
<tr>
<td>Clinical Psychology Core</td>
<td>21</td>
</tr>
<tr>
<td>Statistics and Methods</td>
<td>12</td>
</tr>
<tr>
<td>Psychology Breadth</td>
<td>15</td>
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<tr>
<td>Emphasis area/Advanced Courses</td>
<td>6</td>
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<tr>
<td>Electives</td>
<td>9</td>
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<tr>
<td>Practica</td>
<td>12</td>
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<tr>
<td>Thesis</td>
<td>3</td>
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<tr>
<td>Dissertation</td>
<td>12</td>
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<tr>
<td>Internship (off campus)</td>
<td>1</td>
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<tr>
<td>Teaching instruction/experience</td>
<td>0-1</td>
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<tr>
<td>Clinical Peer Supervision</td>
<td>0</td>
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</tbody>
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Appendix 4 provides a checklist of coursework for the Ph.D. The required courses for the Ph.D. are as follows:

Clinical Psychology Core (21 credit hours):
- Psy I664: Clinical Assessment I
- Psy I669: Clinical Assessment II
- Psy I665: Clinical Intervention I
- Psy I666: Clinical Intervention II
- Psy I670: Ethical, Legal, & Cultural Issues in Psychology
- Psy I591: Psychopathology
- Psy I691: Proseminar in Clinical Psychology (3 credits distributed over 6 semesters)

Statistics and Methods (12 credit hours):
- Psy 600: Statistical Inference
- Psy 601: Correlation and Experimental Design
- Psy I643: Field Methods
One additional statistics/methods course, such as:
Psy 605 or Stat 52400: Applied Multivariate Analysis
Psy 608: Measurement Theory
Psy 611: Factor Analysis
Stat 53300: Nonparametric Statistics
Psy 590: Qualitative Methods in Psychology

Psychology Breadth (15 credit hours):

Biological aspects of behavior
Psy 615: Introduction to Physiological Psychology
Or
PSY 535: Clinical Neuroscience

Cognitive aspects of behavior
Psy 518: Memory and Cognition

Developmental aspects of behavior
Psy 1650: Life Span Development

Social and affective aspects of behavior
Psy 1640: Survey of Social Psychology

History and systems (also covered in other courses)
Psy 540: History of Psychology

Emphasis Area-Advanced Courses (At least 2 additional courses): Two courses must be chosen from the following list. Additional specialty courses that can fulfill this requirement may be offered as interest arises. In the past these have included family therapy in health psychology, and schizophrenia. The two additional courses may be chosen from this list, from other psychology course offerings not taken to fulfill other curriculum requirements (e.g., additional breadth courses), or from another discipline (with approval from major advisor). The specialty-advanced-course requirement is to be determined and approved by the student’s plan-of-study committee. Also see Appendix 18 for more information about Health Psychology Emphasis.

Psy 1614: Behavioral Medicine
Psy 1618: Interventions in Health Psychology
Psy 1613: Psychiatric Rehabilitation
Psy 646: Personality
Psy 590: Dialectical Behavioral Therapy
Psy 1675: Human Neuropsychology
Psy 535: Clinical Neuroscience

Courses without assigned faculty currently
Psy 1676: Principles of Clinical Neuropsychological Assessment (Inc. Lab 1677)
Electives: Students can choose as an elective any graduate course approved by the plan of study committee, including graduate courses taught in other departments. Additional practica and research credit, including independent study, also may count as electives. The list below includes only courses taught within the psychology department.

- Psy 1545: Psychopharmacology
- Psy 570: Industrial Psychology
- Psy 572: Organizational Psychology
- Psy 590: Drugs of Abuse/Addictive Behavior I
- Psy 622: Animal Learning
- Psy 624: Human Learning & Memory

Minor in Social Science Approaches to Health and Healing Systems (SAHS): Students may take electives from other departments either at IUPUI or IUB. For students interested in Health Psychology, the SAHS minor provides a list of courses that may be of interest (see URL below). With the approval of their plan of study committee, students also may formally apply to participate in the minor. The SAHS minor is a cross-departmental/school/campus program open to Ph.D. students at Indiana University (IUB and IUPUI campuses). It requires four courses (a minimum of 12 credit hours) from the approved list, including at least one of the following: S660 (Medical Sociology and Social Psychiatry, Part I or II, offered at IUB), SOC R515 (Sociology of Health and Illness, offered at IUPUI), or SOC R585 (Social Aspects of Mental Health and Mental Illness, offered at IUPUI). One of the courses included as part of the minor program may be from the student’s disciplinary major. The minor is administered by the Department of Sociology, IUB. Interested students should consult with the director of the minor to develop a course plan. For a complete description of the minor see the graduate school academic bulletin: http://www.iu.edu/~bulletin/iu/gradschool/2013-2014/

Courses from other departments. The CP program encourages faculty advisors and students to think broadly in formulating a plan of study that responds to the unique educational goals of each student. For example, the plan of study may, and often does, include courses from other departments. Currently, departmental policy is to pay for one course outside of the department/school. Accordingly, students should consult with their advisors and the Director of the CP Program when choosing to include multiple courses on their plan of study from outside of the department.

Research credits. Any student (whether on appointment or not) must be registered during each semester or summer session when doing research utilizing faculty direction or consultation and/or requiring the use of University facilities. Research includes literature reviews and thesis writing. A student’s research registration should be proportional to the amount of time devoted to research activities, with 18 semester hours representing the maximum registration per semester. It is important to keep in mind that under-registration for research is likely to result in the accumulation of insufficient resident study credits. (At least 90 credit hours are required for the Doctoral degree). Students must also be registered for any semester or summer session in which they plan to hold a preliminary or final examination.
Teaching experience. All doctoral students are expected to gain experience and instruction in teaching. This is certainly important for those who have academia as a goal, but also of importance for health- and research-focused students who will likely use teaching skills in staff development, psychoeducational therapeutic activities, providing instruction concerning research protocols, and the other educational activities of psychologists in applied settings. In the past, the department has offered a course on teaching during the summer (0 hour credit). The IUPUI Preparing Future Faculty Program also offers teaching workshops through the Center for Teaching and Learning that may fulfill the didactic portion of this requirement. In addition, faculty-mentored teaching of a university course can be arranged. The overall goal is to provide students formal education in teaching along with classroom experience. Classroom experience can range from several supervised lectures to complete course responsibility. These activities may be part of teaching assistantships or instructorships. Students must consult with their major advisor to determine the level of teaching experience that is of most benefit. The student’s plan of study committee will also give guidance on the appropriate level of teaching experience.

Course Sequence and Curriculum Philosophy. A sample course sequence for graduate work for the Ph.D. is attached in Appendix 5. It reflects the program philosophy of a movement from more general courses in the first year to specialization during the second year of coursework. All practica must be completed before beginning the internship. The above curriculum satisfies APA’s requirements regarding general psychology.

Scheduling of courses is dependent on student enrollment, which may modify the sequencing of courses for students. For this reason, subject to faculty teaching loads and availability, the Intervention and Assessment sequence may be offered on alternate years. Specialty courses are offered on the basis of both instructor availability and demand; typically they are offered on alternate years. Each general psychology core course is offered at least once every two years. Students are polled at the time of scheduling to determine scheduling needs. Reasonable accommodations are made to assure courses are offered in a timely fashion. Attached in Appendix 6 is a tentative course sequencing schedule outlining when upcoming courses will be offered. While this course sequencing schedule must necessarily be tentative due to sabbaticals, sick leaves, or changes in status, it provides a helpful planning tool for faculty and students.

Plans of study. Upon admission to the program, each student is assigned a liaison who serves as the academic advisor until the student selects an advisory committee. The chair of each advisory committee (generally the person directing the student’s research) will subsequently serve as the student’s academic advisor. Students are required to form their advisory MS thesis committee no later than May 15 of their first year in the program. Students will not be permitted to register for courses for Fall Semester (second year) until their plan of study has been approved.

Students are encouraged to discuss a tentative plan of study as soon after enrollment as possible. The Request for Ph.D. Degree Advisory Committee and Plan of Study
Approval forms for the Ph.D. are available through the Graduate Coordinator. The Graduate Coordinator assists students in the logistics of submitting forms. It is the student’s responsibility to complete all forms and obtain the necessary signatures. When forms are completed, they are submitted to the Graduate Coordinator.

Credit for prior graduate degree or coursework. As mentioned above, Purdue University requires a minimum of 90 credit hours of study for the doctorate degree. Students entering with prior graduate work may be eligible for course credit toward the 90 credit hours. For students who have a Masters’ degree in psychology, a maximum of 30 semester hours may be transferred in from another graduate program, although typically students are able to transfer in no more than 12 semester hours. Students with a Master’s degree in psychology may be allowed to reduce the minimum hours required for the doctoral degree to 60 credit hours. However, in this case, students may not also earn a Master’s degree in clinical psychology from Purdue University. In general, students with a Master’s degree will reduce their time in the program by one year. However, it is critical to note that the Doctoral Plan of Study still must adhere to our guidelines. If preparation is lacking in areas required by the program, the hours needed may exceed the 60 hour minimum. The procedure for determining if prior coursework provides sufficient coverage of required curricula is outlined below.

There are Purdue Graduate School limitations on using courses from other colleges; for degree requirements, see the Purdue University Graduate School Policies and Procedures Manual for Administering Graduate Student Programs. A student wishing to petition for receiving credit for previously completed graduate courses should first meet with his/her major advisor. For non-IUPUI courses, the student should bring a transcript and course syllabi to the meeting. Ordinarily, documentation for course equivalency will include a grade of B or better in a graduate-level course with appropriate course content as indicated by the course outline and reading list. Using this documentation, the student and advisor will collaboratively identify courses that may substitute for requirements in the curriculum. When appropriate, the advisor will contact the instructor of the corresponding course in the CP curriculum. As a usual rule, intervention and assessment courses are not waived, regardless of prior coursework (outside of IUPUI). In addition, no more than two specialty courses may be waived. The advisory committee makes recommendations to the Graduate School regarding the plan of study and course waivers. Final approval rests with the Graduate School.

The advisor is also responsible for monitoring the sequencing of courses in order to assure that the student completes his/her course requirements in the allotted time. Ordinarily students are expected to follow the prototypical course sequence, although some latitude is acceptable.

7. PRELIMINARY EXAMINATIONS

Introduction:

In the Preliminary Examination, doctoral students demonstrate evidence that they are prepared to advance to doctoral candidacy through the independent preparation of a
critical review of the literature that (a) is empirically-grounded and (b) serves to advance theory or knowledge. The examination also enables students to demonstrate their specialized knowledge of a particular research literature related to clinical psychology and the problems associated with it.

The writing of this review paper and its defense before a faculty committee assesses the student’s ability to (1) define and clarify a problem of a workable scope; (2) identify the relevant literatures, discriminating among more vs. less important contributions; (3) summarize previous investigations, presenting the appropriate level of empirical detail and discussing theoretical significance of the reviewed studies; and (4) synthesize, evaluate, or discover some contribution to new knowledge. This final outcome can take a variety of forms, including:

- A systematic evaluation of alternative theories to determine which theoretical position is sustained by the majority of evidence
- Proposing new theories and/or methodologies
- Revealing flaws in current theories and/or methodologies and suggesting means by which they might be eliminated
- Pointing out gaps in the knowledge base and arguing why and how these gaps should be filled
- Proposing new research that could address issues that emerge from the review.

The overarching objective is to achieve the type of paper that might be published in *Psychological Bulletin* or *Psychological Review*. Samples of papers published in these journals from the clinical psychology literature are excellent models for this work. The final paper should be of publishable quality, and students are strongly encouraged to submit it for publication.

**Preliminary Exam Proposal:**

*Proposal.* The proposal for the preliminary examination should be developed in consultation with the student’s faculty advisor, who should play a major role during the development stage. The proposal should include no more than 8 double-spaced pages (excluding title page, references, outline, and codebook), should stipulate the central thesis or question to be addressed, and should describe the literatures to be reviewed in relation to this thesis and the rationale for their inclusion. If there has already been a previous review of this literature, the student should specify what has happened since that time to justify the current review. Finally, the student should indicate what previous written work (if any) he or she has completed that is related to the central thesis. An outline of the major sections of the review paper should be provided, as well as a selective reference list. Proposals should be considered to be a work in progress that will likely be revised based on feedback from the committee.

*Committee Composition.* The Preliminary Exam Committee should be composed of at least three faculty members and must be chaired by the student’s advisor, who must be a core member of the Clinical Psychology program. At least one additional member
must also be a core member of the Clinical Psychology program, and one member can be a faculty member from outside of the program (e.g., faculty from other areas of psychology, faculty who hold appointments in other IUPUI schools or the IU School of Medicine, etc.). Committee membership must be approved by the Clinical Psychology Program.

*Procedures for Initiating Review of the Preliminary Exam Proposal.* After the student identifies potential committee members in consultation with his or her advisor, the proposed roster should be submitted to the Director of the CP Program for official program approval. After approval, the students should contact potential committee members to determine their willingness to serve. Should particular individuals decline, the student should modify the committee roster in consultation with the advisor and repeat this process until a committee has been finalized. A proposal meeting should then be scheduled, and the written proposal should be circulated electronically to committee members at least two weeks prior to the proposal meeting.

*The Proposal Meeting.* Proposal meetings should be scheduled for 90 minutes in a small conference room in the Psychology Department. Students should be prepared to present a brief overview of their proposal prior to responding to questions from the committee members. Committee action is either to approve the proposal, tentatively approve it providing revisions are made, or reject the proposal. The committee’s decisions are communicated in writing to the student and copied to the Director of the CP Program.

Some possible reasons for rejecting or requesting modifications of a topic are:

- The topic, as presented, has been treated recently in the literature or has been done for another recent qualifying examination.
- The student has already completed a review paper on this topic.
- The topic was covered in detail in a course taken by the student.
- The topic does not fall within the domain of clinical psychology (broadly defined).
- The topic is too broad or narrow (as presented, there is too much or too little relevant literature).
- The topic does not lend itself to a research review because its literature does not contain much systematic, planned research.

If revisions are requested by members of the committee, the student will have up to one month from the date of the proposal meeting to make the required changes and resubmit to committee members. Committee members may choose to respond to the changes electronically (within 2 weeks of receipt of the revised proposal), or the student’s advisor may convene a second meeting to evaluate the proposal. Should the revisions not be adequate, the student may have up to one additional month to respond to committee feedback. At this point, the committee must be reconvened for another (final) proposal defense. Proposals that remain unacceptable will be rejected, and the student must select an alternative topic and re-initiate the process.
**Preliminary Examination Paper:**

Once the proposal has been accepted by the committee, students should work **independently** on writing the paper. Conceptual discussions with the faculty advisor and with other students are encouraged, but written drafts of the paper must not be exchanged. Students should not discuss the paper or circulate drafts among other faculty members. Deviations from the original outline proposed that are based on a more comprehensive literature review are acceptable and should be discussed with the faculty advisor. The final paper should include 45-50 pages of text, excluding references, tables, and figures (1 inch margins, 12 point font). Writing style, clarity of exposition, and organization (including the provision of orienting sentences and paragraph headings) are important in order to ensure that the content is highly readable. Papers that exceed the page limit will be returned to students and not reviewed further.

The Preliminary Examination paper must be completed within 4 months of the date that the proposal was approved (e.g., if the proposal was approved on February 15, the student must submit the completed paper to committee members on or before 5 PM on June 15). A defense meeting should then be scheduled at least 2 weeks later. Once the paper has been submitted to the committee, the student is free to show it to other students and faculty. At this point, the candidate is free to ask the committee chair to review the paper and provide feedback prior to the defense meeting. Senior students are encouraged to assist the candidate at this point by reading the paper and participating in a mock defense meeting.

Final papers submitted late but within one month of the due date will be reviewed by the committee; however, the student will not be allowed to revise and resubmit the paper after the defense meeting. The rationale for this penalty is that a student who submits the final paper late but within one month of the due date has already been given an opportunity to revise the paper (without faculty feedback) during the extra month. Final papers submitted more than one month after the due date will not be reviewed by the committee and will receive a grade of fail. If a student experiences extreme hardship during the 4-month writing window, s/he should proactively approach the committee chair to discuss potential options. All committee members must approve any change to the timeline.

**The Defense Meeting.** The oral defense meeting must be attended by all committee members. Defense meetings should be scheduled for 2 hours in a conference room in the Psychology Department. Again, students should be prepared to present a brief overview of their proposal prior to responding to questions from the committee members. During the defense, the student will be questioned about the paper and the scientific issues it presents. When this is completed, the student will leave the room. Based on both the written paper and the oral defense, the Preliminary Examination committee will decide among three grade options: fail, pass, or pass with distinction. After the final defense, verbal feedback is given. A formal letter will be sent to the student from the Director of the CP Program, which will be based on the comments from the examining committee.
After successful completion of the requirement (including any revisions), committee members will sign the “Report of Examinations for the Doctoral Degree” form and forward PDF copies to the Director of the CP Program and the Graduate Coordinator. The student will create a PDF copy of the approved Preliminary Examination paper for archiving and also submit copies to the Director of the CP Program and the Graduate Coordinator.

If the decision is fail, the committee may recommend changes and schedule a second meeting within one month. If the committee does not approve the second defense, the student may repeat the Preliminary Examination one time, submitting a new proposal on a subject agreed upon by the committee. The new proposal must be approved by the committee within two months of the failure of the second defense. The Clinical program faculty will make the final decision, based on the Preliminary Examination and other performance, concerning the student’s status in the program. Even if the Preliminary Examination is passed the second time, the Clinical program faculty may terminate the student from the program based on other performance.

Timing of the Preliminary Examination:

Before students can schedule a proposal meeting for the Preliminary Exam, they must (1) successfully defend their Master’s thesis, (2) have a Ph.D. plan of study approved, and (3) submit Purdue Form 8. Pending committee member availability, students are invited to submit proposals at any time during the academic year, with the stipulation that the paper is due within 4 months of the date that the proposal is approved. Students must prepare and submit the Preliminary Exam Timeline Form (Appendix 9) for committee signature at the time of the proposal defense. The Timeline Form specifies the deadline for convening a final preliminary examination defense. Students are strongly encouraged to initiate the Preliminary Exam process by the start of their third year in the program. We expect students to have their proposal approved by January 15 of their third year. The dissertation proposal meeting cannot be scheduled until the Preliminary Exam has been passed.

8. ADMISSION TO CANDIDACY

To begin work on the dissertation, a student must be admitted to candidacy. Admission to candidacy is contingent on the following:

- Passing the preliminary examination.
- Completing the Master’s thesis or thesis equivalency.
- Completion of 48 semester hours of academic credit.

Earning no more than two grades below a B after admission to the program. (In this context B- is considered below B.) Students who receive three or more grades lower than a B will be asked to leave the Doctoral Program.
• Obtaining a favorable review by the advisory committee with respect to the student's performance in general, including applied/direct service, research, teaching, or assistantship activities.

Students who do not satisfy these requirements within 4 years of admission to the program or who otherwise are not making satisfactory progress in the judgment of their advisory committee may be counseled to leave the doctoral program. These students may be allowed to complete a Master's degree, if they meet the Purdue Graduate School requirements.

9. PRACTICA

A practicum is a supervised training experience conducted in a health care or mental health care setting in the community. Generally the sites for these practica are located in the Indianapolis area, but practica in other locations are also feasible. Practica are organized on a one or two semester-long basis and entail at least one full day each week of work experiences. A central aspect of the practicum experience is a high degree of access to appropriate client populations; students are required by law to be supervised by a licensed psychologist. Close liaison is maintained between the Assistant Director of Clinical Training (John Guare) and each practicum site to assure that the practicum experience is meeting the training needs for the students. The procedures and philosophy of practicum training are detailed in Appendix 8, Practicum Guidelines: Clinical Psychology Program.

Doctoral students are required to enroll in at least 12 credit hours at a minimum of 3 different training sites, with a preference that students take practica at 4 different training sites. The total number of practicum hours must equal a minimum of 800 hours, of which at least 300 hours are in direct service (direct contact with clients) and at least 75 hours of formal supervision. The 800-hour requirement is a bare minimum, most students complete over 1,000 hours prior to internship.

A guiding principle of our practicum training is that clinical experience per sé is a far less desirable goal than specific skill and knowledge acquisition within a clinical setting. Consequently, each practicum contract will specify learning objectives and the means by which these objectives will be reached. At the end of each practicum, the degree to which these learning objectives have been achieved will be evaluated by the site supervisor, the practicum coordinator, and the student.

Meta-supervision meetings. All students enrolled in practica will be required to attend a monthly meta-supervision meeting with the Assistant DCT to discuss cases and professional training issues. Students seeing individual therapy clients also will be required to ask permission to audiotape sessions for review at these meetings or at individual meetings with the Assistant DCT.

Outcome-based practice. Our psychotherapy training model focuses on evidence-based practice and measurement-based practice. Students seeing individual therapy
clients will be asked to regularly use a brief outcome measure that assesses the client treatment goals and is diagnostically and culturally appropriate. Outcome assessment should be completed at baseline, treatment termination and at regular intervals during the course of treatment. Students should consult with their site supervisors for appropriate measures to use, given the client’s problems. Students are to track these outcomes and integrate this information into their treatment planning and report on these outcome measurement scores during the monthly meta-supervision meetings.

**Training and experience in supervising counselors in training**  A critical skill area for clinical psychology is supervision of trainees. Students will be expected to participate in didactic and experiential training in supervision, initially as supervisees and later as student supervisors in training. Senior students (those who have completed at least two practica) will be matched with junior students (1:1) as best as possible according to the practicum experiences of the senior students and will be required to supervise junior students for the equivalent of one academic year (two semesters). During these two semesters the student supervisors will also enroll in a 0 credit hour Clinical Peer Supervision course that meets monthly with the assistant director of clinical training. Student supervisors in training will be required to attend both the monthly meta-supervision meetings described above, as well as meet monthly for a second two hour meeting in their own group with the Assistant DCT, to discuss supervisory cases and professional training issues, get feedback/input from fellow supervisor in training students, and get supervision/feedback from the Assistant DCT. Senior students will meet with their designated junior student every two weeks for an hour/session throughout the two semesters.

**10. PREDOCTORAL INTERNSHIPS**

The internship is a full-time, 12-month organized and supervised work experience in a clinical, health, or related setting approved by the CP Committee. There must be an organized training experience, which is seen as an integral part of the mission of the sponsoring agency. The staff of the training program should be sufficiently large to provide a variety of role models and be sufficiently stable not to be seriously weakened by the loss of a single staff member. There should also be a clearly designated professional psychologist with extensive experience in training who is responsible for the training program. Those sites that are APA-accredited will generally meet program expectations. While on internship, students must sign up for credit in course I697 for fall, spring, and summer semesters they that are non-resident. However, internship credit hours are flexible and can be for zero credits, which is free, depending on the plan of study.

**Guidelines for Selecting an Internship Site**

The CP Committee strongly recommends that students select an internship accredited by the American Psychological Association (APA). If not APA-accredited, the internship site must be in line with APA and National Register guidelines regarding professional staff, quality of interns, etc.
The prospective internship site should be a comprehensive mental health setting or organized health care setting and must have a formal organized training program appropriate for doctoral-level students.

The intern should receive a competitive stipend if at all possible.

Training must be full-time for one year or half-time for two; this translates into over 1900 hours of supervised applied service.

The student must select the site in collaboration with the student's advisory committee.

The supervised experience should be in the area of the student's major interest.

The recommended sequence involves the student spending the fifth and final year of the program on internship.

**Recommended sequence:**

1. Approval of the Program Director for the student to begin an internship. (Internship sites require a letter from this source.)

2. All non-dissertation course work and all practica completed prior to the student's departure for internship, as well as completion of Master’s thesis.

3. Preliminary examinations passed.

4. The dissertation proposal must be approved by September 15th in the Fall of the year during which internship applications are made, with the full expectation (i.e., feasible plan coupled with prior efficient, responsible performance by the student) that all data will have been collected by the time the student leaves for internship.

5. The dissertation must be completed by the end of the internship year or the student will be strongly urged to return for at least one more semester in residence to complete it.

**Eligibility for internship:**

We aspire to the expectations for internship eligibility adopted by the Council of University Directors of Clinical Psychology (shown below).

1. Trainee meets or exceeds foundational and functional competencies as outlined by the Assessment of Competency Benchmarks Work Group.

2. Trainee successfully completed a master’s thesis (or equivalent).
3. Trainee passed program’s comprehensive or qualifying exams (or equivalent).

4. Trainee’s dissertation proposal has been accepted at the time of application to the internship.

5. Trainee successfully completed all required course work for the doctoral degree prior to starting the internship (except hours for dissertation and internship).

6. Trainee completed an organized, sequential series of practicum experiences supervised by at least two different clinical psychologists that involve formalized practicum experience in evidence-based assessment and therapy. The Trainee completed at least 450 face-to-face hours of assessment/intervention and at least 150 hours of supervision by a clinical psychologist who routinely employed individual and/or group supervision models and at least one or more of the following intensive supervision methods (e.g., direct observation, co-therapy, audio/videotape review). During early formative years, the ratio of face-to-face hours to supervision hours approximated 1:1 and increased to around 4:1 as the Trainee developed intermediate to advanced clinical skills.

7. Trainee has contributed to the scientific knowledge within psychology, as evidenced by:
   a. Publishing an article in a refereed journal or a book chapter as an author or co-author, or
   b. Presenting at least three papers/posters/workshops at regional, national, or international professional conferences or meetings.

8. Trainee was enrolled in a program that conducts formal annual evaluations of each student for purposes of monitoring trainees’ developing competencies and assuring that only students making satisfactory progress are retained and recommended for doctoral candidacy and entry into the profession. This annual program review of each student utilizes evaluations obtained from different faculty and supervisors and covers the full range of competencies including academic, research, clinical skills, and ethical professional behavior. Trainee has been rated as meeting expectations and possessing the required competencies at the time of applying for internship.

11. RESEARCH

Initial procedures. During their first year, students are required to select MS Thesis and Plan of Study advisory committees, which will guide them in their choice of academic courses and will also serve in supervising them in their research activity. The chairperson of both committees is also the student's major research advisor. The composition of the committees may be changed at any time. Changing advisors (i.e., thesis or dissertation chairman) and/or committee members may be accomplished by: 1) discussing changes with the current and proposed advisor, 2) obtaining permission from the director of the doctoral program, and 3) submitting the appropriate change-of-committee form to the department chairperson.
In selecting a research advisory committee, university-wide criteria regarding Faculty Activity Levels must be followed. The Faculty Activity Levels are available from the Director of Graduate Training. Ordinarily, the chairperson should have expertise within the specific field of clinical psychology in which the student is interested.

**Research milestones.** Students are expected to complete the following:

- Attend all meetings of the Proseminar during the time they are enrolled in coursework. Students who attend less than 80% of the scheduled seminars in any given semester will be considered deficient, and this behavior will be noted in their annual evaluation.

- Complete a Master's thesis or its equivalent within 2 years of admission into the CP program. Failure to meet the deadline will be noted in a student's annual review, and it may be grounds for being deemed ineligible for financial assistance.

- Give an oral presentation of student-led research (e.g., master's thesis, prelims, or other first-authored empirical study conducted here) at a meeting of the Proseminar.

- Complete a dissertation within 5 years of admission to the CP program.

**Philosophy of research training.** Research activity is a vital element in the Ph.D. program. Students are expected to be involved in research from the day they begin their graduate training and the entire time while they are enrolled in the program. All students should collaboratively plan with their major advisor a strategy for mapping out their career. This planning should begin early and be updated continuously.

Most students will choose to conduct research in the clinical psychology area, although research projects in other areas of psychology are also acceptable. For example, some students have opted for Masters' theses in Addiction Neuroscience. Dissertation research in any area of psychology is acceptable, although students should be aware of career implications for such choices and discuss these with their advisors.

Research is construed broadly to include meta-analytic literature reviews, development of methodology, proposal-writing, data collection, data analysis (including analysis of archival data sets), and reporting of results. However, at least one research experience (thesis or dissertation) must include collection of empirical data from research participants. Based on the students' prior experience upon admission, they begin in an apprenticeship role and work gradually toward more independent research under the guidance of a research advisor. It is the responsibility of the research advisor to monitor the student's progress, as summarized in the student's annual review.

**Criteria for the Master's thesis.** The specific criteria for the Master's thesis are based on a contractual arrangement between the student and the thesis committee, as spelled out in the approved proposal.

**Master's thesis equivalency.** A student entering the CP program having previously completed a Master’s thesis may request that this thesis be considered as the
A thesis completed at another university must be an empirical study in order to be considered as equivalent. The advisory committee will decide whether the thesis is approved as written, approved with modifications, or disapproved. The standards for an acceptable Master’s thesis equivalency research are established by the advisory committee. If the committee does not accept the student's petition, the committee will provide written feedback to the student as to the reasons. Students with approved masters thesis equivalency research are not required to submit a formal thesis to the Graduate School. However, such students are still expected to make an oral presentation at the research seminar.

**Recommended timetable.** The pace at which research requirements are met vary, but the following schedule is suggested:

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12. DEPARTMENTAL REQUIREMENTS FOR MASTER’S THESIS

Throughout their graduate training, students should have ongoing contact with the Department Graduate Coordinator, to ensure proper compliance with university and departmental procedures. Although the current document is intended to be comprehensive, students are nonetheless responsible for procedures and requirements of the university and department that may not appear in this document. Completion of M.S. thesis research consists of the following steps:

A. Organization of a thesis committee.

All M.S. theses are required to be conducted under the supervision of a three-member thesis committee (or "advisory" committee). At least one member of this committee must be a CP faculty member. The other two members must be faculty in the Psychology Department. This committee also serves as the student’s Plan-of-Study Committee. Therefore, before planning any research work, the students should request three faculty members within the Department to serve on the committee. Among them, the faculty member whose research interest and background are most related to the planned research is usually asked to serve as the chairperson. Although the chairperson will serve as the major advisor in the entire research, the other members, as agreed upon by the major professor, will play supporting roles in various aspects of the research.

On occasion, students wish to include adjunct faculty members and other individuals who are not tenure-track faculty members on their advisory committee as a fourth member. Students should discuss eligibility of potential adjunct members with their major advisor. University rules for approving such individuals must be followed. Adjunct faculty members do not automatically qualify, and the university requirements are relatively stringent. (The criteria may include prior participation in thesis supervision in the Purdue system, attendance at Purdue University research mentor training, and appropriate scholarly activity.) It should be noted that tenure-track faculty members outside the Purdue system, including Indiana University faculty members are not automatically approved. (Once a person has served on one committee, however, he/she is typically approved for other committees.) Students should confer with the Director of Graduate Training about the prospects for including such individuals as committee members.

After the thesis committee is organized and approved by the Department Chair, the students start preparing the research proposal under the guidance of the major advisor. The proposal should be written and typed in a form consistent with the latest version of the APA Publication Manual.

B. Thesis Proposal Meeting

Prior to the initiation of a research project, the student must have the proposal of the project approved by the committee. Therefore, the student, in conjunction with the
major advisor, will organize a meeting to evaluate the proposal. The student should submit a copy of the proposal to each committee member at least 2 weeks before such a meeting. After the proposal is reviewed and on the basis of the committee's recommendation, the student will either continue the research project as proposed, revise it, or begin a new project.

Research protocols must be submitted to and approved by the IUPUI Committee for the Protection of Human Subjects prior to collecting data. In addition, all investigators must pass a test on ethics in research with human subjects. The Office of Research and Sponsored Programs (Phone: 274-8289) administers the human subjects test and has the appropriate forms and the information necessary for submitting protocols to this committee (http://researchadmin.iu.edu/fo.html).

C. Thesis Preparation

After the research project is completed, the student should report the data in a thesis according to stylistic requirements stated in the Thesis and Dissertation Proposal and Final Draft Guidelines for the Clinical Program (Appendix 17). The thesis must also be in compliance with requirements of the Purdue Graduate School Manual, which is currently primarily concerned with margin size and consistency of font. However, these requirements are subject to change, and the student is advised to ensure compliance with any recent revisions. A preliminary draft of the thesis should be in the hands of the major advisor in sufficient time (specific completion dates are published) before the end of the semester in which the degree is granted. The defense draft should be circulated to the entire committee.

D. Final Oral Examination

This meeting provides an opportunity for the student to orally defend the entire project as presented in his or her thesis. Therefore, a copy of the thesis should be circulated to the committee members at least 2 weeks before the agreed upon date of the final oral examination. At this time, each candidate must notify every faculty member of the department of the time and date of the meeting; all faculty are eligible to attend.

The outcome of the oral examination will be decided by the committee immediately following the examination. The committee may either accept the thesis, call for revision, or under some unusual circumstances reject. The acceptance or rejection must be by unanimous vote.

Either decision will be documented on one copy of the Purdue University Graduate School Form No. 9 (revised) and on the Report of Examining Committee form (GS 7) which will be filed in the IUPUI Graduate School Office. If the thesis is rejected, the committee will recommend alternative courses of action. If revision is recommended, the student must revise the thesis under the supervision of the committee, which may require a subsequent oral examination of the student. In addition to the above decision on the acceptability of the thesis, the committee will also have the opportunity to assess the student's ability and potential with respect to doctoral study in Psychology.
E. Thesis Format Approval

The acceptance of the final copy of the thesis by the committee is documented on one copy of the Purdue University Graduate School form No. 9 (revised). The format of the final version of the thesis must be approved by the IUPUI Graduate Studies Office prior to the final examination. The degree is granted three times a year in December, May, and August. The student should check the deadline dates, issued by the Graduate School and distributed through the Graduate Coordinator, as to the precise deadlines for graduation during a semester.

F. Thesis Distribution

The completed and corrected original of the thesis must be deposited in the IUPUI Graduate Studies Office on or before the last day of the session in which the student is a candidate. The copy of the receipt of the deposit must be received in the Graduate Studies Office before the last day of the session. Other copies (both electronic and hardbound copies are acceptable) of the thesis must be supplied to the Graduate Coordinator, the IUPUI Library, the major professor, and each member of the thesis committee. When acceptable to the committee member, electronic copies of the thesis may be substituted for the major professor and individual committee members. The expense of the thesis preparation is the burden of each student.

13. DEPARTMENTAL REQUIREMENTS FOR DISSERTATION

Completion of Ph.D. dissertation research consists of the following steps:

A. Organization of Dissertation Committee

All Ph.D. dissertations are required to be conducted under the supervision of a four-member dissertation committee. One member of this committee must be from outside the specialty area of CP. The dissertation committee must consist of at least two members from the core CP faculty. Otherwise, all the comments regarding the organization of the Master’s thesis committee apply to this committee as well. Of special note are the university restrictions on including non-tenure track and non-IUPUI faculty members on dissertation committees.

B. Dissertation Proposal Meeting

The dissertation proposal meeting follows the same guidelines as the Master’s thesis proposal meeting.
C. Dissertation Preparation
The guidelines follow those for thesis preparation. One notable exception is that for dissertation proposals, students may submit a grant proposal for external funding in line with NIH F31 requirements. See Appendix 17 for details.

D. Scheduling of Ph.D. Final Examinations

Timely and orderly completion of the Ph.D. dissertation is necessary in order to provide reasonable assurance that the members of the examining committee will have adequate opportunity for a thorough and critical evaluation of the completed dissertation prior to the oral examination. To ensure compliance with the schedule which is implicit in the existing regulations, the Graduate School enforces the following policy:

The final examination may not be scheduled earlier than two weeks from the date of receipt, by the Graduate School, of the formal request (Form 8) to schedule the examination, or of documentation of format approval, whichever is later. In order to assure timely processing of the necessary paper work, it is advised that students submit Form 8 to the Purdue Graduate School 4 weeks in advanced of the scheduled defense date. Graduate School rules which govern the sequence of events culminating in the Ph.D. Final Examinations are:

1. The first draft of the dissertation should be in the hands of the major professor at least six weeks before the end of the semester in which the conferral of degree is expected.

2. A typed copy of the dissertation and three duplicate copies must be submitted to the major professor at least three weeks before the end of the semester in which the degree is expected.

3. Dissertation format approval must be obtained at least one week (seven days) prior to the last day of the session in which conferral of the degree is expected. The original of a copy of the completed dissertation may be submitted for approval.

4. Each member of the examining committee must receive a copy of the dissertation at least two weeks before the date of the final oral examination.

5. The formal request for appointment of the final examining committee must be received by the Graduate School no later than two weeks preceding the examination.

E. Final Oral Examination

The final oral examination follows the same format for the Master’s thesis, except that one dissenting vote is allowed.

F. Dissertation Format Approval and Distribution

The same guidelines as for the Master’s thesis apply to the dissertation.
14. GRADUATION

A. Application for Graduation

Certain rules are set by the University for applying for graduation. Students should check with the department Graduate Coordinator well in advance of graduation to ensure compliance. When registering for the final semester, students are required to enroll in one of the following Candidacy courses.

CAND 99100: This is for grad students completing degrees while concurrently registered in a fee-bearing course (either a content course or research credits). There continues to be no fee for this course. Students register for this course along with other courses required to finish their degree.

CAND 99200: This is for grad students completing degrees with only the thesis deposit needed. Students have completed all coursework and the thesis defense before they enroll in this course. They only need to deposit the thesis. No other fee-bearing courses should be taken with CAND 99200. There is a flat fee of $125 for CAND 99200 if the student deposits the thesis in the first 8 weeks of the semester (for the Spring 2014 semester the first 8 weeks ends at 5 p.m. on Friday, March 7.) If the student does not complete this requirement by the deadline, the student is required to back enroll in a graduate research course and pay a late fee. A paper Drop/Add form needs to be used (eDrop/Add cannot be used at that point in the semester) and signed by the grad advisor and by Molly Rondeau in LD 222 on behalf of the SOS Dean's Office.

CAND 99300: This is for grad students completing degrees with both the thesis defense and thesis deposit needed. Students have completed all coursework before they enroll in this course. They only need to complete the thesis defense and deposit the thesis. No other courses should be taken with CAND 99300. There is a flat fee of $125 for CAND 99200 if the student completes the defense and deposits the thesis in the first 8 weeks of the semester (for the Spring 2014 semester the first 8 weeks ends at 5 p.m. on Friday, March 7.) If the student does not complete these requirements by the deadline, the student is required to back enroll in a graduate research course and pay a late fee. A paper Drop/Add form needs to be used (eDrop/Add cannot be used at that point in the semester) and signed by the grad advisor and by Molly Rondeau in LD 222 on behalf of the SOS Dean's Office.

A student may take any of these courses more than once if needed. However, a late graduation deadline fee of $200 is assessed to Purdue students who are on the candidate roster for 3 consecutive sessions. They can be on the list for two consecutive sessions, but if they need to be on the list for the third consecutive session, then the fee is assessed.

B. Degree and Ceremony
The Master of Science (MS) Degree in Psychology and the Doctoral (Ph.D.) degree in Psychology are awarded at IUPUI through the Purdue University School of Science. Arrangements for the rental of caps and gowns are made through the Alumni Office at IUPUI. The hoods may be either rented or bought. The graduation ceremonies are usually held in the Indianapolis Convention Center on the second Sunday in May. Graduation activities include a separate School of Science award ceremony. No tickets are required and students may invite as many guests as they desire to many of these functions. Preceding or immediately following the ceremonies, receptions for the participants are usually hosted by the various Schools of the University. This enables graduates, families, and staff to meet informally for a pleasant interchange. Completion of a graduate degree is a great accomplishment and graduation ceremonies serve as a memorable finale to a phase of an individual’s growth.

15. DEADLINES FOR COMPLETING THE PROGRAM

The CP Program has a deadline of 7 years from program entry for students to complete all the requirements for the Ph.D. Failure to meet this deadline may be grounds for termination from the program. Students who are in jeopardy of not completing their requirements in time should petition the CP Committee in writing for a time extension, giving reasons for the extension. The Committee may grant an extension of up to 1 year. Although students may petition more than one time for an extension, they should not expect automatic approval of these time extensions. The Purdue Graduate School has a separate time requirement of completing the Ph.D. within 8 years of admission. Failure to meet this deadline may lead to termination from the program not under the internal control of the Department of Psychology.

16. ANNUAL STUDENT REVIEWS

During the Fall semester, each student goes through a goal-setting process with her/his major professor, identifying goals for the coming academic year. In addition to targeting academic milestones (e.g., complete M.S. thesis), students also identify areas of concentration in developing their clinical competencies. During April of each year, each student goes through an annual review of progress in the program, beginning with a self-study, using the Annual Review Form and the Milestone Attainment Checklist (see Appendices 9 & 10). This self-study includes academic, assistantship, research, clinical development, and professional issues. It also identifies progress toward completion of such milestones as the preliminary examinations, Master’s thesis, dissertation, and internship. The review of academic area pinpoints any coursework in which a student has received a grade of Incomplete or B- or lower and any further courses a student must complete. (The coursework review provides a mechanism for monitoring individual student progress, but it also provides information to the Program Director in identifying courses that need to be offered.) The research area includes progress toward completion of the thesis and dissertation, attendance at Proseminar, and other issues. The clinical development area includes performance in practica and interpersonal behaviors observed in the course of classroom and department activity. Performance on the assistantship and the student's satisfaction with the assignment are also assessed. Professional issues include satisfaction with the program, relationships with
peers and faculty, and professional identity development. In addition, instructors for each class rate each student’s course performance on a structured scale that assess various educational objectives (Appendix 11). Mentors complete a parallel form rating student overall progress across educational objectives (Appendix 12). A critical aspect of the evaluation is student’s progress on the Program Milestones (Appendix 13).

After completing the self-study, students collaboratively review their progress with their advisors. At this time, students are also invited to give feedback to their advisors on their perspective on the training. In preparation for the review meeting by the CP faculty, the major advisor is responsible for contacting any non-CP faculty members with an important role in training a given advisee. A meeting of all CP faculty is scheduled in early May to review these assessments.

Student reviews are done in January of each year as well. These midyear reviews do not require a student self-study and are based upon a less formal progress review done in a separate faculty meeting at the beginning of the Spring semester. Based on these discussions of student coursework, research and practicum progress, and general program progress, the major advisor for each student prepares an annual summary letter, following the May review, providing written feedback about their progress, noting specific areas of accomplishment and areas of concern, if appropriate. Letters are not typically written following the midyear review, except in cases where substantial problems in student progress have been identified, but this is unusual. These letters become part of the student's permanent record and are consulted in subsequent evaluations. The tone of this evaluation process is intended to be developmental, rather than punitive.

The annual review is also used as one basis for making financial assistantship decisions. Given satisfactory progress in the program and good performance reviews of their assistantship work, students in residence can expect financial support for 8 semesters. Satisfactory progress is defined as meeting CP Ph.D. Program guidelines.

17. CP STUDENT AWARDS

In the spring of each year the CP faculty and students are invited to nominate a graduate CP student to receive one of three awards from the School of Science. Ordinarily solicitations for nominations will be made via e-mail. After the CP Director receives the nominations, he schedules a meeting of core CP faculty to select the nominees. The final choice is made by consensus, or, if no consensus is reached, by majority vote. Some years the faculty may decide that no student should receive the awards. The criteria for selecting the awards are shown below. Given the criteria for the awards, it is not expected that a first-year student would be selected, except in extraordinary circumstances. Also, it is assumed that no student would receive an award twice, again, except under extraordinary circumstances. In addition to a winner, up to two students may be awarded honorable mention for each award.

**Research Excellence** This award recognizes a graduate student with outstanding performance in research --going above and beyond the research requirements of the
graduate degree. Indicators of research excellence may include presentations of research, particularly at regional or national conferences, publications, grant applications, and thesis or dissertation projects that are especially innovative or exemplary in theory, design, or execution.

**Citizenship** This award recognizes a graduate student with outstanding performance in citizenship service to the department. Citizenship can be exemplified in two key domains: Personal Support and Organizational Support. Personal support includes helping other students, faculty, and staff, being cooperative, treating others with courtesy, and providing encouragement. Organizational support is evidenced by positively representing the psychology department, supporting our mission and objectives, following rules and procedures, and suggesting improvements.

**Clinical award** This award recognizes a graduate student with outstanding performance in clinical work and training. Criteria include performance in clinical coursework (intervention and assessment coursework), practicum performance (e.g., practicum supervisor recommendations and ratings), evidence for the exemplary application of evidence-based treatment and outcome-based treatment, and exemplary clinical work as part of research or other educational activities. All faculty may nominate a student; however, special emphasis is placed on the recommendation of the Assistant Director of Clinical Training.

**18. DEPARTMENTAL FUNDING OF STUDENT TRAVEL**

Students who are presenting papers at professional meetings may request travel funds from the CP Program Director. The request must be submitted in writing and must include the following information:

- Student’s name
- Co-authors (in order)
- Title of presentation
- Date of presentation
- Conference organization
- Conference location
- Intended mode of travel (air, auto)
- Certification that student is the **presenting** author
- Copy of abstract
- Other sources of travel support awarded/sought (agency, date of application/award, amount)
- Student’s signature and date of request

If approved, students are eligible for the following stipend levels (Note, these are minimum amounts, these levels may be increased if additional funds are available):

- $250 Presenting author, traveling by air
- $150 Presenting author, traveling by auto
Before they can receive the departmental stipend, students must have applied and received notification of status of award from at least one other travel grant source (e.g., Graduate School Travel Fellowship, Graduate Student Organization, Women in Science and Engineering Travel Fellowship, APA Travel Award). Students are encouraged to apply for all funds immediately after receiving their acceptance letter for the presentation.

To obtain their departmental stipend, the students must submit the following:

- Original receipts from travel
- A signed declaration of expenses and support received from all other sources
- Letters of notification from other funding sources (even if rejected)

The departmental stipend will not exceed the outstanding balance after other sources of travel support are included. For example, if the student declares $850 in expenses (including airfare) and received $400 from the Graduate School and $400 from a training fellowship, the total departmental award will be $50. Standard university travel policies apply (e.g., per diem rates, mileage rates, exclusion of alcohol and entertainment). Multiple requests by the same student within the same fiscal year will be accepted subject to availability of funding and approval of the Program Director.

19. ORIENTATION

In the first week of classes of each year, an orientation meeting is scheduled for all incoming graduate students. As part of this orientation, CP students meet with CP faculty and receive this document, plus an overview of the expectations for the program.

20. E-MAIL COMMUNICATION

Communication among students and faculty is critical for professional development. Upon admission to the program, all graduate students receive an e-mail account, coordinated through the Graduate Coordinator’s office. A listing of all departmental e-mail addresses are made available from that office early in the Fall semester. Students are expected to master the skills needed to use this form of communication and to check for delivery of e-mail on a daily basis. Because critical information is conveyed in this form, students are responsible for timely review of all memos sent through e-mail.

Note: unless encrypted, email is not a safe method to communicate confidential issues relating to clients.

21. PUBLIC PROFESSIONALISM – WEBSITES, BLOGS, EMAIL AND VOICEMAIL

The Council of University Directors of Clinical Psychology has recently been discussing the implications of trainee information on websites, email signatures, and answering machine messages. Increasingly, as information becomes more widely available through the internet, lines between public and private information are blurring. Many students have websites, blogs, email signature lines, and voicemail/answering machine messages that are entertaining and reflect their personal preferences and personalities.
However, students should consider the potential impact of this information on their professional image. As technology changes, one part of professional training is to become aware of the implications such information might have, including the following:

1. Internship programs report conducting web searches on applicants’ names before inviting applicants for interviews and before deciding to rank applicants in the match.

2. Clients are conducting web-based searches on trainees’ names and finding information about therapists (and declining to come to clinics based on what they find).

3. Employers are conducting on-line searches of potential employees prior to interviews and job offers.

4. Legal authorities are looking at websites for evidence of illegal activities. Some prima facie evidence may be gained from websites such as photographs, but text may also alert authorities to investigate further.

5. Postings to a variety of listservs might reflect poorly on oneself and the program.

6. Although signature lines are ways of indicating your uniqueness and philosophy, one is not in control of where the emails will ever end up and might affect how others view you as a professional. Quotations on personal philosophy, religious beliefs, and political attitudes might cause unanticipated adverse reactions from other people.

7. Greetings on answering machines and voicemail messages that might be entertaining to your peers, express your individuality, and be indications of your sense of humor may also not portray you in a positive professional manner. If you ever use your cell phone or home telephone for professional purposes (research, teaching, or clinical activities), be sure your greeting is appropriate and professional in demeanor and content.

There are now a number of episodes in training programs and at universities where graduate students have been negatively affected by material on websites, emails, and answering machine messages. (Indeed, there are examples of emails from faculty and students getting published in newspapers that caused people harm.)

Information that seems to be fun, informative, and candid might put the program and the student in a bad light. What might be seen as “private” self-disclosure indicating your perceptions of yourself among friends is actually very public. This includes blogs, personal pages in FaceBook and MySpace type of sites (and others).

Students should also note that if they identify themselves as a graduate student in the program or reveal information relevant to the graduate program in their email signatures, voicemail files, or website/blog information, then this information becomes part of their program-related behavior and may be used in student evaluations. For example, if a student reports doing something unethical or illegal on a web blog, or uses the website to engage in unethical or unprofessional behavior (e.g., disclosing
confidential client or research information), then the program may use this information in student evaluation, including decisions regarding probation or termination.

Thus, students are encouraged to consider the use of personal web pages and blogs, email, and other electronic media carefully. They should attend to what content to reveal about themselves in these forums, and whether there is any personal information that they would not want program faculty, employers, or clients to read or view. Anything on the World Wide Web is potentially available to all who seek. Students who use these media should also consider how to protect the security of private information.

22. STUDENT GRIEVANCE PROCEDURES

Grievances can be divided into two types: (1) those that can be resolved through informal channels and (2) those that may require more formal action. Nothing in this section should be construed as restricting the rights of students. On the other hand, given that interpersonal differences are inherent in the human condition and are a part of the professional development of psychologists, students are encouraged to resolve minor grievances through informal methods, starting with direct communication to the faculty member, staff member, or student whose actions are in question. In those instances of minor grievances in which this action is unsatisfactory, students are encouraged to seek counsel of their major advisor. If the matter is still unresolved, the Program Director should be sought for counsel.

As a general rule, faculty and students are encouraged to deal effectively with problems and conflicts among themselves. Professional ethics encourage direct conflict resolution whenever possible among faculty and students, and between faculty and students. Such informal attempts at grievance resolution should be made within six months of the incident(s) that constitute the basis of the problem. If these fail, a formal complaint must be submitted in writing to the administrator who is the immediate supervisor of the faculty member (typically the Department Chair) within 15 days of the 30-day response time (assuming an unsatisfactory or no response from the faculty member) or within six months of the incident(s), if an informal complaint was not made to the faculty member. The administrative officer then discusses the allegations separately with the student and the faculty member, and may attempt to resolve the problem through a joint meeting of the student and faculty member. If the problem is not resolved, the Dean of the School then determines whether the complaint should be submitted to the grievance commission for a formal hearing.

The grievance commission is appointed by the Dean from a list of students (selected by the student body) and faculty/administrators (selected by the Faculty Council and the Chancellor of the university). The commission must include a minimum of five members with students holding 2/5ths of the membership. A formal hearing is conducted and conclusions are based on a majority vote by the commission. If the commission concludes that the complaint is sustained by the evidence, a second hearing is conducted to determine appropriate sanctions. The conclusions of the grievance commission can be appealed in writing by either party (the student or faculty member)
to the Chancellor of the university. A final appeal may be made to the President of the university.

Complaints against other students, student organizations, and university employees should first be handled on an informal basis, as described above. If the problem is not resolved, a formal complaint may be made to the Dean of Students who will provide guidance on the appropriate grievance procedures to follow. Any formal complaint dealing with racial discrimination or sexual harassment must be registered with the Office of Equal Opportunity by the Dean.

To the greatest extent possible, complaints are kept confidential. In addition, all formal complaints are filed and maintained in a secure filing cabinet where they can be reviewed by relevant administrators and by the Commission on Accreditation of the American Psychological Association.

23. TERMINATION POLICIES

Faculty-initiated termination from the CP program is rare. Our procedure for selecting students has ensured high-quality students. The faculty work from the assumption that all students admitted to the program can succeed, given proper conditions. The general policy of the Clinical Psychology Program is to use ongoing feedback from the student's major advisor as a primary means to facilitate student progress and to correct problems before they become major ones. Nonetheless, faculty-initiated terminations are sometimes necessary. If a student is in jeopardy, our general policy is to give advance warning in order to permit the student an opportunity to take remedial action. The hierarchy of warnings includes first verbal feedback, followed by written feedback warning that termination may be necessary if stated steps are not taken, followed finally by a written statement of termination, if necessary. All terminations are reviewed by the full CP Faculty Committee and approved by the Department Chair before they are issued.

Students can be terminated for unsatisfactory performance in one or more areas. Areas where their performance can be deficient include academic, ethical, clinical performance, failure to meet deadlines, and general performance. In some cases, such as termination on the basis of inadequate preliminary examination performance, students may be offered the option of completing a terminal Master's degree.

Academic performance standards include adequate performance in coursework. It is important to reiterate that three grades of B- warrant academic expulsion. For doctoral students, this standard is very rarely at issue, with only one instance during the last 20 years.

A second explicit method for assessing academic performance is performance on the preliminary examinations, given in the third year in the program. If a student fails prelims upon retaking the examination, they may be asked to terminate the program.
The final decision for termination is made by the full CP Committee and takes into consideration the overall performance of the student.

Dismissal for ethical grounds might be considered if a student is accused of ethical misconduct, such as plagiarism. In such an instance, the university lawyer would be consulted to determine appropriate procedures. A special panel would be convened. Students are expected to review and adhere to the standards set forth in the *Ethical Principles of Psychologists and Code of Conduct* published by the American Psychological Association. For questions or clarification regarding the code, students are encouraged to consult a core CP faculty member.

Dismissal on the grounds of inadequate clinical performance ordinarily would be based on performance on practica and/or internships. In this instance, the Director of Clinical Training usually would initiate any action, typically raising the issue during a student’s annual review. No concrete criteria for dismissal on clinical grounds have been instituted, although practicum grades of B- or below would be taken very seriously by the committee. Typically, poor performance would be required on more than one practicum before termination would be considered.

As outlined above, the CP Program has a deadline of 7 years from program entry for students to complete all the requirements for the Ph.D. Failure to meet this deadline may be grounds for termination from the program. Students who are in jeopardy of not completing their requirements in time should petition the CP Committee for a time extension, giving reasons for the extension. The Committee may grant an extension of up to 1 year. Students may petition more than one time, although the intent is to create an expectation of finishing the degree in a timely fashion.

Dismissal on general performance grounds covers cases in which the CP faculty share the belief that a student’s development does not warrant his/her further pursuit of a Ph.D. In this instance, explicit criteria for termination will be stated in a letter to the student, with statements about what actions can be taken to ameliorate the performance and a time frame for correcting these behaviors.

### 24. PROGRAM EVALUATION OF THE CP PROGRAM

Since the inception of the Rehabilitation Psychology Program and later with its shift to a Clinical Psychology Program, we have gone through a series of intensive formal and informal reviews, including reviews from the West Lafayette Purdue Department of Psychological Sciences, by a special group by the Purdue Graduate School, and by internal reviews by our own department. The IUPUI Department of Psychology went through external reviews in 1990, 1997, 2005, and 2012. The CP program originally received accreditation from APA in 1997 and most recently was reviewed and earned continuing accreditation by APA in 2010 (Commission on Accreditation, 750 First St, NE, Washington, D.C., 20002, 202-336-5979). To maintain APA accreditation, formal review mechanisms were instituted including annual reports and periodic reviews of the CP program as needed.
The program regularly assesses overall program performance and adherence to
goals (section 5). Specific metrics to assess degree of successful attainment
of each goal and competency are noted in the table shown in Appendix 15. As noted
earlier, in addition to grades, each semester, student performance is assessed along 9
critical dimensions by the mentor (appendix 12) and by individual course instructors
(appendix 11). Student perspectives on program performance are obtained using
annual surveys from current students (appendix 15) and graduation and post graduation
surveys from our graduates (appendix 16).

25. FACILITIES

The Department of Psychology occupies teaching and research facilities located on the
downtown IUPUI campus. Faculty offices, classrooms, laboratories for human
research, and teaching laboratories are located on the first floor of the Science Building.
As space permits, doctoral students have assigned offices. These offices are located in
close proximity to their faculty mentors.

A 4,000 square foot, secure and self-contained, area on the 3rd floor is devoted to
faculty and students interested in basic animal research in experimental psychology and
Addiction Neuroscience. The basic animal research area includes five fully-equipped
research laboratories about 400 square feet each, five additional research rooms to be
used on a demand basis, a surgical procedures room, animal technician’s office, and
animal housing quarters and storage areas. Equipment resources include
computer-controlled behavioral apparatuses, a computerized microscope for
neuroanatomical studies, and a computerized autoradiographic image analysis system.

The state-of-the-art computerized University Library and the Medical School Library are
the primary library resources for the Psychology Department. There are over 200
journals related to psychology and professional psychological practice in the campus
libraries. Psych Lit, Psych Books, Med Line, and several other databases are available
in the library and through university networking. Electronic databases include direct
article access to all APA journals, all major journals in psychiatry, many less prominent
journals in psychology, and a large collection of other prominent journals in many
different fields. Both the University Library and the Medical School Library have
network access to these extensive databases. In addition, IUPUI has full access to the
holdings of Indiana University’s eight campus networks for interlibrary loan as well as to
the Purdue University system.

All faculty have fully furnished offices and have either Intel-based or MacIntosh personal
and research computers. The Psychology Department provides additional computers,
plotters and printers for faculty and student use. It also has image and text scanning,
computerized slide and plot-making equipment and several Laser printers. Faculty
have access to a well-stocked cabinet of pencils, pens, envelopes, paper, etc. The
department owns two copying machines, and students may set up a personal account
on the mail room copier.
The university provides considerable technological support of computer applications and computer networks. Computer clusters and network access are readily available through all office and staff computers, classroom computer clusters, and public computer clusters located with the Department of Psychology and the School of Science, and also throughout the university. The University Library emphasizes technology-focused library services, and also houses the Center for Teaching and Learning which emphasizes technology-based teaching innovations. The university has contractual arrangements with Microsoft, SPSS, and other software companies to provide faculty, staff and students a large number of products. These are available on CDs sold for a small fee at the bookstore and can be downloaded free by students and faculty from university servers.

The department has video cameras, VCR/DVD playback equipment, audio taping, and audio playback for relaxation tapes; biofeedback with EMG, GSR, and temperature monitoring and feedback; and a blood pressure monitor.

ADA provisions have been closely followed to meet the requirements of persons in wheelchairs and for persons with auditory and visual disabilities.
Appendix 1.

**Full-Time Clinical Psychology Faculty**

A Melissa Cyders, Assistant Professor (Ph.D., 2009, University of Kentucky, Appointed 2009)


A Adam Hirsh, Assistant Professor (Ph.D., 2008, University of Florida, Appointed 2010)


A Kyle Minor, Assistant Professor, (Ph.D., 2012, Louisiana State University, Appointed 2013).

A Catherine Mosher, Assistant Professor (Ph.D., 2008, University at Albany, State University of New York, Appointed 2010)

A Kevin L. Rand, Assistant Professor (Ph.D., 2006 University of Kansas, Appointed 2006).

A Jesse C. Stewart, Assistant Professor (Ph.D., 2003 Ohio University, Appointed 2006).

A Michelle P. Salyers, Associate Professor (Ph.D., 1998 IUPUI, Appointed 2010, Associate Research Professor 2001-2009)

A Tamika Zapolski, Assistant Professor (Ph.D., University of Kentucky, Appointed 2013)

**Affiliated and Scientist Faculty**

S Alan McGuire, Scientist Scholar (Ph.D., 2008 IUPUI, Appointed 2009)

S Angela Rollins, Assistant Research Professor (Ph.D., 2002 IUPUI, Appointed 2007)

**A Approved to chair research**

S Approved to be member of student committees on case-by-case basis
Appendix 2.

Graduate Psychology Faculty

A Leslie Ashburn-Nardo, PhD, Associate Professor. Social Psychology and Industrial/Organizational Psychology.

A Steve Boehm, PhD, Associate Professor. Addiction Neuroscience.

A Cristine Czachowski, PhD, Assistant Professor. Addiction Neuroscience.

A Dennis J. Devine, PhD, Associate Professor. Industrial/Organizational Psychology.

A Charles R. Goodlett, PhD, Professor. Addiction Neuroscience.

A Nicholas Grahame, PhD, Associate Professor. Addiction Neuroscience.

A Kathy E. Johnson, PhD, Professor. Cognitive Psychology.

A Chris Lapish, PhD., Assistant Professor. Addiction Neuroscience.

A Bethany S. Neal-Beliveau, PhD, Associate Professor. Addiction Neuroscience.

A Mike Sliter, PhD, Assistant Professor. Industrial/Organizational Psychology.

A Peggy Stockdale, PhD, Professor. Industrial/Organizational Psychology.

A Jane R. Williams, PhD, Associate Professor. Industrial/Organizational Psychology.

A Approved to chair research
S Approved to be member of student committees on case-by-case basis
Appendix 3.

Adjunct Clinical Psychology Faculty

<table>
<thead>
<tr>
<th>Name</th>
<th>Date Appointed</th>
<th>Primary Role</th>
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</thead>
<tbody>
<tr>
<td>Mary DeGroot, Ph.D.</td>
<td>2011</td>
<td>Practicum and research supervision</td>
</tr>
<tr>
<td>Joan Farrell, Ph.D.</td>
<td>2011</td>
<td>Practicum supervision</td>
</tr>
<tr>
<td>Ed Haskins, Ph.D.</td>
<td>1996</td>
<td>Practicum supervision</td>
</tr>
<tr>
<td>David Kareken, Ph.D.</td>
<td>2007</td>
<td>Practicum supervision</td>
</tr>
<tr>
<td>Jennifer Katzenstein, Ph.D.</td>
<td>2011</td>
<td>Practicum and research supervision</td>
</tr>
<tr>
<td>Marina Kukla, Ph.D.</td>
<td>2013</td>
<td>Research supervision</td>
</tr>
<tr>
<td>Jennifer Lydon, Ph.D.</td>
<td>2011</td>
<td>Practicum supervision</td>
</tr>
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<td>Paul Lysaker, Ph.D.</td>
<td>1995</td>
<td>Research and practicum supervision</td>
</tr>
<tr>
<td>Samantha Outcalt, Ph.D.</td>
<td>2011</td>
<td>Practicum supervision</td>
</tr>
<tr>
<td>Mike Shain, Ph.D.</td>
<td>1996</td>
<td>Practicum supervision</td>
</tr>
<tr>
<td>Naomi Swiezy, Ph.D.</td>
<td>2003</td>
<td>Practicum supervision</td>
</tr>
<tr>
<td>Fred Unverzagt, Ph.D.</td>
<td>2001</td>
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</tr>
<tr>
<td>Greg Zimet, Ph.D.</td>
<td>1994</td>
<td>Research supervision</td>
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<td>Grade</td>
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<td>600</td>
<td>Statistics I</td>
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<tr>
<td>_____</td>
<td>601</td>
<td>Correlation and Experimental Design</td>
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<tr>
<td>_____</td>
<td>I643</td>
<td>Field Methods</td>
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<tr>
<td>_____</td>
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<td>Assessment II</td>
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<td>Intervention II</td>
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<td>_____</td>
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<td>_____</td>
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<tr>
<td>_____</td>
<td>615/535</td>
<td>Intro to Physiological Psychology/Clinical Neuroscience</td>
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<tr>
<td>_____</td>
<td>I640</td>
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<tr>
<td>_____</td>
<td>518</td>
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<tr>
<td>_____</td>
<td>I650</td>
<td>Life Span Development</td>
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<td>I691</td>
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Thesis (3 hours minimum)

Emphasis Area:

Emphasis Area:

Elective:

Elective:

Elective:

Dissertation Credit (12+ credit hours)

Internship
### Ph.D. Sample Course Sequence

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<tr>
<td><strong>Year 1</strong></td>
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<tr>
<td>600 Statistical Inference</td>
<td>601 Corr. &amp; Exp. Design</td>
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<td>I664 Assessment I</td>
<td>I669 Assessment II</td>
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<td>I666 Intervention II</td>
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<td><strong>Year 2</strong></td>
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<tr>
<td>608 Measurement Theory</td>
<td>540 History of Psychology or E/M/G</td>
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<td>Var Multicultural or E/M/G</td>
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<td>Var E/M/G</td>
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<td><strong>Var E/M/G</strong></td>
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<tr>
<td>I697 Internship</td>
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</table>

E=Elective; M=Emphasis area course; G=General Psychology Core
### Appendix 6. Graduate Level Course Offerings - Psychology

#### Fall – Odd Years (2009, 2011, 2013, etc.)

<table>
<thead>
<tr>
<th>Clinical</th>
<th>I/O</th>
<th>Addiction Neuroscience</th>
<th>Other/Core</th>
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</thead>
<tbody>
<tr>
<td>166400/Psychological Assessment I</td>
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<td>61500/Intro to Physiological Psych</td>
<td>60000/Statistical Inference</td>
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<td>166500/Intervention 1: Counseling Approaches</td>
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<td>1560/Behavior Genetics</td>
<td>I640/Social Psychology</td>
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<td>59100 Psychopathology</td>
<td>59000/Training &amp; Compensation</td>
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<tr>
<td>I61800/Intervention in Health Psych</td>
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<td></td>
</tr>
<tr>
<td>I67000/Ethical, Legal, &amp; Cultural Issues</td>
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#### Spring – Even Years (2010, 2012, 2014, etc.)

<table>
<thead>
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<th>Addiction Neuroscience</th>
<th>Other/Core</th>
</tr>
</thead>
<tbody>
<tr>
<td>68100/IO Research Methods &amp; I643/Field Methods</td>
<td></td>
<td>1545/Psychopharmacology</td>
<td>60100/Correlation &amp; Experimental Design</td>
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<tr>
<td>I669/Psychological Assessment II</td>
<td>57200/Organizational Psychology</td>
<td>62200/Animal Learning</td>
<td>I650/Developmental Psychology</td>
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<td>I666/Intervention 2: Cognitive Behavioral Interventions</td>
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<td></td>
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<tr>
<td>535/Clinical Neuroscience</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>I613/Psychiatric Rehabilitation</td>
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#### Fall – Even Years (2010, 2012, 2014, etc.)

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<th>I/O</th>
<th>Addiction Neuroscience</th>
<th>Other/Core</th>
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<tbody>
<tr>
<td>1664/Psychological Assessment I</td>
<td>60800/Measurement Theory</td>
<td>59000/Drugs of Abuse</td>
<td>60000/Statistical Inference</td>
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<td>51800/ Memory &amp; Cognition</td>
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<td>59100 Psychopathology</td>
<td>68000/Selection &amp; Performance Management</td>
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<tr>
<td>I614/Behavioral Medicine</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>I675/Human Neuropsychology (tentative)</td>
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<td></td>
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</tr>
<tr>
<td>590/Qualitative Research Methods in Psychology</td>
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</table>

#### Spring – Odd Years (2009, 2011, 2013, etc.)

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<th>Addiction Neuroscience</th>
<th>Other/Core</th>
</tr>
</thead>
<tbody>
<tr>
<td>68100/IO Research Methods &amp; I643/Field Methods</td>
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<td>15_/Neurochemistry &amp; Neurophysiology of Behavior</td>
<td>60100/Correlation &amp; Experimental Design</td>
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<tr>
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<td>57200/Organizational Psychology</td>
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<tr>
<td>I666/Intervention 2: Cognitive Behavioral Interventions</td>
<td>68200/Applications in Personnel Psychology</td>
<td></td>
<td>54000/History of Psychology</td>
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<td>I646/Personality (tentative)</td>
<td>68400/Practicum in Industrial/Organizational</td>
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<tr>
<td>66700/ Dialectical Behavioral Therapy (DBT)</td>
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</table>
Appendix 7.
IUPUI
PSYCHOLOGY DEPARTMENT
Preliminary Exam Proposal Timeline Form

Name of Student ___________________________ PUID No. ________________

Examination to be taken:

☑ Preliminary Examination Proposal

Degree sought (exact title)  Doctor of Philosophy

It is recommended that the following serve as members of the Examining Committee:

<table>
<thead>
<tr>
<th>Graduate Faculty Identifier</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
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</tbody>
</table>

Date of Proposal: ________________

The preliminary examination document will be submitted no later than:

Date: ________________

Title of Preliminary Exam Proposal:

______________________________________________________________________

______________________________________________________________________

Recommended by: ____________________________  ____________________________

Major Professor  Clinical Psychology Area Head

Date of Approval: ________________  Date of Approval: ________________

Student Signature: ____________________________  Date: ________________

Submit original to IUPUI Psychology Graduate Coordinator, along with a copy of the approved proposal.
Appendix 8

PRACTICUM GUIDELINES

Ph.D. Program in Clinical Psychology (APA-Accredited)

Department of Psychology

Indiana University-Purdue University Indianapolis

January 2014
PRACTICUM GUIDELINES

Definition
A clinical practicum is a supervised training and educational experience conducted in a university, hospital or community health care setting. The sites for these practica are located in the Indianapolis area. Practica are organized on a one or two semester-long basis and are usually 1-2 days each week, with most sites averaging 1.5 days/week. A central aspect of the practicum experience at IUPUI is a high degree of access to many different clinical settings and client populations. Most practicum sites involve professional psychologists who provide on-site supervision and serve as mentors. Other health professionals including psychiatrists and others may also function in supervisory and mentoring roles. Close liaison is maintained between the Assistant Director of Clinical Training (Assistant DCT -- John Guare, Ph.D., HSPP) and each practicum site to assure that the practicum experience is meeting the training needs and objectives for the student.

Philosophy of practicum training
Practicum training is intended to promote constructive attitudes, impart practical knowledge about mental health and health care, and teach specific skills that are part of the clinical psychologist’s repertoire. Practicum training therefore addresses both general clinical skills and the application of these skills to the areas of mental health and health care. Training is individualized and students select sites on the basis of their interests, past experience, and training needs. Proper sequencing of sites is an important part of the process and is discussed on pp. 4-5 of these Guidelines. The focus of practicum training is on learning specific skills or knowledge, not just gaining clinical experience. Consequently, individualized goal sheets (“contracts”) between the practicum site, the student and the Assistant DCT detail learning experiences and objectives. Following practicum completion, this initial goal-sheet contract then serves the basis for student and practicum site evaluations.

The specific skills that are most often a focus include the development of general (e.g., diagnostic interviews) and specific assessment techniques (e.g., neuropsychological screening, IQ testing), and the development of intervention skills and techniques (e.g., crisis intervention, cognitive-behavior therapy). In addition, some placements allow for acquiring medical consultation skills and experience, administration and planning, and program evaluation. More advanced students may also gain supervised experience with supervision. Breadth of training is expected and students are encouraged to go to different settings with different populations, supervisors, etc. Practicum training also emphasizes the clinical science model and encourages the development of skills that are unique to psychology. Such training stresses the integration of scientific method, criticality, and science-based knowledge into professional practice. Across practicum settings, students generally increase their basic clinical skills and confidence, and also acquire increasing understanding of professional responsibility and ethics, and the many roles that psychologists can perform.

Practicum Requirements
Practicum training typically includes assessment, intervention, diagnostic skills, case conferences, in-service training, consultation, and/or research. A practicum experience that
includes administration, planning, and program evaluation is also an acceptable option. Trainees should receive at least one hour a week of supervision from a licensed psychologist. There is no departmental training clinic. Students therefore receive their practicum training at facilities/sites outside the department. However, all students engaged in practica meet monthly with the Assistant DCT to discuss their practicum experiences.

**Ph.D. program**

Ph.D. students are required to enroll for 12 credit hours of practicum training which translates into four 200-hour practicum placements (3 credit hours each). Students typically provide 12-13 hours/week for 16 weeks (one semester) at the practicum site = 200 hours. Thus, the requirements are 800 hours across four practicum placements. Practica typically begin in the fall (late August), spring (January) or summer (May) sessions, and may last between 1 – 2 semesters. If a student is going to do a practica placement that lasts 2 semesters, it can likely be arranged to count as 2 of the 4 required practicum placements.

**Procedure**

There is no “fixed” time frame when students enroll in practicum placements. Most students sign up for their first formal practicum at some point in their second year, or in the summer following their first year at the very earliest. Students then typically enroll in three (or four) additional practica by the end of the fourth year. Students must register for practica in the semester that the practicum placement begins. Practica may begin in the spring, summer or fall semesters.

Throughout the course of the practicum training, the Assistant DCT maintains a close working relationship with graduate students. Before making contact with prospective practicum sites, he meets individually with students to review their progress and to establish appropriate clinical training goals. Every effort is made to match students' clinical interests and goals to the training experiences afforded at particular practicum sites. Fortunately, the range of clinical training opportunities available to students in the Indianapolis community is broad. *Note: it is very important that students speak with the Assistant DCT at least 6 months prior to the desired starting time of the practicum to allow enough “lead time.”*

After desired practicum placements are chosen by the student, the Assistant DCT contacts the site supervisor, discusses the student with the potential supervisor, and sets up a preliminary interview between the student and practicum supervisor. If both the student and clinical supervisor agree to pursue the practicum, an initial meeting time is then arranged for the Assistant DCT and student to visit with the supervisor at the practicum site. (In some cases where supervisors routinely accept our graduate students for practica, there may be no need for the Assistant DCT to attend this meeting.) The purpose of this meeting is to provide final practicum site confirmation and begin to discuss specific training goals for the student in collaboration with the clinical supervisor. The student and the clinical supervisor are encouraged to contact the Assistant DCT if any concerns arise, or if additional information about practicum requirements is needed. After the practicum has begun, the student and supervisor collaboratively fill out the goal setting section of the IUPUI Practicum Evaluation form (see section following “Practicum Training Sites” for the entire Evaluation form), specifying training
objectives. A final “exit interview” meeting is also scheduled when the student is near the end of the practicum placement. The student initiates setting up the exit interview.

In preparation for the final meeting (“exit interview”), the supervisor is encouraged to complete the Practicum Course Evaluation form. The student, supervisor and Assistant DCT attend the exit interview. At the outset of the exit interview meeting, both the student and supervisor discuss the extent to which goals were met, and the reasons for any discrepancies between intended and obtained goals. The student describes what s/he has learned throughout the practicum, and the supervisor is then asked to comment on the student's specific clinical strengths (e.g., conceptual abilities, intervention skill), and to indicate areas for future development. Finally, the student is encouraged to provide feedback to the supervisor about the quality of supervision (e.g., the supervisor's ability to clearly communicate his/her ideas and expectations), and the breadth of training experiences (e.g., the extent to which the supervisor provided opportunities for active involvement in assessment and intervention).

Sequencing of Practica

Ph.D. students are typically involved in 4-5 semesters’ worth of practica training. Sequencing such training is an important part of the process. Several times throughout their graduate training, each student meets individually with the Assistant DCT to discuss which sites to pursue and in what order. To help the student in this process, sites are identified below as “Basic” and “Advanced.” Those considered “Basic” are designed for students engaging in their 1st or 2nd practica placement and are designed to promote the development of such skills such as conducting intake assessments, CBT basics, conceptualizing presenting problems, developing a treatment plan, writing session notes, assessment and report writing, and demonstrating core skills such as relationship building, empathy, reflection, asking open-ended questions, etc. Those considered “Advanced” are designed for students who have already completed at least one practicum, build upon the above-mentioned skills, and help the student with such skills as advanced CBT, conceptualizing client problems from different perspectives, learning and using meta-cognition therapy techniques, schema therapy for borderline personality disorder, dealing with severe client resistance, and applying other empirically-validated treatment approaches. In addition, several sites require students to have their master’s degree, and those sites are also identified below. These categories help students select and conduct their practicum training in a proper sequence. The Assistant DCT also works closely with each student to arrange an appropriate order of practica site placements.

“Basic” practicum sites: IUPUI Counseling Center; Indiana Women’s Prison; VA Medical Center (all clinics except Primary Care as well as Pain Clinic ); IU Medical Center – Fibromyalgia Clinical Research; IU Medical Center – Neuropsychology Clinic; IU Health Bariatric Center; Community Rehabilitation (formally Hook Rehab) Hospital; Pike Township Public Schools, Children’s Resource Group; Riley Hospital – Developmental Pediatrics; LaRue Carter Hospital, Beacon Psychological Services, Community Hospital South Bariatric Center.

“Advanced” practicum sites: IU Medical Center – Outpatient Psychiatry Clinic; Riley Hospital – Pediatric Pain Clinic; Riley Hospital – Pediatric Mood Disorders Clinic; IU Medical Center – Diabetes Clinic; VA Medical Center – Primary Care; St. Vincent Hospital – Primary Care; IU Medical Center – Neurology; Professional Psychological Services; Riley Hospital – Child Development Center; Insights Consulting; IU Medical Center – Autism Treatment Center, IU Medical Center – Consultation/Liaison Service; Midtown Westside Clinic – Borderline
Personality Disorder outpatient clinic (called the BASE program); VA Medical Center Physical Medicine and Rehabilitation – Pain Clinic; Charis Center for Eating Disorders.

Additional practicum sites requiring/strongly preferring a master’s degree and therefore are also considered as an “Advanced” site: St. Vincent Hospital – Pediatrics; Indiana Polyclinic.

**Monthly Meta-Supervision Meetings**

All students participating in practica will be required to attend a monthly “meta-supervision” meeting with the assistant DCT, Dr. John Guare. The purpose of these monthly meetings is to discuss cases and professional training issues, get feedback/input from fellow practica students and the assistant DCT, get supervision/feedback from the assistant DCT and fellow students when students present segments from audiotaped sessions, etc. These meetings are two hours long and will be held every month of the year.

**Audiotaping Sessions**

Students seeing individual therapy clients at a practicum site are required to ask clients for their permission to record the sessions for supervision purposes. Unless all clients refuse audiotaping or site policy does not allow students to do so, each student must bring in one audiotaped session for review by the Assistant DCT per semester. Each semester, each student must transcribe a 10-15 minute segment s/he would like feedback on, and bring transcript copies to the meta-supervision meeting. Assuming time allows, supervision feedback/discussion will take place in the monthly meta-supervision meetings. If time does not allow for supervision at the monthly meetings, the Assistant DCT will meet with the student individually to review and discuss the audiotaped session.

**Outcome Assessment**

Our psychotherapy training model focuses on evidence-based practice and measurement-based practice. With regards to outcome assessment, students seeing individual therapy clients will be asked to identify and regularly use a brief outcome measure that assesses the client’s treatment progress and is diagnostically and culturally appropriate. Outcome assessment should be completed at baseline, treatment termination and at regular intervals during the course of treatment (e.g., at the end of every session or every other session). However, this is at the discretion of the supervisor. Students may ask their site supervisors for appropriate measures to use, given the client’s problems. Outcome measures may also be used via the ACORN system or the CORE-OM system. Students are to track these outcomes and integrate this information into their treatment planning and report on these outcome measurement scores during the monthly meta-supervision meetings.

**Training and experience in supervising counselors in training**

A critical skill area for clinical psychology is supervision of trainees. Accordingly, all PhD students are required to participate in the following didactic and experiential training (supervisory experience) as supervisors. This is required by APA.

*Supervisory experience*
For the purpose of supervisory experience, once students have completed at least two practica, they will be designated as “senior students.” Senior students will be required to supervise junior students for the equivalent of one academic year (two semesters). From talking with senior students who have served as supervisors, the best time to do so is to start in the year preceding your applying for internship, i.e., the spring semester before applying + the fall semester when you are applying. Therefore, use this time frame when planning your “supervisory experience.” (This is so you can mention this experience in your internship cover letter, discuss it during internship interviews, etc.) Senior students will be matched with junior students (1:1) according to factors such as the practicum experiences of the senior students, the senior student NOT being in the same lab as the junior student, etc. Student supervisors will be required to attend the monthly meta-supervision meetings described above only if they are actively seeing clients (engaged in practica), as well as meet monthly for a second two hour meeting in their own group with the assistant DCT. The purpose of these meetings is to discuss supervisory cases and professional training issues, get feedback/input from fellow supervisor-in-training students, and get supervision/feedback from the assistant DCT.

Supervising students will meet with their designated junior student every other week throughout the two semesters. These 1:1 meetings will be 60 minutes in length. If possible, supervising students will be paired with a different junior student each semester.

For the first of the two semesters, the assigned text for the senior students engaged in the supervisory experience is entitled Clinical supervision: A competency-based approach by Falender, C. A., & Shafranske, E. P. (2004), Washington, DC: American Psychological Association. This book is appropriate for supervisors in academic and other settings, as well as for graduate students learning how to do supervision. The assistant DCT will identify chapters to be addressed at each meeting, with an emphasis on developing the competencies of good clinical practice. Senior students will also be required to present/discuss identified chapters during the monthly meetings. The text for the second semester is entitled Casebook for Clinical Supervision: A competency-based approach, by Falender, C. A., & Shafranske, E. P. (Eds.) (2004), Washington, DC: American Psychological Association.
Practicum Training Sites

The practicum sites described below are categorized according to the areas of: General Training, Health, Neuropsychology/Assessment, Severe Mental Illness/Psychiatric Rehabilitation, and Autism/Developmental Disorders. Students are encouraged to obtain training at a variety of sites. The Assistant DCT must contact each site ahead of time to determine practicum availability for all students. Students should never contact a site without first talking with the Assistant DCT.

General Training Sites

Indiana University Medical Center – Psychiatry Department, Outpatient Psychiatry Clinic, Goodman Hall (Neuroscience Center at Methodist Hospital campus), Indianapolis, IN

**Practicum Supervisors:** Yelena Chernyak, PhD, HSPP; Natalie Blevins-Dattilo, Ph.D., HSPP  
**Mission:** to provide screening, assessment and psychotherapy services to persons with anxiety, depression, and other mental health disorders; some health issues  
**Clients:** adults with a variety of presenting problems. (Note: ~25% of Dr. Blevins-Dattilo’s patients are treated for health issues such as insomnia, pain, neurological issues, post-transplant coping)  
**Services:** biopsychosocial assessment, cognitive-behavioral psychotherapy, screening for clinical research protocols.  
**Length of practicum:** typically 1 semester

IUPUI Counseling Center (CAPS), Union Building, 620 Union Dr., Indianapolis, IN

**Practicum Supervisors:** Julie Lash, Ph.D., HSPP, and other psychologists.  
**Mission:** to provide counseling and psychological services to IUPUI students and staff.  
**Clients:** primarily IUPUI students and staff members.  
**Services:** personality assessment, brief psychosocial evaluation, individual and couple’s counseling, group counseling.  
**Length of practicum:** 2 semesters required, typically fall + spring sequence

Indiana Women's Prison, Special Needs Unit, 401 N. Randolph St., Indianapolis, IN

**Practicum Supervisor:** psychologist-in-charge  
**Mission:** to provide assessment and intervention services for female offenders with psychiatric disorders.  
**Clients:** adult women offenders with a wide range of psychiatric disorders.  
**Services:** intellectual and personality assessment, individual and group coping skills training, anger management, life skills training.  
**Length of practicum:** typically 1 or 2 semesters

Riley Hospital for Children – Mood Disorders Clinic, Indiana University Medical Center, Indianapolis, IN
Practicum Supervisor: Ann Lagges, Ph.D., HSPP
Mission: to provide psychological assessment (brief), consultation and intervention services to children and their families.
Clients: children presenting mostly with mood disorders (e.g., anxiety, depression, psychosomatic issues)
Services: brief assessment/structured interview, CBT-based psychological interventions
Length of practicum: 1 semester most typical

Health Sites

IU Health Bariatric Center of Excellence, Intech Park, W. 71st Street, Indianapolis, IN

Practicum Supervisors: Bill Hilgendorf, Ph.D., HSPP
Mission: to provide psychological assessment, consultation, and intervention services to adults who are interested in bariatric surgery
Clients: pre- and post-bariatric surgery adults and their family members
Services: coping styles and personality assessment, consultation, psychological intervention, support group therapy, referral services
Length of practicum: 2 semesters required

St. Vincent Bariatric Center of Excellence, 13430 N Meridian St # 168, Carmel, IN 46032

Practicum Supervisors: Dave Creel, Ph.D., HSPP
Mission: to provide psychological assessment, consultation, and intervention services to adults who are interested in bariatric surgery
Clients: pre- and post-bariatric surgery adults and their family members; children in the LIFE weight management program
Services: coping styles and assessment, consultation, psychological intervention, support group therapy, referral services, children’s LIFE program, non-surgical weight loss program
Length of practicum: 1 or 2 semesters
NOTE: Only MS students have been placed here. It is unclear at this time if this site can be modified for PhD students.
Indiana University Cancer Center, Indiana University Medical Medical Center, Indianapolis, IN
**NOTE – This site is not currently available due to the lack of a clinical psychologist.**

**Practicum Supervisor:** None currently available (Shelley Johns, Psy.D., HSPP was previous supervisor)

**Mission:** to provide psychological assessment, consultation and intervention services to adults with cancer and their families.

**Clients:** adults with cancer and family members.

**Services:** coping styles and mood assessment, consultation, psychological intervention, pain management, possible support group therapy.

Riley Hospital for Children – Pediatric Pain Clinic, Indiana University Medical Center, Indianapolis, IN

**Practicum Supervisor:** Eric Scott, Ph.D., HSPP

**Mission:** to provide psychological assessment, consultation and intervention services to children with chronic pain and their families.

**Clients:** children with chronic pain.

**Services:** Standardized evaluation + report, coping styles assessment, consultation, psychological intervention, pain management.

**Length of practicum:** 1 semester most typical.

Indiana University Medical Center – Diabetes Clinic, MDC unit, Indianapolis, IN

**Practicum Supervisor:** Mary de Groot, Ph.D., HSPP

**Mission:** to provide psychological assessment, consultation and intervention services to adults with diabetes; consult with MDs and nursing staff.

**Clients:** adults with type 1 and type 2 diabetes.

**Services:** mood and coping styles assessment, consultation, psychological intervention, adherence management, coping with chronic illness.

**Length of practicum:** ~6 months with the ½ to 1 day/wk diabetes clinic.

Roudebush VAMC Hospital – Primary Care Clinic, Indiana University School of Medicine, W. 10th St., Indianapolis, IN

**Practicum Supervisor:** Jennifer Lydon-Lam, Ph.D., HSPP, Jennifer Chambers, PhD, HSPP, Jay Chambers, PhD, HSPP (and possibly David Fingerhut, PhD, HSPP at VA satellite clinic)

**Mission:** to provide psychological assessment, consultation & intervention services to veterans.

**Clients:** veterans presenting to the Primary Care Clinic.

**Services:** brief assessment, consultation, psychological intervention, management of adherence, stress and pain issues, management of psychiatric comorbidities.

**Length of practicum:** most likely requires 2 semesters; summer only might be an option
Indiana University Medical Center – Consultation/Liaison Service, Indianapolis, IN

**Practicum Supervisor:** TBD  
**Mission:** to provide psychological assessment and intervention services to adult medical inpatients, and consultation to MDs/medical staff  
**Clients:** adult medical inpatients at University Hospital in a variety of service areas (e.g., neurology, pulmonology, general surgery) and Cancer Pavilion. Presenting concerns include depression, anxiety, pseudo-seizures, coping and adjustment issues, competency evaluations, ventilator weaning, etc.  
**Services:** brief assessment, consultation, time-limited psychological intervention (mostly CBT based), relaxation training, psychoeducation  
**Length of practicum:** 1 semester  
**NOTE:** THIS SITE IS CURRENTLY ON HOLD.

Indiana University Medical Center - Fibromyalgia Clinical Research, Indianapolis, IN

**Practicum Supervisor:** Mark Jensen, Ph.D., HSPP, Dennis Ang, M.D.  
**Mission:** to provide psychological intervention services to adults with fibromyalgia  
**Clients:** adults with fibromyalgia and pain who are part of an ongoing clinical research intervention project  
**Services:** motivational interviewing, telephone-delivered CBT manualized intervention.  
**Length of practicum:** most likely requires 2 semesters; this is a clinical research project and practicum depends on grant activity and subject recruitment. *Only available if clinical research project is ongoing.*

St. Vincent Hospital – Primary Care Clinic, 8414 Naab Rd., Indianapolis, IN

**Practicum Supervisor:** Tom Barbera, Ph.D., HSPP  
**Mission:** to provide psychological assessment, consultation and intervention services to adult medical patients.  
**Clients:** adult primary care medical outpatients referred by their MD.  
**Services:** brief assessment, consultation, time-limited psychological intervention, management of adherence, stress, pain and other medical issues, management of psychological co-morbidities.  
**Length of practicum:** 1 or 2 semesters is possible

St. Vincent Hospital – Pediatrics; 2001 W. 86th St., Indianapolis, IN

**Practicum Supervisor:** Lori Urban, Psy.D., HSPP  
**Mission:** to provide psychological assessment, consultation and intervention services to children with medical problems, and to assist parents/family members as well.  
**Clients:** inpatient and outpatient children with medical problems, often referred by their MD.  
**Services:** inpatient consultation, brief assessment, psychological intervention addressing management of adherence, stress, headaches, diabetes and other medical issues, management of psychological co-morbidities.
Indiana PolyClinic (was Meridian Health Group) -- 12772 Hamilton Crossing Boulevard, Carmel, IN, 46032

**Practicum supervisors:** Ari Gleckman, Ph.D., HSPP, Amber Fleming, Psy.D., HSPP
**Mission:** Provide psychological services to adults with chronic pain and mental health issues (this includes approx 90% psychotherapy and less than 10% assessment).
**Clients:** 60% of clients/patients have chronic pain and co-morbid medical conditions; 40% of clients present with traditional mental health problems. A very important point is that a student’s practicum experience will be like that of an outpatient mental health clinic. This means that for the vast majority of your clients (even those with chronic pain), you will be working on helping patients manage their depression, anxiety disorders, personality disorders, substance abuse issues, etc. Think of this site as an outpatient clinic. Psychotherapy interventions include CBT, Mindfulness, DBT, etc. Dr. Fleming sees a small percentage of adolescents for general mental health concerns.
**Services:** This is an interdisciplinary treatment site with many medical treatment options for chronic pain management (i.e., interventional medical procedures, IV drug therapies, hyperbaric oxygenation therapies, ECT, inpatient chronic pain treatment via an intractable pain service at Community Hospital North, OT/PT, podiatry, etc); stress management and general mental health services for a variety of presenting problems (underlined above), evaluations of patients applying for elective surgeries (i.e., bariatric surgery, Spinal Cord Stimulator implantation, and Morphine Pump Implantation); Chronic Pain support group offered and run by students
**Length of practicum:** requires at least 2 semesters and strongly prefers 11 months; begins late August and runs into/through July; Master’s degree strongly preferred.

Roudebush VAMC Hospital – Palliative Care Services, Indiana University School of Medicine, W. 10th St., Indianapolis, IN

**Practicum Supervisor:** Samantha Outcalt, Ph.D., HSPP
**Mission:** to provide psycho-oncology/end of life services for terminally ill patients
**Clients:** adult inpatients receiving Palliative Care services in the VA hospital on multiple floors
**Services:** psychotherapy, grief therapy, end of life issues, behavioral medicine-based therapy as appropriate.
**Length of practicum:** 1 or 2 semesters is possible

Roudebush VAMC Hospital – Physical Medicine and Rehabilitation Services (PMRS) Pain Clinic, Indiana University School of Medicine, W. 10th St., Indianapolis, IN

**Practicum Supervisor:** psychologist-in-charge
**Mission:** to provide assessment and treatment of chronic pain and associated psychological issues
**Clients:** Veterans and members of their families
**Services:** Individual and group therapy; assessment to determine if appropriate for program; the program uses an interdisciplinary team approach
**Length of practicum:** 1 or 2 semesters is possible

IU Health Charis Center for Eating Disorders, 6640 Intech Blvd, Suite 195, Indianapolis IN 46278
Practicum Supervisor: Natalie Cumberlander Zolicoffer, Ph.D., HSPP
Mission: to provide psychotherapy for eating disorder problems
Clients: adult patients receiving psychotherapy on an outpatient basis
Services: intake assessments, psychotherapy including cognitive-behavioral therapy (CBT), interpersonal therapy (IPT), mindfulness approaches, individual therapy, group therapy, Intensive Outpatient Therapy (IOP), Day Treatment Program, interdisciplinary care including nutritionists and physicians
Length of practicum: 1 or 2 semesters is possible

Neuropsychology/Assessment Sites

Indiana University Medical Center – Psychiatry Department, Neuropsychology Clinic, Indiana University School of Medicine, Goodman Hall (Neuroscience Center), Indianapolis, IN

Practicum Supervisor: Dan Rexroth, Psy.D., HSPP, Post-doctoral fellows
Mission: to provide neuropsychological evaluations for adults with cognitive problems.
Clients: adults with Alzheimer's disease, dementia, candidates for epilepsy surgery, malingering, and related concerns.
Services: neuropsychological evaluation and consultation, integrative reports, differential diagnosis.
Length of practicum: requires 2 semesters (1 might be possible but is the exception)

Community Hospital South – Bariatric Center (psychologist is located next to the hospital in Greenwood, IN 46227

Practicum Supervisor: Theresa Rader, Psy.D., HSPP
Mission: to provide psychological assessment, consultation, and intervention services to adults who are interested in bariatric surgery.
Clients: pre- and post-bariatric surgery adults and their family members.
Services: pre-surgical psychological evaluation involving structured interview, personality assessment, IQ assessment and self-report measures, integrative reports, individual and small group therapy, larger support group therapy (this is currently set up as mostly assessment + report writing with a smaller amount of therapy).
Length of practicum: 1 or 2 semesters
Community Rehabilitation Hospital (was Hook Rehabilitation Center), Community Hospital North campus, Indianapolis, IN

Practicum Supervisors: Mike Shain, Ph.D., HSPP, Ed Haskins, Ph.D., HSPP
Mission: to provide diagnostic, assessment, treatment, and consultation services for persons with neurological/physical disabilities and their families.
Clients: adults with TBI, stroke, MI, accident-related and drug-induced injuries, etc. Inpatients as well as outpatients (and outpatient site is not at the hospital)
Services: neuropsychological evaluation and consultation, personality and coping styles assessment, adjustment counseling groups, brief individual counseling.
Length of practicum: typically 1 semester

Roudebush VAMC Hospital – Indiana University School of Medicine, 1481 W. 10th St., Indianapolis, IN

Practicum Supervisors: Kriscinda Marks Whitney, PhD. HSPP
Mission: to provide neuropsychological evaluations for adults based upon referral from other VA providers.
Clients: adults with Alzheimer's disease, dementia, cognitive complaints, TBI, stroke, accident-related injuries, malingering and related concerns, candidates for organ transplant and/or interferon, evaluation for independent living, compensation and pension, and disability claims.
Services: neuropsychological evaluation and consultation, personality assessment, IQ assessment and self-report measures, integrative reports.
Length of practicum: typically 1 semester

Indiana University Medical Center - Department of Neurology, Indianapolis, IN

Practicum Supervisor: David Kareken, Ph.D., HSPP
Mission: to provide inpatient and outpatient consultations to adults with neurological disabilities, such as traumatic brain injury, stroke, epilepsy, dementia, and other neurological disorders.
Clients: primarily adults with neurological disabilities.
Services: neuropsychological assessment and consultation, assessment of personality and coping skills, brain imaging, clinical research.
Length of practicum: typically 1 semester

Professional Psychological Services, 10293 N. Meridian Street, Indianapolis, IN

Practicum Supervisor: Steve Couvillion, Ph.D., HSPP
Mission: to provide neuropsychological assessment and intervention services to children and adolescents.
Clients: children and adolescents with neuropsychological problems.
Services: intellectual and neuropsychological assessment, integrative reports, consultation.
Length of practicum: typically 1 semester

Children’s Resource Group, 9106 N. Meridian Street, Indianapolis, IN
Practicum Supervisor: Julie Steck, Ph.D., HSPP
Mission: to provide psychological assessment for children and adolescents.
Clients: children and adolescents with educational and related concerns.
Services: intellectual, ADHD, emotional and related assessments, integrative reports, consultation, feedback to parents.
Length of practicum: typically 1 semester

Pike Township Public Schools, Indianapolis, IN

Practicum Supervisor: Pamela June, Ph.D., HSPP
Mission: to provide intellectual assessments for children in the Pike Township School system of Indianapolis.
Clients: students in Pike Township from grade school through high school.
Services: administration, scoring and interpretation of a wide variety of intellectual tests, integrative reports.
Length of practicum: typically 2 semesters required

Riley Hospital for Children - Child Development Center, Indianapolis, IN

Practicum Supervisors: Angela Tomlin, Ph.D., HSPP; Lynn Sturm, Ph.D., HSPP
Mission: to provide psychological assessments and school consultations to children and teens with developmental disabilities and their parents.
Clients: children with a wide range of developmental disabilities and their families.
Services: functional assessment, intellectual assessment, personality and coping styles assessment, school consultation, brief family counseling, community referral.
Length of practicum: typically 1 semester

Riley Hospital for Children - Developmental Pediatrics, Indianapolis, IN

Practicum Supervisor: Heike Minnich, Psy.D., HSPP
Mission: to provide psychological assessments and consultation to children and their parents.
Clients: infants/children up to 12 years of age with a wide range of developmental and medical disabilities, and their families.
Services: functional and cognitive assessment, intellectual and emotional assessment, personality and coping styles assessment, diagnostic issues, brief family counseling, behavioral management, coping with medical issues, trauma-focused CBT, child therapy, international adoption issues, community referral.
Length of practicum: 2 semesters typically required
Beacon Psychology Services, LLC, 11495 N. Pennsylvania – suite 105, Carmel, Indiana

Practicum Supervisor: Jennifer Horn, Ph.D., HSPP
Mission: to provide psychological assessments and consultation to children and their parents (individual therapy is also provided but is not part of the practicum experience).
Clients: children and adolescents with educational and related concerns.
Services: intellectual, ADHD, emotional and related assessments, integrative reports, consultation, feedback to parents, support groups for children/adolescents with autism spectrum disorder problems.
Length of practicum: 1 or 2 semesters

Severe Mental Illness/Psychiatric Rehabilitation Sites

Larue Carter Psychiatric Hospital, 2601 Cold Springs Road, Indianapolis, IN

(a) Adult Services – multiple units
Practicum Supervisors: Tim Lines, Ph.D., HSPP, other psychologists, post-doctoral fellows
Mission: to provide diagnostic and intervention services to inpatient adults.
Clients: adults with a wide range of severe psychiatric problems.
Services: intellectual and personality assessment, individual therapy, supportive and psychoeducational group therapy.
Length of practicum: 1 semester

(b) Youth Services – adolescent female and male units
Practicum Supervisor: psychologists-in-charge.
Mission: to provide diagnostic and intervention services to inpatient adolescent females and/or males.
Clients: adolescent females and/or males with a wide range of psychiatric problems.
Services: personality and coping skills assessment, individual and group counseling, family counseling if possible.
Length of practicum: 1 semester

Roudebush VAMC Hospital, Indiana University School of Medicine, 1481 W. 10th St., Indianapolis, IN**

Practicum Supervisors: Paul Lysaker, Ph.D., HSPP, Louann Davis, Psy.D., HSPP, Carol Wright-Buckley, Ph.D., HSPP, Steve Hermann, Ph.D., HSPP, David Tarr, Ph.D., HSPP, et. al.
Mission: to provide diagnostic and intervention services to adults with (1) chronic, severe mental illnesses, and/or (2) acute distress, axis II disorders, affective disorders, drug abuse, PTSD.
Clients: adults with schizophrenia, mood and anxiety disorders, axis II disorders, PTSD, acute distress, drug abuse.
Services: psychosocial and vocational assessment, individual therapy, group therapy, mindfulness therapy, resource program.
**Length of practicum:** depends on the supervisor -- typically requires 2 semesters; in some cases 1 semester may be negotiable.

**Adult & Child Mental Health Center, 8320 Madison Avenue, Indianapolis, IN, 46227**

**Practicum supervisors:** Dionne Dynlacht, Ph.D., HSPP
**Mission:** to provide Assertive Community Treatment (ACT) services to individuals in the community with serious mental illness. **Clients:** adults with chronic and serious psychiatric problems.
**Services:** Evaluation + report writing, supported employment, case management, and other ACT team support services.
**Length of practicum:** typically 2 semesters; in rare cases 1 semester may possibly be negotiable; availability is variable and hard to predict; for MS students

**Midtown Westside Clinic, 5610 Crawfordsville Road – suite 2201, Indianapolis, IN 46202**

**Practicum Supervisor:** Joan Farrell, Ph.D., HSPP (and Dr. Heather Fretwell, MD psychiatrist as back-up)
**Mission:** to provide assessment and intervention services to outpatient adults with borderline personality disorder
**Clients:** adults with borderline personality disorder.
**Services:** Primarily schema-based therapy; Student opportunities may include participation in a multi-disciplinary treatment team, individual therapy for BPD patients, psychological testing, participation as a co-therapist in psycho-ed group for families/patients’ support people, observation opportunities in Schema Therapy groups followed by acting as “back-up” co-therapist for multisite study groups, and clinical research involvement for Schema Therapy
**Length of practicum:** 1 semester

**Autism/Developmental Disorders Sites**

**Insights Consulting, 5948 N. College Ave, Indianapolis, IN 46220**

**Practicum supervisors:** Berill Johnson, Ph.D., HSPP.
**Mission:** to provide consulting services to individuals and staff in a variety of community settings.
**Clients:** adults in residential homes, school settings, etc. with MR/DD and serious mental illness.
**Services:** functional assessments, diagnostic assessments, behavioral treatment planning, behavioral interventions for clients and staff.
**Length of practicum:** typically 1 semester
**NOTE:** Site may no longer have a psychologist on staff, and therefore may not be viable.

**Indiana University Medical Center - Christian Sarkine Autism Treatment Center, Riley Hospital for Children, Indianapolis, IN**

**Practicum Supervisor:** Naomi Swiezey, Ph.D., HSPP
Mission: to provide assessment and intervention services to children with autism and their families.
Clients: children and adolescents with autism.
Services: diagnostic evaluations, functional and behavioral assessments, group therapy, parent training, family therapy.
Length of practicum: requires 2 semesters

Damar Services, Inc, 6067 Decatur Blvd., Indianapolis, IN 46241

Practicum supervisors: Staff Psychologists
Mission: from website – “to build better futures for children and adults facing life's greatest developmental and behavioral challenges.” What this means – helping individuals with significant developmental disabilities and/or mental challenges (often comorbid with psychiatric/behavioral problems) become as functional as possible.
Services: Autism services, early intervention, intensive/secure residential campus, transitional living services, group homes, educational support, community support services, supported living, behavior management, mental health counseling, recreational therapy, occupational therapy, expressive therapy, art therapy.
Length of practicum: typically 1 or 2 semesters
NOTE: THIS IS ONLY A IS POSSIBLE SITE. IT DEPENDS ON WHETHER THEY HAVE A DOCTORAL-LEVEL SUPERVISOR AVAILABLE

Indiana MENTOR Behavior Support Services Developmental Disabilities, 8925 North Meridian Street Suite 200, Indianapolis, IN 46260 http://www.in-mentor.com/standard/services.aspx?guid=ae374a1a-4380-4b75-9f7d-affea775cfd0

Practicum supervisors: Dallas Mulvaney, Ph.D., Fritz Kruggel, M.S., BCBA, Laura Bassette, Ph.D.
Mission: Indiana MENTOR provides residential services and group homes and supported living services (Home and Community Based Waivers) and Host Home (Adult Foster Care) in Marion, and other counties. Indiana MENTOR provides behavior support services based on the principles of Applied Behavior Analysis (ABA) and Positive Behavior Supports (PBS). Services are designed to develop and strengthen the abilities of the individual, and seek the highest desired quality of life possible. They address behaviors of concern and the skills needed to reduce the problematic behaviors.
Clients: Adolescents and adults with disabilities in residential settings, day program, etc.
Services: Program development typically includes the following list of supports: Functional assessment of concerns, including recommendations for programming; Behavior support plan with instructions for establishing new or strengthening existing skills, as well as for diminishing behavior concerns; Training, implementation and data collection; Progress monitoring, follow up training as needed; Updates and revisions as indicated to expand, advance, generalize, refine until outcomes are mastered, independent, and fluent.
Length of practicum: Typically 1 semester
Past Sites

Methodist Hospital – Family Practice Center, 1520 N. Senate Avenue, Indianapolis, IN
** NOTE: This site is not currently available.
Practicum Supervisors: Shobha Pais, Ph.D., HSPP, and Mary Dankoski, Ph.D., HSPP
Mission: to provide psychological assessment and intervention services for patients with a wide variety of medical problems.
Clients: adults with medical problems who have a wide variety of co-morbid psychiatric problems.
Services: individual assessment and intervention, group therapy, family therapy.
Clinical Psychology Practicum Supervisors

<table>
<thead>
<tr>
<th>Name</th>
<th>Date Appointed</th>
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<tbody>
<tr>
<td>Matt Aalsma, Ph.D.</td>
<td>2003</td>
</tr>
<tr>
<td>Nicolle Angeli, Ph.D.</td>
<td>2012</td>
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<tr>
<td>Tom Barbara, Ph.D.</td>
<td>2010</td>
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<tr>
<td>Melissa Butler, Ph.D.</td>
<td>2013</td>
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<tr>
<td>Yelena Chernyak, Ph.D.</td>
<td>2012</td>
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<tr>
<td>Steve Couvillion, Ph.D.</td>
<td>2003</td>
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<tr>
<td>Dave Creel, Ph.D.</td>
<td>2010</td>
</tr>
<tr>
<td>Mary Dankoski, Ph.D.</td>
<td>2003</td>
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<tr>
<td>Louanne Davis, Psy.D.</td>
<td>2007</td>
</tr>
<tr>
<td>Joan Farrell, Ph.D.</td>
<td>2005</td>
</tr>
<tr>
<td>David Fingerhut, Ph.D.</td>
<td>2012</td>
</tr>
<tr>
<td>Mary de Groot, Ph.D.</td>
<td>2010</td>
</tr>
<tr>
<td>Steve Herman, Ph.D.</td>
<td>2005</td>
</tr>
<tr>
<td>Julie Harrison, Ph.D.*</td>
<td>2003</td>
</tr>
<tr>
<td>Bill Hilgendorf, Ph.D.</td>
<td>2009</td>
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<tr>
<td>Jennifer Horn, Ph.D.</td>
<td>2011</td>
</tr>
<tr>
<td>Ray Horn, Ph.D.*</td>
<td>1994</td>
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<tr>
<td>Mark Jensen, Ph.D.*</td>
<td>2009</td>
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<tr>
<td>Shelley Johns, Psy.D.</td>
<td>2001</td>
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<tr>
<td>Berill Johnson, Ph.D.*</td>
<td>2006</td>
</tr>
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<td>Pam June, Ph.D.</td>
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<tr>
<td>David Kareken, Ph.D.</td>
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<tr>
<td>David Klein, Ph.D.*</td>
<td>2004</td>
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<tr>
<td>Ann Lagges, Ph.D.</td>
<td>2014</td>
</tr>
<tr>
<td>Julie Lash, Ph.D.</td>
<td>2000</td>
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<tr>
<td>Jeff Lightfoot, Ph.D.*</td>
<td>2007</td>
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<td>Paul Lysaker, Ph.D.</td>
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<tr>
<td>Heike Minnich, Psy.D.</td>
<td>2009</td>
</tr>
<tr>
<td>Dallas Mulvaney, Ph.D.</td>
<td>2013</td>
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<tr>
<td>Shobha Pais, Ph.D.*</td>
<td>2003</td>
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<tr>
<td>Sandy Pederson, Ph.D.</td>
<td>2009</td>
</tr>
<tr>
<td>Mike Pisano, Ph.D.*</td>
<td>2000</td>
</tr>
<tr>
<td>Theresa Rader, Psy.D</td>
<td>2011</td>
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<tr>
<td>Dan Rexroth, Psy.D.</td>
<td>2003</td>
</tr>
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<td>Mary Salama, M.D.*</td>
<td>2003</td>
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<tr>
<td>Eric Scott, Ph.D.</td>
<td>2008</td>
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<td>John Spanke, Ph.D.</td>
<td>2010</td>
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<td>Julie Steck, Ph.D.</td>
<td>2008</td>
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<tr>
<td>Lynn Sturm, Ph.D.</td>
<td>1994</td>
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<td>Naomi Swiezy, Ph.D.</td>
<td>2003</td>
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<td>Angela Tomlin, Ph.D.</td>
<td>1993</td>
</tr>
<tr>
<td>Fred Unverzagt, Ph.D.*</td>
<td>1999</td>
</tr>
<tr>
<td>Kriscindá Marks Whitney, Ph.D.</td>
<td>2013</td>
</tr>
<tr>
<td>Carol Wright-Buckley, Ph.D.</td>
<td>2006</td>
</tr>
</tbody>
</table>

* Not currently serving as supervisors
PRACTICUM COURSE EVALUATION FORM (to be completed by Supervisor)

Student: 
Setting: 
Start date: 
End date: 
Setting Supervisor: 
Assistant DCT: John C. Guare, PhD, HSPP

**Instructions:** Part 1 of this form should be completed at the start of the practicum experience, in collaboration with the supervisor (see Appendix A). Parts 2, 3 and 4 should be completed at the conclusion of the practicum experience.

**Part 1: Initial Specification of Goals for Practicum Experience**

List the specific goals established at the commencement of the practicum experience. Email this completed goal sheet to the DCT no later than 3 weeks after the start of your practicum. Also, indicate the criteria established for measuring the attainment of these goals (See Appendix A, VI. of the Practicum Guidelines.)

1. Goal for total practicum hours – this includes all activities related to your practicum experience such as conducting therapy or assessments, report writing, background reading, lit searches, writing session notes, supervision, etc.: _____________ (fill in)

2. Goal for number of direct client contact hours: __________ (fill in)

3. Supervision will be (check and complete): ______ individual for _____ hrs/wk; ______ group for _____ hrs/wk

4. As part of APA accreditation standards, “each practicum evaluation must be based in part on direct observation (either live or electronically)” and audio-recording alone is not enough. How do you plan to have at least some direct observation?

5. For intervention/therapy, state (a) which evidence-based treatment(s) will be used, and (b) which brief progress outcome measures(s) will be used on an ongoing basis to assess treatment progress.

6. For assessments, state (a) specific assessment instruments that will be used (e.g., WAIS, etc.) (b) expected number of client assessments to be completed, and (c) expected number of written reports.

State additional goals below.
Part 2: Evaluation of Goals

STUDENT: Indicate goals achieved by completion of practicum:

Student's comments regarding any discrepancies:

Supervisor's comments regarding any discrepancies between stated and achieved goals:
### PRACTICUM COURSE APPRAISAL FORM (Continued)

**Part 3: SUPERVISOR** -- Please evaluate the student on the following dimensions.

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Inadequate</th>
<th>Adequate</th>
<th>Very Good</th>
<th>Outstanding</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Theoretical preparation</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___</td>
</tr>
<tr>
<td>2. General Assessment skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___</td>
</tr>
<tr>
<td>3. Assessment of mental abilities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___</td>
</tr>
<tr>
<td>4. Personality Assessment</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___</td>
</tr>
<tr>
<td>5. Assessment of achievement</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___</td>
</tr>
<tr>
<td>6. Assessment of functioning/psychopathology</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___</td>
</tr>
<tr>
<td>7. Ability to make a DSM-IV diagnosis</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___</td>
</tr>
<tr>
<td>8. Intake interviewing skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___</td>
</tr>
<tr>
<td>9. Intervention skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___</td>
</tr>
<tr>
<td>10. Ability to form a therapeutic alliance</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___</td>
</tr>
<tr>
<td>11. Skill in delivering evidence based practices</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___</td>
</tr>
<tr>
<td>(e.g., ____________________)</td>
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<tr>
<td>12. Ongoing evaluation of client progress</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___</td>
</tr>
<tr>
<td>13. Consultation skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___</td>
</tr>
<tr>
<td>14. Clinical supervision skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___</td>
</tr>
<tr>
<td>15. Respect for diversity</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___</td>
</tr>
<tr>
<td>16. Ethical and professional conduct</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___</td>
</tr>
</tbody>
</table>

*In line with APA regulations, “practicum evaluation must be based in part on direct observation (either live or electronically).” Please comment on how direct observation was conducted:*

Specific comments concerning above dimensions:
**Part 4: Overall evaluation.**

Considering the above, rate the student's overall level of functioning.

**Comments on general functioning:**

---

**Part 5: Certification of hours completed.**

<table>
<thead>
<tr>
<th></th>
<th>Number of direct client contact hours completed</th>
<th>Number of clients seen</th>
<th># Hours individual supervision</th>
<th># Hours group supervision</th>
<th>Evidence-based practices or assessments used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Intervention</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group intervention</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (describe briefly):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total hours: __________

____________________  ______________________  __________
Student's Signature   Supervisor's Signature   Date
OBJECTIVES

I. Assessment goals - indicate the specific assessment procedures to be carried out by the student during the practicum placement (e.g., interview with identified client and spouse, MMPI, WAIS-R, etc.). Also, include an estimate of the number of client assessments to be performed over the course of the practicum.

II. Treatment objectives - state the evidenced-based practices you are using in therapy. Indicate the kinds of intervention methods to be utilized by the student at the practicum site (e.g., individual behavior therapy, stress management training, family counseling, etc.). Also, include an estimate of the number of therapy cases the student will carry during the practicum placement. State the brief outcome assessment measure(s) that will be used throughout therapy.

III. Supervisory objectives - describe the methods the practicum supervisor will use to review the student's progress and provide feedback (e.g. review of audio or videotapes, one-way mirror observation, written feedback on assessment reports, etc.). Also, indicate the manner in which supervision will be delivered (e.g., one-hour individual weekly meetings, in-session consultation).

IV. Agency meetings - indicate the types, frequency and duration of agency or departmental meetings the student is expected to attend (e.g., weekly, 10 to 11 A.M. neurology rounds, one hour psychology department meeting per month) during the practicum placement.

V. Other practicum experiences - additional training experiences offered by the practicum supervisor or other health care professionals (e.g., class on specialized assessment or intervention methods; journal club; research projects, etc.).

VI. Criteria for assessing goal attainment - the student and supervisor should establish the criteria for successful completion of the requirements of the practicum at the beginning of the placement. All practicum goals ideally should be written in behavioral form. For example, if participation in monthly, interdisciplinary meetings is an important practicum goal, the statement of the goal in part 1 of the evaluation form might read "John will attend the head injury unit's one-hour meeting 4 times during the practicum placement." Of course, changes in initial practicum goals are expected, and should be noted in an addendum to the practicum form.
APPENDIX B: ISSUES RELATING TO EVALUATION OF SUPERVISORS OF PRACTICUM PLACEMENTS

I. Breadth and Depth of Practicum Experiences
   A. Clinical involvement - the extent to which the supervisor provided opportunities for active involvement in assessment and treatment.
   B. Observation possibilities - the extent to which the supervisor provided opportunities to observe therapy sessions s/he conducted, or observe the sessions of other clinicians.
   C. Encouragement of student's input - the extent to which the supervisor sought the opinion of the student in formulating treatment objectives and plans.
   D. Involvement in agency or department activities - the number of opportunities to attend case conferences, rounds, seminars and professional meetings.

II. Quality of Supervision
   A. Supervisor's ability to give both positive and negative feedback in a constructive manner.
   B. Supervisor's openness to suggestions and feedback from student.
   C. Supervisor's ability to clearly communicate expectations and ideas, and to set reasonable goals for student performance.
   D. Supervisor's facilitation of professional and individual growth.
   E. Supervisor's sensitivity to emotional concerns of student.

III. Amount of Supervision - the availability of sufficient supervisory time.
CLINICAL PSYCHOLOGY DOCTORAL PROGRAM - IUPUI

Student Placement Form for Practicum Courses
(to be completed by Student)

Student ___________________________ Potential Setting ___________________________

Address ___________________________ Potential Supervisor ___________________________

Phone Number ______________ Degree/Year (e.g., M.S.II) ______________

Course Information (Number and title of Practicum Course)

Course Number and Title ___________________________

Assistant DCT ___________________________ Ph # ___________________________

Desired Time of Experience

Date of Commencement ______________ Date of Completion ______________

Days per week _______________________ Hours per day _________________________

Desired Goals/Objectives of Practicum Experience (include specific evidence-based practices or assessments to be targeted)

List Previous Practicum and Clinical Experience

Approval: This form is to be returned to and approved by the Assistant DCT.

______________________________ _______________________
Signature of Assistant DCT Date
Supervisor and Setting Appraisal Report (to be completed by student)

Student ______________________________ Setting _______________________________________

Supervisor ________________________________________________________________

Start Date __________________________ End Date _________________________________

Please evaluate your supervisor and setting on the following:

1. Breadth and Depth of Practicum Experiences
   Inadequate Adequate Very Good Outstanding
   1  2  3  4

2. Quality of Supervision
   1  2  3  4

3. Amount of Supervision (1 hr/wk is standard)
   1  2  3  4

4. Supervisor treated students with respect regardless of race, gender, ethnicity, culture or other aspects of diversity.
   1  2  3  4

5. When diversity issues arose, the supervisor addressed them appropriately and sensitively.
   1  2  3  4

6. Given the focus of the practicum, there was sufficient discussion of diversity issues.
   1  2  3  4

7. There was sufficient training in the evidence based practices and assessments targeted on the practicum objectives.
   1  2  3  4

Specific Comments Concerning Above Dimensions

General Comments

Overall Evaluation of supervisor (circle one): Inadequate Adequate Very Good Outstanding
1  2  3  4
Appendix 9. Student Annual Review Form

To: ____________________________

From: Clinical Psychology Faculty

Date: ____________________________

Re: Evaluations of Graduate Student Progress

At the end of every academic year, the CP faculty evaluates graduate student progress. The purpose of this review is to provide timely and constructive feedback about strengths, weaknesses and program performance. The first step is for the student to complete a "self study" that has several components. The first component is a narrative account of the past year. It includes such things as courses taken, grades received, thesis progress, etc. The necessary questions are provided in a Word document. The student is also provided an Excel spreadsheet that contains a list of program milestones along with a list of courses that constitute the Ph.D. curriculum. On the spreadsheet that concerns milestones and curriculum, students should indicate the date completed a given task (e.g., successful proposal defense), or provide an anticipated date in the "goal" column. With the list of courses, the student will enter the grade obtained when the course is completed (including grades of "R" or "I"). In subsequent years, the student will need to update the milestone/curriculum spreadsheet, and, of course, provide a new narrative description of progress during the previous year.

After completion of these forms, the student should email a completed set to the Graduate Coordinator and their advisor. The student and advisor should meet to review the forms described above and discuss the student's progress to date. Next, the advisor will bring the forms to a CP faculty meeting where a general discussion of each student occurs. Following this, the advisor will provide a written evaluation summarizing progress to date. Once again, the purpose of this review is to encourage a student-faculty dialog concerning program expectations and individual student progress. These forms and yearly evaluations will be maintained in the graduate student's file.
STUDENT SELF STUDY FORM

ACADEMICS:

Courses taken this year:

Fall

Spring

_____________________________________________________

_____________________________________________________

_____________________________________________________

_____________________________________________________

Status of incompletes:

________________________________________________________________________

Courses with the grade of B- or less:

________________________________________________________________________

RESEARCH:

IRB CITI Modules passed (provide date)?______________________

Projects worked on in the last year (including help with writing a grant):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Completed publications:

________________________________________________________________________

________________________________________________________________________

Completed posters/presentations:

________________________________________________________________________
Completed grant submissions:


M.S. Thesis progress (Describe current stages, goals).

<table>
<thead>
<tr>
<th>Stage</th>
<th>Date completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advisor identified</td>
<td></td>
</tr>
<tr>
<td>Complete draft of proposal</td>
<td></td>
</tr>
<tr>
<td>Proposal defended</td>
<td></td>
</tr>
<tr>
<td>IRB study approval obtained</td>
<td></td>
</tr>
<tr>
<td>Data collection completed</td>
<td></td>
</tr>
<tr>
<td>Final defense</td>
<td></td>
</tr>
<tr>
<td>Paper submitted based on thesis</td>
<td></td>
</tr>
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</table>

Other comments


Progress on Doctoral Preliminary Examination.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Date completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advisor/topic identified</td>
<td></td>
</tr>
<tr>
<td>Complete draft of proposal</td>
<td></td>
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<tr>
<td>Proposal defended</td>
<td></td>
</tr>
<tr>
<td>Final defense</td>
<td></td>
</tr>
<tr>
<td>Paper submitted based on exam</td>
<td></td>
</tr>
</tbody>
</table>

Other comments


Ph.D. Dissertation progress (Describe current progress, goals).

<table>
<thead>
<tr>
<th>Stage</th>
<th>Date completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advisor identified</td>
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<tr>
<td>Complete draft of proposal</td>
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<tr>
<td>Proposal defended</td>
<td></td>
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<td>IRB study approval obtained</td>
<td></td>
</tr>
<tr>
<td>Data collection completed</td>
<td></td>
</tr>
<tr>
<td>Final defense</td>
<td></td>
</tr>
<tr>
<td>Paper submitted for publication</td>
<td></td>
</tr>
</tbody>
</table>

Other comments


CLINICAL: Experiences in the past year:

<table>
<thead>
<tr>
<th>Practicum site</th>
<th>Number of direct client contact hours completed</th>
<th>Number of clients seen</th>
<th>Evidence based practices or assessments used</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Comments: __________________________________________


TEACHING:

Completed Seminar in Teaching Psychology (date) ______________

Completed Preparing Future Faculty Program (date) ______________

Complete the following table for all courses taught in past year

<table>
<thead>
<tr>
<th>Course name and number</th>
<th>Semester</th>
<th>Number of students taught</th>
<th>School of Science Teaching Evaluation Global Score</th>
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</thead>
<tbody>
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</tr>
</tbody>
</table>

Comments: __________________________________________


GENERAL ASSESSMENT OF PROGRESS

Briefly describe your views of your progress in the last year in each of the above areas. Be brief.

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

GOALS FOR THE NEXT YEAR:

What learning experiences do you plan for the next year? Please try and structure your responses in terms of the three categories noted above.

_____________________________________________________________________

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## Ph.D. Milestone Attainment Checklist

**Milestone Attainment Checklist - Doctor of Philosophy in Clinical Psychology**

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Date</th>
<th>Completed OR Goal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate Advisor selected</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan of Study Committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M.S. Thesis Committee formed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M.S. Plan of Study accepted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M.S. Thesis Proposal meeting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M.S. Thesis data collection done</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M.S. Thesis defense</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M.S. Thesis accepted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preliminary Exam Proposal meeting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preliminary Exam defense</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dissertation Chair selected</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dissertation Committee formed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dissertation Proposal accepted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dissertation data collection completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dissertation defense</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dissertation accepted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internship applications made</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internship accepted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teaching Seminar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teaching Experience</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 11. Instructor rating of student

Clinical Psychology Student’s Course Performance Rating Form
(Circle appropriate number and enter comments in box under rating)

Student’s Name______________________        Course____________________        Date___/____/____

Please use the following suggested scale when rating the student.

<table>
<thead>
<tr>
<th>Anchor</th>
<th>Weak</th>
<th>Below average</th>
<th>Average</th>
<th>Above average</th>
<th>Exceptional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rating</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Grade-equivalent</td>
<td>C+ or lower</td>
<td>B/B-</td>
<td>Lo B+</td>
<td>Hi B+</td>
<td>Lo A-</td>
</tr>
</tbody>
</table>

Below

<table>
<thead>
<tr>
<th>Item</th>
<th>NA/DK</th>
<th>Weak</th>
<th>Average</th>
<th>Average</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Motivation/general attitude</td>
<td></td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Educational initiative &amp; scholarship</td>
<td></td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Understanding of course material</td>
<td></td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Ability to apply course material</td>
<td></td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Oral English expression skills</td>
<td></td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Written English expression skills</td>
<td></td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Ability to analyze/integrate/apply</td>
<td></td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Ethical standards &amp; integrity</td>
<td></td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Respect for diversity</td>
<td></td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
Appendix 12. Mentor rating of student

*Mentor Rating of Clinical Psychology Student’s Overall Performance*
(Circle appropriate number and enter comments in box under rating)

Student’s Name______________________ Course____________________ Date___/____/____

Please use the following suggested scale when rating the student. Rate overall performance in program.

<table>
<thead>
<tr>
<th>Anchor</th>
<th>Weak</th>
<th>Below average</th>
<th>Average</th>
<th>Above average</th>
<th>Exceptional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rating</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Grade-equivalent</td>
<td>Bottom 5%</td>
<td>Bottom 10%</td>
<td>Bottom 25%</td>
<td>Bottom 40%</td>
<td>Top 50%</td>
</tr>
</tbody>
</table>

Below

<table>
<thead>
<tr>
<th>Average</th>
<th>Average</th>
<th>Average</th>
</tr>
</thead>
</table>

1. Motivation/general attitude | n/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

2. Educational initiative & scholarship | n/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

3. Understanding of clinical psychology | n/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

4. Ability to apply knowledge | n/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

5. Oral English expression skills | n/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

6. Written English expression skills | n/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

7. Ability to analyze/integrate | n/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

8. Ethical standards & integrity | n/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

9. Respect for diversity | n/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
Appendix 13. Ph.D. Progress Guidelines
Clinical Psychology Ph.D. Progress Guidelines

The following timelines are proposed by the Clinical Psychology faculty to guide students toward timely completion of their program. The faculty will use these timelines to evaluate progress in the program. Students who are making good progress will become eligible for perquisites, such as funding opportunities, tuition remission, the opportunity to be admitted to Ph.D. candidacy (via sitting for the Preliminary Examination), and the opportunity to apply and interview for internships. The ultimate goal of these guidelines is to facilitate timely progression through the Ph.D. program and swift maturation to independent professional status.

Students’ progress will be reviewed by the faculty twice yearly in December and May, will involve all students and be fairly detailed. Students who make good progress will be given highest priority for tuition remissions and funding opportunities. If a student is not making satisfactory progress, faculty will consider a range of interventions to facilitate timely completion of program requirements. These may include (but are not limited to) scheduling of weekly meetings with your mentor, injunction from sitting for preliminary exams, postponement of Ph.D. candidacy, postponement of candidacy for internship, reduction in tuition support, reduction in funding, and restriction on enrollment for classes and practica. Consistent failure to meet guidelines may result in dismissal from the program.

<table>
<thead>
<tr>
<th>Date</th>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>YEAR 1</strong></td>
<td></td>
</tr>
<tr>
<td>Dec 15</td>
<td>Thesis topic submitted to thesis mentor</td>
</tr>
<tr>
<td>Mar 1</td>
<td>First draft of thesis proposal submitted to mentor</td>
</tr>
<tr>
<td>May 15</td>
<td>MS Plan of Study approved, Thesis proposal drafted, thesis committee assembled, and Purdue University &quot;Form 8&quot; submitted to Graduate Administrative Assistant, two weeks before proposal date</td>
</tr>
<tr>
<td>Aug 15</td>
<td>Date of thesis proposal meeting on file with Graduate Administrative Assistant</td>
</tr>
<tr>
<td><strong>YEAR 2</strong></td>
<td></td>
</tr>
<tr>
<td>Dec 15</td>
<td>Thesis successfully proposed</td>
</tr>
<tr>
<td>May 15</td>
<td>Thesis data collected</td>
</tr>
<tr>
<td>Aug 15</td>
<td>Thesis successfully defended</td>
</tr>
<tr>
<td><strong>YEAR 3</strong></td>
<td></td>
</tr>
<tr>
<td>Sept 15</td>
<td>Ph.D. Plan of Study approved</td>
</tr>
<tr>
<td>Jan 15</td>
<td>Deadline for successful defense of preliminary examination proposal</td>
</tr>
<tr>
<td>May 15</td>
<td>Deadline for successful final defense of preliminary examination</td>
</tr>
<tr>
<td></td>
<td>First draft of dissertation proposal submitted to mentor</td>
</tr>
<tr>
<td></td>
<td>dissertation committee assembled, and Purdue University &quot;Form 8&quot; submitted to Graduate Administrative Assistant (Form needed two weeks before proposal date.)</td>
</tr>
<tr>
<td>Jul 1</td>
<td>Information requested from all prospective internship sites</td>
</tr>
<tr>
<td>Aug 15</td>
<td>Date of dissertation proposal meeting on file with Graduate Administrative Assistant</td>
</tr>
<tr>
<td></td>
<td>List of prospective internship sites reviewed with mentor</td>
</tr>
<tr>
<td><strong>YEAR 4</strong></td>
<td></td>
</tr>
<tr>
<td>Sept 15</td>
<td>CV &amp; other internship application materials reviewed with mentor &amp; other faculty</td>
</tr>
<tr>
<td></td>
<td>Final list of internship sites/addresses and CV distributed to Program Head and references</td>
</tr>
<tr>
<td></td>
<td>Dissertation successfully proposed by Sept. 15th</td>
</tr>
<tr>
<td>Nov 15</td>
<td>Internship applications mailed</td>
</tr>
<tr>
<td>Jan 31</td>
<td>Internship interviews completed</td>
</tr>
<tr>
<td><em>TBD</em></td>
<td>Internship rankings submitted to APPIC (date to be determined by APPIC each year)</td>
</tr>
<tr>
<td>May 15</td>
<td>Required courses completed</td>
</tr>
<tr>
<td>Aug 15</td>
<td>Dissertation data collected</td>
</tr>
<tr>
<td><strong>YEAR 5</strong></td>
<td></td>
</tr>
<tr>
<td>Dec 15</td>
<td>First draft of dissertation submitted to dissertation mentor</td>
</tr>
<tr>
<td>Jul 1</td>
<td>Dissertation successfully defended</td>
</tr>
<tr>
<td>Aug 31</td>
<td>Internship successfully completed</td>
</tr>
</tbody>
</table>
## Appendix 14. CP Program Goals, Objectives and Competencies

<table>
<thead>
<tr>
<th>Goal 1: To produce graduates who are capable of making independent contributions to the scientific knowledge base of clinical psychology.</th>
<th>Objective 1A: Students will demonstrate knowledge in the breadth of scientific psychology, including historical perspectives of its foundations and development.</th>
<th>Competency 1: Successful completion of coursework on the biological, cognitive, affective, and social aspects of behavior and on the history of psychology.</th>
<th>Students will average 83% correct or higher on all assessments and mean ratings of 6 or higher on the understanding of course material item on the Course Rating Form (CRF)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Competency 2: Students will successfully complete the Preliminary Exam.</td>
<td>Report of prelim examining committee</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Competency 3: Students will demonstrate competence in the ability to integrate and disseminate knowledge through effective teaching as evidenced by mean course evaluation scores of 4 or higher out of 5 or by satisfactory peer evaluation of teaching</td>
<td>60% of students will teach and will achieve: School of Science student satisfaction Global scores of 4 or higher or Satisfactory peer reviews of classroom teaching and teaching portfolios and Satisfactory ratings on assessments/outcomes from I595 (Seminar in Teaching of Psychology) and the Preparing Future Faculty (PFF) program</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Competency 4: 100% of graduates seeking licensure will take and pass the EPPP exam.</td>
<td>Alumni survey</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Competency 5: Students, both while in our Program and after graduating, will report themselves as being well trained on this learning objective</td>
<td>90% of students will somewhat agree, agree or strongly agree with relevant items on the annual current student and alumni surveys</td>
</tr>
<tr>
<td>Objective 1B: Students will demonstrate knowledge in the theory, methodology, and data analytic skills related to psychological research.</td>
<td></td>
<td>Competency 1: Successful completion of coursework on psychological assessment and research methodology.</td>
<td>Students will average 83% correct or higher on all assessments and mean ratings of 6 or higher on the understanding of course material item on the CRF</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Competency 2: Successful completion of coursework on data analytic procedures and techniques.</td>
<td>Semi-annual student reviews</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Competency 3: Students will actively participate in conducting research with program faculty.</td>
<td>90% of students will agree or strongly agree with relevant items on the annual current student and alumni surveys</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Competency 4: Students, both while in our Program and after graduating, will report themselves as being well trained on this learning objective.</td>
<td></td>
</tr>
<tr>
<td>Goal 1 (cont’d): To produce graduates who are capable of making independent contributions to the scientific knowledge base of clinical psychology.</td>
<td>Objective 1C: Students will demonstrate the ability to generate new scientific knowledge and theory related to the field of psychology.</td>
<td>Competency 1: Successful completion and oral defense of an empirical Master’s thesis.</td>
<td>Report of thesis examining committee</td>
</tr>
<tr>
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</tr>
<tr>
<td></td>
<td>Competency 2: Successful completion and oral defense of the Preliminary Exam requiring the independent production of a literature review.</td>
<td>Competency 2: Successful completion and oral defense of the Preliminary Exam requiring the independent production of a literature review.</td>
<td>Report of prelim examining committee</td>
</tr>
<tr>
<td></td>
<td>Competency 4: At least 75% of students will actively participate in disseminating research by presenting/co-presenting posters, papers, or workshops at professional meetings and by authoring/co-authoring articles in scientific journals or chapters in professional texts.</td>
<td>Competency 4: At least 75% of students will actively participate in disseminating research by presenting/co-presenting posters, papers, or workshops at professional meetings and by authoring/co-authoring articles in scientific journals or chapters in professional texts.</td>
<td>Semi-annual student reviews, quarterly data collection for APA</td>
</tr>
<tr>
<td></td>
<td>Competency 5: At least 35% of students will actively participate in the preparation of grant proposals for extramural research funding, and ultimately preparing and submitting grant proposals to fund his/her own research.</td>
<td>Competency 5: At least 35% of students will actively participate in the preparation of grant proposals for extramural research funding, and ultimately preparing and submitting grant proposals to fund his/her own research.</td>
<td>Semi-annual student reviews</td>
</tr>
<tr>
<td></td>
<td>Competency 6: At least 50% of graduates will continue to be involved in research activities in their post-graduation professional lives.</td>
<td>Competency 6: At least 50% of graduates will continue to be involved in research activities in their post-graduation professional lives.</td>
<td>Alumni surveys</td>
</tr>
<tr>
<td></td>
<td>Competency 7: Students, both while in our program and after graduating, will report themselves as being well trained on this learning objective.</td>
<td>Competency 7: Students, both while in our program and after graduating, will report themselves as being well trained on this learning objective.</td>
<td>90% of students will somewhat agree, agree or strongly agree with relevant items on the annual current student and alumni surveys</td>
</tr>
<tr>
<td>Goal 2: To produce graduates who can competently integrate the science and practice of clinical psychology and can provide evidence-based services.</td>
<td>Objective 2A: Students will acquire knowledge and skills in the assessment of individual strengths and weaknesses, as well as the diagnosis of psychological problems and disorders.</td>
<td>Competency 1: Successful completion of coursework relating to psychopathology and its diagnosis, and the cognitive, affective, biological, and social foundations of behavior.</td>
<td>Students will average 83% correct or higher on all assessments and ratings of 6 or higher on the ability to apply course material item on the CRF. Practicum Course Evaluation Form.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Competency 2: Successful completion of assessment coursework relating to the theories and methods of assessing ability, personality, and diagnosis.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Competency 3: At least satisfactory competency ratings from practicum supervisors on students’ proficiency in administering well-validated and widely used instruments that assess intellectual functions, achievement, and psychopathology.</td>
<td>Practicum Course Evaluation Form.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Competency 4: At least satisfactory competency ratings from practicum supervisors on students’ knowledge of DSM diagnoses and skill in the diagnosis of clients.</td>
<td>Students will obtain course grades of B or higher.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Competency 5: Successful completion of a minimum of 4 three-credit hour clinical practica.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Competency 6: Successfully matching for and then completing an A.P.A. accredited internship with good to excellent ratings on the internship site’s measure of clinical competence in this area.</td>
<td>APPIC match results, internship report of student performance.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Competency 7: Students, both while in our Program and after graduating, will report themselves as being well trained on this learning objective.</td>
<td>90% of students will somewhat agree, agree or strongly agree with relevant items on the annual student and alumni surveys.</td>
</tr>
<tr>
<td>Objective 2B: Students will acquire knowledge and skills in the conceptualization, design, implementation, delivery, supervision, consultation, and evaluation of empirically supported psychosocial interventions for psychological problems and disorders.</td>
<td>Competency 1: Successful completion of coursework relating to psychopathology and evidence based practice in psychological services.</td>
<td>Students will average 83% correct or higher on all assessments and ratings of 6 or higher on the ability to apply course material item on the CRF. Practicum Course Evaluation Form.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Competency 2: Successful completion of the intervention course sequence relating to common factors and specific evidence based practices.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Competency 3: Successful completion of a minimum of 4 three-credit hour clinical practica.</td>
<td>Students will obtain course grades of B or higher.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Competency 4: At least satisfactory competency ratings from practicum supervisors on students’ proficiency in the application of empirically supported psychological interventions and for consultation and inter-professional collaborations.</td>
<td>Practicum supervisor exit survey.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Competency 5: Client relationship and treatment outcomes are at least satisfactory as rated by practicum supervisors.</td>
<td>Practicum supervisor exit survey.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Competency 6: Successfully matching for and then completing an A.P.A. accredited internship with good to excellent ratings on the internship site’s measure of clinical competence in this area.</td>
<td>APPIC match results, internship report of student performance.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Competency 7: Students, both while in our Program and after graduating, will report themselves as being well trained on this learning objective.</td>
<td>90% of students will somewhat agree, agree or strongly agree with relevant items on the annual student and alumni surveys.</td>
</tr>
<tr>
<td><strong>Goal 3. To produce graduates who demonstrate they can conduct themselves in culturally sensitive and ethical ways in the practice and science of clinical psychology.</strong></td>
<td><strong>Objective 3A:</strong> Students will demonstrate sensitivity, knowledge, and skills in regard to the role of human diversity in the research and practice of clinical psychology.</td>
<td><strong>Competency 1:</strong> Successful completion of required coursework on diversity and multicultural issues in clinical psychology. Students will average 83% correct or higher on all assessments, and mean ratings of 6 or higher out of 10 on the respect for diversity item on the CRF.</td>
<td><strong>Competency 2:</strong> Successful completion of required coursework on psychological assessment, intervention and research, especially those sections of each course covering diversity issues. Practicum supervisor exit survey.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>Objective 3B:</strong> Students will demonstrate a working knowledge of the APA ethical code and will demonstrate their ability to apply ethical principles in practical contexts.</td>
<td><strong>Competency 1:</strong> Successful completion of the Program’s required coursework on ethical problems in clinical psychology. Students will average 83% correct or higher on all assessments, and mean ratings of 6 or higher out of 10 on the ethics item on CRF.</td>
<td><strong>Competency 2:</strong> Successful completion of required coursework on psychological assessment, intervention and research, especially those parts of each course covering ethical issues. Practicum supervisor exit survey.</td>
<td><strong>Competency 3:</strong> Successful completion of the proseminar series on professional issues in clinical psychology. Semi-annual student review.</td>
</tr>
</tbody>
</table>
Appendix 15. Graduate Student Annual Survey
Indiana University Purdue University Indianapolis
Clinical Psychology
Graduate Student Annual Survey

Year that you entered the program? _______

In which areas are you focusing while at IUPUI?
___ Severe Mental Illness    ___Health Psychology    ___Other

**Directions:** Please consider your overall graduate education to date at IUPUI and indicate whether you agree or disagree with the following statements. Remember to attach your CV when returning this form.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Somewhat Disagree</th>
<th>Somewhat Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall, my doctoral program is providing me with a strong education and training in the skills necessary to...</strong></td>
<td></td>
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<tr>
<td>Understand and apply both statistics and basic research methodology</td>
<td>1</td>
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<td>5</td>
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<tr>
<td>Effectively use measurement theory to develop and evaluate instruments</td>
<td>1</td>
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<td>5</td>
</tr>
<tr>
<td>Critically evaluate published behavioral science literature</td>
<td>1</td>
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<tr>
<td>Comprehensively review and synthesize an area of study</td>
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<tr>
<td>Write more clearly, succinctly, and scientifically</td>
<td>1</td>
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<td>5</td>
</tr>
<tr>
<td>Effectively present research findings before an audience</td>
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<td>2</td>
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<tr>
<td>Understand the breadth of psychology, including biological, cognitive, affective &amp; social aspects of behavior</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Function as an independent scientist</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</table>

**Through my education at IUPUI, I am developing the skills necessary to...**

<table>
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<th>Somewhat Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comfortably and effectively teach a course</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Mentor students by challenging them and promoting growth in scientific thinking</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</table>

Which of the following have you completed while a student at IUPUI?
<table>
<thead>
<tr>
<th>Teaching seminar</th>
<th>Preparing future faculty workshops</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guest lecturing</td>
<td>Mentoring undergraduate students in my lab</td>
</tr>
<tr>
<td>Teaching assistantship (TA)</td>
<td>Mentoring junior graduate students in my lab</td>
</tr>
<tr>
<td>Instructor of a course</td>
<td>Other ________________________________</td>
</tr>
</tbody>
</table>

**Overall my graduate education so far has taught me the basics of… (skip any question you cannot answer)**

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Somewhat Disagree</th>
<th>Somewhat Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intakes and treatment plans</td>
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<td>3</td>
<td>4</td>
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<td>6</td>
</tr>
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<td>Psychotherapy</td>
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<td>2</td>
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<td>Forming a therapeutic alliance</td>
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<td>Personality assessment</td>
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<td>4</td>
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<td>6</td>
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<td>6</td>
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<td>4</td>
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<td>6</td>
</tr>
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<td>4</td>
<td>5</td>
<td>6</td>
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<td>Assessing client progress</td>
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<td>Case conceptualization</td>
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<tr>
<td>Evidence based practice</td>
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<tr>
<td>Respect for diversity</td>
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<td>4</td>
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<td>Clinical supervision</td>
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<td>2</td>
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<tr>
<td>Professional interaction with other disciplines</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Professional ethics and issues</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

**Overall, my coursework has prepared me for practicum opportunities** | 1 | 2 | 3 | 4 | 5 | 6 |

**Overall, I have been offered practica with high quality supervision** | 1 | 2 | 3 | 4 | 5 | 6 |
Overall, I have been provided with the knowledge and skills needed to prepare me for the challenges of internship

### I believe that…

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Somewhat Disagree</th>
<th>Somewhat Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Relationships between faculty and myself encourage success and progress</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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</tr>
<tr>
<td>2</td>
<td>My advisor is playing a prominent and supportive role in my success</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</tr>
<tr>
<td>3</td>
<td>My advisor is available and provides timely and helpful feedback</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</tr>
<tr>
<td>4</td>
<td>The faculty/program provide me with sufficient feedback about my progress</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5</td>
<td>The faculty/program provide me with sufficient guidance about my education</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>The faculty/program keeps me informed about changes in the program and provides sufficient opportunities for program wide communication</td>
<td>1</td>
<td>2</td>
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<td>5</td>
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<tr>
<td>7</td>
<td>Concerns I have had about the program have been heard and adequately addressed</td>
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<td>2</td>
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<td>5</td>
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<tr>
<td>8</td>
<td>Proseminar and colloquia are useful and important</td>
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<td>2</td>
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<td>5</td>
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<tr>
<td>9</td>
<td>The clinical workshop is useful and Important</td>
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<td>2</td>
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<tr>
<td>10</td>
<td>I am becoming a well educated psychologist/behavioral scientist</td>
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<tr>
<td>11</td>
<td>I have developed an attitude of lifelong learning and scholarly inquiry</td>
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</table>

### Overall, so far I am satisfied with…

<table>
<thead>
<tr>
<th>S. No.</th>
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<th>Somewhat Disagree</th>
<th>Somewhat Agree</th>
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<tr>
<td>1</td>
<td>My graduate education at IUPUI</td>
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<td>The decision to become a clinical psychologist</td>
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I believe that the following courses were helpful (skip courses you have not taken)

<table>
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<th>Course Code</th>
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<tr>
<td>I665:</td>
<td>Intervention I</td>
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<td>540:</td>
<td>History of Psychology</td>
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<td>615:</td>
<td>Introduction to Physiological Psychology</td>
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<td>4</td>
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<td>6</td>
</tr>
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</table>

What additional courses would be helpful?
Open Ended Questions

What do you see as the most important strength of the program?

What do you see as the most important weakness of the program?

What program change(s) would most improve the education of students at IUPUI?

Thank you for taking the time to complete this survey.

Please submit your CV when you return your survey
Appendix 16. Graduate Student Exit Interview
Indiana University Purdue University Indianapolis
Clinical Psychology
Graduate Student Exit Interview

Name: ______________________________            Email Address(es): ______________________________

Home number: _________________________            Work number: _____________________________

Year that you entered the Ph.D. program? _______  Month and Year Graduated _______    Degree ____________

Did you take the EPPP exam?____     If yes, what was your score?____    Are you currently licensed? ______

In which areas did you focus while at IUPUI?
__ Severe Mental Illness    __Health Psychology    __Neuropsychology

Directions: Please consider your graduate education at IUPUI and indicate whether you agree or disagree with the following statements. Remember to attach your CV when returning this form.

<table>
<thead>
<tr>
<th>Overall, my doctoral program provided me with a strong education and training in the skills necessary to…</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Somewhat Disagree</th>
<th>Somewhat Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand and apply both statistics and basic research methodology</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td>Effectively use measurement theory to develop and evaluate instruments</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Critically evaluate published behavioral science literature</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Comprehensively review and synthesize an area of study</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Write more clearly, succinctly, and scientifically</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Effectively present research findings before an audience</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Understand the breadth of psychology, including biological, cognitive, affective &amp; social aspects of behavior</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Function as an independent scientist</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Through my education at IUPUI, I have developed the skills necessary to…</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Somewhat Disagree</th>
<th>Somewhat Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comfortably and effectively teach a course</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>
Mentor students by challenging them and promoting growth in scientific thinking

Which of the following did you take part in while a student at IUPUI?

<table>
<thead>
<tr>
<th>Selection</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>Teaching seminar</td>
</tr>
<tr>
<td>☐</td>
<td>Preparing future faculty workshops</td>
</tr>
<tr>
<td>☐</td>
<td>Guest lecturing</td>
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<tr>
<td>☐</td>
<td>Mentoring undergraduate students in my lab</td>
</tr>
<tr>
<td>☐</td>
<td>Teaching assistantship (TA)</td>
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<tr>
<td>☐</td>
<td>Mentoring junior graduate students in my lab</td>
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<tr>
<td>☐</td>
<td>Instructor of a course</td>
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<tr>
<td>☐</td>
<td>Other ________________________________</td>
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Prior to internship, my doctoral program taught me the basics of...

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<th>Skill</th>
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<th>Disagree</th>
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<td>Achievement assessment</td>
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<td>Diagnosis</td>
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<td>2</td>
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<td>4</td>
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<td>6</td>
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<td>Assessing client progress</td>
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<td>2</td>
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<td>Respect for diversity</td>
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<td>2</td>
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<td>Professional interaction with other disciplines</td>
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<tr>
<td>Overall, I was offered practica with high quality supervision</td>
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<td>3</td>
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<tr>
<td>Overall, I was provided with the knowledge and skills needed to prepare me for the challenges of internship</td>
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I believe that...

<table>
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<tr>
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<th>Somewhat Disagree</th>
<th>Somewhat Agree</th>
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<th>Strongly Agree</th>
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<tr>
<td>Relationships between faculty and</td>
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<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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</tbody>
</table>
myself encouraged success and progress

| My advisor played a prominent and supportive role in my success | 1 | 2 | 3 | 4 | 5 | 6 |
| My advisor was available and provided timely and helpful feedback | 1 | 2 | 3 | 4 | 5 | 6 |
| The faculty/program provided me with sufficient feedback about my progress | 1 | 2 | 3 | 4 | 5 | 6 |
| The faculty/program provided me with sufficient guidance about my education | 1 | 2 | 3 | 4 | 5 | 6 |
| The faculty/program kept me informed about changes in the program and provided sufficient opportunities for program wide communication | 1 | 2 | 3 | 4 | 5 | 6 |
| Concerns I had about the program were heard and adequately addressed | 1 | 2 | 3 | 4 | 5 | 6 |
| Proseminar and colloquia were useful and important | 1 | 2 | 3 | 4 | 5 | 6 |
| The clinical workshops were useful and important | 1 | 2 | 3 | 4 | 5 | 6 |
| I have become a well educated psychologist/behavioral scientist | 1 | 2 | 3 | 4 | 5 | 6 |
| I have developed an attitude of lifelong learning and scholarly inquiry | 1 | 2 | 3 | 4 | 5 | 6 |

Overall, I am satisfied with...

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
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<th>Somewhat Agree</th>
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<td>My graduate education at IUPUI</td>
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<td>The decision to become a clinical psychologist</td>
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I believe that the following courses were helpful (skip courses you did not take)…

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</table>

Please list the names of additional courses that you feel would be helpful.__________
Open Ended Questions

What do you see as the most important strength of the program?

What do you see as the most important weakness of the program?

What program change(s) would most improve the education of students at IUPUI?

Internship

Where was your internship site? ______________________________________________________

Dates attended: __________ List specialized internship training, if any: ___________________
The Future

1. For your immediate post-graduation plans, have you already secured employment or been admitted for future study (post-doc)?  ___ Yes  ___ No  (If no, skip to #2)

   Where will you be working?________________________________________________________
   What will your title be?____________________________________________________________

   How much time will you spend in each of the following areas? (please assign approximate percentages):
   ___ Research: Basic research, including research supervision
   ___ Research: Applied research (e.g., integration of research and practice, research and policy, evaluation and quality assurance)
   ___ Education: Teaching, curricula development, student or course evaluation
   ___ Health and Mental Health Services: Assessment and/or intervention including diagnostic assessment, psychotherapy, consultation, clinical supervision
   ___ Management or Administration: Policy or program development and review, personnel administration, recruiting and budgeting
   ___ Other Employment Activities. Please describe:  ____________________________________

   ___ Percent of time spent in delivering, assessing/evaluating, supervising or implementing an evidence based Practice (may overlap with other categories)

2. Looking ahead into the future, consider where you would like to see yourself in five years.

   Where will you be working?________________________________________________________
   What will your title be?____________________________________________________________

   How much time will you spend in each of the following areas? (please assign approximate percentages):
   ___ Research: Basic research, including research supervision
   ___ Research: Applied research (e.g., integration of research and practice, research and policy, evaluation and quality assurance)
   ___ Education: Teaching, curricula development, student or course evaluation
   ___ Health and Mental Health Services: Assessment and/or intervention including diagnostic assessment, psychotherapy, consultation, clinical supervision
   ___ Management or Administration: Policy or program development and review, personnel administration, recruiting and budgeting
   ___ Other Employment Activities. Please describe:  ________________________________

   ___ Percent of time spent in delivering, assessing/evaluating, supervising or implementing an evidence based Practice (may overlap with other categories)

If you have an academic pursuit how important would it be for the position to be tenure track?
   ___ N/A   ___ Not Important   ___ Important   ___ Very Important

Thank you for taking the time to complete this survey.

Please submit your CV when you return your interview
Appendix 17: Thesis and Dissertation Proposal and Final Draft Guidelines for the Clinical Program

Students are required to prepare a detailed proposal for their theses and dissertations. Generally, the proposals will include an extensive literature search, rationale for their projects, and specific hypotheses. The methodology will detail all of the procedures that are to be used, including instruments, proposed participants, and a summary of the statistical procedures. Although the proposals need to be detailed and cover relevant background information and procedures to be used, it is recommended that the final thesis and dissertation projects be in the format of a journal article. The clinical program encourages a journal submission format for the final draft to facilitate rapid submission for publication following the defense. Students who successfully complete our graduate program in Clinical Psychology are expected to demonstrate a wide range of competencies in research domains. Although not all of our students intend to move on to a professional position in research or academia, our department strives to prepare all students for this option. Additionally, such training is consistent with and expected in a Clinical Science training model. However, we also recognize that not all theses and dissertations lend themselves to a journal submission format (e.g., null findings, some qualitative research, mixed methods research, complicated multi-study projects). Students should work with their advisor and committee to determine whether a more traditional format is appropriate for the final version. Specific guidelines for the format of the thesis and dissertation include the following:

Proposal Draft:

The standard proposal format requires the student to demonstrate comprehensive and critical review of the research that serves as a foundation for their study. As proposed projects may be outside of committee members’ areas of expertise, an extensive review of the theoretical and empirical literature may be necessary to evaluate the merits and needs of project hypotheses and design.

In order to encourage external funding proposals, increase grant-writing experience, and streamline milestones, a student who is submitting an NIH F31 dissertation research proposal (or another external grant mechanism that is similar in scope) may use parts of the submitted document for the dissertation proposal. In consultation with the mentor and dissertation committee, this type of proposal may take the form of specific aims, research plan/strategy, and human subjects section that detail the study protocols (i.e., the training plan would not be reviewed by the IUPUI dissertation committee). Additional appendices may be necessary if the space does not allow for an adequate discussion of relevant conceptual/theoretical aspects, an adequate review of the relevant literatures, and a complete description of methods of the proposed study. Regardless of the format for the proposal, the final product will need to be formatted in line with the Final Draft guidelines below.

Final Draft:

Unless otherwise directed by the committee, the final draft of thesis and dissertation projects ideally will be formatted as a manuscript prepared for publication. Students will format sections, content, and citations using the publication guidelines for submitted manuscripts for their chosen journal. Final drafts will vary in length from student to student; however, overall length will fall within a range appropriate to journal submission requirements in the student’s area of research. At the very least, this will require more succinct introduction, discussion, and reference sections relative to the proposal document. In the methods section, students should include the level of methodological detail that would be necessary for publication of the study in a peer-reviewed journal. At
the direction of the advisor, the results section may remain more comprehensive than a
typical journal manuscript, as students should include a comprehensive review of all
statistical strategies used in order to test research hypotheses, including initial analysis of
data and statistical test assumptions. Alternately this material may be placed in an
appendix.

In addition to the traditional manuscript format, final drafts to the committee will include
additional content areas as Appendices. The additional sections may be removed or
revised upon final preparation for submission for publication outside the university.
Appendix sections are listed below:

- **Introduction**: If deemed necessary by the committee, the student may include an
Appendix (A) to the submitted document, which would address shortcomings in the
proposal introduction that were identified by the committee and that cannot be
addressed in a shorter manuscript (e.g., a review of an important issue that had
been neglected by the student in the proposal draft, a rewrite of a particular section
of the original proposal that does not fit into the flow of the final manuscript’s
introduction, a complete rewrite of the original proposal introduction).

- **Methods**: Copies of the instruments used in the study and detailed review of
psychometric properties of instruments used in the study should be placed in
Appendix B.

- **Statistical Analyses**: Supplemental, post-hoc, and exploratory analyses can
appear as Appendix C to the document. The student and his/her advisor can decide
which supplemental statistical analyses can be placed in the body of the document
and which can appear as Appendix C.

- **Limitations**: Students will include an examination of project limitations and their
potential impact on the results. If there are limitations to the study that warrant
discussion but, due to journal style, may not be presented in a detailed way in the
main body of the defense document, the student can opt to include a longer
limitations section as an Appendix (D) to the main document.

- **Tables & Figures**: Tables and figures should be submitted as separate
documents attached to the draft of the manuscript text. Titles and footnotes should
be included with the tables and figures and not on a separate page.

If a traditional thesis/dissertation format is used (rather than the manuscript version), the
document should be written in the university-required format. The introduction and
methods from the proposal hearing are updated, and results and discussion are added
that include all relevant information, rather than separate appendices (e.g., for analyses,
limitations).

Students should also note that additional formatting may be necessary before submitting
the final draft to Purdue University.

**Memo of revisions.**

Depending on the extent of revisions requested in either the proposal or defense hearing,
the student may be asked to complete a document that details the revisions agreed upon
by the committee during the meeting. This document will be circulated to the committee
for their approval before the next step of the research takes place.
Clinical health psychology is the study of the interrelationships among behavioral, emotional, cognitive, social, and biological processes and physical illness and health. Clinical health psychologists collaborate with other healthcare professionals, including physicians, nurses, social workers, and other allied health professionals. The goals of clinical health psychology include the development and empirical investigation of theories and interventions that promote health and prevent, ameliorate, or manage disease and disability. Students with training in clinical health psychology will be prepared to enter the field as researchers, practitioners, and administrators in a variety of settings, including universities, medical schools, hospitals and medical centers, clinics, private practice, and government agencies.

The clinical health psychology emphasis area at IUPUI is completed in conjunction with the requirements of our APA-accredited clinical psychology program. The Department of Psychology is housed in the School of Science, and our training is based on the Clinical Science Model (i.e., emphasis on training students to conduct scientific research). We are a member of the Council of Clinical Health Psychology Training Programs (CCHPTP) (www.cchptp.org). Faculty members within the psychology department and in other units across campus provide mentoring, instruction, and supervision. We guarantee doctoral student funding for four years through research and teaching assistantships. We provide core course work in our department, and additional related coursework is available through the Departments of Public Health, Sociology, and Anthropology and the Schools of Medicine, Nursing, Social Work, and Law.

Clinical Health Psychology Setting at IUPUI
IUPUI is the designated health and life sciences campus for the state of Indiana, and it houses the state’s graduate training in the health professions (e.g., School of Medicine, School of Nursing, and School of Dentistry). Several hospitals are located on campus and provide copious research and training opportunities for our students.

On-campus facilities include:

**Indiana Clinical and Translational Sciences Institute** (www.indianactsi.org): The Indiana CTSI is a statewide collaboration of Indiana University, Purdue University, and the University of Notre Dame, as well as public and private partnerships, which facilitates the translation of scientific discoveries in the lab into clinical trials and new patient treatments in Indiana and beyond. Established in 2008, the Indiana CTSI was created with a $25 million Clinical and Translational Science Award from the National Center for Research Resources of the National Institutes of Health, supplemented by nearly $60 million from the state, the three member universities, and public and private partnerships. The Indiana CTSI is a member of a national network of 55 CTSA-funded organizations across the United States.

**Indiana University Melvin and Bren Simon Cancer Center**: The IU Simon Cancer Center is a patient care, research, and educational organization within the Indiana University School of Medicine. Established in 1992 as the IU Cancer Center, it has been an NCI-designated Cancer Center since 1999 and is the only center with such distinction in Indiana that provides patient care.
Indiana University Hospital: IU Hospital is a major teaching hospital and recognized leader in technology. It offers treatments, therapies, and procedures that are found only in the most advanced academic medical centers. Several of IU Hospital’s clinical programs are consistently ranked among the best in the nation by U.S. News and World Report.

Richard L. Roudebush VA Medical Center: Roudebush VAMC offers primary and specialty healthcare services to almost 200,000 military veterans from a 45-county area in Indiana and Illinois. The medical center promotes medical affiliate training, education and research.

Wishard Hospital: Wishard is a leading provider of primary and specialty healthcare to Marion County and the city of Indianapolis, with special emphasis on vulnerable populations. It has a Level I Trauma Center and nationally recognized services, including: Midtown Community Mental Health Center, IU National Center of Excellence in Women's Health, and the Richard M. Fairbanks Burn Center.

Riley Hospital for Children: Riley provides comprehensive, state-of-the-art clinical services for children and is routinely ranked as one of the nation’s top children’s hospitals by U.S. News and World Report. Riley trains clinicians who provide healthcare for children and conducts cutting-edge research to improve the diagnosis and treatment of serious medical disorders of children.

There are also several off-campus medical settings within the Indianapolis metropolitan area that provide training opportunities in clinical health psychology for our students.

Curriculum
Students in the clinical health psychology emphasis area complete the requirements for IUPUI’s general clinical program. In addition, they are required to complete the two core courses in health psychology, elective courses, and two health psychology practica.

Core Courses

PSY-I 614 Behavioral Medicine in Rehabilitation
The theory and practice of behavioral medicine will be explored. Emphasis is on the application of behavioral principles to individuals suffering from various chronic diseases or disabilities including spinal cord injury, chronic pain, cancer, diabetes, strokes, cardiovascular diseases, and epilepsy.

PSY-I 618 Interventions in Health Psychology
The primary aim of this course is to familiarize students with the practice of clinical health psychology, although history, theory, research, and ethical issues will also be covered. In addition to being taught core clinical skills, students will learn specific assessment and intervention techniques for various health-relevant behaviors (e.g., smoking) and patient populations (e.g., chronic pain patients).

Elective Courses

PSY-I 545 Psychopharmacology
A survey of the effects of drugs on behavior, cognitive functioning, and emotions. Emphasis will be placed on the practical advantages of understanding how psychotropic drugs work, and on how the brain functions in health and disease. Students will be exposed to the most current theories and research in the field.
PSY-I 555  Medical and Psychosocial Aspects of Chronic Illness
Provides medical information for counselors and introduces students to medical terminology. Includes knowledge of the etiology, prognosis, methods of treatment, and effects of disabling conditions, and implications for the rehabilitation counselor. Counselor relationships with other health-related personnel are emphasized.

Clinical Health Practica
Students receive supervision by licensed clinical psychologists at our practicum sites.

Primary Care
- Roudebush VAMC – Primary Care Clinic
- St. Vincent Hospital – Primary Care Clinic
- Riley Hospital for Children – Outpatient Clinic (pain and/or anxiety)

Bariatric Medicine
- IU Health Bariatric Center
- St. Vincent Bariatric Center
- Community South Bariatric Center

Specialty Clinics
- Indiana University Medical Center – Diabetes Clinic, MDC Unit
- Indiana University Medical Center – Fibromyalgia Clinical Research
- St. Vincent Hospital – Pediatrics
- Charis Center for Eating Disorders

Rehabilitation Medicine
- Indiana University Medical Center – Neuropsychology Clinic
- Hoosier Rehabilitation Hospital – Community Hospitals North campus
- Indiana University Medical Center – Department of Neurology

Training in Specific Research Methodology
Students receive training in state-of-the-art research methods in clinical health psychology. Examples of in-house research equipment on which students can receive training and research experience include: Virtual Human technology, experimental pain induction methods (e.g., cold pressor task), eye-tracking equipment, olfactometer, ecological momentary assessment (EMA) devices, actigraphy, cardiovascular assessment methods (e.g., blood pressure measurement, electrocardiography, and impedance cardiography), and computer-based psychosocial interventions.

Health-Related Research Fellowships
Our students have applied for and received funding from health-related research fellowship available in other units on campus, including the Indiana CTSI (www.indianactsi.org/funding/predoc) and the Indiana University Melvin and Bren Simon Cancer Center (www.cancer.iu.edu/trbocc/).

Current Externally-Funded Research Projects in Clinical Health Psychology

Analysis of Emotion-Based Alcohol Consumption using fMRI and Experimental Paradigms
Dr. Melissa Cyders is conducting a project examining (a) the brain system activation and lab-based alcohol use of individuals high in the trait of urgency (tendency to act rashly in response to extreme
emotional states) in response to emotional stimuli and alcohol aromas cues and (b) the effect of these factors on risk for increased alcohol consumption and alcohol-related problems.

**Pain Treatment Decisions: Influence of Sex, Race, and Age**
Dr. Adam Hirsh is collaborating with colleagues from the University of Florida on an NIH-funded study investigating pain decision-making among dentists. This study uses novel Virtual Human technology and lens model methodology to examine how dentists make pain treatment decisions for patients of different sexes, races, and ages. The results of this study will inform future interventions to reduce treatment disparities and improve dental pain care.

**Support Needs and Preferences of Family Caregivers of Lung Cancer Patients**
Dr. Catherine Mosher is conducting a longitudinal mixed methods study of distressed family caregivers of lung cancer patients that is funded by the National Cancer Institute. This study examines the psychosocial and practical needs, barriers to psychosocial support service use, and service preferences of this population.

**Life and Treatment Goals of Patients with Advanced Cancer**
Dr. Kevin Rand is conducting a two-year prospective study funded by the American Cancer Society examining the life and treatment goals of patients with advanced lung and gastrointestinal cancers and how these goals may change over time. In addition, patients’ goal-related thoughts are assessed to investigate how these might predict subsequent treatment decisions.

**Computer-Based Depression Treatment to Reduce Coronary Artery Disease Risk (PI: Dr. Jesse Stewart)**
Dr. Jesse Stewart is conducting a clinical trial funded by the American Heart Association to evaluate whether a highly disseminable depression intervention, delivered before the onset of cardiovascular disease, reduces coronary artery disease risk. Depressed primary care patients free of cardiovascular disease will be randomized to usual care or an empirically supported, computer-based, cognitive behavioral intervention called *Beating the Blues®*. The primary outcome is brachial flow-mediated dilation, a noninvasive measure of endothelial function.

**Targeting Systemic Inflammation to Concurrently Treat Late-Life Depression and Reduce Coronary Artery Disease Risk**
Dr. Jesse Stewart is conducting an NIH-funded, placebo-controlled, randomized trial to evaluate whether pentoxifylline, a medication that interferes with the proinflammatory cytokine cascade, is efficacious for concurrently treating late-life depression and endothelial dysfunction, an early sign of atherosclerotic cardiovascular disease.

**Core Clinical Health Psychology Faculty**

Melissa Cyders, Ph.D. Assistant Professor, IUPUI Clinical Psychology Program (maladaptive health behaviors, including drug & alcohol use, gambling, and eating disorders)

John Guare, Ph.D. Clinical Associate Professor, Assistant Director of Clinical Training – IUPUI Clinical Psychology Program

Adam Hirsh, Ph.D. Assistant Professor, IUPUI Clinical Psychology Program (biopsychosocial aspects of pain and functioning)

Catherine Mosher, Ph.D., Assistant Professor, IUPUI Clinical Psychology Program (behavioral oncology and cancer survivorship, family caregiving in cancer care)
Kevin L. Rand, Ph.D., Associate Professor, IUPUI Clinical Psychology Program (goal-related thinking and its influence on physical health, stress & coping in cancer, end of life)

Jesse Stewart, Ph.D., Associate Professor, IUPUI Clinical Psychology Program (cardiovascular behavioral medicine, depression, cognitive-behavioral therapy, psychophysiology)

Tamika Zapolski, Ph.D., Assistant Professor, IUPUI Clinical Psychology Program (addictions, impulsivity)

**Core Clinical Psychiatric Rehabilitation Faculty**

John McGrew, Ph.D. Professor, IUPUI Clinical Psychology Program (severe mental illness, autism)

Kyle Minor, Ph.D., Assistant Professor, IUPUI Clinical Psychology Program (severe mental illness)

Michelle Salyers, Ph.D. Professor, IUPUI Clinical Psychology Program (psychiatric rehabilitation for adults with severe mental illness)

**Other Contributors**

Melissa Carpentier, Ph.D. Assistant Professor of Pediatrics, Adolescent Medicine

Mary de Groot, Ph.D. Associate Professor of Medicine, Division of Endocrinology

David Kareken, Ph.D. Associate Professor & Director of Neuropsychology, Department of Neurology

Kurt Kroenke, M.D., Professor of Medicine, Division of General Internal Medicine

Douglas K. Miller, M.D., Professor of Aging Research, Department of Medicine

Fred W. Unverzagt, Ph.D. Professor of Clinical Psychology, Department of Psychiatry

Gregory D. Zimet, Ph.D. Professor of Pediatrics and Clinical Psychology, School of Medicine

Alan B. McGuire, Ph.D. Scientist Scholar, ACT Center of Indiana

Angela Rollins, Ph.D., Assistant Research Professor, ACT Center of Indiana