

Guidelines for the Graduate Program in Clinical Psychology

Department of Psychology

Indiana University Purdue University Indianapolis

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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 focus on three areas within clinical psychology: severe mental illness (SMI), health psychology, and substance abuse (see Appendix 18 for more detail about health psychology and Appendix 19 for more detail about the SMI/Psychiatric Rehabilitation emphasis area. The substance abuse area is being developed). Across our 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 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 behavioral health problems. Yet much of our current health care problems are chronic in nature, co-occur, 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. Organizationally, 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, master's 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. Although the core faculty members oversee the CP program, we actively consult with associate faculty or other contributors when their expertise may contribute to a needed task. For example, ad hoc Search and Screen Committees to hire new faculty members typically include faculty from each of the graduate areas in our department, as well as an external member. Program decisions are made in the context of other graduate psychology programs (i.e., the Ph.D. programs in Addiction Neuroscience and Applied Social and Organizational Psychology, and the M.S. program in Industrial/Organizational Psychology) within the Department of Psychology. The Director of Psychology Graduate Training (DCT) 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 DCT is appointed by the Chair of the Department of Psychology in consultation with the CP faculty. Other faculty members within the Department of Psychology and faculty members from other University departments may be invited to join the Core CP Faculty 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 Faculty. All members, regardless of primary departmental affiliation, have full voting rights within the CP Faculty.

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 psychology relevant to our foci. 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).

A student representative, nominated by students actively enrolled in the doctoral program, is invited to attend open meetings of the CP Faculty 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. Responsibility-centered budgeting extends down to the program level. In prior years, the annual CP budget has been around \$25,000, in addition to stipend and tuition. In 2016-2017, the budget for CP was increased to \$49,000 and in 2018-2019 to \$64,000. We use these funds to pay for a variety of program resources, such as student research and travel (approximately \$15,000/annually), program dues, guest speakers, clinical and statistical workshops, hosting interview day, books and assessment materials. 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 11 *core* faculty members (Cyders, Guare, Hirsh, McGrew, Minor, Mosher, Rand, Salyers, Stewart, Wu, & Zapolski). Michelle Salyers serves as the DCT and John Guare serves as the Assistant DCT 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 Core CP Faculty teach courses and serve on thesis and dissertation committees. In particular, the faculty members in the two other graduate areas (Industrial, Applied Social, Organizational Psychology, and Addiction Neuroscience) are frequent contributors to the CP program (examples are listed in Appendix 2) as are affiliated 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, quantitative, and analytic writing 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.
- GRE scores above the 50th percentile on Verbal and Quantitative GRE. 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, roughly corresponding to the 85th and 63rd percentiles.
- Three favorable letters of recommendation.
- A personal statement displaying an interest in clinical psychology, especially in the areas of SMI/psychiatric rehabilitation, health psychology or substance abuse.
- Prior research experience is strongly recommended, but not required, for admission.

Undergraduate Prerequisites. The vast majority of applicants will have an undergraduate major in psychology. 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 (and one or more senior students), 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 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 DCT.

Following the interviews, the core CP Faculty meets again to make final selections. The candidates are then rank-ordered with primary selections and alternates. Recommendations by the CP Faculty are forwarded to the Chair of the Department for concurrence. Those approved at this level are then contacted by email with official acceptance letters and a telephone call. The paperwork is forwarded to the Graduate School at IUPUI for final approval upon offer of acceptance. Throughout our history, the Graduate School has concurred with all recommendations made by the IUPUI Department of Psychology.

Typically between five-to-eight Ph.D. applicants are recommended for admission by the CP Faculty, 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). 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.

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. COMMITMENT TO DIVERSITY

The Clinical Psychology Program is committed to promoting a diverse faculty and student body. Diversity enriches the graduate education experience, and we strive to create and maintain a welcoming environment for students, staff and faculty, including those from minority and underrepresented groups.

Diversity is a campus-wide value as well. IUPUI ranks in the top 20 non-Historically Black Colleges and Universities in the US for minority students. The School of Science in particular embodies a clear commitment to inclusion and diversity: <http://science.iupui.edu/about/diversity>.

Our faculty members conduct research involving diversity issues, including minority health and health disparities. For example, Dr. Adam Hirsh conducts research examining the mechanisms that give rise to disparities in pain care for African American and low-income patients. Dr. Jesse Stewart is interested in studying how race and ethnicity moderate the relationships between psychosocial factors and health-related outcomes, including cardiovascular disease, obesity, and diabetes. Dr. Tamika Zapolski studies substance abuse and related problems among African Americans. Dr. Michelle Salyers and Dr. Kyle Minor conduct research focusing on adults with severe mental illness who are often socially disadvantaged and stigmatized.

We are actively engaged in mentoring graduate students from underrepresented groups and to foster successful careers in academia and beyond. For example, some of our doctoral students are Southern Regional Education Board (SREB) Scholars. The SREB Doctoral Scholars Program is designed to address the shortage of minority faculty members at institutions of higher education by providing mentorship, networking, and training in conducting research, securing faculty positions, and progressing in academia.

Our faculty members are also actively engaged in mentoring undergraduate students from underrepresented groups in conducting research and pursuing graduate education. For example, we currently have undergraduate students participating in the Diversity Scholars Research Program and the Olaniyan Scholars Program. The campus is also a host to a post-baccalaureate program (IPREP) to prepare under-represented post-baccalaureate students for careers in academia; several of our faculty mentor students in this program. These students actively participate in our labs and enrich the research training and experience of our graduate students.

Our commitment to diversity is also clear in our training approach. We offer a specific course on diversity and integrate issues of cultural relevance and adaptation throughout our other coursework (e.g., intervention, assessment, research methods). Students receive clinical training working with diverse client populations given the rich variety of community practicum training sites. As our department now offers a doctoral program focused on issues of diversity in Applied Social and Organizational Psychology, we look forward to increased opportunities for our students to have additional electives and research collaborations in this critical area.

5. 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 five 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 \$1,000 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. Beginning in 2017, our applicants can be nominated for a new fellowship, the Purdue Diversity Fellowship that provides a one-year stipend of \$22,500. When students are awarded these University-based fellowships, the department provides assistantship support in subsequent years.

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 allows Fellowship recipients to be more self-directed. Other campus fellowships are also available, and our students have been recipients of these competitive awards, including a T32 training grant from the Cancer Center, which funds assistantship activities related to cancer research, and the university's CTSI translational fellowships, which fund the stipend of a student actively working on translational dissertation research.

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 \$16,500 (beginning AY: 2015-2016) for the main academic calendar (i.e., Fall and Spring Semesters). 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 often available. Most summer support comes through teaching assistantships or 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 and is not to exceed 24 credits in a given academic year (ex. Fall 2017, Spring 2018, Summer 2018). Fee remission covers the full cost of tuition. Students are responsible for all technology and activity fees. Occasionally, students may need or wish to enroll for more than 12 hours of credit. In these instances, students are responsible for tuition over the 12 hours.

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 Faculty. Teaching duties vary widely depending upon assignments; they may include grading assignments and exams, meeting with students, preparing exams, and/or lecturing. For more advanced students, 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 and Professionals program. There are other departmental assistantships that do not involve independent responsibility for teaching courses, for example advising undergraduates. The job responsibilities for these assistantships are negotiated with the Department Chair, with counsel from the CP Faculty. Students should consult their major advisor to determine the appropriate/available assistantship options.

All students are required to attend the CP program on a full-time basis. Full-time student status includes enrolling in at least 8 credit hours of coursework and participating in other scholarly activities (e.g., attending proseminars). For students who have completed most of their course requirements, the 8-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 Faculty. However, prior to engaging in any of these outside activities, all students must obtain approval from the CP Faculty. 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 Faculty 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. Graduate and Professional Educational Grant) may also be found through IUPUI's Graduate and Professional Student Government website: <https://theden.iupui.edu/organization/gpsg>.

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.

6. 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.

7. 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 are required to be in residence at least 2 years; however, most students remain here until 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:

Clinical Psychology Core	21
Statistics and Methods	12
Psychology Breadth	12
Emphasis area/Advanced Courses	6
Electives	12
Practica	12
Thesis	3
Dissertation	12
Internship (off campus)	1

Appendix 4 provides a checklist of coursework for the Ph.D and Appendix 4a have a curriculum worksheet to ensure that APA specifications for core competences and discipline-specific knowledge are covered. The required courses for the Ph.D. are as follows:

Clinical Psychology Core (21 credit hours):

- PSY-I 664: Psychological Assessment I
- PSY-I 669: Psychological Assessment II
- PSY-I 665: Intervention I: Counseling Approaches
- PSY-I 666: Intervention II: Cognitive Behavioral Interventions
- PSY-I 670: Ethical, Legal, & Cultural Issues in Psychology
- PSY-I 591: Psychopathology
- PSY-I 691: Seminar 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-I 643: Field Methods and Experimentation

One additional statistics/methods course, such as:

- PSY 605: Applied Multivariate Analysis
- PSY 608: Measurement Theory and the Interpretation of Data
- PSY 611: Factor Analysis
- STAT 533: Nonparametric Statistics
- PSY 590: Qualitative Methods in Psychology

Psychology Breadth (12 credit hours):**Biological aspects of behavior**

- PSY 615: Introduction to Psychobiology
- Or
- PSY 535: Clinical Neuroscience

Cognitive aspects of behavior

- PSY 518: Memory and Cognition

Developmental aspects of behavior

- PSY-I 650: Developmental Psychology

Social and affective aspects of behavior

- PSY-I 647: Attitudes and Social Cognition

History Requirement

In line with curriculum requirements to meet APA standards (Starting 2017), history and systems of psychology no longer has to be taught at the graduate level. However, we do still need to ensure basic knowledge in this domain. This criteria can be met either by successfully passing an undergraduate course in history of psychology (B or better) or by taking a self-study exam. Students can fulfill this requirement any time prior to internship, but we recommend this is completed prior to prelims. The study materials can be obtained from the DCT.

Advanced integrative knowledge in scientific psychology

In line with curriculum requirements to meet APA standards (Starting 2017), we ensure that all students have opportunities to integrate 2 or more of the basic areas domains (e.g., biological and cognitive). There are a number of required courses where this integration occurs, Specifically:

- PSY-I 650 Developmental Psychology, where topics include cognitive development, social cognition and moral development, emotions/attachment, and social relationships.
- PSY 647 Attitudes and Social Cognition, where topics include social cognition, motivation, and affect in social processes.
- PSY-I 535 Clinical Neuroscience or PSY-I 615 Introduction to Psychobiology, where topics include integration of biology, cognition, and affect across a variety of clinical disorders
- PSY-I 591 Psychopathology, where students learn to identify and explain how biological, psychological, and social factors contribute to the development and maintenance of psychopathology across a number of disorders.

Students also have opportunities for integrative experiences in electives, research, and clinical practicum placements, where students need to understand the interactions of biopsychosocial factors in chronic illness as students conduct assessments and formulate and apply treatment plans.

Emphasis Area-Advanced Courses (At least 2 additional courses): 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 and Appendix 19 for SMI/Psychiatric Rehabilitation.

PSY-I 614:	Behavioral Medicine
PSY-I 618:	Interventions in Health Psychology
PSY-I 613:	Psychiatric Rehabilitation
PSY 590:	Schizophrenia
PSY 646:	Seminar in Social-Personality Psychology
Psy I667:	Dialectical Behavioral Therapy
PSY-I 675:	Human Neuropsychology
Psy 535:	Clinical Neuroscience

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-I 545:	Psychopharmacology
PSY 570:	Industrial Psychology
PSY 572:	Organizational Psychology
PSY 590:	Drugs of Abuse/Addictive Behavior I

PSY 622: Animal Learning

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 DCT 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. Although not required, we encourage doctoral students to gain experience and instruction in teaching. This is certainly important for those who have academia as a goal, but also of importance for clinically- 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. The department offers a course on teaching during the summer (0 hour credit). The IUPUI Preparing Future Faculty and Professionals 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 was developed to meet APA's requirements regarding training in Clinical 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, specialty courses are offered on the basis of both instructor availability and demand; typically they are offered on a 2-year or 3-year rotation. Each general psychology core course is offered at least once every two years. Students are periodically polled 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 major advisor. The major advisor together with 2 other faculty members for the master's degree, and 3 other faculty members for the doctorate degree, form an advisory committee to approve the student's coursework to complete each degree. 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 encouraged to form their advisory MS thesis committee no later than May 15 of their first year in the program.**

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 electronically through the Purdue Career Account. Credentials are generated by the Purdue technical team by the end of the student's first year in the program. The Graduate Coordinator assists students in the logistics of submitting forms. It is the student's responsibility to ensure all forms are completed. When forms are submitted, the forms will route electronically to the appropriate people for electronic approval.

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. 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.

8. 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, and/or discover some contribution to new knowledge. This final outcome can take a variety of forms, including a scoping review, a narrative review, a systematic review, or a meta-analysis. Students should consult with mentors and review prior successful Preliminary Examinations to identify the best form for their topic.

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 core faculty members of the Clinical Psychology program and must be chaired by the student's advisor. In addition to the three core faculty members, the student and advisor may choose to invite a fourth member with relevant expertise from outside of the program (e.g., a Psychology faculty member from a different area or a faculty member from another School on campus).

Procedures for Initiating Review of the Preliminary Exam Proposal. After the student identifies potential committee members in consultation with the student's advisor, the student 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 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 conference room in the Psychology Department (or similar location). 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 adequate revisions are made, or reject the proposal. The committee's decisions are communicated orally to the student and via the internal form completed at the proposal hearing.

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

- The topic, as presented, has been examined recently in the literature or has been covered in another recent preliminary 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 a sufficient amount of 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 two 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 committee may allow the student to propose a new topic or may recommend that the student be dismissed from the program. If the latter, the recommendation will be determined through discussion and consensus of the entire clinical faculty and approval of the Department Chair.

Preliminary Examination Paper:

Once the proposal has been accepted by the committee, students must work independently on writing the paper. Conceptual discussions with the faculty advisor and with other students may occur, but written drafts of the paper must not be exchanged. Students should not discuss the paper or circulate drafts among other faculty members or students – this includes faculty/students at IUPUI or other institutions. 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 up to 50 pages of text, excluding references, tables, and figures (1-inch margins, 12-point font, double-spaced). 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 by 5 pm (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). Late papers will not be accepted – they will be given an “unsatisfactory” rating (see below). If a student experiences extreme hardship during the 4-month writing window, the student should proactively approach the committee chair to discuss potential options. All committee members must approve any change to the timeline. Once the paper has been submitted to the committee, a defense meeting should be scheduled to occur at least two weeks later. The student may then discuss the paper with other faculty and students prior to the defense meeting. In the case of a meta-analysis, the candidate and chair may identify a second coder to double-check the coding.

The Defense Meeting. The oral defense meeting must be attended by all committee members. Defense meetings should be scheduled for two hours in a conference room in the Psychology Department or a comparable room in another location on campus. Again, students should be prepared to present a brief overview of their Preliminary Exam prior to responding to questions from the committee members. At the start of the defense meeting, the student will leave the room briefly so that faculty members can confer on any major issues that may be of concern. 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 again so that faculty can discuss exam performance and the outcome.

According to Purdue Graduate School guidelines, the committee must decide whether the examination is “satisfactory” or “unsatisfactory”. In making this determination, the committee judges the quality of the written document as well as the student’s ability to successfully defend the work during the oral examination. Although both portions influence the outcome, the written document is given more weight in the committee’s final decision because: a) the written document is more reflective of the examination’s overarching aim requiring the student to demonstrate independence (the document is submitted prior to review, reflection, and discussion with the mentor and peers) and; b) written communication is the primary mode of disseminating research on which psychologists and clinical scientists are evaluated.

After the oral defense, the Preliminary Examination committee will determine whether the examination (written + oral) was satisfactory or unsatisfactory. A minimum of three satisfactory votes is required. If the decision is “satisfactory,” this means that the document and presentation have been judged of sufficient quality to reflect the student’s capacity for independent research and the defense is considered complete. However, the committee may still provide suggestions for minor revisions to enhance the written document.

If the defense does not meet criteria for “satisfactory,” the committee will provide specific feedback. If the concerns are major (e.g., new data collection is required, substantial reanalysis is needed, or significant conceptual flaws are present), a vote of “unsatisfactory” will be registered, and the student may have the opportunity to complete a second Preliminary Examination (see below). If the concerns are minor, the student may be given the opportunity to independently revise the document within a one-month period to complete the defense process. This may include another defense meeting. At that point, the committee will vote. If at least three committee members agree that the document is satisfactory, the defense is complete. 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 DCT 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 DCT and the Graduate Coordinator.

If the vote is “unsatisfactory” (i.e., the committee does not approve the final defense of the Preliminary Exam), the student may repeat the Preliminary Examination process one time. If a second Preliminary Examination is required, the student will work with the committee to determine the appropriate topic, which may be the same topic or an entirely new topic. The proposal for the second Preliminary Examination must be approved by the committee within two months of the unsatisfactory exam. Should the preliminary examination be deemed unsatisfactory (i.e., failed) twice, the student will not be given a third examination and will be dismissed from the program. If concerns are minor, a one-month window may be offered at the discretion of the committee. If the

concerns are not satisfactorily addressed after the one-month window, the student will be dismissed from the program at that time.

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 four months of the date that the proposal is approved. Students must prepare and submit the Preliminary Exam Timeline Form (Appendix 7) 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. If students expect to complete the program in four years (prior to internship), we expect students to have their Preliminary Exam proposal approved by January 15 of their third year. The dissertation proposal meeting cannot be scheduled until the Preliminary Exam has been passed.

9. 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.

10. 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, with a preference that students take practica at a minimum of 3 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 approximately 75 hours of formal supervision. The 800-hour requirement is a bare minimum, most students complete over 1,000 hours prior to internship. Students typically seek 500 direct intervention and 100 direct assessment hours to be competitive for 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, models of supervision, 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.

11. 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 Faculty. 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 Faculty 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 supervised experience should be in the area of the student's major interest.
- The recommended sequence involves the student spending the final year of the program on internship.

Internship eligibility. As a member of the Council of University Directors of Clinical Psychology, we endorse their recommendations for eligibility for internship. Specifically, we require:

1. Approval of the Program Director for the student to begin an internship.
(Internship sites require a letter from this source.)
2. Trainee meets or exceeds foundational and functional competencies as outlined in our program goals (See Appendix 14).
3. 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.

4. Trainee completed an organized, sequential series of practicum experiences (described above) supervised by at least two different clinical psychologists that involve formalized practicum experience in evidence-based assessment and therapy.
5. Preliminary examinations passed.
6. Trainee has contributed to the scientific knowledge within psychology, as evidenced by publishing an article in a refereed journal or a book chapter as an author or co-author or presenting papers/posters/workshops at regional, national, or international professional conferences or meetings.
7. 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. 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.
8. The trainee should notify the training director of intent *prior* to registering with APPIC to ensure program requirements have been met.

12. RESEARCH

Initial procedures. During their first year, students select an MS Thesis and Plan of Study advisory committee, 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 DCT, 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 Graduate Coordinator. 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:

- 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 preliminary exam.
- 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 continue 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. 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 equivalent to the thesis requirement for the CP program. A thesis completed at another university must be an empirical study in order to be considered as equivalent. The student's 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 Master's 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. Students have been able to complete the program requirements in 4 years and begin

internship on their 5th year. However, taking 5 years to complete program requirements is often desirable because this allows more time to complete milestones, pursue additional research projects/activities, and complete the dissertation prior to going on internship – all of which can help make students more competitive for internship and post-doctoral positions. Faculty will support students to pursue either approach. Below are guidelines to stay on track.

“Four Years Here”		“Five Years Here”	
Year 1			
Fall	Enroll in Statistics I. Attend research seminars (continue throughout). Assist advisor/research supervisor in research (continue throughout).		
Spring proposal.	Enroll in Statistics II and Field Methods. Complete a draft thesis proposal.		
Summer	Prepare final thesis proposal.		
Year 2		Year 2	
Fall	Defend thesis proposal. Begin data collection.	Fall	Defend thesis proposal. Begin data collection.
Spring	Complete data collection.	Spring	Complete data collection.
Summer	Defend Master’s thesis.	Summer	Finalize thesis
Year 3		Year 3	
Fall	Defend preliminary examination proposal.	Fall	Defend Master’s thesis.
Spring	Work on preliminary examination. Defend preliminary examination.	Spring	Defend preliminary examination proposal.
Summer	Set date to defend dissertation proposal.	Summer	Work on preliminary exam.
Year 4		Year 4	
Fall	Defend dissertation proposal by September 15.	Fall	Defend preliminary examination.
Spring	Begin dissertation data collection.	Spring	Defend dissertation proposal
Summer	Complete dissertation data collection.	Summer	Begin dissertation data collection.

Fall	Year 5 Internship.	Fall	Year 5 Complete dissertation data collection.
Spring	Internship.	Spring	Defend dissertation
Summer	Defend dissertation.		
		Fall	Year 6 Internship.
		Spring	Internship.

13. 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 two members of this committee must be CP faculty members, and according to Purdue guidelines, at least 51% of the committee members must have regular graduate faculty certification (i.e., tenure-track faculty within the department). This committee also serves as the student's Plan-of-Study Committee. Therefore, the student's major advisor usually serves as the chairperson. The other members, as agreed upon by the major advisor, 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 (e.g., as a third or 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 Graduate Coordinator 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 90-minute meeting to evaluate the proposal. The student should submit a copy of the proposal to each committee member at least two 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. The committee decision will be recorded on the internal thesis/dissertation proposal form, which should be completed at the proposal meeting (or shortly thereafter if major revisions are required).

Research protocols must be submitted to and approved by the IUPUI IRB 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: 317-274-8289) 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. Scheduling of MS Thesis Final Examinations

Timely and orderly completion of the MS thesis 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 thesis 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. 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 advance of the scheduled defense date. Graduate School rules that govern the sequence of events culminating in the MS Final Examinations are:

1. Ideally, the first draft of the thesis should be in the hands of the major professor at least eight weeks before the end of the semester in which the conferral of degree is expected.
2. Each member of the examining committee must receive a copy of the thesis at least two weeks before the date of the final oral examination.
3. The formal request for appointment of the final examining committee (Form 8) must be received by the Graduate School no later than two weeks preceding the examination.

E. Final Oral Examination

This meeting provides an opportunity for the student to orally defend the entire project as presented in the thesis. Therefore, a copy of the thesis should be circulated to the committee members at least two weeks before the agreed upon date of the final oral examination. Additionally, the electronic Form 8: Request for Appointment of Examining Committee must be filed and approved by both major advisor and Graduate Area Head no later than 2 weeks before the defense date. Thesis defense meetings are scheduled for 2 hours, and are open, with other faculty and students welcome to attend.

According to Purdue Graduate School guidelines, the committee must decide whether the examination is “satisfactory” or “unsatisfactory”. The outcome of the thesis examination will be decided by the committee immediately following the oral examination. According to the graduate school guidelines, certification for a Master’s degree requires that all members of a three-person committee concur that the student has satisfactorily completed the examination. If there are more than three members of the committee, one dissenting vote is allowed. The final decision of “satisfactory” or “unsatisfactory” will be documented electronically on the Electronic Thesis Acceptance Form [ETAF] and on the Report of Examining Committee form (GS 7), which will be routed for final approval in the IUPUI Graduate School Office.

If the thesis is determined “unsatisfactory”, the student will be required to revise the written document under the supervision of the committee and/or complete a second oral examination. If the revised paper and/or second oral examination is determined “unsatisfactory” the student may be dismissed from the program, pending review from the entire CP faculty. Please note that a “satisfactory” thesis may still require minor revisions, primarily for minor refinements or to enhance its likelihood of being published. The Master’s thesis is viewed as a stepping-stone toward independence. At this level, we recognize that the mentor may be more heavily involved in helping the student develop a satisfactory product than is appropriate for other milestones (e.g., preliminary examination and dissertation). However, the thesis is the first major milestone toward

independence and is a strong indicator of the student's ability to succeed (i.e., pass) in later milestones. Students who require high levels of guidance in completing the final thesis (e.g., through extensive drafts of the written document or excessive coaching during the oral defense) may be dismissed from the program prior to initiating the preliminary examination.

E. Thesis Format Approval

The acceptance of the final copy of the thesis by the committee is documented on one copy of the Electronic Thesis Acceptance Form [ETAF]. The format of the final version of the thesis must be approved by the IUPUI Graduate Studies Office Purdue Graduate Programs Recorder prior to deposit. 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 final deposit deadline in the session in which the student is a candidate. Students also upload copies to IUPUI ScholarWorks. Electronic copies of the thesis should be provided to the major professor and individual committee members. The expense of the thesis preparation is the burden of each student.

14. 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

The same guidelines as for the Master's thesis apply to the dissertation.

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.

15. 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. Below are the most recent candidacy rules:

Candidacy CAND Policy Effective Fall 2016

All Purdue graduate students anticipating graduation at the end of the semester will register for CAND 99100 and one fee-bearing credit. When a student meets the early deposit deadline (within the 1st eight weeks of the semester) the student may submit a request to the IUPUI Graduate Office Purdue Graduate Programs Recorder to ask the IUPUI Office of the Registrar for an administrative change to the student's registration from CAND 99100 and 1 fee-bearing credit to the appropriate CAND courses (either CAND 99200 or CAND 99300).

- This administrative move will happen during the 9th week of the given semester.
- The CAND 99100 and 1 fee-bearing credit will be removed from the student's registration/transcript, and all fees associated with the 1 fee-bearing credit will be removed and/or refunded if previously paid by the student, or department via a fee remission.
- The student will then be administratively back enrolled in CAND99200/99300 and charged the \$125 CAND fee. No late fee for this change would be charged.

This change will allow registration in CAND 99200/99300 only when the IUPUI Graduate Office has confirmed that the student has met all graduation requirements thus eliminating the misuse of the courses. As stated above, the deadline for completion of all requirements, and thus eligibility for CAND 99200/99300 is Purdue’s “early deposit deadline” (1st eight weeks of semester).

If the student does not meet the early deposit deadline, they will remain enrolled in CAND 99100 and the one fee-bearing credit, which then makes enrollment in CAND 99200/99300 available to them in a future semester to which it will accurately apply.

Course Eligibility

CAND Course	Eligibility / Purpose
CAND 99100	Used for Purdue graduate school students planning to graduate at the end of the semester (May, August or December), who need some or all of the 3 items: course work, defense/exam, and thesis deposit. Must be taken with at least one credit hour of fee-
CAND 99200	One-time use course with a reduced fee. Used for Purdue MS or PhD graduate school thesis students planning to graduate by the end of the semester (May, August or December), who have completed all coursework and passed final defense, who only need to deposit their thesis. Non-thesis students who have not yet completed the Directed Project or have 1 or more Incomplete
CAND 99300	One-time use courses with a reduced fee. Used for Purdue MS or PhD graduate school thesis students planning to graduate by the end of the semester (May, August or December), who need to complete BOTH the defense/exam and deposit their thesis. Non-thesis students who have not yet completed the Directed project and have 1 or more Incomplete (I) grades can also register

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 weekend 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.

16. DEADLINES FOR COMPLETING THE PROGRAM

The CP Program has a deadline of seven years from program entry for students to complete all the requirements for the Ph.D. Failure to meet this deadline may be grounds for dismissal from the program. Students who are in jeopardy of not completing their requirements in time should petition the CP Faculty in writing for a time extension, giving reasons for the extension. The Committee may grant an extension of up to one year. Although students may petition more than one time for an extension, they should not expect automatic approval of these time extensions.

17. 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 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 December 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 end of Fall 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. All 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 5 years (pending availability as noted above). Satisfactory progress is defined as meeting CP Ph.D. Program guidelines.

18. 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 DCT receives the nominations, an anonymous survey is conducted, followed by a meeting to discuss close races to come to consensus. Some years the faculty may decide that no student should receive the awards or that two students should share the award. 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.

Service Excellence. This award recognizes a graduate student with outstanding performance in service to the program and department. Service 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 Excellence. 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 DCT.

19. DEPARTMENTAL FUNDING OF STUDENT TRAVEL AND RESEARCH

The CP program sets aside funds each year to support student research and travel (to present research or attend specialty training). We have an annual call for proposals in the fall. In the past several years, we have had the ability to offer a second round of funding in the spring semester.

We fund proposals for:

- National or International conferences to present research (e.g., travel, registration). We will not fund local/regional conferences, or conferences just to attend. Students must have already been accepted as a presenter to apply for this.
- Workshops for skills to enhance research (e.g., travel, registration). Preference is given for training directly related to a specific milestone (e.g., to conduct analyses for a student's thesis).
- Funding needed to actually do the research (e.g., pay subjects). Preference is given for research related to a specific milestone (thesis or dissertation).

In response to the call, students submit no more than a **one-page proposal** to the DCT that includes a description of the funds needed, with a brief rationale. For a research proposal, this is in the form of a specific aims page for NIH applications, with a table or few sentences regarding the budget and justification at the bottom of the page. For conference presentations, include an abstract of the research (e.g., abstract accepted for your conference presentation), still within the one page limit. Students may submit more than one request, signifying the preferred one in the event that we can only fund one.

Students must also apply for funding elsewhere (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 or for research, once the research plan is developed enough to support a funding proposal.

The actual funding levels will depend on how many proposals we receive and how many funds are available in a given semester. As a general guide, we have used the following, but may reduce categories if the requests outpace the resources available:

- Oral presentation – international = 750-1000
- Oral presentation – national conference = 500-750
- Poster presentation – international = 500-750
- Poster presentation – national conference = 300-500
- Late proposals = 0
- Research/training funds will be funded on an individual basis, reviewed by faculty. Generally we fund up to 1,500 per request.

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).

20. 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 receive this document, plus an overview of the expectations for the program.

21. 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 University UITS office. 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.

22. 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 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 dismissal.

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 internet is potentially available to all who seek. Students who use these media should also consider how to protect the security of private information.

23. 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 DCT 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.

24. DISMISSAL POLICIES

Faculty-initiated dismissal from the CP program is rare. Our procedure for selecting students has ensured high-quality students, and 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 dismissals 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 performance has been unsatisfactory and is in need of significant remediation, followed finally by a written statement of dismissal, if necessary. All dismissals are reviewed by the full CP Faculty and approved by the Department Chair before they are issued.

Students can be dismissed for unsatisfactory performance in one or more areas. Areas where performance can be deficient include: academic, ethical, clinical, failure to meet deadlines, and general performance. In some cases, such as dismissal 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- may warrant academic expulsion.

A second explicit method for assessing academic performance is performance on the preliminary examinations, typically given in the third or fourth year in the program. If a student fails prelims upon retaking the examination, they will be dismissed from the program in accordance with Purdue guidelines.

Dismissal for ethical grounds might be considered if a student is accused of ethical misconduct, such as plagiarism or clinical misconduct. 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 DCT 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 dismissal would be considered.

As outlined above, the CP Program has a deadline of seven years from program entry for students to complete all the requirements for the Ph.D. Failure to meet this deadline may be grounds for dismissal from the program.

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 dismissal 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.

25. 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 program goals (section 5). Specific metrics to assess degree of successful attainment of each goal and competency are noted in the table shown in Appendix 14. 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 surveys from current students (Appendix 15) and 2-year and 5-year post graduation surveys from alumni (Appendix 16).

26. FACILITIES

The Department of Psychology occupies teaching and research facilities located in the Science (LD) Building of the IUPUI campus. All faculty have fully furnished offices with computers. Doctoral students are provided with furnished, shared office space (including a computer). ADA provisions have been closely followed to meet the requirements of persons in wheelchairs and for persons with auditory and visual disabilities. Faculty offices, student offices, classrooms, laboratories for human research, and computer clusters for student use are located on the first floor. The CP Program occupies approximately 3588 square feet of this space in addition to faculty offices, including research and testing rooms, a testing library containing standard assessment instruments, and storage. In 2014, the university opened a new Science and Engineering Laboratory Building. This building hosts state-of-the art laboratory and teaching space, with approximately 7327 square feet of space for Psychology. The

animal research laboratories have moved into this new building, as well as graduate offices for Addictions Neuroscience students and post-docs. The building also has meeting room space easily accessible for students and faculty.

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 data bases. 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.

The university provides considerable technological support of computer applications and computer networks. Computer clusters are available in addition to office computers, and network access is readily available 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.

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.

Appendix 1.**Full-Time Clinical Psychology Faculty**

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

A John Guare, Clinical Associate Professor, Assistant Director of Clinical Training (Ph.D., 1991 University of Pittsburgh, Appointed 1992).

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

A John H. McGrew, Professor (Ph.D., 1991 Indiana University, Appointed 1989).

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

A Catherine Mosher, Associate Professor (Ph.D., 2007, University at Albany, State University of New York, Appointed 2010)

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

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

A Michelle P. Salyers, Professor, Director of Clinical Training/Area Head Clinical Psychology (Ph.D., 1998 IUPUI, Appointed 2010, Associate Research Professor 2001-2009)

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

A Wei Wu, Associate Professor (Ph.D., 2008, Arizona State University, Appointed 2017)

Affiliated and Scientist Faculty

S Alan McGuire, Associate Research Professor (Ph.D., 2008 IUPUI, Appointed 2009)

S Angela Rollins, Associate 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. Applied Social and Organizational Psychology.

A Steve Boehm, PhD, Professor. Addiction Neuroscience.

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

A Dennis J. Devine, PhD, Associate Professor. Applied Social and 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., Associate Professor. Addiction Neuroscience.

A Marian Logrip, PhD, Assistant Professor. Addiction Neuroscience.

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

A Eva Pietri, PhD, Assistant Professor. Applied Social and Organizational Psychology.

A Peggy Stockdale, PhD, Professor. Applied Social and Organizational Psychology.

A Jane R. Williams, PhD, Associate Professor. Applied Social and Organizational Psychology.

A **Approved to chair research**

S **Approved to be member of student committees on case-by-case basis**

Appendix 3. Affiliated Faculty

Name	Roles
Matt Aalsma, PhD	Practicum Supervision, Research Supervision
Tom Barbera, PhD	Practicum Supervision
Jennifer Chambers, PhD	Practicum Supervision
Kris Chapleau, PhD	Practicum Supervision
Yelena Chernyak, PhD	Practicum Supervision
Lisa Contino, PhD	Instructor
Joan Farrel, PhD	Practicum Supervision
David Fingerhut, PhD	Practicum Supervision
Ari Gleckman, PhD	Practicum Supervision
Mary de Groot, PhD	Practicum Supervision
Jay Hamm, PsyD	Practicum Supervision
Jennifer Horn, PhD	Practicum Supervision
Shelley Johns, PsyD	Practicum Supervision
Marina Kukla, PhD	Research Supervision
Ann Lagges, PhD	Practicum Supervision, Research Supervision
Sarah Landsberger, PhD	Practicum Supervision
Paul Lysaker, PhD	Practicum Supervision, Instructor, Research Supervision
Alan McGuire, PhD	Research Supervision
Pam Philips, PhD	Instructor
Theresa Rader, PhD	Practicum Supervision
Dan Rexroth, PhD	Practicum Supervision
Angie Rollins, PhD	Research Supervision
Robert Stewart, PhD	Instructor
Jen Vohs, PhD	Practicum Supervision
Dennis Watson, PhD	Research Supervision
Shannon Woller, PsyD	Instructor
Momi Yamanaka, PhD	Practicum Supervision

Appendix 4.

Ph.D. COURSE LIST-WORKSHEET

<u>Grade</u>	<u>Course #</u>	<u>Course Description</u>
_____	600	Statistical Inference
_____	601	Correlation and Experimental Design
_____	I643	Field Methods and Experimentation
_____		Other Stat Course: _____
_____	I664	Psychological Assessment I
_____	I669	Psychological Assessment II
_____	I665	Intervention I: Counseling Approaches
_____	I666	Intervention II: Cognitive Behavioral Interventions
_____	I670	Ethical, Legal, & Cultural Issues in Psychology
_____	I591	Psychopathology
_____	615/535	Intro to Psychobiology/Clinical Neuroscience
_____	640/I647	Survey of Social Psychology/Attitudes & Social Cognition
_____	518	Memory and Cognition
_____	I650	Developmental Psychology
_____	I691	Seminar in Clinical Psychology
_____	I689	Practicum in Clinical Psychology
_____	I689	Practicum in Clinical Psychology
_____	I689	Practicum in Clinical Psychology
_____	I689	Practicum in Clinical Psychology
_____	698	Research M.S. Thesis (3 hours minimum)
_____	_____	Emphasis Area: _____
_____	_____	Emphasis Area: _____
_____	_____	Elective: _____
_____	_____	Elective: _____

_____	_____	Elective: _____
_____	699	Research Ph.D. Thesis(12+ credit hours)
_____	1697	Internship in Clinical Psychology

APPENDIX 4A. CURRICULUM WORKSHEET

Competency Requirements		Requirements	List how met	Date Completed
Discipline Specific Knowledge				
Category 1: History and Systems		B- or better in undergraduate history course or Pass self-study test		
Category 2: Basic Content Areas				
1a.	Affective Aspects of Behavior	(PSY CORE: 591, 664, 665, 666, 669), 535 (or 615), and 647		
1b.	Biological Aspects of Behavior	535 or 615		
1c.	Cognitive Aspects of Behavior	PSY CORE and 518		
1d.	Developmental Aspects of Behavior	PSY CORE and 650		
1e.	Social Aspects of Behavior	591, 647, and 650		
Category 3. Advanced Integrative Knowledge		591, 535 (or 615), 647, or 650; maybe others		
Category 4. Methods of Inquiry/Research				
4a.	Research Methods	643		
4b.	Statistical Analysis	600 and 601		
4c.	Psychometrics	[664, 669, and 643] or 608		
4d.	Additional Stats/Methods	605, 608, or other graduate methods/stats course		
Profession-Wide Competencies¹				
(Not listed by APA) Psychopathology		591		
1. Research		See research requirements below		
2. Ethical and Legal Standards		PSY CORE, 670, 535 (or 615), 643, 689, and 691		
3. Individual and Cultural Diversity		PSY CORE, 670, 689, and 691		
4. Professional values/attitudes/behavior		PSY CORE, 670, 689, 691		
5. Communication/Interpersonal Skills		All graduate courses and participation in labs, pracs; evaluated semesterly	(Done)	
6. Assessment		664 and 669		
7. Intervention		665 and 666		
8. Supervision		689		
9. Consultation and Intp/Interdisciplinary skills		691 annual lectures		

Research Requirements	Requirements/Deadlines	Anticipated Completion	Date Completed
Masters Proposal	DUE end of 2 nd Year		
Masters Defense	DUE end of 3 rd Year		
Research Presentation	DUE before Start of Internship		
Comps	Must Pass before Diss. Proposal		
Dissertation Proposal	DUE Sept 15 of Internship App Year		
Dissertation Defense	Try to Defend Before You Leave for Internship!!!		

Clinical Requirements	
Clinical Case Presentation DUE before Start of Internship	
Number of Direct Intervention + Assessment Hours to Date (550 is plenty!)	
Number of Supervision Hours to Date	
Number of Assessment Batteries (as defined by APPIC) WITH ADULTS	
Number of Assessment Batteries (as defined by APPIC) WITH YOUTH	

Appendix 5.**Ph.D. Sample Course Sequence****Fall****Spring****Year 1**

600 Statistical Inference
 I664 Assessment I
 I665 Intervention I
 I 591 Psychopathology

601 Correlation & Experimental Design
 I669 Assessment II
 I666 Intervention II
 I643 Field Methods and Experimentation

**History Self-study Summer of Year 1 or Year 2*

Year 2

608 Measurement Theory or E/M/G
 I 670 Multicultural or E/M/G
 Var E/M/G
 Var E/M/G
 I 691 Proseminar

Var E/M/G
 Var E/M/G
 698 Research M.S. Thesis
 I 689 Practicum
 I 691 Proseminar

**History Self-study Summer of Year 1 or Year 2*

Year 3

Var E/M/G
 Var E/M/G
 Var E/M/G
 I 689 Practicum
 I 691 Proseminar

Var E/M/G
 Var E/M/G
 Var Dissertation
 I 689 Practicum
 I 691 Proseminar

Year 4/5

699 Research Ph.D. Thesis
 Var E/M/G
 Var E/M/G
 I 691 Proseminar

699 Research Ph.D. Thesis (6 credits)
 I 689 Practicum
 I 691 Proseminar

Year 5/6

I 697 Internship

I 697 Internship

E=Elective; M=Emphasis area course; G=General Psychology Core

Appendix 6. Graduate Level Course Offerings – Psychology

Required after the 1st year; Electives after the 1st year

Fall – Odd Years (2013, 2015, 2017, etc.)

Clinical	I/O	Addiction Neuroscience	Other/Core
166400/Psychological Assessment 1	60800/Measurement Theory	61500/ Introduction to Psychobiology (or 535 Clinical Neuroscience)	60000/Statistical Inference
166500/Intervention 1: Counseling Approaches	57000/Industrial Psychology	1560/Behavior Genetics	640/ Social Psychology/ 1647 Attitudes & Social Cognition
59100 Psychopathology 161800/Intervention in Health Psych	59000/ Training & Compensation		590 Qualitative Methods (Depends on student interest, Fall 2014 last offered)

Spring – Even Years (2014, 2016, 2018, etc.)

Clinical	I/O	Addiction Neuroscience	Other/Core
68100/IO Research Methods & 1643/Field Methods		1545/Psychopharmacology	60100/Correlation & Experimental Design
1669/Psychological Assessment II	57200/Organizational Psychology	62200/Animal Learning	1650/Developmental Psychology
1666/Intervention 2: Cognitive Behavioral Interventions			
535/Clinical Neuroscience (or 615 physio)			
167000/Ethical, Legal, & Cultural Issues			

Fall – Even Years (2014, 2016, 2018, etc.)

Clinical	I/O	Addiction Neuroscience	Other/Core
1664/Psychological Assessment 1	60800/Measurement Theory	59000/Drugs of Abuse	60000/Statistical Inference
1665/Intervention 1: Counseling Approaches	57000/Industrial Psychology		
59100 Psychopathology	68000/ Selection & Performance Management		
1614/Behavioral Medicine			
1613/Psychiatric Rehabilitation (2016)			590 Schizophrenia (Depends on student interest, Spring 2014 last offered)

Spring – Odd Years (2013, 2015, 2017, etc.)

Clinical	I/O	Addiction Neuroscience	Other/Core
68100/IO Research Methods & 1643/Field Methods		15__/Neurochemistry & Neurophysiology of Behavior	60100/Correlation & Experimental Design
1669/Psychological Assessment II	57200/Organizational Psychology	[Neuroanatomy –SOM]	60500/ Applied Multivariate Analysis (2 years, skipping spring 2017)
1666/Intervention 2: Cognitive Behavioral Interventions	68200/Applications in Personnel Psychology		
1675/Human Neuropsychology (2017)	68400/Practicum in Industrial/Organizational		

667/DBT (approx. 3 years,
depending on student interest,
spring 2015 last of

51800/ Memory &
Cognition (offered spring
17 instead of fall 2016)

Appendix 7.
IUPUI
PSYCHOLOGY DEPARTMENT
Preliminary Exam Proposal Timeline Form

(Please type)

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:

	Graduate Faculty Identifier	Signature
Chair	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

August 2018

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. 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 practicum placement at a site that lasts 2 semesters, it can be arranged to count as 2 of the 4 required practicum placements. This means the student must register for practicum credit (Psy-I 689 is the course) for the first and again for the second semester. Students typically take 5-6 (rarely 7) semesters of practica prior to internship.

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 (see below for details on the site selection process), 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.

Exit Interview. The exit interview should be conducted as soon as the student has met the total number of practicum hours specified on the Goal Sheet. That may or may not be within the designated semester (may extend beyond the semester in order to accrue total hours). 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 skills), 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 5 (sometimes more) semesters’ worth of practica training. Between 5-6 semesters of practica is the mode. 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 or other intervention 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 one or more practica, 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.

Practicum Site Placement

The purpose of this section is to describe practicum sites (Basic and Advanced) and the process of how students are placed at these sites. Students complete a course in psychopathology

(I591), two intervention courses (I665/I666), and two assessment courses (I664/I669)) during their first year. Students then begin their practicum training in their second year. However, students who come with a Master's degree and prior clinical training and experience may start practicum training in their first year.

The Assistant DCT works closely with the site supervisor to determine how much prior experience a student needs to be placed at their site. Sites that are appropriate for a first practicum are designated "Basic" sites. These supervisors tailor their clinical supervision and training experiences to the level of the first-time practicum student. These sites are also appropriate for students who have already completed their first practicum, as the patient populations vary with respect to clinical severity, and the supervisor works individually with the student to determine the appropriate level of clinical experiences.

For the first practicum, students are placed at sites designated "Basic." Once a student has successfully completed a practicum placement, s/he may be considered for other "Basic" sites as well as sites designated as "Advanced." Advanced sites are for students who have already accrued one or more practicum placements or begin our program with supervised clinical experience and, therefore, are prepared to acquire more advanced clinical skills.

The Assistant DCT (John Guare) meets with each student individually during the first year (and in subsequent years) to discuss students' practicum interests, experiences, and appropriate practicum placements. Once a potential site has been agreed upon by the Assistant DCT and the student, the Assistant DCT contacts the potential site supervisor. The supervisor is asked if s/he has an opening for a practicum student and is provided with the student's CV (which includes past clinical training and experiences), where the student is in the program, and the student's availability to be at the practicum site. If the supervisor responds affirmatively, an initial meeting is set up between the supervisor, student, and the Assistant DCT. Topics discussed at this initial meeting include the supervisor describing the practicum experience, the student describing their clinical training goals, the student's on-site schedule, on-boarding tasks to complete prior to starting the practicum, and any other questions. Given this process, all supervisors know the student's level of coursework, practicum training, year in the program, etc., prior to accepting a practicum student and uses this information to tailor the training experiences to the needs of the student.

Below is a table of our current sites with a brief description of the setting, services, clientele, and designation.

Name of Setting	Year Began as a Site	Type of Setting	Services Provided	Types of Clients Served	Basic or Advanced	Reason for Advanced Designation
Beacon Psychology Services	2011	Independent Practice	Assessment	Children & Adol.	Basic	
Community Hospital South – Bariatric Center	2011	Hospital/Medical Center	Assessment	Overweight Adults	Basic	
Easter Seals Crossroads	2014	Other	Assessment	Children/Adol. w/ Autism	Advanced	Trains students in administering/scoring/interpreting the Autism Diagnostic Observation Schedule and wants students with previous assessment experience.
Indiana PolyClinic	2011	Medical Center	Assessment, Psychotherapy	Adults w/ Chronic Pain	Advanced	Requires students to have an MS degree and previous experience so students can work on developing more advanced skills in this relatively fast-paced pain and primary care setting.
IU Cancer Center	2006	Medical School/Center	Psychotherapy	Inpt/Outpt Adults w/ Cancer	Advanced	Requires advanced students due to demands of learning about cancer (medical, psychosocial aspects, etc) and how to provide psychotherapy with this patient population.
IU Health C/L Service	2012	Medical School/Center	Assessment, Consultation	Adult Medical Inpts	Advanced	Requests students with some experience due to clinical demands of the site (e.g., quick pace, differential diagnosis).
IU Health - Dept. of Neurology	2013	Medical School/Center	Assessment	Adults	Advanced	Site deals with fMRI brain imaging and requests students with previous neuropsychology experience.

Name of Setting	Year Began as a Site	Type of Setting	Services Provided	Types of Clients Served	Basic or Advanced	Reason for Advanced Designation
IU Health Diabetes Clinic	2010	Medical School/ Center	Psychotherapy	Adults w/ Diabetes	Advanced	Requests students with some previous health and Intervention experience so supervisor can focus on training/educating students in both diabetes and psychotherapy.
IU Health – Pediatric Neuropsychology	2012	Medical School/ Center	Assessment	Children	Advanced	Requests students with previous neuropsychology experience.
IU Health Prevention and Recovery Center for Early Psychosis	2013	Medical School/ Center	Psychotherapy	Adol & Young Adults	Basic	
IU Health Psychiatry Clinic –Adult Outpatient	2007	Medical School/ Center	Psychotherapy	Outpt Adults	Basic	
IU Neuropsychology Clinic	2006	Medical School/ Center	Assessment	Adult Outpts	Basic	
Juvenile Detention Center	2011	Correctional Facility	Assessment	Adolescents	Basic	
Midtown Community Mental Health Center	2014	Community Mental Health Center	Psychotherapy	Adult Psychiatry Outpts	Basic	
Midtown Community Mental Health Center -MERT- EAR Study	2016	Community Mental Health Center	Research	Adult	Basic	

Name of Setting	Year Began as a Site	Type of Setting	Services Provided	Types of Clients Served	Basic or Advanced	Reason for Advanced Designation
Midtown Westside Clinic	2015	Community Mental Health Center	Psychotherapy	Adult Outpts w/ BPD	Advanced	Requests advanced students due to site (1) providing group schema therapy to persons with borderline personality disorder and (2) demands on student to learn group schema therapy.
Raphael Health Center	2016	Medical Center	Assessment, Psychotherapy	Adult Medical Outpts	Basic	
Riley Hospital for Children – C/L Service	2016	Medical School/ Center	Assessment, Intervention	Medical Inpt Children	Basic	
Riley Hospital for Children – Mood Disorders Clinic	2014	Medical School/ Center	Psychotherapy	Outpt Children & Adol	Basic	
Riley Hospital for Children – Pediatric Pain Clinic	2013	Medical School/ Center	Assessment, Psychotherapy	Outpt Children w/ Chronic Pain	Basic	
Roudebush VAMC, Multiple Clinics	2006	VAMC	Assessment, Psychotherapy	Veterans	Basic	
Roudebush VAMC, Primary Care	2010	VAMC	Assessment, Psychotherapy	Veterans Medical Pts	Advanced	Requests students with health psychology coursework along with previous intervention experience because of the complexity of clinical needs of the population.
St. Vincent Hospital – Primary Care Clinic	2010	Hospital/ Medical Center	Psychotherapy	Adult Medical Outpts	Advanced	Requests students with health psychology coursework along with previous intervention experience because of the complexity of clinical needs of the population.
St. Vincent Neuroscience Institute	2016	Hospital/ Medical Center	Assessment	Inpt & Outpt Adults	Advanced	Requests students with previous neuropsychology experience.
The Hope Source	2015	Other	Assessment, Psychotherapy	Youth w/ Autism Spectrum Disorder	Basic	

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. Critical practicum issues that students would like to discuss will be addressed. However, the main goals of these monthly meetings are to (1) learn about clinical supervision (models, what makes a good clinical supervisor, etc.) and (2) have students present therapy segments from audiotaped sessions for review, and discuss professional training issues. 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 at least one session for Assistant DCT/peer 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 per semester for review during meta-supervision. Each student must transcribe a 10-15 minute segment s/he would like feedback on, and bring transcript copies to the meta-supervision meeting. If time does not allow for this to occur during meta-supervision, 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 should ask their site supervisors for appropriate measures to use, given the client’s problems. Students are to track these outcomes and ideally integrate this information into their treatment planning.

KEEP TRACK OF ALL YOUR SESSIONS FOR EACH OF YOUR PRACTICA. To date, most students use “Time2Track” (<https://time2track.com/>) to help them record the information you need for your internship application. The current fee (as of January 2018) is \$48/year, though there are various pricing options. Another option is to use “MyPsychTrack” (www.mypsychtrack.com).

Practicum Training Sites

The practicum sites described below have been active (have taken our students) within the past five years. Note also that some sites listed are open to taking our students but that no students have yet been placed (due to lack of student interest, students applying but not accepted due to competition with students from other clinical programs, etc). Sites 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. Upon practicum completion, students are required to complete a form evaluating your practicum experience/supervisor. Give the completed form to the Assistant DCT. The form is the last page of this document.

General Training Sites

Riley Hospital for Children – Mood Disorders Clinic, Indiana University Medical Center, Indianapolis, IN

Practicum Supervisor: Ann Lagges, Ph.D., HSPP, Post-doctoral fellows

Mission: to provide psychological assessment (brief), consultation and intervention services to children and their families.

Clients: children presenting with mood and other disorders (e.g., anxiety, depression, tic disorders, psychosomatic issues)

Services: brief assessment/structured interview, CBT-based psychological interventions

Length of practicum: 1 semester most typical

Aspire Indiana, 17840 Cumberland Road, Noblesville, IN 46060

Practicum Supervisors: Ginger Burge, Ph.D., HSPP

Mission: to provide screening, assessment and psychotherapy services to residents in the community and surrounding area on an outpatient basis (This is like a community mental health center)

Clients: children and adults in the Noblesville and surrounding area

Services: Intake assessment; psychotherapy; individual therapy; group therapy

Length of practicum: 2 semesters most likely preferred by supervisor

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; Kris Chapleau, Ph.D., HSPP

Mission: to provide screening, assessment and psychotherapy services to persons with anxiety, depression, and other mental health disorders, health issues such as sleep problems and CVD

Clients: Dr. Chapleau serves adults with a variety of presenting psychiatric problems. Dr. Chernyak has certain days designated for Sleep Medicine, Heart Failure clinic, etc.

Services: biopsychosocial assessment, other targeted assessments (e.g., sleep diary), cognitive-behavioral therapy and other therapies

Length of practicum: typically 1 semester

Marian University – Learning and Counseling Center, 3200 Cold Spring Road, Indianapolis, IN 46222

Practicum Supervisors: Marla Smith, Ph.D., HSPP

Mission: to provide screening, assessment and psychotherapy services to students with anxiety, depression, adjustment to college issues, eating concerns, and other mental health concerns;

Clients: students attending undergraduate college; possibly medical students in the D.O. school

Services: Intake assessment; psychotherapy; campus and community outreach

Length of practicum: 1 or 2 semesters (2 semesters most likely preferred by supervisor)

Carmel Neuropsychological Services, 755 W. Carmel Drive – suite 205, Carmel, IN

Note: Despite the name, this is a more general outpatient treatment facility

Practicum Supervisor: Javan Horowitz, Psy.D., HSPP; other psychologist(s)

Mission: to provide assessment and intervention services for a wide variety of problems

Clients: infants, children, adolescents, adults, elderly

Services: intellectual, personality and neuropsychological assessment; individual, group and family therapy; intervention approaches include CBT, DBT, ACT, family systems, play therapy

Length of practicum: typically 1 or 2 semesters

This is a very competitive site and they interview multiple graduate students from multiple clinical psychology programs

Health Sites

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

Practicum Supervisor: Jennifer Chambers, PhD, HSPP, Jay Summers, PhD, HSPP; and David Fingerhut, PhD, HSPP at VA west side 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; possible assessment/report writing for transplant patients, penile implant patients

Length of practicum: requires 2 semesters; (summer only might be a VERY RARE option)

Eskenazi Health Primary Care Clinics

Practicum Supervisor: Melissa Cyders, Ph.D., HSPP

Mission: to provide brief psychological assessment, consultation and intervention services to primary care medical patients in various clinics in the Indianapolis area

Clients: adult primary care medical outpatients

Services: brief assessment, consultation, time-limited psychological intervention, management of adherence, stress, pain, diabetes, sleep, hypertension, weight and other medical issues, management of psychological issues such as anxiety and depression

Length of practicum: 2 semesters (fall and spring)

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

Practicum Supervisor: Amy Williams, 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 plus report, coping styles assessment, consultation, psychological intervention, pain management

Length of practicum: 1 semester most typical

Indiana University Medical Center – Pediatric Behavioral Sleep Medicine

Practicum Supervisor: Sarah Honaker, Ph.D., CBSM

Mission: to provide assessment, consultation and intervention services to children with sleep problems (and working with parents as well)

Clients: Youth ages 0-18 presenting with sleep problems (mostly insomnia, possibly nightmares, circadian rhythm disorders, or hypersomnias)

Services: Assessment and treatment services; follow-up phone calls to families to discuss treatment progress and engage in structured learning experiences (e.g. webinars, readings) to develop skills and knowledge in behavioral sleep; 2nd half of practicum student will take the lead conducting co-therapy with patients. Treatments are typically short-term (2-4 sessions), are

highly focused and specific to sleep problems, and have a strong basis in cognitive-behavioral psychology.

Length of practicum: 6 months (1 day/week, currently on Wednesdays); Location is IU North Hospital, Carmel, IN

Methodist Hospital Primary Care

Practicum Supervisor: Jen Vohs, Ph.D., HSPP

Mission: to provide brief psychological assessment, consultation and intervention services to primary care medical patients

Clients: child and/or adult primary care medical outpatients

Services: brief assessment, consultation, time-limited psychological intervention, management of adherence, stress, pain, diabetes, sleep, hypertension, weight and other medical/health issues, management of psychological issues such as anxiety and depression; possible group therapy

Length of practicum: 1 semester (need to inquire if students are interested in 2 semesters)

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

Raphael Health Center, 401 E. 34th Street, Indianapolis, IN

Practicum Supervisor: Rachel Ziegler, Psy.D., HSPP

Mission: to provide psychological assessment, consultation and intervention services to medical patients in a primary care setting

Clients: adult (and possibly adolescent) primary care medical outpatients

Services: brief assessment, consultation, time-limited psychological intervention, management of adherence, stress, pain, diabetes, hypertension, weight and other medical issues, management of psychological co-morbidities.

Length of practicum: 2 semesters; currently they are taking practicum students every other academic year, starting with fall 2018 + spring 2019

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 1 day/week at the Diabetes Clinic**Indiana PolyClinic (was Meridian Health Group) -- 201 Pennsylvania Parkway, Suite 200 Indianapolis, IN 46280****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. Psychotherapy interventions include CBT, Mindfulness, DBT, etc.**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, 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; NOTE: MS degree required; very rare exception possible**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.**Length of practicum:** 1 or 2 semesters possible

Riley Hospital for Children – Consultation/Liaison Service, Indianapolis, IN**Practicum Supervisor:** Amy Williams, Ph.D., HSPP**Mission:** to provide psychological assessment and intervention services to child medical inpatients, and consultation to MDs/medical staff**Clients:** child medical inpatients at Riley Hospital in a variety of service areas (e.g., gastro-intestinal, oncology, pulmonology, general surgery). Presenting concerns include depression, anxiety, coping and adjustment issues to illness and hospital setting, etc.**Services:** brief assessment, consultation, time-limited psychological intervention (mostly CBT based), relaxation training, psycho-education, interactions with parents**Length of practicum:** 1 semester**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:** 2 semesters (fall + spring); Requires MS degree**Roudebush VAMC Hospital – Pain Clinic, Indiana University School of Medicine, W. 10th St., Indianapolis, IN****Practicum Supervisor:** Sarah Skeeters, Ph.D., HSPP**Mission:** to provide assessment and treatment of chronic pain and associated psychological issues**Clients:** Veterans and members of their families**Services:** Assessment to determine if appropriate for program; individual and group therapy with a CBT focus; the program uses an interdisciplinary team approach**Length of practicum:** 1 or 2 semesters possible**Roudebush VAMC Hospital – Substance Use Disorders Program, Indiana University School of Medicine, W. 10th St., Indianapolis, IN****Practicum Supervisor:** Dominic Letizia, Psy.D. HSPP, LCAC**Mission:** to provide assessment and treatment of substance abuse and associated psychological issues**Clients:** Veterans and members of their families**Services:** Assessment to determine if appropriate for program; Individual and group therapy using Motivational Interviewing/Motivational Enhancement, Stages of Change, REBT, coping skills, relapse prevention; the program uses an interdisciplinary team approach (e.g., nurses, MSWs, psychiatrists)**Length of practicum:** typically 2 semesters

**Integrated Women's Health – Community Hospital North | Community Health Network,
7250 Clearvista Drive #227, Indianapolis, IN 46256**

Practicum Supervisor: Beth Buckingham, Ph.D., HSPP

Mission: to provide brief assessment and psychotherapy for women with fertility, pregnancy and miscarriage issues

Clients: women, partners, and couples who are experiencing fertility and related issues

Services: Stress management, relaxation techniques during surgical retrieval and/or transfer, building strengths and resilience, enhancing coping strategies to deal with infertility, loss and grief with a failed cycle or miscarriage, depression, anxiety, strengthening relationships

Length of practicum: typically 2 semesters

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

SITE IS CURRENTLY ON HOLD – THEY PLAN TO HIRE A NEW PSYCHOLOGIST

Eskenazi Outpatient Palliative Care

Practicum Supervisor: Shelley Johns, PsyD, HSPP

Mission: to provide acceptance and commitment therapy to enhance patients' physical and mental health in an outpatient palliative care setting

Clients: adult outpatients, many with medical ailments (e.g., cancer, diabetes, fibromyalgia)

Services: psychological intervention for fear of cancer recurrence, adjustment to cancer, cancer-related fatigue, chronic pain, medication adherence, depression, anxiety

Length of practicum: 1 semester, 1 day per week (Fridays)

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: typically 2 semesters (maybe 1 semester depends on site's flexibility as well as student's interest)

Community Hospital South – Bariatric Center (psychologist is in the Professional Building 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

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

Practicum Supervisor: Ryan Green, Psy.D., HSPP

Mission: to provide neuropsychological evaluations for older adults based upon referral from other VA providers.

Clients: veterans with suspected dementia, cognitive complaints, early onset dementia; possible evaluations for candidates considering epilepsy surgery or deep brain stimulation surgery (movement disorders such as Parkinson's disease); possible brief evaluations for psychiatric inpatients on unit 5-east

Services: neuropsychological evaluation and consultation, personality assessment, cognitive assessment and self-report measures, integrative reports.

Length of practicum: 2 semesters (possibly 1 semester if you have previous neuropsychology practicum experience)

Beacon Psychology Services, LLC, 11495 N. Pennsylvania – Suite 105, Carmel, IN 46032

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: 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; previous neuropsychology practicum required

St. Vincent Neuroscience Institute, 8333 Naab Road – Suite 270, Indianapolis, IN 46260

Practicum Supervisor: Jon Thompson, Psy.D., HSPP; Sarah Small, Psy.D., HSPP

Mission: to provide neuropsychological evaluations for adults with cognitive problems.

Clients: inpatient and outpatient adults with neurological/neurocognitive concerns.

Services: neuropsychological evaluation and consultation, integrative reports, differential diagnosis.

Length of practicum: typically 2 semesters; previous assessment practicum required

Juvenile Detention Center, 2451 N. Keystone Avenue, Indianapolis, IN 46218

Practicum Supervisor: Matt Aalsma, Ph.D., HSPP (faculty in the section of Adolescent Medicine in the IU School of Medicine)

Mission: to provide psychological evaluations for youth being held in a detention center

Clients: male and female youth who are in the Marion County Juvenile Detention Center

Services: intellectual, psychological and related evaluation (e.g., possible family interviews), integrative reports, differential diagnosis.

Length of practicum: typically 1 semester

Indiana University Medical Center – Adolescent Medicine

Practicum Supervisor: Leslie Hulvershorn, M.D.; Matt Aalsma, Ph.D., HSPP

Mission: to provide psychological evaluations for adolescents

Clients: adolescents participating in a clinical research study involving substance abuse issues

Services: administration of the K-SADS-PL; differential diagnosis; involvement in ENCOMPASS intervention might be possible

Length of practicum: 1 or 2 semesters

Severe Mental Illness/Psychiatric Rehabilitation Sites

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, Donna Lazarick, Ph.D., HSPP, Scott Patterson, Ph.D., HSPP

Mission: to provide diagnostic and intervention services to veterans with (1) chronic, severe mental illnesses, and/or (2) acute distress, personality disorders, affective disorders, PTSD.

Clients: adults with schizophrenia, acute distress, mood and anxiety disorders, personality disorders, PTSD, etc.

Services: meta-cognitive therapy, individual therapy, CBT, prolonged exposure, group therapy, mindfulness therapy, resource program, psychosocial and vocational assessment.

Length of practicum: depends on the supervisor – typically requires 2 semesters; in some cases 1 semester may be negotiable.

Midtown Community Mental Health Center, 1700 N. Illinois St, Indianapolis, IN 46202

Practicum Supervisors: Jay Hamm, Psy.D., HSPP

Mission: to provide diagnostic, intervention and recovery services to adults with problems such as schizophrenia and similar problems, psychosis, trauma, PTSD, personality disorders

Clients: adults with schizophrenia and schizophrenia spectrum disorders, personality disorders, PTSD, acute distress, drug abuse.

Services: individual therapy, group therapy

Length of practicum: typically requires 2 semesters

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-education 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 or 2 semesters

Midtown Prevention and Recovery Center for Early Psychosis (PARC), Eskenazi Hospital, Indianapolis, IN

Practicum Supervisor: Bethany Leonhardt, Psy.D., HSPP

Mission: to provide assessment and intervention services to outpatient adults and older adolescents with early onset psychosis

Clients: adults and older adolescents (typical age range 16-30) with early onset schizophrenia and other psychotic disorders

Services: Assessments such as WAIS-IV, MMPI, MCMI; MERIT-based individual therapy

Length of practicum: 1 or 2 semesters

Autism/Developmental Disorders Sites

Easter Seals Crossroads, 4740 Kingsway Drive, Indianapolis, IN 46205

Practicum Supervisor: Tracy Gale, PsyD, HSPP, Manager, Autism and Behavioral Services

Mission: to provide assessment and intervention services to children with autism, autism spectrum disorders, and other neurodevelopmental disorders (family involvement as well)

Clients: children and adolescents with autism.

Services: diagnostic assessments/evaluations (e.g., Stanford-Binet, ADOS-II, BASC, Vineland and more), written reports, providing assessment feedback

Length of practicum: 1 or 2 semesters (depends on what site wants and/or student preference)

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

Practicum Supervisor: Noha F. Minshawi, 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 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

Practicum supervisors: Director Dallas Mulvaney, Ph.D., HSPP, other psychologists

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).

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 and 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

**The Hope Source: Center for Dynamic Minds, 5450 Boy Scout Road, Lawrence, IN 46226
(Note – Lawrence is in Indianapolis)**

Practicum supervisor: Momi Yamanaka, Ph.D., HSPP

Mission: The mission of The Hope Source is, "to raise the bar by providing cutting-edge dynamic and authentic learning opportunities to individuals with Autism Spectrum Disorder and their families for the development of meaningful relationships and real world success."

Clients: Children, adolescents, teenagers, and young adults with Autism Spectrum Disorder

Services: Therapy within dynamic and natural settings using cognitive and behavioral approaches. Educational services in an adapted, low-ratio setting. Speech and occupational therapy, parent behavior training, and behavioral consultation.

Length of practicum: typically 2 semesters

Past Sites

The term “past sites” refers to sites that have (1) previously taken our students but are either closed or (2) exist but not actively taking our students.

Sites having provided practicum training within the past five years

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

(a) Adult Services – multiple units

Practicum Supervisors: Psychologists in charge (Drs. Jennifer Vohs and Sarah Landsberger), 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 (Drs. John Spanke and Melissa Butler)

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

Sites having provided practicum training beyond the past five years

Methodist Hospital – Family Practice Center, 1520 N. Senate Avenue, Indianapolis, IN

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.

Length of practicum: 2 semesters required

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 couples counseling, group counseling.

Length of practicum: 2 semesters required

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 2 semesters required

Indiana University Cancer Center, Indiana University 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.

Length of practicum: typically 2 semesters required

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.**

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

NOTE: Not currently accepting practicum students

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**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 required**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**Hook Rehabilitation Center, Community Hospital East, 1500 N. Ritter Avenue, 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

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

Practicum supervisors: Psychologist in charge

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 – Kokomo Counseling and Psychological Services (CAPS), 234 Kelley Student Center, Kokomo, IN, 46904

Practicum Supervisors: Chelsi Day, Psy.D., HSPP

Mission: to provide screening, assessment and psychotherapy services to persons with anxiety, depression, adjustment to college issues, eating concerns, and other mental health concerns; possible opportunity to work with college athletes with sports psychology concerns

Clients: students attending college at Indiana University-Kokomo

Services: Intake assessment; psychotherapy; campus and community outreach

Length of practicum: 1 or 2 semesters (2 semesters most likely preferred by supervisor)

Great Lakes Institute for Neuropsychology and Behavioral Health, Indianapolis, IN

Practicum Supervisor: Sandy Pederson, Ph.D., HSPP

Mission: to provide assessment and intervention services for adults in residential care settings.

Clients: adults in nursing homes and long-term assisted care facilities.

Services: intellectual and neuropsychological assessment, coping with chronic pain, depression, anxiety, dementia, medication management issues, grief, loss of freedom, adjustment disorders

Length of practicum: 1 or 2 semesters

Clinical Psychology Practicum Supervisors

<u>Name</u>	<u>Date Appointed</u>
Matt Aalsma, Ph.D., HSPP	2003
Nicolle Angeli, Ph.D.*	2012
Tom Barbara, Ph.D., HSPP	2010
Melissa Butler, Ph.D., HSPP	2013
Ginger Burge, Ph.D., HSPP	2015
Yelena Chernyak, Ph.D., HSPP	2012
Steve Couvillion, Ph.D., HSPP*	2003
Dave Creel, Ph.D., HSPP*	2010
Mary Dankoski, Ph.D., HSPP*	2003
Louanne Davis, Psy.D., HSPP	2007
Chelsi Day, Psy.D., HSPP	2015
Mary de Groot, Ph.D., HSPP	2010
Joan Farrell, Ph.D., HSPP	2005
David Fingerhut, Ph.D., HSPP	2012
Tracy Gale, Psy.D., HSPP	2014
Heather Fretwell, M.D.	2010
Ari Gleckman, Ph.D., HSPP	2013
Ryan Green, Psy.D., HSPP	2017
Jay Hamm, Psy.D., HSPP	2015
Steve Herman, Ph.D., HSPP*	2005
Julie Harrison, Ph.D.*	2003
Bill Hilgendorf, Ph.D., HSPP*	2009
Sarah Honaker, PhD, CBSM	2018
Jennifer Horn, Ph.D., HSPP	2011
Ray Horn, Ph.D., HSPP*	1994
Javan Horowitz, Psy.D., HSPP	2016
Mark Jensen, Ph.D., HSPP*	2009
Shelley Johns, Psy.D., HSPP	2001
Berill Johnson, Ph.D.*	2006
Pam June, Ph.D., HSPP	2002
David Kareken, Ph.D., HSPP	1996
David Klein, Ph.D., HSPP*	2004
Ann Lagges, Ph.D., HSPP	2014
Julie Lash, Ph.D., HSPP*	2000
Donna Lazarick, Ph.D., HSPP	2014
Dominic Letizia, Psy.D., HSPP	2016
Jeff Lightfoot, Ph.D., HSPP	2007
Paul Lysaker, Ph.D., HSPP	1995
Heike Minnich, Psy.D., HSPP*	2009
Noha Minshawi, Ph.D., HSPP	2014
Dallas Mulvaney, Ph.D., HSPP	2013
Shobha Pais, Ph.D., HSPP*	2003
Scott Patterson, Ph.D., HSPP	2015
Sandy Pederson, Ph.D., HSPP*	2009
Mike Pisano, Ph.D., HSPP*	2000
Theresa Rader, Psy.D., HSPP	2011
Dan Rexroth, Psy.D., HSPP	2003
Mary Salama, M.D.*	2003
Eric Scott, Ph.D., HSPP*	2008
Sarah Small, Psy.D., HSPP	2016
Marla Smith, Ph.D., HSPP	2015
John Spanke, Ph.D., HSPP	2010
Julie Steck, Ph.D., HSPP	2008
Lynn Sturm, Ph.D., HSPP	1994
Naomi Swiezy, Ph.D., HSPP*	2003
Angela Tomlin, Ph.D., HSPP	1993
Fred Unverzagt, Ph.D., HSPP*	1999
Kriscinda Marks Whitney, Ph.D., HSPP*	2013
Amy Williams, Ph.D., HSPP	2015
Carol Wright-Buckley, Ph.D., HSPP	2006
Momi Yamanaka, Ph.D., HSPP	2015
Rachel Ziegler, Psy.D., HSPP	2016

* 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. Direct observation by supervisor will be in the form of (check): _____ in-person observation (e.g., in room or one-way mirror -- observation of client contact, an intake or test feedback session), _____ live video streaming, _____ video recording
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, beginning with Direct Observation Goal. Then state remaining goals that have been met.

Direct observation by supervisor was planned to be in the form of: _____ (see #4 above).

This direct observation goal by supervisor: has been met _____ has not been met _____

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.

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

Specific comments concerning above dimensions:

Part 4: Overall evaluation.

C B B+ A- A A+

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

Comments on general functioning:

Part 5: Certification of hours completed.

	Number of direct client contact hours completed	Number of clients seen	# Hours individual supervision	# Hours group supervision	Evidence-based practices or assessments used
Individual Intervention					
Group intervention					
Assessment					
Other (describe briefly):					

Total hours: _____

Student's Signature

Supervisor's Signature

Date

CLINICAL PSYCHOLOGY GRADUATE PROGRAM - IUPUI

APPENDIX A: ISSUES RELATING TO SELECTION OF GOALS FOR PRACTICUM PLACEMENT

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-2, WAIS-IV, 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. 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 the practicum form.

CLINICAL PSYCHOLOGY GRADUATE PROGRAM - IUPUI

APPENDIX B: ISSUES RELATING TO EVALUATION OF SUPERVISORS
OF PRACTICUM PLACEMENTS

Consider these points to help you complete the form on the following page when you evaluate your supervisor and practicum experience.

- 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.

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.

Name:

Year of Review:

Advisor:

STUDENT SELF STUDY FORM

ACADEMICS:

Courses taken this year:

Fall

Spring

Status of incompletes:

Courses with the grade of B- or less:

RESEARCH:

Are your IRB CITI Modules up to date? _____

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

Completed publications:

Completed posters/presentations:

Completed grant submissions:

CLINICAL: Experiences in the past year:

Practicum site	Number of direct client contact hours completed	Number of clients seen	Evidence based practices or assessments used

Comments _____

TEACHING:

Complete the following table for all courses taught in past year

Course name and number	Semester	Number of students taught	School of Science Teaching Evaluation Global Score

Comments: _____

ADVANCED INTEGRATION

Briefly describe opportunities you had for integration across psychology breadth areas (integrating one or more of the following: affective, biological, cognitive, developmental, and/or social aspects of psychology – See Page 16, could be courses, research, clinical)

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 categories noted above.

MENTORING:

What do you need from your mentor to help you reach these goals?

Appendix 10. Ph.D. Milestone Attainment Checklist

Milestone Attainment Checklist - Doctor of Philosophy in Clinical Psychology			
Student:	Advisor:		Date:
	Date		
	<u>Completed OR</u>	<u>Goal Date</u>	
<u>Milestones</u>			
Graduate Advisor selected			
Plan of Study Committee			
M.S. Thesis Committee formed			
M.S. Plan of Study accepted			
M.S. Thesis Proposal meeting			
M.S. Thesis data collection done			
M.S. Thesis defense			
M.S. Thesis accepted			
Preliminary Exam Proposal meeting			
Preliminary Exam defense			
Dissertation Chair selected			
Dissertation Committee formed			
Dissertation Proposal accepted			
Dissertation data collection completed			
Dissertation defense			
Dissertation accepted			
Internship applications made			
Internship accepted			
Teaching Seminar (if teaching is a goal)			
Teaching Experience (if teaching is a goal)			

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 scale when rating the student.

- 1= below expectations
 2= meets expectations
 3 = exceeds expectations

Item	1 = below expectations	2 = meets expectations	3 = exceeds expectations
1. Motivation/general attitude	1	2	3
2. Educational initiative & scholarship	1	2	3
3. Understanding of course material	1	2	3
4. Ability to apply course material	1	2	3
5. Oral English expression skills	1	2	3
6. Written English expression skills	1	2	3
7. Ability to analyze/integrate/apply	1	2	3
8. Ethical standards & integrity	1	2	3
9. Respect for diversity	1	2	3

If any item = 1, please briefly explain:

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 _____

Date ___/___/___

Please use the following scale when rating the student.

1= below expectations

2= meets expectations

3 = exceeds expectations

Item	1 = below expectations	2 = meets expectations	3 = exceeds expectations
1. Motivation/general attitude	1	2	3
2. Educational initiative & scholarship	1	2	3
3. Understanding of course material	1	2	3
4. Ability to apply course material	1	2	3
5. Oral English expression skills	1	2	3
6. Written English expression skills	1	2	3
7. Ability to analyze/integrate/apply	1	2	3
8. Ethical standards & integrity	1	2	3
9. Respect for diversity	1	2	3

If any item = 1, please briefly explain:

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 the 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 will 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. Students may want to pursue a plan that allows completion of requirements in 4 years (prior to internship in the 5th year). For that plan, the preliminary exam will be completed in Year 3, and the dissertation must be proposed by September 15th in year 4.

Date	Form	Task
YEAR 1		
Dec 15		Thesis topic submitted to thesis mentor
Mar 1		First draft of thesis proposal submitted to mentor
May 15	GS 6 (electronic)	MS Plan of Study approved, Thesis proposal drafted, thesis committee assembled
YEAR 2		
Dec 15	GS 8 (paper)	Thesis successfully proposed. Purdue University "Form 8" submitted to Graduate Coordinator, due after proposal
May 15		Thesis data collected
YEAR 3		
Sept 15	GS 4 (electronic)	Ph.D. Plan of Study approved
Dec 15	GS 8 (electronic)	Thesis successfully defended. Electronic GS 8 must be approved at least 2 weeks before defense date, allow additional 1 week for processing time.
	GS 9 (electronic)	Thesis successfully deposited. Must be complete before preliminary exam proposal.
May 15	IUPUI 1 (paper)	Successfully propose preliminary examination. IUPUI form 1 submitted to Graduate Coordinator, due after proposal.
YEAR 4		
Dec 15	GS 8 (electronic)	Preliminary examination successfully defended. Electronic GS 8 must be approved at least 2 weeks before defense date, allow additional 1 week for processing time.
March 1		First draft of dissertation proposal submitted to mentor.
April 1		Dissertation committee assembled.
May 15	GS 8 (paper)	Dissertation successfully proposed. Purdue University "Form 8" submitted to Graduate Coordinator, due after proposal.
Jul 1		Information requested from all prospective internship sites.
YEAR 5		
Sept. 15		CV & other internship application materials reviewed with mentor & other faculty.
		Final list of internship sites/addresses and CV distributed to Program Head and reference letter writers.
		Hard deadline for dissertation successfully proposed by Sept. 15th (you cannot apply for internship unless you have passed the proposal by this date).
Nov 15		Internship applications submitted.

Dec 15		Dissertation data collected.
Jan 31		Internship interviews completed.
TBD		Internship rankings submitted to APPIC (date to be determined by APPIC each year).
March 1		Draft of completed dissertation submitted to mentor.
May 15		Required courses completed.
	GS 8 (electronic)	Dissertation successfully defended. Electronic GS 8 must be approved at least 2 weeks before defense date, allow additional 1 week for processing time.
	GS 9 (electronic)	Dissertation successfully deposited.
YEAR 6		
Aug 31		Internship successfully completed.

Appendix 14. CP Program Goals, Objectives, Targets, Sources of Evaluation

Goal	Objective	Targets	Source of Evaluation
<p>Goal 1: To produce graduates who are capable of making independent contributions to the scientific knowledge base of clinical psychology and related fields.</p>	<p>Objective 1A: Students will demonstrate knowledge in the breadth of scientific psychology, including historical perspectives of its foundations and development.</p>	<p><i>Target 1:</i> Successful completion of coursework or its equivalent on the biological, cognitive, affective, and social aspects of behavior and on the history of psychology.</p>	<p>Students will earn a B (83%) or higher in each course and ratings of 2 or higher on the understanding of course material/ability to apply material items on the Course Rating Form (CRF)</p>
		<p><i>Target 2:</i> Students will successfully complete the Preliminary Exam.</p>	<p>Report of prelim examining committee</p>
		<p><i>Target 3:</i> Students seeking academic careers will teach at least one course as instructor of record and will demonstrate competence in the ability to integrate and disseminate knowledge through effective teaching as evidenced by mean course evaluation scores of 4.5 or higher out of 6 or by satisfactory peer evaluation of teaching.</p>	<p>Students who teach will achieve: School of Science student satisfaction Global scores of 4.5 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).</p>
		<p><i>Target 4:</i> Students, both while in our Program and after graduating, will report themselves as being well trained on this learning objective</p>	<p>90% of students will somewhat agree, agree or strongly agree with relevant items on alumni and current student surveys</p>
	<p>Objective 1B: Students will demonstrate knowledge in the theory, methodology, and data-analysis skills related to psychological research</p>	<p><i>Target 1:</i> Successful completion of coursework and co-curricular offerings on psychological assessment and research methodology.</p>	<p>Students will earn a B (83%) or higher in each course and ratings of 2 or higher on the understanding of course material/ability to apply material items on the CRF</p>
		<p><i>Target 2:</i> Successful completion of coursework and co-curricular offerings on data analytic techniques.</p>	
		<p><i>Target 3:</i> Students will actively participate in conducting research with program faculty.</p>	<p>Semi-annual student reviews showing satisfactory participation in research activities (ratings of 2 or higher on Mentor Rating of Student’s Overall Performance, Item 2 “Educational Initiative & Scholarship”)</p>
		<p><i>Target 4:</i> Students, both while in our Program and after graduating, will report themselves as being well trained on this learning objective.</p>	<p>90% of students will somewhat agree, agree or strongly agree with relevant items on alumni and current student surveys</p>

<p>Goal 1 (cont'd): To produce graduates who are capable of making independent contributions to the scientific knowledge base of clinical psychology and related fields.</p>	<p>Objective 1C: Students will demonstrate the ability to generate new scientific knowledge and theory related to the field of psychology.</p>	<p><i>Target 1:</i> Successful completion and oral defense of an empirical Master's thesis.</p>	Report of thesis examining committee
		<p><i>Target 2:</i> Successful completion and oral defense of the Preliminary Exam requiring the independent production of a literature review (e.g., meta-analysis, narrative review, scoping review).</p>	Report of prelim examining committee
		<p><i>Target 3:</i> Successful completion and oral defense of an empirical doctoral dissertation.</p>	Report of dissertation examining committee
		<p><i>Target 4:</i> All students present research in proseminar, and at least 75% of students will actively participate in disseminating research by presenting/co-presenting posters, papers, or workshops at professional meetings and/or by authoring/co-authoring articles in scientific journals or chapters in professional texts.</p>	Semi-annual student reviews, annual data collection for APA
		<p><i>Target 5:</i> 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.</p>	Semi-annual student reviews
		<p><i>Target 6:</i> At least 50% of graduates will continue to be involved in research activities in their post-graduation professional lives.</p>	Alumni surveys
		<p><i>Target 7:</i> Students, both while in our program and after graduating, will report themselves as being well trained on this learning objective.</p>	90% of students will somewhat agree, agree or strongly agree with relevant items on alumni and current student surveys
<p>Goal 2: To produce graduates who can competently integrate the science and practice of clinical psychology and can provide evidence-based behavioral services.</p>	<p>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</p>	<p><i>Target 1:</i> Successful completion of coursework relating to psychopathology and its diagnosis and the cognitive, affective, biological, and social foundations of behavior.</p>	Students will earn a B (83%) or higher in each course and ratings of 2 or higher on the understanding of course material/ability to apply material items on the CRF
		<p><i>Target 2:</i> Successful completion of assessment coursework relating to the theories and methods of assessing ability, personality, and diagnosis.</p>	
		<p><i>Target 3:</i> At least "adequate" Target ratings from practicum supervisors on students' proficiency in administering well-validated and widely used instruments that assess intellectual functions, achievement, and psychopathology.</p>	Practicum Supervisor Exit Survey

		<i>Target 4:</i> At least “adequate” Target ratings from practicum supervisors on students’ knowledge of DSM diagnoses and skill in the diagnosis of clients.	Practicum Supervisor Exit Survey
		<i>Target 5:</i> Successful completion of a minimum of 4 three-credit hour clinical practica.	Students will obtain course grades of B or higher
		<i>Target 6:</i> Successfully matching for and then successfully completing an APA accredited internship.	APPIC match results, internship report of student performance
		<i>Target 7:</i> Students, both while in our Program and after graduating, will report themselves as being well trained on this learning objective.	90% of students will somewhat agree, agree or strongly agree with relevant items on alumni and current student surveys
		<i>Target 8:</i> 100% of graduates seeking licensure will take and pass the EPPP exam.	Alumni survey
	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.	<i>Target 1:</i> Successful completion of coursework relating to psychopathology and evidence-based practice in psychological services.	Students will earn a B (83%) or higher in each course and ratings of 2 or higher on the understanding of course material/ability to apply material items on the CRF
		<i>Target 2:</i> Successful completion of the intervention course sequence relating to common factors and specific evidence-based practices.	
		<i>Target 3:</i> Successful completion of a minimum of 4 three-credit hour clinical practica.	Students will obtain course grades of B or higher
		<i>Target 4:</i> Demonstrate proficiency in the application of empirically supported psychological interventions and for consultation and inter-professional collaborations	Practicum supervisor exit survey; Faculty ratings of 2 or above (meets expectations) on case consultation forms
		<i>Target 5:</i> Client relationship and treatment outcomes are at least “adequate” as rated by practicum supervisors.	Practicum supervisor exit survey
		<i>Target 6:</i> Successfully matching for and then successfully completing an APA accredited internship.	APPIC match results, internship report of student performance
		<i>Target 7:</i> Students, both while in our Program and after graduating, will report themselves as being well trained on this learning objective.	90% of students will somewhat agree, agree or strongly agree with relevant items on alumni and current student surveys
Goal 3. To produce graduates who demonstrate they can conduct themselves in culturally sensitive		Objective 3A: Students will demonstrate sensitivity, knowledge, and skills in regard to the role of human	<i>Target 1:</i> Successful completion of required coursework on diversity and multicultural issues in clinical psychology.
	<i>Target 2:</i> Successful completion of required coursework on psychological assessment, intervention, and research, especially those sections of each course covering diversity issues.		

<p>and ethical ways in the science and practice of clinical psychology.</p>	<p>diversity in the research and practice of clinical psychology.</p>	<p><i>Target 3:</i> Successful completion of the proseminar series on professional issues in clinical psychology.</p>	<p>Students will participate in proseminar</p>
		<p><i>Target 4:</i> At least “adequate” practicum Target ratings from practicum supervisors in the area of respect for diversity in clinical practice.</p>	<p>Practicum supervisor exit survey</p>
		<p><i>Target 5:</i> Students, both while in our Program and after graduating, will report themselves as being well trained on this learning objective.</p>	<p>90% of students will somewhat agree, agree or strongly agree with relevant items on alumni and current student surveys</p>
	<p><u>Objective 3B:</u> Students will demonstrate a working knowledge of the APA ethical code and will demonstrate their ability to apply ethical principles in practical contexts.</p>	<p><i>Target 1:</i> Successful completion of the Program’s required coursework on ethical problems in clinical psychology.</p>	<p>Students will earn a B (83%) or higher in each course and ratings of 2 or higher on the ethics item on the CRF</p>
		<p><i>Target 2:</i> Successful completion of required coursework on psychological assessment, intervention, and research, especially those parts of each course covering ethical issues.</p>	
		<p><i>Target 3:</i> Successful completion of the proseminar series on professional issues in clinical psychology.</p>	<p>Students will participate in proseminar</p>
		<p><i>Target 4:</i> At least “adequate” practicum Target ratings from practicum supervisors in the area of ethical conduct.</p>	<p>Practicum supervisor exit survey</p>
		<p><i>Target 5:</i> Successful formulation and submission of an application to relevant institutional review boards for the ethical conduct of an empirical research project (Thesis, dissertation, or other research).</p>	<p>Semi-annual student review</p>
		<p><i>Target 6:</i> Successfully passing the required test for investigators for the ethical conduct of research (CITTI training).</p>	<p>Report from IRB</p>
		<p><i>Target 7:</i> Students, both while in our Program and after graduating, will report themselves as being well trained on this learning objective</p>	<p>90% of students will somewhat agree, agree or strongly agree with relevant items on alumni and current student surveys</p>

Appendix 15. Graduate Student Survey

Q1. Year in the program:

- First or second year
- Third year or beyond

Q2. Quality of Training

Directions: Please consider your overall graduate education to date at IUPUI and rate the extent to which you agree or disagree with the following statements:

Overall, my doctoral program is providing me with a strong education and training in the skills necessary to...

	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Somewhat Agree (4)	Agree (5)	Strongly Agree (6)
Understand and apply both statistics and basic research methodology (1)	<input type="radio"/>					
Effectively use measurement theory to develop and evaluate instruments (2)	<input type="radio"/>					
Critically evaluate published behavioral science literature (3)	<input type="radio"/>					
Comprehensively review and synthesize an area of study (4)	<input type="radio"/>					
Write more clearly, succinctly, and scientifically (5)	<input type="radio"/>					
Effectively present research findings before an audience (6)	<input type="radio"/>					
Understand ethical and legal standards of clinical psychology (9)	<input type="radio"/>					
Appreciate individual and cultural diversity (10)	<input type="radio"/>					
Act in accord with professional values and attitudes (22)	<input type="radio"/>					
Effectively communicate with a wide range of individuals (e.g., colleagues, community members, supervisors, supervisees, and those receiving professional services) (11)	<input type="radio"/>					
Select, apply, and interpret clinical assessment methods based on the best empirical evidence (12)	<input type="radio"/>					
Select, apply, and evaluate clinical intervention methods based on the best empirical evidence (13)	<input type="radio"/>					

Q3. If you answered at least one question above as less than 'Somewhat Agree,' please explain what was missing, and share suggestions for improvement.

Q4. Directions: Please consider your graduate education at IUPUI and indicate the extent to which you agree or disagree with the following statements.

Overall, my doctoral program is providing me with a strong education and training in the skills necessary to...

	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Somewhat Agree (4)	Agree (5)	Strongly Agree (6)
Understand different models of supervision	<input type="radio"/>					
Understand different models of consultation	<input type="radio"/>					
Effectively participate in consultation and interprofessional/interdisciplinary collaborations	<input type="radio"/>					
Evaluate the effectiveness of clinical interventions	<input type="radio"/>					
Have a comprehensive understanding of psychopathology	<input type="radio"/>					
Understand the role of chronic mental and/or physical health conditions in functioning	<input type="radio"/>					
Understand the history and major systems of psychology	<input type="radio"/>					
Understand the breadth of psychology, including biological, cognitive, affective, & social aspects of behavior	<input type="radio"/>					
Integrate knowledge across 2 or more breadth areas of psychology (e.g., affective, biological, etc.)	<input type="radio"/>					
Effectively teach a course	<input type="radio"/>					
Function as an independent scientist	<input type="radio"/>					

Q5. If you answered at least one question above as less than 'Somewhat Agree,' please explain what was missing, and share suggestions for improvement.

Q6. I believe that...

	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Somewhat Agree (4)	Agree (5)	Strongly Agree (6)
Relationships with faculty encourage success and progress	<input type="radio"/>					
My advisor plays a prominent and supportive role in my success	<input type="radio"/>					
My advisor is available and provides timely and helpful feedback	<input type="radio"/>					
The faculty/program provide me with sufficient feedback about my progress	<input type="radio"/>					
The faculty/program provide me with sufficient guidance about my education	<input type="radio"/>					
The faculty/program keep me informed about changes in the program and provide sufficient opportunities for program-wide communication	<input type="radio"/>					
Concerns I have about the program are heard and adequately addressed	<input type="radio"/>					
Proseminar and colloquia are useful and important	<input type="radio"/>					
The clinical workshop is useful and important	<input type="radio"/>					
The statistics workshop is useful and important	<input type="radio"/>					
I am offered practica with high quality supervision	<input type="radio"/>					
I am provided with the knowledge and skills needed to prepare me for internship	<input type="radio"/>					
I am becoming a well-educated psychologist/behavioral scientist	<input type="radio"/>					
I am developing an attitude of lifelong learning and scholarly inquiry	<input type="radio"/>					
Overall, I am satisfied with my graduate education at IUPUI	<input type="radio"/>					
Overall, I am satisfied with the decision to become a clinical psychologist	<input type="radio"/>					

Q7. If you answered at least one question above as less than 'Somewhat Agree,' please explain what was missing, and share suggestions for improvement.

Q8. I believe that...

	Strongly Disagree (1)	Disagree (2)	Somewhat disagree (3)	Somewhat Agree (4)	Agree (5)	Strongly Agree (6)
Students feel that faculty are "on their side"	<input type="radio"/>					
My program makes students enthusiastic about learning	<input type="radio"/>					
The Director of Clinical Training (Dr. Michelle Salyers) really cares about the clinical students	<input type="radio"/>					
Faculty treat students as persons	<input type="radio"/>					
Although we (the faculty and graduate students) don't always agree, we can share our concerns with each other openly	<input type="radio"/>					
Faculty feel pride in the program and in its students	<input type="radio"/>					
I think faculty in my program care about me as a person and are concerned about more than just how well I perform my role at school	<input type="radio"/>					
Students can count on faculty to listen to their side of the story and to be fair	<input type="radio"/>					
Most of the faculty really try hard to get to know the graduate students	<input type="radio"/>					
Faculty here make a real effort to understand difficulties graduate students may be having with their work	<input type="radio"/>					
The faculty in this program seem ready to give help and advice (on the best way to learn something new)	<input type="radio"/>					
Faculty in this program generally take graduate student ideas and interests seriously	<input type="radio"/>					
Students in my program are proud to be students here	<input type="radio"/>					

Q9. If you answered at least one question above as less than 'Somewhat Agree,' please explain what was missing, and share suggestions for improvement.

Q10. For the following items, we use the term diversity to indicate the breadth of representation of people from different backgrounds, populations, and perspectives, including:

- Age
- Gender/Gender identity
- Cognitive/Psychiatric/Physical disability
- Ethnic background
- Nationality
- Perceived socioeconomic status
- Race
- Sexual orientation

Additionally, the term inclusion is used to indicate the level of acceptance of individual and group diversity. Thus, an inclusive climate embraces differences and fosters equitable participation regardless of background.

I believe that...

	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Somewhat Agree (4)	Agree (5)	Strongly Agree (6)
Students of my age are respected in this program	<input type="radio"/>					
Students of my gender identity and expression are respected in this program	<input type="radio"/>					
Students of my (cognitive/psychiatric/physical) ability are respected in this program	<input type="radio"/>					
Students of my racial/ethnic group are respected in this program	<input type="radio"/>					
Students of my nationality are respected in this program	<input type="radio"/>					
Students of my socioeconomic status are respected in this program	<input type="radio"/>					
Students of my sexual orientation are respected in this program	<input type="radio"/>					
Students of my religious identity are respected in this program	<input type="radio"/>					
Students of my political viewpoint are respected in this program	<input type="radio"/>					
Overall, students of diverse backgrounds are respected in this program	<input type="radio"/>					

Q11. If you answered at least one question above as less than 'Somewhat Agree,' please explain what was missing, and share suggestions for improvement.

Open Ended Questions

Q12. What do you see as the most important weakness of the program that we should address?

Q13. What do you see as the most important strength of the program?

Appendix 16. Alumni Survey (Minimally at 2 and 5 years post graduation)

In line with new APA accreditation standards and ongoing quality improvement of our program, we need to get your input on our training program and how it prepared you for your current roles. In this survey, we are not asking for contact information. Although we do need to know the year of graduation for APA purposes, the results will be reported in aggregate form to be used for program improvement and for APA reporting. We appreciate your time on this!

Q1. Graduation Information:

Year Graduated _____

Q2. Directions: Please consider your graduate education at IUPUI and indicate the extent to which you agree or disagree with the following statements.

Overall, my doctoral program has provided me with a strong education and training in the skills necessary to...

	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Somewhat Agree (4)	Agree (5)	Strongly Agree (6)
Understand and apply both statistics and basic research methodology (1)	<input type="radio"/>					
Effectively use measurement theory to develop and evaluate instruments (2)	<input type="radio"/>					
Critically evaluate published behavioral science literature (3)	<input type="radio"/>					
Comprehensively review and synthesize an area of study (4)	<input type="radio"/>					
Write more clearly, succinctly, and scientifically (5)	<input type="radio"/>					
Effectively present research findings before an audience (6)	<input type="radio"/>					
Understand ethical and legal standards of clinical psychology (9)	<input type="radio"/>					
Appreciate individual and cultural diversity (10)	<input type="radio"/>					
Act in accord with professional values and attitudes (22)	<input type="radio"/>					
Effectively communicate with a wide range of individuals (e.g., colleagues, community members, supervisors, supervisees, and those receiving professional services) (11)	<input type="radio"/>					
Select, apply, and interpret clinical assessment methods based on the best empirical evidence (12)	<input type="radio"/>					
Select, apply, and evaluate clinical intervention methods based on the best empirical evidence (13)	<input type="radio"/>					

Q3. If you answered at least one question above as less than 'Somewhat Agree,' please explain what was missing, and share suggestions for improvement.

Q4. Directions: Please consider your graduate education at IUPUI and indicate the extent to which you agree or disagree with the following statements.

Overall, my doctoral program has provided me with a strong education and training in the skills necessary to...

	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Somewhat Agree (4)	Agree (5)	Strongly Agree (6)
Understand different models of supervision (1)	<input type="radio"/>					
Effectively participate in consultation and interprofessional/interdisciplinary collaborations (2)	<input type="radio"/>					
Evaluate the effectiveness of clinical interventions (3)	<input type="radio"/>					
Have a comprehensive understanding of psychopathology (4)	<input type="radio"/>					
Understand the role of chronic mental and/or physical health conditions in functioning (5)	<input type="radio"/>					
Understand the history and major systems of psychology (6)	<input type="radio"/>					
Understand the breadth of psychology, including biological, cognitive, affective, & social aspects of behavior (7)	<input type="radio"/>					
Integrate knowledge across 2 or more breadth areas of psychology (e.g., affective, biological, etc.) (8)	<input type="radio"/>					
Function as an independent scientist (9)	<input type="radio"/>					
Function as an independent clinical practitioner (including internship training) (10)	<input type="radio"/>					

Q5. If you answered to at least one question above as less than 'Somewhat Agree,' please explain what was missing, and share suggestions for improvement.

Q6. I believe that...

	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Somewhat Agree (4)	Agree (5)	Strongly Agree (6)
Relationships with faculty encouraged success and progress (1)	<input type="radio"/>					
My advisor played a prominent and supportive role in my success (2)	<input type="radio"/>					
My advisor was available and provided timely and helpful feedback (3)	<input type="radio"/>					
The faculty/program provided me with sufficient feedback about my progress (4)	<input type="radio"/>					
The faculty/program provided me with sufficient guidance about my education (5)	<input type="radio"/>					
The faculty/program kept me informed about changes in the program and provided sufficient opportunities for program-wide communication (6)	<input type="radio"/>					
Concerns I had about the program were heard and adequately addressed (7)	<input type="radio"/>					
Proseminar and colloquia were useful and important (8)	<input type="radio"/>					
I completed practica with high quality supervision (15)	<input type="radio"/>					
I was provided with the knowledge and skills needed to prepare me for internship (9)	<input type="radio"/>					
I have become a well-educated psychologist/behavioral scientist (10)	<input type="radio"/>					
I have developed an attitude of lifelong learning and scholarly inquiry (16)	<input type="radio"/>					
Overall, I am satisfied with my graduate education at IUPUI (12)	<input type="radio"/>					
Overall, I am satisfied with the decision to become a clinical psychologist (11)	<input type="radio"/>					

Q7. If you answered at least one question above as less than 'Somewhat Agree,' please explain what was missing, and share suggestions for improvement.

Q8. Please rate your level of competence across the following competency areas of IUPUI's Clinical Psychology program using the following scale:

	Not competent at all (1)	Insufficiently competent (2)	Satisfactorily competent (3)	Moderately competent (4)	Highly competent (5)
Research - Formulate, conduct, and critically evaluate research (and other scholarly activities) that is high-quality and rigorous, and that has the potential to contribute to the scientific and/or professional knowledge base (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ethical and legal standards - Act in accordance with the APA Ethical Principles of Psychologists and Code of Conduct and local laws/policies governing health service psychology, including the ability to apply ethical decision-making processes in order to resolve ethical dilemmas. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individual and cultural diversity – Appreciate how your own and others’ personal/cultural history, attitudes, and biases may affect how you understand and interact with different people; Understand and apply current theoretical and empirical knowledge to address issues of diversity in professional activities (e.g., research, training, supervision/consultation, and service). (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional values, attitudes, and behaviors – Maintain self-awareness, reflection, openness and responsiveness to feedback; and behave in ways that reflect the values and attitudes of psychology (e.g., integrity, professional demeanor, professional identity, accountability, lifelong learning, and concern for the welfare of others). (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication and interpersonal skills – Effectively communicate (oral, nonverbal, and written communication) as well as develop and maintain effective relationships with a wide range of individuals (e.g., colleagues, community members, supervisors, supervisees, and those receiving professional services). (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessment – Ability to select, administer, score and interpret clinical assessment methods based on the best empirical literature. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intervention – Ability to select, apply, and evaluate clinical intervention methods based on the best empirical literature. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervision – Effectively participate in and provide supervision (within the realm of your particular professional setting). (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consultation and interprofessional/interdisciplinary skills – Effectively provide and seek consultation with individuals and their families, other health care professionals, interprofessional groups, or administrators. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q9. If you answered less than 'Satisfactorily Competent' to one or more of the statements above, please share what was missing, and share suggestions for improvement.

Open Ended Questions

Q10. What do you see as the most important weakness of the program that we should address?

Q11. What do you see as the most important strength of the program?

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.

Appendix 18: Clinical Health Psychology Emphasis Area at IUPUI

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 researchers and practitioners, 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/or 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 Department of Psychology and in other units across campus provide mentoring, instruction, and supervision. 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. The Department of Psychology provides financial support for Ph.D. students throughout their graduate education. We make the commitment to support students in good standing for five years.

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, such as the Schools of Medicine (Indiana's only medical school and the nation's largest student body), Nursing, Dentistry, Public Health, and Social Work. Numerous healthcare facilities are located on campus and provide copious research and training opportunities for our students.

On-campus healthcare facilities include:

Indiana Clinical and Translational Sciences Institute (CTSI; 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 laboratory 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 Hospital (<http://iuhealth.org>): 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 & World Report*.

Indiana University Melvin and Bren Simon Cancer Center (<http://www.cancer.iu.edu>): 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 School of Medicine, Section of Adolescent Medicine (SOAM) (<http://pediatrics.iu.edu/sections-and-faculty/adolescent-medicine/about-us/>): The SOAM faculty has internationally recognized expertise in adolescent health behavior research, including a focus on problem behaviors such as violence, sexually transmitted infections, and drug use. As one of the largest and most active academically-oriented adolescent medicine sections of its kind in the country, the SOAM also provides clinical services to roughly 20,000 adolescents in outpatient and inpatient care within Marion County, Indiana. Additionally, the SOAM has provided care at the Marion County Detention Center since 2008.

Riley Hospital for Children at Indiana University (<https://www.rileychildrens.org>): Riley Hospital 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 & World Report*. Riley Hospital trains clinicians who provide healthcare to children and conducts cutting-edge research to improve the diagnosis and treatment of serious disorders in children.

Eskenazi Health and Eskenazi Hospital (<http://www.eskenazihealth.edu>): Eskenazi Health is one of America's five largest safety net health systems, providing care to nearly 1 million outpatient visitors each year. It is also one of the leading providers of health care in Central Indiana, with physicians of the Indiana University School of Medicine providing a comprehensive range of primary and specialty care services within their 315-bed hospital and inpatient facilities and 11 community health centers located throughout Indianapolis. Approximately 90% of Eskenazi Health patients are underinsured or uninsured, and 50% are African American. Eskenazi Hospital, located on campus, 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.

Regenstrief Institute, Inc. (<http://www.regenstrief.org>): The Regenstrief Institute is an Indiana non-profit corporation formed in December 2001 to conduct and facilitate health care research, health care education, and clinical care. The Institute is affiliated with the Indiana University School of Medicine and Eskenazi Health. The Institute employs approximately 150 full-time staff and 35 investigators, who are faculty members of Indiana University. For almost 40 years, the Institute has supported numerous investigators in health services, aging, and medical informatics research. The research milieu within the Institute offers access to other faculty scientists with a wealth of interdisciplinary health services research expertise, including gerontology, medical sociology, social science, epidemiology, biostatistics, health economics, computer science, medical informatics, medical outcomes, and implementation research.

Richard L. Roudebush VA Medical Center (<http://www.indianapolis.va.gov>): Roudebush VAMC has been serving Veterans since 1932. At present, it 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 and is aggressively using emerging technology in the tele-home care and tele-disease management arenas.

Clinical Health Psychology 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

The theory and practice of behavioral medicine is 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 are also covered. In addition to being taught core clinical skills, students 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 535 Clinical Neuroscience

The emphasis of this course is the neurobiological foundations of mental health and mental illness. A primary goal is to examine how psychology, neuroscience, pharmacology, and medicine come together to manage mental illness. The nature of how biological alterations lead to aberrant behaviors that define psychopathology is examined, as well as the ethics involved in the field.

PSY-I 545 Psychopharmacology

A survey of the effects of drugs on behavior, cognitive functioning, and emotions. Emphasis is placed on the practical advantages of understanding how psychotropic drugs work, and on how the brain functions in health and disease. Students are exposed to the most current theories and research in the field.

PSY-I 560 Behavioral Genetics

PSY 61500 Introduction to Behavioral Neuroscience

A survey of the integrated neurosciences emphasizing physiological psychology. Neural processes of sensory and motor function, arousal and sleep, motivation, learning and memory, language function, and personality disorders are presented with selected coverage of neuroanatomy, neurophysiology, neuropharmacology, and neuroendocrinology. Both normal and pathological functions are covered.

*Students in the clinical health psychology emphasis area often take courses outside of the Department of Psychology, such as those offered by the Schools of Medicine, Nursing, and Public Health.

Clinical Health Psychology Practica Sites

Students receive supervision by licensed clinical psychologists at our practica sites. Below is a list of our current sites relevant to clinical health psychology. Of note, new placements are developed regularly.

Primary Care

Raphael Health Center – Indianapolis
 Roudebush VAMC – Primary Care Clinic
 St. Vincent Hospital – Primary Care Clinic
 Eskenazi Health – Primary Care Clinics in the surrounding community
 Methodist Hospital Primary Care

Specialty Clinics

Community Hospital South Bariatric Center
 Eskenazi Outpatient Palliative Care
 Indiana Polyclinic – Multidisciplinary Pain Center
 Indiana University Medical Center – Diabetes Clinic, MDC Unit
 Indiana University Medical Center – Department of Neurology
 Indiana University Medical Center – Neuropsychology Clinic
 Indiana University Medical Center – Pediatric Behavioral Sleep Medicine
 Integrated Women’s Health – Community Hospital North
 IU Health Charis Center for Eating Disorders
 Riley Hospital Pediatric Consultation-Liaison Clinic
 Riley Hospital Pediatric Pain Clinic
 Roudebush VA Medical Center – Pain Clinic
 Roudebush VAMC – Palliative Care Services
 Roudebush VA Medical Center – Substance Use Disorders Program

Training in State-of-the-Art Research Methods and Statistical Approaches

Students receive training and supervised experience in state-of-the-art research methods and statistical approaches in clinical health psychology.

Examples of research methods:

Actigraphy (objective assessment of physical activity and sleep)
 Cardiovascular assessment methods (e.g., blood pressure, ECG, and impedance cardiography)
 Ecological momentary assessment (EMA)
 Eye tracking
 fMRI
 Heart rate variability biofeedback
 Integrated treadmill desks
 Internet interventions
 Intravenous alcohol administration
 Olfactometer
 Oral alcohol administration
 Quantitative sensory testing (QST) methods (e.g., cold pressor task)
 Virtual human technology

Examples of advanced statistical approaches:

Bayesian data analysis

Meta-analysis
 R (statistical programming language and software environment)
 Structural equation modeling
 Multilevel Modeling

Health-Related Research Fellowships

Our students have received funding for (a) individual predoctoral fellowships (F31) from NIH (grants.nih.gov/grants/guide/pa-files/PA-16-309.html) and (b) health-related predoctoral fellowships available on campus, including the Indiana CTSI (www.indianactsi.org/funding/predoc), the Indiana University Melvin and Bren Simon Cancer Center (www.cancer.iu.edu/trbocc/), and the NIAAA-funded, alcohol-focused institutional training grant (www.medicine.iupui.edu/IARC/training/t32).

Core Clinical Health Psychology Faculty

John C. Guare, Clinical Associate Professor and Assistant Director of Clinical Training, Ph.D., 1991, University of Pittsburgh. Interests: health psychology, diabetes, obesity.

Adam T. Hirsh, Associate Professor, Ph.D., 2008, University of Florida. Interests: biopsychosocial aspects of pain.

Catherine E. Mosher, Associate Professor, Ph.D., 2007, University at Albany, State University of New York. Interests: behavioral oncology.

Kevin L. Rand, Associate Professor, Ph.D., 2006, University of Kansas. Interests: psychosocial aspects of cancer, end-of-life issues, hope, optimism, stress and coping.

Jesse C. Stewart, Associate Professor, Ph.D., 2003, Ohio University. Interests: cardiovascular disease, diabetes, obesity, inflammation, autonomic function, depressive/anxiety disorders, insomnia, eHealth/ internet interventions, cognitive-behavioral therapy.

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Michelle P. Salvers, Professor and Director, Clinical Psychology Program, Ph.D., 1998, Indiana University-Purdue University Indianapolis (IUPUI). Interests: psychiatric rehabilitation, severe mental illness, recovery, staff burnout, implementation of evidence-based practices.

Core Substance Abuse Faculty

Melissa A. Cyders, Associate Professor, Ph.D., 2009, University of Kentucky. Interests: impulsivity, fMRI, alcohol use, emotions, risk-taking, addictive behaviors.

Tamika Zapolski, Assistant Professor, Ph.D., 2013, University of Kentucky. Interests: substance use among African Americans, sociocultural risk, stress, emotion-based risk and protective processes.

Other Contributors

Christopher M. Callahan, M.D., Professor of Medicine, Indiana University Center for Aging Research

Daniel O. Clark, Ph.D., Associate Professor of Medicine, Indiana University Center for Aging Research

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

Matthew S. Freiberg, M.D., MSc, Associate Professor of Cardiovascular Medicine, Vanderbilt University School of Medicine

Samir K. Gupta, M.D., Associate Professor of Medicine, Division of Infectious Diseases

David Haggstrom, M.D., M.A.S., Associate Professor of Medicine, Division of General Internal Medicine

David A. Kareken, Ph.D., ABPP, Professor of Medicine, Department of Neurology

Kurt Kroenke, M.D., Professor of Medicine, Indiana University Center for Health Services and Outcomes Research

Marianne Matthias, Ph.D., Associate Professor of Communication Studies, IUPUI, Regenstrief, Roudebush VA HSR&D CHIC)

Gerardo Maupomé, BDS, MSc, DDPH RCS(E), Ph.D., Professor, School of Dentistry

Alan McGuire, Ph.D., Associate Research Professor Psychology, School of Science, IUPUI; Roudebush VA HSR&D CHIC)

Susan Rawl, Ph.D., FAAN, Professor, Indiana University School of Nursing

Angela Rollins, Ph.D., Associate Research Professor Psychology, School of Science, IUPUI; Roudebush VA HSR&D CHIC)

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

Appendix 19: Severe Mental Illness/Psychiatric Rehabilitation Emphasis Area at IUPUI

Psychiatric rehabilitation is the science and practice of helping people with severe mental illness (SMI) recover a life of meaning in the community. We focus on those whose functioning has been impaired by mental illnesses such as schizophrenia, bipolar disorder, major depression, etc. As researchers, we are interested in a range of processes that can help recovery, from understanding issues of risk, early identification, and mechanisms of action to developing, evaluating, and implementing interventions that effectively promote and support recovery. Psychologists in this area collaborate with other healthcare researchers and practitioners, including physicians, nurses, social workers, and others. Students with training in SMI/Psychiatric rehabilitation will be prepared to enter the field as researchers, practitioners, and/or administrators in a variety of settings, including universities, medical schools, hospitals and medical centers, clinics, private practice, and government agencies.

The SMI/Psychiatric rehabilitation 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). Faculty members within the Department of Psychology and in other units across campus provide mentoring, instruction, and supervision. We provide core course work in our department, and additional related coursework is available through the Departments of Public Health, Sociology and the Schools of Medicine, Nursing, Social Work, and Law. The Department of Psychology provides financial support for Ph.D. students throughout their graduate education. We make the commitment to support students in good standing for five years.

SMI/Psychiatric Rehabilitation 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, such as the Schools of Medicine (Indiana's oldest medical school and the nation's largest student body), Nursing, Dentistry, Public Health, and Social Work. Numerous healthcare facilities are located on and near campus and provide copious research and clinical training opportunities for our students.

On-campus healthcare resources, many of which relate to SMI/Psychiatric rehabilitation, include:

Indiana Clinical and Translational Sciences Institute (CTSI; 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 laboratory 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 Hospital (<http://iuhealth.org>): 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 & World Report*.

Indiana University Melvin and Bren Simon Cancer Center (<http://www.cancer.iu.edu>): 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 School of Medicine, Section of Adolescent Medicine (SOAM) (<http://pediatrics.iu.edu/sections-and-faculty/adolescent-medicine/about-us/>): The SOAM faculty has internationally recognized expertise in adolescent health behavior research, including a focus on problem behaviors such as violence, sexually transmitted infections, and drug use. As one of the largest and most active academically-oriented adolescent medicine sections of its kind in the country, the SOAM also provides clinical services to roughly 20,000 adolescents in outpatient and inpatient care within Marion County, Indiana. Additionally, the SOAM has provided care at the Marion County Detention Center since 2008.

Riley Hospital for Children at Indiana University (<https://www.rileychildrens.org>): Riley Hospital 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 & World Report*. Riley Hospital trains clinicians who provide healthcare to children and conducts cutting-edge research to improve the diagnosis and treatment of serious disorders in children.

Eskenazi Health and Eskenazi Hospital (<http://www.eskenazihealth.edu>): Eskenazi Health is one of America's five largest safety net health systems, providing care to nearly 1 million outpatient visitors each year. It is also one of the leading providers of health care in Central Indiana, with physicians of the Indiana University School of Medicine providing a comprehensive range of primary and specialty care services within their 315-bed hospital and inpatient facilities and 11 community health centers located throughout Indianapolis. Approximately 90% of Eskenazi Health patients are underinsured or uninsured, and 50% are African American. Eskenazi Hospital, located on campus, 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.

Regenstrief Institute, Inc. (<http://www.regenstrief.org>): The Regenstrief Institute is an Indiana non-profit corporation formed in December 2001 to conduct and facilitate health care research, health care education, and clinical care. The Institute is affiliated with the Indiana University School of Medicine and Eskenazi Health. The Institute employs approximately 150 full-time staff and 35 investigators, who are faculty members of Indiana University. For almost 40 years, the Institute has supported numerous investigators in health services, aging, and medical informatics research. The research milieu within the Institute offers access to other faculty scientists with a wealth of interdisciplinary health services research expertise, including gerontology, medical sociology, social science, epidemiology, biostatistics, health economics, computer science, medical informatics, medical outcomes, and implementation research.

Richard L. Roudebush VA Medical Center (<http://www.indianapolis.va.gov>): Roudebush VAMC has been serving Veterans since 1932. At present, it 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 and is aggressively using emerging technology in the tele-home care and tele-disease management arenas.

In addition to the on-campus resources that host training and research opportunities in clinical health and SMI/Psychiatric rehabilitation emphasis areas, faculty and students collaborate with a large network of community mental health centers in the area.

SMI/Psychiatric Rehabilitation Curriculum

Students in the SMI/Psychiatric rehabilitation emphasis area complete the requirements for IUPUI's general clinical program. In addition, they complete the two core courses in SMI/Psychiatric rehabilitation, elective courses, and two SMI/Psychiatric rehabilitation practica.

Core Courses

PSY-I 613 Psychiatric Rehabilitation

This course focuses on the nature of severe mental illness (SMI) and the mental health services used to help individuals with these disorders to achieve the best outcomes possible. Consistent with a clinical science perspective, the course focuses primarily on evidence-based practices, but also examines factors shaping how services are provided, including the history, policy and politics, financing, role of advocacy groups, the role of the pharmaceutical industry, and cultural factors. A repeated theme will be to ask how to implement humane, practical, feasible, culturally competent, cost-effective, and replicable services. The course examines multiple perspectives drawn from lectures, readings, videotapes, invited speakers, and seminar discussions.

PSY-590 Schizophrenia

This course surveys literature on the one of the most disabling of chronic diseases: schizophrenia. The course begins with an examination of historical conceptions of this illness and then will explore current research on its etiology, phenomenology, course and treatment. Materials are drawn from wide ranging interdisciplinary backgrounds. This course is pertinent for persons interested in a broad knowledge base in the foundations and treatments for severe mental illness, those conducting or interested in conducting research with persons with schizophrenia and those interested in delivering or designing clinical and rehabilitation services to persons suffering from this illness.

Elective Courses*

PSY-I 535 Clinical Neuroscience

The emphasis of this course is the neurobiological foundations of mental health and mental illness. A primary goal is to examine how psychology, neuroscience, pharmacology, and medicine come together to manage mental illness. The nature of how biological alterations lead to aberrant behaviors that define psychopathology is examined, as well as the ethics involved in the field.

PSY-I 545 Psychopharmacology

A survey of the effects of drugs on behavior, cognitive functioning, and emotions. Emphasis is placed on the practical advantages of understanding how psychotropic drugs work, and on how the brain functions in health and disease. Students are exposed to the most current theories and research in the field.

PSY 61500 Introduction to Behavioral Neuroscience

A survey of the integrated neurosciences emphasizing physiological psychology. Neural processes of sensory and motor function, arousal and sleep, motivation, learning and

memory, language function, and personality disorders are presented with selected coverage of neuroanatomy, neurophysiology, neuropharmacology, and neuroendocrinology. Both normal and pathological functions are covered.

*Students in the SMI/Psychiatric rehabilitation emphasis area sometimes take courses outside of the Department of Psychology, such as those offered by the Schools of Medicine, Nursing, and Public Health.

SMI/Psychiatric Rehabilitation Practica Sites

Students receive supervision by licensed clinical psychologists at our practica sites. Below is a list of our current sites relevant to SMI/Psychiatric rehabilitation. Of note, new placements are developed regularly.

- Easter Seals Crossroads
- Eskenazi Health - Midtown Community Mental Health Center
- Eskenazi Health - Prevention and Recovery Center for Early Psychosis
- Eskenazi Health - Midtown Westside Clinic
- Indiana University Medical Center - Christian Sarkine Autism Treatment Center
- Roudebush VA Medical Center – Psychosocial Rehabilitation and Recovery Center (PRRC)
- Roudebush VA Medical Center – Substance Use Disorders Program

SMI/Psychiatric Rehabilitation Research Fellowships

Our students have received funding for (a) individual predoctoral fellowships (F31) from NIH (grants.nih.gov/grants/guide/pa-files/PA-16-309.html) and (b) mental health-related predoctoral fellowships available on campus, including the Indiana CTSI (www.indianactsi.org/funding/predoc).

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Wei Wu, Associate Professor, Ph.D., 2008, Arizona State University. Interests: advanced statistical methods such as longitudinal data analysis, structural equation modeling, and missing data analysis for health related research.

Core Clinical Health Psychology Faculty

John C. Guare, Clinical Associate Professor and Assistant Director of Clinical Training, Ph.D., 1991, University of Pittsburgh. Interests: health psychology, diabetes, obesity.

Adam T. Hirsh, Associate Professor, Ph.D., 2008, University of Florida. Interests: biopsychosocial aspects of pain.

Catherine E. Mosher, Associate Professor, Ph.D., 2007, University at Albany, State University of New York. Interests: behavioral oncology.

Kevin L. Rand, Associate Professor, Ph.D., 2006, University of Kansas. Interests: psychosocial aspects of cancer, end-of-life issues, hope, optimism, stress and coping.

Jesse C. Stewart, Associate Professor, Ph.D., 2003, Ohio University. Interests: cardiovascular disease, diabetes, obesity, inflammation, autonomic function, depressive/anxiety disorders, insomnia, eHealth/ internet interventions, cognitive-behavioral therapy.

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- Alan McGuire, Ph.D., Associate Research Professor Psychology, School of Science, IUPUI; Roudebush VA HSR&D CHIC)
- Marina Kukla, Ph.D., Adjunct Assistant Professor, Psychology, School of Science, IUPUI; Roudebush VA HSR&D CHIC
- Johanne Eliacin, Ph.D., Assistant Research Professor, Psychology, School of Science, IUPUI; VA HSR&D, Regenstrief
- Matt Aalsma, Ph.D., Professor of Medicine, IU School of Medicine (IUSM)
- Alan Breier, M.D., Professor of Psychiatry, IUSM, Director, IU Psychotic Disorders Program
- Richard M. Frankel, Ph.D., Professor of Medicine, IUSM, Regenstrief, Roudebush VA Health Services Research & Development Center for Health Information and Communication (HSR&D CHIC)
- Hea-won Kim, Ph.D., Associate Professor of Social Work, IUPUI
- Paul Lysaker, Ph.D., Professor of Psychiatry, IUSM, Roudebush VA
- Marianne Matthias, Ph.D., Associate Professor of Communication Studies, IUPUI, Regenstrief, Roudebush VA HSR&D CHIC)
- David Kondrat, Ph.D., Assistant Professor, Social Work
- Ukamaka Oruche, Ph.D., Assistant Professor, Nursing
- Nick Rattray, PhD, Adjunct Assistant Professor, Anthropology, Roudebush VA
- Brad Ray, PhD, Assistant Professor, SPEA
- Vincent Starnino, PhD, Assistant Professor, Social Work
- Laura Stull, PhD, Assistant Professor, Psychology, Anderson University
- Jenifer VoHS, PhD, Assistant Professor, IUSM, Roudebush VA