

**CLINICAL PSYCHOLOGY
DOCTORAL PROGRAM:
TRAINING PROGRAM HANDBOOK**

**Texas A&M University
Department of Psychological & Brain Sciences
College of Arts and Sciences**

2024-2025

Table of Contents

Table of Contents.....	2
Information Regarding Requirements for the Doctoral Degree in Clinical Psychology.....	4
I. Overview	4
II. Program Curriculum	5
IIa. Overview of Course Curriculum	5
IIb. Key Areas of Clinical Program Curriculum.....	9
IIc. Specific Coursework Required for the Doctoral Degree in Clinical Psychology	11
lic. Requirements by Texas A&M University.....	11
licii. Requirements by the Department of Psychology	11
liciii. Requirements by the Clinical Psychology Doctoral Training Program.....	12
liciv. Requirements of the American Psychological Association and/or State Licensing Boards.....	15
Iid. Doctoral Preliminary Examination	16
Iie. Clinical Doctoral Training Program Typical Curriculum Sequence*	17
IIf. Practica (Intervention and Assessment) and Supervision.....	19
IIg. The Predoctoral Clinical Internship	22
III. Student Difficulties and Standards of Professional Conduct.....	23
IIIa. General Comments	23
IIIb. Leaves of Absence.....	23
IIIc. Unsatisfactory Progress	24
IIId. Impaired Students Policy.....	24
IIIe. Compliance with Ethical Standards	24
IIIf. Involvement in Delivery of Clinical Services	24
IIIg. Grievance Procedures.....	25
IV. Information for Students Who Have Completed a Master's Degree at Another University	25
IVa. Students Admitted to the Clinical Program with Prior Completion of a Research-Based Master's Thesis.....	25
IVb. Students Admitted to the Clinical Program without Prior Completion of a Research-Based Master's Thesis.....	26
V. Additional Graduate School Issues	26

	3
Va. Transfer of Graduate Credits	26
Vb. Graduation.....	27
Vc. Grades.....	27
Vd. Full-Time Status and Assistantships/Fellowships.....	27
Ve. Continuous Registration	28
Vf. Tuition and Required Fees	29
Vg. Requirements for the Master of Science Degree*	29
Vh. Requirements for the Doctor of Philosophy Degree*	30
APPENDIX A: FACULTY AND STAFF	32
DEPARTMENT LEADERSHIP:	32
CLINICAL PROGRAM LEADERSHIP:	32
CORE CLINICAL AREA FACULTY:.....	32
AFFILIATED FACULTY:.....	33
GRADUATE ADVISING:	35
DEPARTMENTAL ADMINISTRATIVE SUPPORT STAFF:.....	35
BUSINESS STAFF:.....	35
TECHNOLOGY STAFF:.....	36
OMBUDS:.....	36
APPENDIX B: CURRICULUM WORKSHEET	37
APPENDIX C: PRELIMINARY EXAM QUESTIONS EXAMPLE.....	38

Information Regarding Requirements for the Doctoral Degree in Clinical Psychology

I. Overview

The doctoral program in clinical psychology at Texas A&M University (TAMU) historically has adhered to a scientist-practitioner model of training. This model emphasizes that integrated skills in science and practice serve as the foundation for generating the knowledge base and applications to practice that psychology requires to continue to develop and contribute to human welfare. Scientist-practitioner psychologists embody a practice relevance in their research and a research orientation in their practice. Although adhering to the basic tenets of the scientist-practitioner model, since the mid-2000s our training program has focused predominantly on recruiting students who have primary interests in research-oriented career paths and directing graduates of our program toward careers in academic or research settings rather than direct clinical service delivery. Most of our graduates pursue research positions in academic or medical settings, or clinical training or administrative positions in medical centers or community or governmental agencies. We describe the clinical program as a scientist-practitioner model with clinical science emphases, noting that our graduates acquire the foundation for pursuing a strong clinical scientist career in an academic or research setting, a robust scientist-practitioner career in a medical or other training institution, or an administrative role in a service delivery agency.

This Clinical Psychology Graduate Handbook provides a summary of curriculum requirements as they relate to the identified core foundation in psychological science. The clinical training program at TAMU subscribes to the importance of broad training that prepares its graduates to work with varied clinical phenomena and populations in various settings. Consequently, we have historically eschewed specializations that restrict breadth of didactic or clinical experiences. At the same time, we recognize the importance of providing more intensive, focused training experiences in specific domains and seek to retain sufficient flexibility to respond to both substantive areas of collective expertise reflected in our faculty and training/service needs of the discipline and consumer population. All our students are expected to acquire understanding and competence in the conduct and interpretation of clinical research methods, as well as assessment and intervention of emotional and behavioral disorders.

The clinical training curriculum reflects the program's stance that each student should develop a program of coherent educational and training experiences tailored to his or her specific professional goals, in consultation with the research advisor, doctoral advisory committee and, where appropriate, the clinical program faculty. The clinical program strives to provide a structured series of experiences that help students achieve an integrated professional identity. The curriculum integrates methodology, the data base of psychology, and attention to individual clinical cases throughout. Each semester during the first through the fourth years involves course work, research experience under the guidance of a mentor, and supervised clinical experience and/or learning.

Every clinical doctoral student is required to complete the core clinical and department curricula to facilitate satisfaction of APA accreditation guidelines and state licensure requirements. All students are expected to develop competence in both research and clinical skills in a manner consistent with the program's training model. In addition, every student is expected to acquire competence in the assessment and treatment of emotional and behavioral disorders across the lifespan, although the relative balance of emphasis on adult versus child or adolescent clients may vary. In rare cases, students may request limited exemptions from certain non-clinical courses based on graduate coursework at other institutions after consultation with their major advisor, the Director of Training, the instructor of the required course in this department, and the Director of Graduate Studies.

With faculty guidance, students are responsible for matching their degree plans with APA accreditation, university, departmental, and clinical program requirements, as well as with their career plans and plans for licensure as a psychologist. Please be advised that, according to the

Association of State and Provincial Psychology Boards (ASPPB), if a substantive content area for a given student's degree transcript is covered in more than a single 3-credit hour course or in a course with a title that is not indicative of that content, supporting documents (e.g., a course syllabus, University course catalog, official course numbers and titles), may be required for licensure or other credentials. Students are strongly encouraged to keep records of all course syllabi for future licensure.

Requirements regarding the thesis and dissertation research, doctoral preliminary examination, dissertation defense, predoctoral internship, and other university policies and procedures are also articulated in this handbook. Anytime you see an asterisk (*) next to a section heading, this indicates that you should check the PBSI handbook for additional/the most updated information on this topic. As a student within the Clinical Program, you are required to fulfill the requirements of both the clinical program in the Department of Psychological and Brain Sciences. Therefore, it is each student's responsibility to ensure that they are following the most updated program requirements for both departments.

II. Program Curriculum

Ia. Overview of Course Curriculum

Students must confirm directly with the Graduate and Professional School (Grad School) and the Department of Psychological & Brain Studies Associate Head of Graduate Studies, and the Director of Clinical Training (DCT) regarding registration requirements unique to their person circumstances, which may differ from what is described here.

Students are strongly encouraged to regularly consult with the Graduate and Professional School <https://grad.tamu.edu/>, the Department of Psychological & Brain Studies Associate Head of Graduate Studies, and the Director and/or Associate Director of Clinical Training to ensure that University, Departmental, and Program requirements and deadlines are complied with, so as to promote timely progress toward completion of degree requirements.

The Clinical Psychology Doctoral Training Program structure and curriculum flow from a scientist-practitioner model. Specifically, the clinical program strives to fully integrate the range of research, teaching, and applied skills in training doctoral students. This approach views research and applied skills as interwoven rather than as two discrete sets of skills. As a result, successful graduates should have the options of a strong clinical scientist career (e.g., joining the faculty of a major research university or being a researcher for a government agency) as well as a robust scientist-practitioner career (e.g., joining the faculty of a medical school or teaching institution or serving in an administrative role in a service delivery agency).

APA Accreditation Requirements. *The following narrative is adopted from the University of North Carolina (UNC-Chapel Hill) Clinical Psychology Graduate Program Handbook <https://clinicalpsych.unc.edu/clinical-program-handbook>, which provides a careful and thorough discussion of these requirements. The text that is italicized under "2. Discipline-specific knowledge (DSK)" is information specific to Texas A&M University and the approach this clinical program has taken to fulfill these APA requirements.*

The American Psychological Association (APA) stipulates that students in accredited clinical programs should demonstrate competence in:

1. **Profession-wide competencies (PWC)** including: a) research, b) ethical and legal standards, c) individual and cultural diversity, d)

professional values, attitudes, and behaviors, e) communication and interpersonal skills, f) assessment, g) intervention, h) supervision, and i) consultation and interprofessional/interdisciplinary skills.

2. **Discipline-specific knowledge (DSK)** including: a) affective aspects of behavior, b) biological aspects of behavior, c) cognitive aspects of behavior, d) developmental aspects of behavior, e) social aspects of behavior, f) history and systems of psychology, g) research methods, h) statistical analysis, and i) psychometrics.

Students must also demonstrate advanced integrative knowledge in 2 or more of the discipline specific areas (see DSK, a-e). This is typically done via a graduate-level course that serves as “an evaluated educational experience that provides basic coverage in two or more areas and integration across those areas.” These areas of competence and knowledge may be demonstrated through students’ participation in coursework (full courses or parts of courses), independent study, research experiences, or clinical practica. For the DSK areas (and for “advanced integrative knowledge”), APA requires that knowledge be demonstrated via an “evaluated educational experience” (EEE), defined as “a learning experience (e.g., course, parts of courses, or independent study) the outcome of which is assessed by a person recognized as having current knowledge and expertise in the area of the learning experience.”

Our program faculty understands that establishing a general knowledge base in the field of psychology not only supports the development of program-specific professional competencies but also promotes intradisciplinary research that advances our understanding of human behavior. Following a DCT discussion with the CoA representative at the 2020 CUDCP Midwinter Meeting in Austin, TX, January 17-18, the clinical program acted on the flexibility afforded to programs in achieving the necessary general knowledge base in the field of psychology that serves as the foundation for training in the practice of health science psychology. Limitations of the older strategy of requiring a specific graduate course to satisfy each domain or discipline specific knowledge area included the extended time to degree as a function of increased unreliability of course offerings across years resulting from increased grant funding success (i.e., course buyouts) and the inconsistency of that strategy with the earlier recommendation to decrease the burden of course requirements in our program curriculum.

Advantages of the current strategy to adopt appropriate recognition of evaluated educational experiences outside of didactic coursework that demonstrate competency (e.g., first author paper, preliminary exam) is greater responsiveness to the career goals and educational experiences of individual students and programmatic support of timely progress towards the degree. Disadvantages of the current strategy include an increased monitoring of educational experiences (see Appendix II.B.1.a.1.2 and oversight to ensure they are evaluative, content consistent, and sufficiently rigorous to demonstrate understanding. For that reason, we are currently evaluating the feasibility of collaborating with departmental faculty to provide a multi-year comprehensive seminar that can establish substantial understanding of all discipline-specific knowledge requirements in a more efficient and less administratively burdensome manner.

Establishing competency in discipline-specific knowledge areas:

Category 1: History and Systems - undergraduate degree curriculum coupled with content infused in our graduate curriculum.

Category 2: Targeted graduate level courses that appear regularly in the rotation of departmental curriculum are able to satisfy the competency requirements for social (PSYC 620: Theories of Social Psychology) and cognitive (PSYC 606: Learning). Two other primary strategies to achieve the substantial understanding of discipline specific knowledge are described below:

Strategy A: Coverage is provided by the evaluation of appropriate content distributed across multiple didactic courses or formal exams. This strategy requires that the DCT review syllabi to ensure appropriate content and evaluation of that content (i.e., there is recognition that course content and evaluations of course content may vary depending on the instructor).

Strategy B: Coverage is provided by evaluations associated with didactic coursework with relevant content and research-related evaluative educational experiences.

a. Graduate students may have primary research mentors in other areas within the Department of Psychological and Brain Sciences (cognitive, social, affective science) or an affiliated department (e.g., Department of Psychiatry). In these instances, a first author manuscript published in a peer reviewed journal identified with the discipline-specific knowledge base (i.e., affective, biological, cognitive, developmental and social) can be used to demonstrate substantial content understanding when the introduction and discussion includes appropriate review of the discipline-specific knowledge base. Peer-review is accepted as the evaluative component and a primary role of the graduate student in the research and manuscript preparation as indicated by order of authorship is accepted as evidence of their educational experience. A manuscript submitted but not yet accepted would not satisfy the requirement.

b. The preliminary exam affords another opportunity to establish discipline-specific knowledge, and one that was deemed appropriate in correspondence associated with the last site visit. In this strategy, students generate a reading list that is supplemented and approved by the dissertation committee chair. As part of the student's preliminary exam, the committee probes the student's understanding of, for example, the basic developmental aspects of human behavior. The responses from the student are graded by the chair as PASS (has demonstrated graduate level knowledge of developmental aspects of behavior) or FAIL (has not demonstrated graduate knowledge of developmental aspects of behavior).

Category 3: This is achieved by an integrated didactic course. Current electives that meet the requirement include PSYC 689: Cognitive Neuroscience of Aging; PSYC 636: Seminar in Developmental Psychology (Affective-Developmental), and EPSY 606: Motivation and Emotion for Optimal Learning and Performance. It is possible for an integrative course to meet Category 2 requirements. However, the review of the syllabus must reveal clear evidence of the evaluation of each area. A single grade assigned to such a course without evaluation of each component of the integrated knowledge base would not satisfy our requirements.

Category 4: Department and clinical area requirements include department and area required graduate courses in research methods and statistical analyses (PSYC 607: Experimental Methods, PSYC 671: Experimental Design in the Behavioral Sciences). As summarized in the curriculum map, psychometrics are also addressed clinical area required courses in assessment (PSYC 623: Psychological Assessment I and PSYC 624: Psychological Assessment II). Competency is also assessed in committee review of the thesis and dissertation prospective.

Undergraduate courses (grade of B or better) contributing to a BS or BA with a major in psychology satisfy foundational requirements. Evaluative educational experiences that occur outside of doctoral level training do not satisfy our graduate level competency requirements.

Students often have questions regarding courses that fulfill the DSK requirements listed above¹. The purpose of this requirement, as specified by APA in the Standards of Accreditation, is to ensure that students “acquire a general knowledge base in the field of psychology, broadly construed, to serve as a foundation for further training in the practice of health service psychology.”

Foundational knowledge is required for DSK areas and may be acquired prior to beginning the doctoral program. For example, the foundational requirement could be met by successful completion (B-/80% or higher) of an undergraduate course at a 4-year accredited institution in the relevant topic (e.g., undergraduate course in cognitive psychology). For an undergraduate course that you think may satisfy foundational knowledge but are not sure, **please provide the DCT with the course syllabus and the transcript that documents course completion and grade; this will be reviewed.** For DSK areas where a student has not acquired foundational knowledge prior to matriculation in our program, this can be obtained at the undergraduate or through graduate-level training via a graduate course. For the latter, the expectation is that the graduate course includes foundational readings relevant to that course topic and that the evaluation of your work in the course assumes mastery of this foundational knowledge. If you are uncertain as to whether a graduate course will provide foundational knowledge, please consult with the DCT.

The sole DSK requirement that only needs to be met at the foundational level is history and systems of psychology. Students meet this requirement by having taken a course on this topic as an undergraduate at a 4-year accredited institution (grade of B-/80% or higher). History and systems is also infused throughout our graduate courses, which can satisfy the requirement.

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

¹ Discipline-Specific Knowledge (DKS) FAQs

1. What are the different ways I can satisfy Category 2 and 3 requirements?

- Coverage of graduate-level discipline-specific knowledge within an accredited program may be provided through coursework (e.g., individual courses or material infused across multiple courses) or through other evaluated educational experiences (e.g., research requirements, qualifying examinations, or other methods).

2. Can I use a Category 3 course (e.g., Cognitive-Affective Psychology) to satisfy two Category 2 requirements?

- Programs must provide a minimum of one integrative evaluated educational experience (Category 3: Advanced Integrative Knowledge), it is permissible to achieve multiple required graduate-level competencies in DSK through one or more integrative experiences. HOWEVER, whether the integrative course achieves the goal will depend on the syllabus and evaluative experience. Please see the DCT for more information.

3. Can I use a graduate course from another institute to meet the DSK requirements?

- Yes, if the syllabus is consistent with the requirements.

4. I am one of the lead authors on a peer-reviewed paper. The topic is consistent with one of the Category 2 domains. Can this manuscript be used to meet the requirement?

- Depending on your role in the research, a published manuscript can satisfy a DSK requirement in whole or in part.

5. I published a paper on cognitive aspects of a psychological disorder. Can this satisfy the requirement for foundational knowledge in the cognitive aspects of behavior?

- Like courses with a focus on clinical psychology content (e.g., Neuropsychology, Cognitive Therapy), it does not alone fulfill the category. However, it could be paired with other learning experiences (e.g., course, parts of courses, or independent study) with an evaluative educational experiences to meet with requirement.

To help you select courses in the program, a worksheet has been developed with each of these requirements listed (see Appendix B).

NOTE: Following graduation, you may wish to earn a license to practice clinical psychology in one or more North American states or provinces. The licensure application (for some states in particular) similarly will require you to demonstrate competence in the areas above; in most cases, obtaining a doctoral degree from an APA-accredited doctoral program suffices. However, licensure applications in some states sometimes require courses, while other states are more flexible in the procedures used to help you obtain a sufficient level of competence. You can find links to every state and province psychology licensing board at <https://www.asppb.net/> and the licensure applications and requirements for most states/provinces are available online.

IIb. Key Areas of Clinical Program Curriculum

Issues of **Professional Ethics, Diversity/Culture, and History and Systems** are infused into each clinical core course and clinical elective course. These issues are clearly described in each course listing and in each course syllabus. Certainly, these three topics are germane to the entire field of clinical psychology and are integral to both the academic and applied aspects of doctoral training.

Each graduate student entering the program is required to join one or more **faculty-led research teams** during their first year in the program. By doing so, students receive the opportunity to collaborate with team members in developing research questions, designing empirical studies, collecting and analyzing data, writing manuscripts and presenting results at national and regional conferences. Students also are required to complete a number of research, measurement, and statistics courses by the completion of their second year of study, so that they have the knowledge and skills to participate meaningfully in research activities. As early as prior to the start of the first Fall semester and no later than the end of the first Fall semester, students must identify a department faculty member who will serve as their graduate faculty advisor and master's thesis committee chair.

Fall incoming students in the Department are required to begin work on a First Year Research Project very early in their first semester. The results of that work will be presented the following September at a department-wide research colloquium. The goal of this requirement is for students to begin building research and publication skills as quickly as possible. Thus, for many students, this will be a project largely designed by the graduate faculty advisor, as part of his/her research program. This will ordinarily be a project that can be published if it is successful and the student's involvement would merit authorship. This project would not be identical to the master's thesis, because the goal is to produce additional research and additional publications.

Attendance in the Fall and Spring semesters is required at the bi-weekly **Clinical Research Seminar** by all students until they leave campus for their full-time professional internship. Original research, research proposals, grant proposals, and research/grant issue topics are presented by clinical faculty and students in this bi-weekly seminar. In addition, speakers from the department, university, and region regularly make research presentations. At least once per year a speaker of national prominence presents her/his research. Issues presented may include research design, degree plan development, research ethics, the IRB process, preparation for thesis/dissertation proposals/defenses, grantsmanship, "telling your professional story," clinical internship and post-doctoral fellowship training, and other relevant topics are covered via discussion, readings, and presentations.

By the end of the Fall semester of their second year in the program, students are strongly encouraged to develop **one or two OPTIONAL specialty emphases for their training**. This decision is made in careful consultation with the student's faculty advisor and advisory

committee. Specific credits to support training in specialty emphases typically is not begun until after the Spring semester of the second year. Once declared, specialty emphases made be changed, deleted, or added, but only after careful consultation with a student's faculty advisor and other faculty members.

Special emphasis training may be acquired through courses, focused research, and focused practica experiences, as approved by the student's faculty advisor and advisory committee. At present, the following are special emphases that have the faculty, coursework and other training experiences to support a student's specialized training. Additional special emphasis areas must be approved by the clinical faculty.

Behavioral Therapy	Clinical Child and Adolescent Psychology	Clinical Neuroscience
Couples/Family Psychology	Diversity/Cultural Issues	Forensic Psychology
Gender Issues	Geropsychology	Health Psychology
Psychological Assessment	Personality/Interpersonal Processes	Quantitative Methods

Practicum (PBSI 614 and PBSI 613) includes a bi-weekly **Clinical Practicum Seminar** designed to integrate research, coursework, and applied training and weekly supervisory instruction from a faculty supervisor. First year students, any student who is seeing clients (PBSI 614 and/or PBSI 613), and faculty currently supervising in the Clinic are required to attend this seminar every other Wednesday in Fall and Spring semesters. PBSI 614/613 instructors typically are assigned a group of 3-7 trainees by the Director of Clinical Training and Associate Director of Clinical Training, in consultation with the clinical faculty, Department Head and Associate Head, and based on input from graduate students.

Students are required to complete 12 credits of PBSI 614 (**Clinical Interventions Practicum**) and/or PBSI 613 (**Clinical Assessment Practicum**) on their degree plan before leaving for internship. Typically, 1 credit of PBSI 614 is taken each semester starting the Fall semester of a student's second year in the program. Typically, PBSI 613 credits are started the Summer semester of a student's second year in the program, after completing Assessment 2 (PBSI 624). It is acceptable for a student to take only PBSI 613 credit and no PBSI 614 credit in a given semester if training includes only Assessment Practicum and no therapy/interventions cases are active on a student's caseload (and vice versa). At least 5 of the 12 required credits must include both PBSI 614 and PBSI613 (e.g., 7 credits PBSI 614 and 5 credits PBSI 613; or 5 credits PBSI 614 and 7 credits PBSI 613; or any combination summing to 12 credits total between both, with minimum 5 credits in either).

The **Clinic caseload expectation** for a student taking 1 credit of PBSI 614 is 5 active cases at any given time. The actual contact hours with clients on a student's caseload and other information from Interventions Practicum Supervisors is used to adjust up or down the actual number of active cases a given student is expected to manage. Clinic caseload expectations for students in Assessment Practicum (PBSI 613) is determined by the Assessment Practicum Supervisor, but often is 2 to 4 active evaluation cases at any given time. When a student has completed the 12 credits of PBSI 614 and/or PBSI613 required on his/her degree plan, she/he may opt to continue with practicum training. Under these circumstances, if a student opts to continue to receive PBSI 614 training, he/she may request a change in caseload expectation to less than 5 active cases. This request must be in writing to the Clinic Director and a written endorsement of the request must be received by the student's current Clinic Supervisor and Research Supervisor. Written email requests are acceptable. Alterations in

caseload expectations for PBSI613 are much less likely due to the time-demand nature of this training experience. Of course, students before or after completion of the required 12 credits of PBSI 614 or PBSI 613 may request to be assigned more than the typical caseload expectations, if such a request is supported by the current Clinic Supervisors and Research Advisor as being conducive to the training goals of that student.

lic. Specific Coursework Required for the Doctoral Degree in Clinical Psychology

Note: All required clinical and departmental credits must be passed with a grade of A or B.

lic. Requirements by Texas A&M University

Total credits:

A minimum of 32 semester credits of approved courses and research are required for the master of science degree.

A minimum of 96 credits beyond the baccalaureate degree or 64 credits beyond the master's degree are required for the doctoral degree.

A minimum of 64 credits at Texas A&M are required of students who are admitted with a master's degree from another university. (Completion of clinical program requirements for such students would typically exceed this university requirement.)

In sections B and C that follow, 75 credits in specific courses (including research credits) are required for clinical doctoral students (master of science degree and doctoral degree credits combined). An additional 21 credits must be taken from elective courses determined by the student in conjunction with his/her advisory committee.

licii. Requirements by the Department of Psychology

Statistics and Research Design (6 credits required)

PBSI 607	Experimental Psychology	3 credits
PBSI 671	Experimental Design for Behavioral Scientists	3 credits

The clinical program encourages students to complete at least two additional Statistics and Research Design courses that may be chosen, in conjunction with a student's advisory committee, based on students' training needs. A sample of such courses includes:

EPSY 625	Advanced Behavioral Measurement	3 credits
EPSY 642	Meta-Analysis of Behavioral Research	3 credits
EPSY 643	Applied Multivariate Methods	3 credits
EPSY 651	Theory of Structural Equation Modeling	3 credits
EPSY 652	Theory of Hierarchical Linear Models	3 credits
EPSY 653	Advanced Structural Equation Modeling	3 credits
EPSY 654	Longitudinal Data Analysis	3 credits

Other statistics/methodology courses may be chosen as electives, as determined by the student in conjunction with his/her advisory committee. Consideration may be given to earning a [Graduate Certificate in Education & Social Sciences Advanced Research Methods](#), which is extended to clinical PBSI graduate students by CEHD.

Students may request substitution of related courses (such as PBSI 689 Special Topics in...) for the courses listed above in some circumstances. Such petitions should be initiated through the student's graduate faculty advisor advanced-research-methods-certificate and must be approved by the Director of Clinical Training in consultation with the Director of Graduate Studies and the program area for which the substitution is being requested. Students should be advised, however, that [Implementing Regulation C-16](#) of the APA CoA indicates that training in core areas of science must be "broad and general" rather than overly specialized or applied. For example, coursework in neuropsychological assessment and psychopharmacology can be included in the category of biological bases of behavior, but they do not by themselves fulfill training requirements in this category.

Iciii. Requirements by the Clinical Psychology Doctoral Training Program

a) Psychopathology (3 credits required)

i) The following is required:

PBSI 626	Psychopathology	3 credits
----------	-----------------	-----------

b) Assessment and Psychometrics (6 credits required)

i) The following are required:

PBSI 623	Assessment I – Psychometrics & Personality Assessment	3 credits
PBSI 624	Assessment II – Intellectual & Cognitive Assessment	3 credits

ii) The following us a sample of elective courses that may be chosen based on students' training needs:

PBSI 627	Psychological Assessment of Children & Adolescents	3 credits
EPSY 621	Clinical Neuropsychology	3 credits
EPSY 628	Rorschach Technique with Children and Adolescents	3 credits
SPSY 615	Individual Assessment of Preschool Children	3 credits
SPSY 617	Diagnosis of Emotionally Disturbed Children	3 credits
SPSY 642	Behavioral Assessment and Intervention	3 credits
SPSY 657	Bilingual Psychoeducational Assessment	3 credits

c) Clinical Interventions (9 credits required)

i) The following are required:

PBSI 608	Introduction to Clinical Ethics & Techniques	3 credits
PBSI 637	Clinical Interventions I	3 credits

PBSI 638 Clinical Interventions II 3 credits

ii) The following is a sample of elective courses that may be chosen based on students' training needs:

PBSI 616	Treatment of Problem Behavior in Children and Families	3 credits
PBSI 630	Health Psychology and Behavioral Medicine	3 credits
PBSI 639	Pediatric Psychology	3 credits
PBSI 678	Couples Therapy	3 credits
PBSI 689	Special Topics in Clinical Psychology	3 credits
SPSY 628	Consultation Theory and Techniques	3 credits
SPSY 641	Child Therapy for School Behavior Problems	3 credits
SPSY 642	Behavioral Assessment and Intervention	3 credits

Note: Additional clinical intervention elective courses may be available in the Department of Educational Psychology.

d) *Practicum (12 credits required)*

- i) The following are required:

PBSI 613/614 Practicum in Clinical Psychology / Psychological Assessment Practicum 12 credits*
**at least 5 credits each of PBSI 613 and PBSI 614*

- ii) Students may request additional practicum through the Counseling and Assessment Clinic (Department of Educational Psychology), the campus Student Counseling Services, or off campus sites. Such petitions should be initiated through the student's graduate advisor and must be approved by the Director of Clinical Training.

e) *Research*

- i) The following are required:

PBSI 685/691 Directed Studies / Research 24 credits*
**The Graduate Catalog states that the degree plan for the doctoral degree must carry "... a reasonable amount of 691 (Research)". The Graduate Catalog also states that the degree plan for the master of science degree may include "a maximum of 8 credits of 691 (Research), or 485 and/or 685 (Directed Studies), and up to 3 credits of 690 (Theory of Research) or 695 (Frontiers in Research)—no more than 12 credits of any combination of these."*

Note: Students may register for up to 24 credits of PBSI 685 or 691. The Psychological and Brain Sciences Graduate Student Academic Handbook states the following:

The above means that to graduate with a PhD, you need to have completed a MINIMUM of 64 credit hours; this applies = to students who have already earned a Master's degree. The PhD degree plan will need to contain 64 credit hours (what you are currently doing, and what you are working towards). Once you have your CORE requirements, your ELECTIVES, the 685 and 691s are there to complete the degree plan total = 64. As you continue to work towards your PhD, having completed all core and electives, and taking research hours (mostly) towards the end of your "required hours", if you exceed the hours, they no longer "count" towards your degree plan, unless...you submit a petition to include them, and it is for the purpose of working towards a certificate or other program.

- ii) The following may be substituted for some of the required 24 credits of PBSI 691 or PBSI 685:

PBSI 677 Clinical Research Seminar 1-2 credits

f) *Elective Courses (24 credits required)*

- i) In addition to examples already listed in other course categories, the following are a *sample* of elective courses that may be chosen, in conjunction with a student's advisory committee, based on students' training needs:

PBSI 610 Organizational Psychology 3 credits
 PBSI 611 Personnel Psychology 3 credits

PBSI 633	Gender and Minority Issues in Clinical Psychology	3 credits
PBSI 680	Seminar in Personnel Selection and Placement	3 credits
PBSI 682	Seminar in Organizational Psychology	3 credits
PBSI 697	Seminar in the Teaching of Introductory Psychology	3 credits

g) *Professional Internship (required, but typically not on degree plan)*

PBSI 684 Professional Internship 3-6 credits*

**credits for PBSI 684 may or may not be included on a student's doctoral degree plan. Inclusion or exclusion of these credits should be thoroughly discussed with the student's research advisor, Director of Clinical Training, and Associate Director of Clinical Training, in consultation with the Graduate and Professional School (GPS) and the Department of Psychology & Brain Sciences' Director of Graduate Studies.*

Note: Students may register for 1 credit per semester [3 credits total for 12 months] of **Professional Internship** (PBSI 684) **if** their **final examination/dissertation defense** is completed and the final edited version of their dissertation is approved by their doctoral chair and committee. Students must register for 2 credits of PBSI 684 per semester [6 credits total for 12 months] prior to these events. The DCT writes a memo to notify the Graduate and Professional School (Grad School) regarding the full-time status of students during the internship year, although they are registered for only 1-2 credits per semester. GPS requires continuous registration (at least 1 credit per semester) until students graduate. Students who have not completed their Final Examination/Dissertation Defense must register for 1-2 credits of PBSI 691 (after internship), which may be *in absentia* for each semester they are not actually in residence on campus.

Students must confirm directly with the Graduate School and the Department of Psychological and Brain Sciences Director of Graduate Studies registration requirements unique to their own situation that may differ from what is described here.

liciv. Requirements of the American Psychological Association and/or State Licensing Boards

Current clinical program and departmental course requirements for the doctoral degree in clinical psychology are designed to meet curriculum guidelines and principles of APA accreditation or requirements common to state licensing boards. For example, APA principles require breadth of knowledge in the science of psychology. Completion of the program and departmental core courses will satisfy these guidelines. APA also requires instruction in (a) scientific and professional ethics and standards, and (b) gender and minority issues. The clinical program addresses this guideline in a variety of specific ways including required readings and classroom instruction in PBSI 608 (Introduction to Clinical Ethics and Techniques), PBSI 637 and PBSI 638 (Clinical Interventions I and II), PBSI 623 and PBSI 624 (Assessment I and II), PBSI 626 (Psychopathology), and PBSI 613/614 (Practicum and associated Clinical Seminar case conferences). APA also requires that doctoral students in clinical psychology be familiar with the history and systems of psychology. The clinical program pursues satisfaction of this criterion through required readings and classroom instruction in the required clinical and department curricula. Students should develop their degree plans, in consultation with their advisory committee, based on desired career options, APA accreditation requirements, and in anticipation of state licensure requirements as a psychologist. Although these requirements vary across U.S. states and Canadian provinces, the Association of State and Provincial Psychology Boards (ASPPB) has provided [guidance](#) to assist individuals in understanding and documenting educational and supervised experiences.

lid. Doctoral Preliminary Examination

Effective July 1, 2003, the following policies were adopted concerning the Doctoral Preliminary Examination:

1. **Preparing for the Preliminary Examination:** The Grad School will not authorize scheduling the Preliminary Examination unless a doctoral degree plan has been submitted 90 days prior to the requested date for the Preliminary Examination.

Timing Issues: Students will prepare a reading list for their Preliminary Examination and distribute this to their committee along with a 2-page summary of their proposed dissertation project no later than six weeks prior to the date of the Preliminary Examination meeting. The members of the committee will have up to two weeks to either approve of the list or suggest additions to the list. This allows students a minimum of four weeks to read the recommended additions and, if necessary, incorporate them into the written portion of the Preliminary Examination/Dissertation Proposal. The final written product (the Dissertation Proposal) must be submitted to committee members no later than two weeks prior to a scheduled oral portion of the Preliminary Examination.

Given the deadlines for the Thesis defense (September 30th of 3rd year) this allows eight months between thesis defense and dissertation proposal. If the exam is not conducted and passed by May 31, the student may only sign up for research hours (meaning clinic privileges are also suspended) until the exam is completed. If the exam is not passed by Aug 31, the student may not apply for an internship that fall.

Another timing-related issue is the submission and approval of the final reading list. The reading list is potentially broader than the reference list. This step is to verify (in the opinion of the committee) that a student has not left out significant areas of research or other background. No later than four weeks prior to submitting the written proposal (six weeks prior to a potentially scheduled oral exam), the student's reading list for the project and a 2-page summary of the background and proposed study need to be submitted to each member of the committee. The members of the committee will have up to two weeks to either approve of the list or suggest additions to the list. This would allow students a minimum of two weeks to read the recommended additions and if necessary incorporate them into the written document. The final written product (the dissertation proposal) must be submitted to committee members two weeks prior to a scheduled oral exam.

To conduct the preliminary examination by the end of May date, the reading list would need to be submitted to the doctoral committee by April 15th. An example of the timing of the exam/events follows:

April 1 – Submit reading list and summary to committee
 April 10 – Reading list approved by committee
 May 1 – Submit written proposal to committee
 May 15 – Oral preliminary examination

2. Structure of the Preliminary Examination:

The Preliminary Examination has written and oral components.

The written component will be the written literature review and proposed methods for the dissertation (i.e., the Dissertation Proposal). The structure of this document is determined by the research advisor, the doctoral committee and any constraints imposed by the graduate school (e.g., page limits).

The oral component will be conducted by the student's graduate training committee. The structure of that meeting should be determined by a particular committee. Typically, approximately the first half of the meeting will be devoted to background and the second half will be devoted to the proposed research project. Students will orally present the background and methods and should work with their advisors to make this presentation concise. Structure beyond this depends on the committee. Questions will come from the student's written proposal, the reading list used to write the proposal and any course work on the student's degree plan. Students should be prepared for general questions, based on their previous course work and academic experiences, and questions more specific to their proposed research project.

At the conclusion of the Preliminary Examination, committee members will first vote on the student having passed (or not) the Preliminary Examination (written and oral components). The Grad School paperwork states that a positive vote by all members of the graduate committee with at most one dissension is required to pass. If the student passes, each committee member then decides to approve (i.e., sign) or not approve (not sign) the current draft of the Dissertation Proposal. If one or more committee members do not approve the Dissertation Proposal, required changes in the document are then discussed and a plan for corrective steps is outlined for the student.

lie. Clinical Doctoral Training Program Typical Curriculum Sequence*

**not all courses listed are required!*

Many clinical students plan for 5 years in-residence before internship training.

Clinical Psychology Doctoral Training Program Possible Curriculum Sequence
Not all specific courses listed are required. Specific required courses = *

Sequence update is effective AY25-26

First Year

Revised Jan 2025

Fall Semester	credits	Spring Semester	credits	Summer Sessions	credits
* Psychopathology (PBSI 626) -Vujanovic	3	* Intro. Clin. Ethics & Techniques (PBSI 608)-Cuthbert	3	or Research (PBSI 691)	1 to 6
* Assessment 1 (PBSI 623)- Edens	3	* Clinical Interventions 1 (PBSI 637)-Albanese	3	or Elective Course	3
* Experimental Psychology (PBSI 607)	3	* Exp. Design for Behavioral Scientists (PBSI 671)	3		
* Research (PBSI 691-600)—Monday 1 st -Year Seminar No PBSI 613/614 but attend Clinical Seminar	0	No PBSI 613/614 but attend Clinical Seminar			
PBSI 691 = S/U grade; PBSI 685 = letter grade	9	Submit M.S. degree plan to G&PS: mid-Spring (include only 8 credits of PBSI 691 Research and only 12 credits combined of PBSI 685 & PBSI 691)	9	6 credits total across combination of SS1, SS2, and/or 10-week Sessions—if receiving full Summer dept. funding	6

Second Year

Fall Semester	credits	Spring Semester	credits	Summer Sessions	credits
* Clinical Interventions 2 (PBSI 638) -Cuthbert	3	* Cultural Competence (PBSI 689)-Viana	3	* Assessment Practicum (PBSI 613) -new hire & Heffer	1
* Assessment 2 (PBSI 624)-Fields	3	* Interventions Practicum (PBSI 614)-3 faculty	1	* Interventions Practicum (PBSI 614)-Cuthbert & Heffer	1
* Interventions Practicum (PBSI 614)-see below	1	* Assessment Practicum (PBSI 614)-2 faculty	1	Directed Studies (PBSI 685) *	1 or 4
Directed Studies (PBSI 685) *	2	Discipline Specific Knowledge or Elective Course	3	or Elective Course	3
* 32 credits here and above go on M.S. degree plan		Directed Studies (PBSI 685) *	1		
Complete 1 st Year Project: early Oct.		Submit Ph.D. degree plan to G&PS: mid-Feb.			
Complete Thesis Proposal: Sept. 30 th (or delay seeing Clinic clients)	9		9	6 credits total across combination of SS1, SS2, and/or 10-week Sessions—if receiving full Summer dept. funding	6

*after 32 credits on M.S. degree plan (but before defending Thesis), take only PBSI 685 (which can "roll over" to Ph.D. degree plan) rather than PBSI 691

Third Year

Fall Semester	credits	Spring Semester	credits	Summer Sessions	credits
Discipline Specific Knowledge or Elective Course	3	Discipline Specific Knowledge or Elective Course	3	* Assessment Practicum (PBSI 613) -new hire & Heffer	1
Discipline Specific Knowledge or Elective Course	3	Discipline Specific Knowledge or Elective Course	3	* Interventions Practicum (PBSI 614)-Cuthbert & Heffer	1
* Interventions Practicum (PBSI 614)-3 faculty	1	* Interventions Practicum (PBSI 614)-3 faculty	1	Research (PBSI 691)	1 or 4
* Assessment Practicum (PBSI 613)-2 faculty	1	* Assessment Practicum (PBSI 613)-2 faculty	1	or Elective Course	3
Directed Studies (PBSI 685) *	1	Research (PBSI 691)	1	6 credits total across combination of SS1, SS2, and/or 10-week Sessions—if receiving full Summer dept. funding	6
Complete Thesis Defense: Sept. 30 th (or suspend seeing Clinic clients)	9	Complete Preliminary Exam/ Propose Diss.: May 31 st (or only research hours until completed)	9	Complete Preliminary Exam/Propose Diss.: Aug. 31 st (to apply for internship)	

Fourth Year

Fall Semester	credits	Spring Semester	credits	Summer Sessions	credits
Discipline Specific Knowledge or Elective Course	3	Elective Course	3	Research (PBSI 691) *	3-6
Discipline Specific Knowledge or Elective Course	3	Research (PBSI 691)	6		
* Interventions Practicum (PBSI 614)-3 faculty	1				
* Assessment Practicum (PBSI 613)-2 faculty	1				
Research (PBSI 691)	1	Complete Final Exam/Dissertation Defense: May 31 st or in June (strongly preferred)	9	* 6 credits total across combination of SS1, SS2, and/or 10-week Sessions—ONLY if receiving Summer dept. funding AND in-residence / on-campus	0-6

Fifth Year

Fall Semester	credits	Spring Semester	credits	Summer Sessions	credits
Professional Internship (PBSI 684 in absentia)	1	Professional Internship (PBSI 684 in absentia)	1	-	0

See next page for "Example of PBSI 614 (Interventions) and PBSI 613 (Assessment) Distributed Across Four Years" and for "Clinical Program Policy for Registration During Professional Internship Year."

*Students are required to complete 12 credits of PBSI 614 (Clinical Interventions Practicum) and/or PBSI 613 (Assessment Practicum) on their degree plan before leaving for internship. Typically, 1 credit of PBSI 614 is taken each semester starting the FALL of a student's second year in the program. Typically, PBSI 613 credits are started SUMMER of a student's second year in the program, after completing Assessment 2 (PBSI 624). It is acceptable for a student to take only PBSI 613 credit and no PBSI 614 credit in a given semester if training includes only Assessment Practicum and no therapy/interventions cases are active on a student's caseload (and vice versa). At least 5 of the 12 required credits must include both PBSI 614 and PBSI 613 (e.g., 7 credits PBSI 614 and 5 credits PBSI 613; or 5 credits PBSI 614 and 7 credits PBSI 613; or any combination summing to 12 credits total between both, with minimum 5 credits in either).

**Students may register for 1 credit per semester [3 credits total for 12 months] of Professional Internship (PBSI 684) if their Final Examination/Dissertation Defense is completed and the final edited version of their dissertation is approved by their doctoral chair and committee. Students must register for 2 credits of PBSI 684 per semester [6 credits total for 12 months] prior to these events. The DCT writes a memo to notify the Graduate and Professional School (GPS) regarding the full-time status of students during the internship year, although they are registered for only 1-2 credits per semester. The Grad School requires continuous registration (at least 1 credit per semester) until students graduate. Based on TAMU policy, students from out-of-State who no longer are employed by TAMU do not qualify for a [Non-Resident Tuition Waiver](#). Students who have not completed their Final Examination/Dissertation Defense must register for 1-2 credits of PBSI 684 or 691 (after internship), which may be in absentia for each semester they are not actually in residence on campus.

IIf. Practica (Intervention and Assessment) and Supervision

IIfi. Internal Practicum in the TAMU Psychology Clinic

Students in the clinical training program at Texas A&M University acquire supervised practicum training in (a) the Department of Psychology TAMU Psychology Clinic, and in addition, some students also elect to complete supervised practicum training in (b) various agencies in the local community and region providing psychological services to diverse populations.

The TAMU Psychology Clinic ("The Clinic"). The Clinic, located on the main campus of Texas A&M University, serves a broad range of clients from both the university and local community. As one of only two training clinics providing psychological services on an ability-to-pay basis (with few other community agencies doing so), our students have an opportunity to work with the entire spectrum of DSM-5 disorders across the lifespan who are diverse in terms of ethnicity, gender identity, sexual orientation, religious affiliation, immigration/citizenship status, and sociocultural factors (e.g., income, education, employment).

Specialized services in the Clinic include: (a) comprehensive psychological evaluations, (b) consultation with schools, physicians, allied health personnel, schools, and community agencies, (c) individual adult therapy, (d) individual child and adolescent therapy, (e) family therapy, and (f) couples therapy. Approximately 74% of services target adults and 26% target children or adolescents. Through contracts, the Clinic provides state-mandated psychological personality/behavioral evaluations for police and public safety officer candidates to local law-enforcement agencies. Through contracts with the Mental Health Authority of Brazos Valley, students also provide intervention services to adults with intellectual or developmental disabilities and evaluation services to children, adolescents, and adults with intellectual or neurodevelopmental disabilities.

All clinical students are required to complete a minimum of 12 credit hours of combined PSYC 613 (Practicum in Psychological Assessment) and PSYC 614 (Practicum in Clinical Interventions)—with at least 5 credit hours in each—by providing psychological services in the Clinic.

This requirement reflects the equivalent of 6 to 8 semesters (including Summer semesters) of supervised practicum, during which the student typically carries a clinical caseload of five intervention clients and/or four assessment clients at any given time. Because the Clinic operates 12 months per year (with only 2-3 consecutive weeks of closure in December/January), this requirement allows for 600-700 hours of supervised practicum experience in the Clinic prior to the pre-doctoral internship. Practicum students receive weekly individual and/or group supervision from clinical faculty supervisors and participate in a weekly Clinical Area Seminar, designed to integrate research, coursework, applied training, and weekly supervisory instruction from faculty supervisors.

Application and sequencing of our training plan: As stated above, students are required to complete 12 credits of PSYC 614 (Clinical Interventions Practicum) and/or PSYC 613 (Clinical Assessment Practicum) on their degree plan before leaving for internship. Typically, 1 credit of PSYC 614 is taken each semester starting the Fall semester of a student's second year in the program. Typically, PSYC 613 credits are started the Summer semester of a student's second year in the program, after completing Assessment 2 (PSYC 624). It is acceptable for a student to take only PSYC 613 credit and no PSYC 614 credit in a given semester if training includes only Assessment Practicum and no therapy/interventions cases are active on a student's caseload (and vice versa). At least 5 of the 12 required credits must include both PSYC 614 and PSYC 613 (e.g., 7 credits PSYC 614 and 5 credits PSYC 613; or 5 credits PSYC 614 and 7 credits PSYC 613; or any combination summing to 12 credits total between both, with minimum 5 credits in either).

The Clinic caseload expectation for a student taking 1 credit of PSYC 614 is 5 active cases at any given time. The actual contact hours with clients on a student's caseload and other information from Interventions Practicum Supervisors is used to adjust up or down the actual number of active cases a given student is expected to manage. Clinic caseload expectations for students in Assessment Practicum (PSYC 613) is determined by the Assessment Practicum Supervisor, but often is 2 to 4 active evaluation cases at any given time. When a student has completed the 12 credits of PSYC 614 and/or PSYC 613 required on their degree plan, they may opt to continue with practicum training. Under these circumstances, if a student opts to continue to receive PSYC 614 training, they may request a change in caseload expectation to fewer than 5 active cases. This request must be in writing to the Clinic Director and a written endorsement of the request must be received by the student's current Clinic Supervisor and Research Supervisor. Written email requests are acceptable. Alterations in caseload expectations for PSYC 613 are much less likely due to the time-demand nature of this training experience. Of course, students before or after completion of the required 12 credits of PSYC 614 or PSYC 613 may request to be assigned more than the typical caseload expectations, if such a request is supported by the current Clinic Supervisors and Research Advisor as being conducive to the training goals of that student. Special emphasis training may be acquired through courses, focused research, and focused practica experiences, as approved by the student's faculty advisor and advisory committee.

First-year students are introduced to clinical training beginning the first Fall semester via attendance at the Clinical Practicum Seminar and beginning in the first Spring semester via Clinical Interventions-I (PSYC 637) and Introduction to Ethics and Clinical Skills (PSYC 608), during which interviews with "mock clients" (undergraduate volunteers) are required, recorded, and evaluated. At the beginning of the second year (and each Fall semester thereafter, with ongoing "refresher" trainings), students are trained in Clinic policies and procedures, including issues of confidentiality, privacy, and exchange/release of PHI; safety and security; fiscal matters; and management of urgent or emergency situations. Students begin Intervention Practicum (PSYC 614) by providing services to actual clients in the Clinic in the second Fall semester, at which time they complete Clinical Interventions-II (PSYC 638). Students begin Assessment Practicum (PSYC 613) by providing services to actual clients in the Clinic in the second Summer semester, after they complete Assessment-I (PSYC 623) in the first Fall semester and Assessment-II (PSYC 624) in the second Spring semester.

In addition to psychotherapy/intervention, assessment, and consultation (with other health, school, or community agency professionals) training, third- and fourth-year students are guided by faculty supervisors in informal peer consultation/supervision of second-year students (the first year of Clinic practicum) during regular group supervision meetings. In addition, more experienced students in Assessment Practicum are assigned as “peer consultants” (secondary to faculty supervisors) to develop supervision skills with less experienced student colleagues. Applied research by faculty and students has been conducted using Clinic facilities and clients. In addition, two clinical students are assigned as Clinic Coordinators each academic year to earn half of their departmental funding. Under the supervision of the Clinic Director, these Clinic Coordinators develop peer supervisory/consultant and administration skills. Their duties include conducting telephone intake and triage of potential clients; responding to urgent/emergency situations; assisting with a variety of office organization, management, medical records, and fiscal tasks; conducting continuous quality improvement reviews of medical records; overseeing purchase/maintenance of assessment and training materials; and assisting the Clinic Lead Office Associate (department staff) and Clinic Director in managing student caseloads, operational aspects of the Clinic, and clinical training.

Evaluation of student performance at practicum: Students’ performance in the Clinic is evaluated in written format each Fall and Spring semester by their faculty supervisors; our Supervisor Evaluation Form focusing on clinical, ethical, and administrative competencies was developed from the literature on assessing core practicum competencies based on a developmental model of training in professional. The student and supervisor review and discuss the evaluation, and the written evaluation is then placed in the student’s file on our secure server. Similarly, students are requested to evaluate their faculty supervisor, using a standard form that is returned to the Director of Clinical Training. Any concerns regarding supervision are addressed through individual consultation between the supervisor and Director of Clinical Training.

Ilfii. External Clinical Practica

Quality community-based clinical practicum training. Since 1990, the clinical training program has been successful in developing a variety of community and regional training sites in assessment, crisis intervention, individual and group therapy, behavioral health consultation, and program evaluation with children, adolescents, and adults. At the present time we have one paid community practicum opportunity (Brazos County Detention Center), and up to four students may be placed at the BCDC each academic year. Each student devotes 10 hours to this clinical practicum.

At Brazos County Detention Center, students develop skills in psychodiagnostic interviews, brief individual therapy, crisis management, and consultation with correctional staff as well as other community agencies serving inmates, with common referrals involving noncompliance with staff, aggressive behavior, adjustment problems to jail placement, severe emotional distress, unmedicated serious psychiatric disorders, and suicide risk assessment. Until 2020, students (2/year) placed at the Brazos County Juvenile Justice Services students developed skills in individual and group therapy to adjudicated adolescents, staff consultation, and program evaluation related to juvenile offenders frequently exhibiting comorbid mood, conduct disorder, and ADHD diagnoses.

Given the reduction over the past several years in our program’s practicum-related contractual obligations with community agencies, some students have requested community and regional unpaid practica that match specific clinical training needs of a given student. For each unpaid community practicum, a TAMU clinical faculty is identified as the liaison for the affiliation agreement with the practicum site and to monitor student performance, an on-site licensed psychologist supervisor is identified, and the DCT, ADCT, and student’s faculty research mentor concur that the off-campus (and sometimes 1.5- to 2-hour drive from College Station) meets a specific training need of the student and will not deleteriously impact the student’s coursework, research, or teaching obligations. As illustrated in Table 5 (Appendix II.B.3.1.1) unpaid community practica are primarily Hospital/Medical Center settings with established training missions. Students at these sites gained

experiences with clients from a diverse range of racial/ethnic backgrounds, ages, DSM-IV-TR/DSM-5 disorders and related problems, comorbid or primary medical diagnoses, rural/urban residences, SES conditions, and legal statuses. Services provided across these sites ranged from primarily psychotherapy or psychological/neuropsychological assessment to both of these psychological services with a blend of consultation with physicians, allied health professionals, and community agencies and administration and program evaluation (supervised by clinical faculty). Two sites (Psychology Houston, University Pediatric Association) differ in that they are large independent practices that include a training mission and provided experience with conditions related to the students' primary area of research (i.e., Tourette Syndrome).

Supervision: With one exception, students are supervised at all practicum sites by faculty or staff with doctoral degrees in clinical psychology who are licensed practitioners. Dr. Lesley Morey, an internationally recognized expert in psychological assessment, has served as a supervisor of the TAMU Psychology Clinic assessment practicum. Although not a licensed practitioner, he is appropriately credentialed for the jurisdiction as the State of Texas does not require licensure for persons providing services or supervising those persons when the work is conducted at an exempt agency (i.e., The Psychology Clinic resides in Texas A&M University).

All practicum evaluations are based in part on direct observation, which occurs at least once a semester. Observation via viewing of recorded appointments in TAMU Psychology Clinic is commonly conducted in weekly supervision meetings of our faculty and student therapists/evaluators. Live observations occur infrequently. Non-faculty supervisors in external practica for our students certify on the practicum registration form that direct observation will occur.

IIg. The Predoctoral Clinical Internship

The following policy states the program's requirement of an internship accredited by the American Psychological Association:

1. The clinical psychology program at Texas A&M requires its students to complete an APA-accredited internship prior to the awarding of a doctoral degree. By policy, non-APA accredited internships will not be accepted as fulfilling this requirement. Exceptions to this will only be granted by a vote of the clinical faculty. Criteria for exceptions will include: (a) clear relevance of unique aspects of the training experience to the student's interests; (b) the student establishes an interest in the non-accredited site early in the application process; and (c) the student demonstrates that the proposed site offers unique opportunities which are not available elsewhere.
2. The internship must include a full-time experience for one calendar year, or half-time experience for two years. The minimum hours satisfying the internship requirement is 2,000 hours.
3. Students enrolled in PBSI 684 - Professional Internship qualify for In Absentia registration and are required to register each subsequent fall and spring semester for a minimum of one and maximum of four credit hours (691, 684, 685 or 692). Grades for PBSI 684 will be assigned by the Director of Training based on letters of evaluation from the internship site. After the internship is completed, students who have not completed their Final Examination/Dissertation Defense are required to be in continuous registration until all requirements for the degree have been completed. The continuous registration requirement may be satisfied by registering either In Absentia or In Residence. However, unlike In Absentia registration that requires registration for at least one credit in each subsequent fall and spring semester, a student who is subject to In Residence registration (i.e., on campus) is required to register each subsequent fall and spring semester and each 10-week summer semester for at least one credit hour. *NOTE: Students on financial aid and international students may have additional registration requirements.*

4. The following deadline pertains to application to internship and acceptance of internship offers:
 - a. Students intending to apply for internship must successfully complete the Doctoral Preliminary Examination and propose the dissertation by August 31 of the year in which they intend to apply.
 - b. Students are strongly encouraged to complete all data collection for the dissertation prior to the internship. Defense of the dissertation prior to the internship is also encouraged.

III. Student Difficulties and Standards of Professional Conduct

IIIa. General Comments

The clinical training program does not require by policy that doctoral students engage in individual psychotherapy. However, on some occasions individual therapy may be required of students whose clinical effectiveness is viewed by the faculty as being hindered by personal emotional or behavioral difficulties. In addition, the clinical training program strongly supports students who seek out experiences in individual therapy to enhance their understanding of the therapeutic process and promote their own skills as a clinician.

Although provisions for psychotherapy may be included in the insurance benefits available to students on departmental assistantship, not all students may opt for these benefits and, among those who do, eligible providers may not meet the student's specific needs. In an effort to support students' efforts to obtain personal therapy, some members of the counseling faculty at TAMU have agreed to make one or two therapy "slots" available on a sliding fee basis for students in training. These services are provided under the following conditions:

- a. Faculty will not provide services to students in their own training program.
- b. Other dual relationships will be avoided. Students should not enter treatment with someone on their master's or doctoral committee, or with someone whom they anticipate having as a course instructor in the future.
- c. Fee arrangements will be negotiated between the student and therapist.
- d. Students who would like a referral or who have any other questions regarding personal therapy should address these issues with the Associate Director of Clinical Training.

IIIb. Leaves of Absence

Students who have personal difficulties (e.g., serious illness) that prevent them from participating in the program for a given period of time may request a leave of absence from the program. In most cases, a leave of absence is granted for no more than one year. To obtain a leave of absence, the student must write a letter of petition to the Clinical Faculty through the Director of Clinical Training. Upon approval of the Clinical Faculty, the request is forwarded to the Director of Graduate Studies and Department Head, and then to the Graduate and Professional School. **Leaves of absence can trigger termination from the university as an employee because the student will no longer be working in an assistantship. There are implications for employee benefits (e.g., student insurance).** Students exploring a

leave of absence should consult with their advisors and the Associate Head of Graduate Studies so that they are aware of these implications.

IIIc. Unsatisfactory Progress

Students who are determined by a consensus of the clinical faculty to be making unsatisfactory progress academically, in their research, or in other areas will be informed personally by the Director of Clinical Training as well as in writing as significant problems become visible. Depending on the nature of the difficulties, additional supervised practica, an extended period of time for requirements to be completed, or additional course requirements may be advised, and personal therapy with a professional outside the program may be suggested. Students who continue to experience difficulties may be placed on probation or may be required to take a leave of absence by action of a majority vote of the clinical faculty, until the clinical faculty determine that the student is prepared to resume clinical training activities unencumbered by emotional or behavioral difficulties. Students who continue to exhibit unsatisfactory progress after one year's probation may be dismissed from the program.

IIIId. Impaired Students Policy

A student will not be continued in active status in the program when the competency of the student to perform in the program is or could reasonably be expected to be impaired due to an apparent mental, emotional, physiologic, pharmacologic, or substance abuse condition. If the performance of a student suggests that the student may be impaired, then the clinical faculty may require the student to submit to a psychological and/or physical examination by an appropriate licensed practitioner. In this case, the faculty will provide a choice of practitioners designated by the faculty. In addition, the faculty may require the student to produce, or authorize the faculty to obtain, any and all records relating to the alleged mental and/or physical condition, including that individual's personal psychiatric and psychological records.

If sufficient evidence supports the diagnosis of impairment, the faculty may (a) require the student to take a leave of absence until the student is no longer impaired, or (b) dismiss the student from the program. If the student is required to take a leave of absence, the faculty may further require that the student undertake a rehabilitation program to address the impairment. To determine the student's fitness to re-enter the program, the faculty may require the student to submit to a second examination. If, at any point during the process of evaluation or rehabilitation, the student refuses or fails to comply with this procedure, the student may be dismissed from the program.

IIIe. Compliance with Ethical Standards

Students are required to act in accordance with the American Psychological Association's [Ethical Principles of Psychologists and Code of Conduct](#). Violations of these principles and standards may constitute grounds for dismissal from the program.

IIIIf. Involvement in Delivery of Clinical Services

Students are not permitted to engage in delivery of clinical services other than those arranged under the auspices of the Clinical Program, without prior approval of the Director of Clinical Training. Under no conditions are students permitted to treat clients privately without supervision. Students may provide professional services under the supervision of a qualified mental health professional, given the approval of the Director of Clinical Training in consultation with the clinical program faculty. Students must obtain approval before agreeing to provide

services of any kind. Failure to do so may jeopardize the student's standing in the program.

IIIg. Grievance Procedures

In the event that a student has a grievance regarding a departmental policy, departmental personnel, or an action that is taken by the graduate committee or Director of Clinical Training, that student may choose to bring the grievance to the Department Head. The Department Head may then consult an ad hoc faculty committee regarding the disposition of that grievance. However, these committees are advisory to the Department Head who retains final authority at the departmental level.

If dissatisfied with the outcome of attempts to resolve any conflicts at the department level, procedures are described on the university website for pursuing [conflict resolution](#) and [grievances](#). Although a student may seek clarification and advice regarding grievance procedures from any faculty member, Student Assistance Services has staff members trained to help students who have grievances.

IV. Information for Students Who Have Completed a Master's Degree at Another University

IVa. Students Admitted to the Clinical Program with Prior Completion of a Research-Based Master's Thesis

Students who have completed a master's degree in psychology or closely related field that includes a research-based thesis prior to admission to the clinical psychology program at Texas A&M University may request that the prior thesis be evaluated for its potential to satisfy this department's thesis requirement.

1. The student should verify that their status as a post-master's degree student has been confirmed with the Grad School. An official transcript from the university previously awarding the master's degree must be sent directly to the Office of Admissions and Records.
2. The student should discuss with his/her major advisor and the Director of Clinical Training the student's intention to submit their previous master's thesis for approval by this department. The thesis must be data-based and must include a review of the relevant literature; a statement of the research problem and clearly defined hypotheses; a description of the methods including subjects, measures, and procedures; a summary of results with appropriate statistical analyses; and a discussion of findings and their implications.
3. The student should initiate evaluation of the previously completed thesis in a letter accompanying the thesis to the Director of Clinical Training. The Director of Training will identify a faculty committee to review the thesis including: (a) the Director of Clinical Training; (b) the student's major advisor; and (c) at least one other member of the departmental graduate faculty. This committee may act on behalf of the clinical program or, at the discretion of any committee member, may seek additional consultation from other faculty.
4. Approval of the previous master's thesis as satisfying this department's thesis requirements will be conveyed in a letter to the student by the Director of Clinical Training with copies to the student's major advisor and the Director of Graduate Studies.
5. Approval of the previous thesis does not alter course requirements for the doctoral degree, with the exception that the student may elect to apply fewer hours of PBSI 691 (Research) toward the degree (e.g., 6 credits rather than 12).

6. Upon approval of the prior thesis by this department, the student should proceed to identify a doctoral advisory committee and formulate plans for the Preliminary Examination.

IVb. Students Admitted to the Clinical Program without Prior Completion of a Research-Based Master's Thesis

Students who have completed a master's degree in psychology that that did *not* include a research-based thesis prior to admission to the clinical psychology program at Texas A&M University are required to complete the equivalent of a research based thesis (termed a 'pre-doctoral research project') following completion of the first year project.

1. The purpose of the pre-doctoral research project requirement is to ensure that students exhibit acceptable levels of research competence prior to beginning work on a dissertation proposal.
2. All timelines and clinical area/departmental requirements for the pre-doctoral research project are identical to that of the master's thesis. The only difference in this process is that students do not submit the proposal or the final defended project to the Grad School.

V. Additional Graduate School Issues

Va. Transfer of Graduate Credits

There are several policies applicable to students having completed graduate work in psychology prior to admission to the clinical psychology program at Texas A&M University:

1. First is a constraint imposed by the Graduate and Professional School. A maximum of six (6) credits of transfer course work with grades of B or better taken in residence at another accredited university may be considered for transfer credit. These courses cannot have been applied toward a previous degree.
2. Second is a constraint imposed by the clinical program. Specifically, all students admitted to the clinical program at Texas A&M are expected to take all of this program's clinical core courses as well as the 12 hours of supervised practica expected of all clinical students.
3. Students seeking transfer of graduate credits for nonclinical required courses (e.g., statistics/design, history and systems, learning/cognition) should do the following:
 - a. Discuss with your major advisor and with the Director of Clinical Training your intention to seek transfer of credits for the specific course involved.
 - b. Consult with the current faculty member responsible for teaching that graduate course. Be prepared to present your previous text, syllabus, copies of papers and previous exams so the faculty instructor can evaluate whether your previous coursework was comparable to the course offered at Texas A&M.

- c. If the faculty instructor for the course in this department determines that your prior coursework satisfies the requirements of this department's course, he/she should so indicate in a memorandum copied to the student's major advisor, the Director of Clinical Training, and the Director of Graduate Studies.
 - d. Prior coursework approved for transfer (up to 6 hrs.) should be listed on your degree plan. At the time the degree plan is filed, the Grad School will verify that an official copy of your transcript is on record with the Registrar's Office. Actual credit from the prior coursework toward your degree at Texas A&M will not be "posted" until after the degree plan has been filed and all verifications and approval of prior coursework have been completed.
4. As an alternative to transfer of credits, students may request an exemption from enrollment in specific required nonclinical courses. Such an exemption, while not resulting in transfer of credits (and not reducing the required 96 hours for the doctoral degree), would free the student to enroll in alternative courses not duplicating previous coursework (e.g., taking an advanced seminar in Psychology of Persuasion in place of the Seminar in Social Psychology). Students seeking such exemptions on the basis of previous graduate coursework should consult with their major advisor and the Director of Clinical Training and should then pursue steps 2 and 3 outlined above.

Vb. Graduation

Deadline: Graduate degrees are conferred at the close of each regular semester and the summer session. Candidates for advanced degrees who expect to complete their work at the end of a given semester must apply for graduation by submitting the appropriate forms to the Grad School and paying the required fee at the Fiscal Department no later than 90 days prior to the end of the semester or 30 days prior to the end of the summer term. Please consult the TAMU Graduate and Professional Policies Handbook for more information.

Vc. Grades

Graduate students must maintain a minimum grade point ratio (GPR) of 3.00 in all course work. Grades D, F, or U for courses on the degree plan must be absolved by repeating the courses and achieving grades of C or above (or S). (Note: All required clinical courses and department core courses must be passed with a grade of B or better.) Grades lower than a B are viewed as substandard performance and, although a single grade of C will not automatically result in termination from the graduate program, it will negatively influence the overall evaluation of the student's progress. A student with a GPA below 3.0 for two consecutive semesters will lose any financial assistance that they are receiving, will no longer be in good standing, and may be dismissed from the program.

Vd. Full-Time Status and Assistantships/Fellowships

1. Graduate students must maintain full-time status during any semester or summer term in which they hold an assistantship. A graduate student is considered full-time if he or she is registered for a minimum of 9 credits during Fall or Spring semester, 3 credits during a 10-week Summer semester, or 3 credits during a 5-week Summer term.
2. Graduate students on fellowship must register for a minimum of 9 credits during Fall or Spring semester, 6 credits during a 10-week

Summer semester, and 3 credits during a 5-week Summer term.

3. Students serving in these roles are eligible for insurance benefits and cover tuition and fees at the in-state rate. Graduate Assistants cannot be employed greater than 20 hours per week (50% FTE) by anyone without approval from the PBSI Department Head, the student's advisory committee chair, and the Office of Graduate and Professional Studies. **The work required in any assistantship should never exceed 20 hours per week on average.** Unless specifically excluded by the conditions of the fellowship award, students holding fellowships administered through the Grad School may concurrently hold assistantships requiring service up to 20 hours per week.
4. Graduate students concurrently holding a fellowship with a one-quarter time assistantship normally have the same registration requirements as students holding one-half time assistantships.

Ve. Continuous Registration

1. Students in graduate degree programs requiring a thesis, dissertation, internship, or record of study, who have completed all coursework on their degree plans other than 691 (research), 684 (internship), or 692 (professional study) are required to be in continuous registration until all requirements for the degree have been completed. The continuous registration requirement may be satisfied by registering either in absentia or in residence.
2. Students who qualify for in absentia registration are required to register each subsequent Fall and Spring semester for a minimum of one and maximum of four credits of 684, 691, or 692. Students who qualify for in residence registration are required to register each subsequent Fall and Spring semester, and each 10-week Summer session for at least one credit.
3. The registrar's office is occasionally asked to certify full-time enrollment status for purposes such as financial aid, insurance coverage, loan deferments, and so forth. As of Spring 1995, written approval from the student's dean is required for establishing full-time status while the student is on work-related experience (e.g., internships). Requests from students related to such purposes should be directed through the Director of Clinical Training to the Dean prior to the semester during which such work-related experience occurs.
4. Students must confirm directly with the Grad School and the Department of Psychology Graduate Advisor any registration requirements unique to their own situation that may differ from what is described here.

Vf. Tuition and Required Fees

The Clinical Psychology Doctoral Program funds graduate students via stipends for specific training placements: e.g., Graduate Assistantships – Research (GAR), Graduate Assistantships – Teaching (GAT), paid clinical placements, and/or clinic coordinator positions. Placements are arranged each year via discussion with the student's mentor and clinical leadership. Students are typically funded for 12 months per year, including the summer semester. The current monthly stipend rate is \$2,222.22. Tuition remission is provided with each of these placements. For current information on tuition and fees see <https://tuition.tamu.edu/>.

Vg. Requirements for the Master of Science Degree*

*A summary of major steps to fulfill requirements for the master's degree are described [here](#).

1. **Advisory Committee** - The master's student advisory committee will consist of no fewer than three members of the graduate faculty where the chair or co-chair of the committee must be from the student's department and one of the members must be from a department other than the student's major department.
2. **Degree Plan** - The proposed degree plan should be completed, filed, and approved by the Grad School no later than the 12th class day of the Fall/Spring semester (or fourth class day of the 10-week Summer semester) in which the final oral examination or thesis defense will be scheduled.
 - a. A minimum of 32 credits of approved courses and research is required for the thesis option master of science degree.
 - b. **Limitations on the Use of Transfer Courses** - A maximum of six credits of transfer course work with grades of B or better taken in residence at an institution other than Texas A&M University will be considered for transfer credit.
 - c. **Additional limitations on application of courses toward the master's degree** -
 - i. A maximum of 12 credits of 689 Special Topics)
 - ii. A maximum of 12 credits in combination of transfer courses plus 689 (Special Topics)
 - iii. A maximum of 8 hours each of 691 (Research) and 685 (Directed Studies) and no more than 12 credits in combination of 691 plus 685.
3. **Thesis Requirement**
 - a. **Proposal:** The thesis proposal must be submitted to the Grad School at least 14 weeks prior to the close of the semester or Summer session in which the student expects to receive the degree. Please note that this does not apply to the 'pre-doctoral research project' completed by students who entered the program with a master's degree but without having completed a research-based thesis.
 - b. **Thesis:** The format for the thesis should be consistent with that used on scholarly journals in the candidate's field. The thesis must also comply with the [format instructions](#) from the Grad School. The thesis is submitted [electronically](#) to the Thesis and Dissertation Services division of the Grad School, after approval by the student's advisory committee, and the head of the

student's major department. Deadline [dates](#) are announced by the Grad School each semester. Please note that the Grad School requirements do not apply to the 'pre-doctoral research project' completed by students who entered the program with a master's degree but without having completed a research-based thesis.

4. **Time Limit** - All degree requirements for the master's degree must be completed within a period of seven consecutive years.
5. **Final Examination** - The candidate must pass a final examination by [dates](#) announced by the Graduate and Professional School each semester. The final examination covers the thesis and all work taken on the degree plan and at the option of the committee may be written or oral or both. A student shall be given only one opportunity to repeat the final examination for the master's degree and that shall be within a time period that does not extend beyond the end of the next regular semester (Summer terms are excluded).

Vh. Requirements for the Doctor of Philosophy Degree*

**A summary of major steps to fulfill requirements for the doctoral degree are listed [here](#).*

1. **Advisory Committee*** - The advisory committee consists of no fewer than four members of the graduate faculty representative of the student's several fields of study and research, where the chair or co-chair must be from the student's department, and one of the members must be from a department other than the student's major department.
**Note: The doctoral advisory committee conducts the Doctoral Preliminary Exam as well as evaluates the proposal and defense of the dissertation.*
2. **Degree Plan** - The degree plan constitutes the basic requirements for the degree. It must be filed with the Grad School no later than 90 days prior to the Preliminary Examination.
 - a. A minimum of 96 credits beyond the baccalaureate degree or 64 hours beyond the master's degree are normally required for the doctoral degree.
3. **Admission to Candidacy** - To be admitted to candidacy for a doctoral degree, a student must have (1) satisfied the residency requirements, (2) passed the Preliminary Examination, (3) completed all formal coursework, and (4) filed an approved dissertation proposal with the Grad School.
4. **Dissertation Format and Filing** - Similar to the master's thesis, the format for the dissertation should be consistent with that used on scholarly journals in the candidate's field. The dissertation must also comply with [format instructions](#) from the Grad School. The dissertation is submitted [electronically](#) to the Thesis and Dissertation Services division of the Grad School, after approval by the student's advisory committee and the head of the student's major department. Deadline [dates](#) are announced by the Grad School each semester.
5. **Time Limit** - All requirements for the degree must be completed within a period of ten consecutive calendar years. Final corrected copies of the dissertation must be accepted by the thesis clerk no later than one year after the final examination or within the ten year time limit, whichever occurs first.

APPENDIX A: FACULTY AND STAFF

DEPARTMENT LEADERSHIP:

Mindy Bergman, Department Head.....mindybergman@tam.u.edu

Joseph Orr, Associate Department Head.....joseph.orr@tam.u.edu

Matthew Vess, Associate Head of Graduate Studies; Associate Professor.....vess@tam.u.edu

CLINICAL PROGRAM LEADERSHIP:

Anka Vujanovic, Director of Clinical Training.....avujanovic@tam.u.edu

Robert Heffer, Associate Director of Clinical Training, Assistant Clinic Director.....rob-heffer@tam.u.edu

Kristy Cuthbert, Clinic Director.....k.cuthbert@tam.u.edu

CORE CLINICAL AREA FACULTY:

Brian Albanese, Ph.D.

Assistant Professor
albanese@tam.u.edu

Gerianne Alexander, Ph.D.

Associate Vice President for Research & RIO; Professor
galexander@tam.u.edu

Kristy Cuthbert, Ph.D.

Clinical Assistant Professor and Clinic Director
k.cuthbert@tam.u.edu

John Edens, Ph.D.

APS Fellow; Professor
johnedens@tam.u.edu

Sherecce Fields, Ph.D.

APS Fellow; Professor

safields@tam.u.edu

Noni Gaylord-Harden, Ph.D.

Professor

ngaylord@tam.u.edu

Robert Heffer, Ph.D.

Clinical Professor and Associate Director of Clinical Training

rob-heffer@tam.u.edu

Israel Liberzon, M.D.

Professor, Department of Psychiatry and Behavioral Sciences, TAMU Sackler College of Medicine

liberzon@tam.u.edu

Annmarie MacNamara, Ph.D.

Associate Professor

amacnamara@tam.u.edu

Michale Sferra, Ph.D.

Lecturer and Clinical Supervisor

msferra@tam.u.edu

Zina Trost, Ph.D.

Associate Professor

zina.trost@tam.u.edu

Andres Viana, Ph.D., ABPP

Professor

agviana@tam.u.edu

Anka Vujanovic, Ph.D.

Professor and Director of Clinical Training

avujanovic@tam.u.edu

AFFILIATED FACULTY:

Mindy Bergman

Professor

mindybergman@tam.u.edu

Jessica Bernard

Professor

jessica.bernard@tamu.edu**Rebecca Brooker**

Professor

rebeccabrooker@tamu.edu**Heather Lench**

Senior Associate Vice President for Faculty Affairs; Professor; Interim Chair of Department of Psychiatry and Behavioral Sciences, TAMU College of Medicine

hlench@tamu.edu**Vani Mathur**

Associate Professor

vmathur@tamu.edu**Stephanie Payne**

I/O Area Coordinator; Professor

scp@tamu.edu**Rebecca Schlegel**

Professor

beccaschlegel@tamu.edu**Brandon Schmeichel**

APS Fellow; Professor

schmeichel@tamu.edu**Rachel Smallman**

Associate Professor

rsmallman@tamu.edu**Jyotsna Vaid**

Professor

jvaid@tamu.edu

Matthew Vess

Professor

vess@tamu.edu**Darrell Worthy**

Associate Professor

worthyda@tamu.edu**Takashi Yamauchi**

Associate Professor

takashi-yamauchi@tamu.edu**GRADUATE ADVISING:****Lauren Smith**

Administrative Coordinator II

Email: laurensmith@tamu.edu**DEPARTMENTAL ADMINISTRATIVE SUPPORT STAFF:****Jennifer Fraustro**

Executive Assistant II

Phone: (979) 845-2581

Email : jenfrosty12@tamu.edu**CLINIC STAFF:****Brandi Mathis**

Administrative Associate V

mathisb@tamu.edu**BUSINESS STAFF:****Fritzie Freeman**

Business Associate III

Phone: (979) 845-1872

Email: ffreeman@tamu.edu

Office: Psychology 244B

Responsibilities: Provides support for purchasing and travel reimbursement.

TECHNOLOGY STAFF:**Oran Thompson**

IT Manager

Email: uoran@tamu.edu**Viet Lam**

IT Specialist

Email: vietlamm@tamu.edu**OMBUDS:****Ombuds Services for Graduate and Professional Education**<https://grad.tamu.edu/academics/academic-success-resources/conflict-resolution/ombuds-services>

APPENDIX B: CURRICULUM WORKSHEET

Many clinical students plan for 5 years in-residence before internship training.

Clinical Psychology Doctoral Training Program Possible Curriculum Sequence Not all specific courses listed are required. Specific required courses = *

Sequence update is effective AY25-26

Revised Jan 2025

Fall Semester		Spring Semester		Summer Sessions	
credits	credits	credits	credits	credits	credits
* Psychopathology (PBSI 626)-Vujanovic	3	* Intro. Clin. Ethics & Techniques (PBSI 608)-Cuthbert	3	or Research (PBSI 691)	1 to 6
* Assessment 1 (PBSI 623)-Edens	3	* Clinical Interventions 1 (PBSI 637)-Albanese	3	or Elective Course	3
* Experimental Psychology (PBSI 607)	3	* Exp. Design for Behavioral Scientists (PBSI 671)	3		
* Research (PBSI 691-600)—Monday 1 st -Year Seminar <i>No PBSI 613/614 but attend Clinical Seminar</i>	0	<i>No PBSI 613/614 but attend Clinical Seminar</i>			
<i>PBSI 691 = S/U grade; PBSI 685 = letter grade</i>	9	Submit M.S. degree plan to G&PS: mid-Spring <i>(include only 8 credits of PBSI 691 Research and only 12 credits combined of PBSI 685 & PBSI 691)</i>	9	6 credits total across combination of SS1, SS2, and/or 10-week Sessions—if receiving full Summer dept. funding	6

Second Year

Fall Semester		Spring Semester		Summer Sessions	
credits	credits	credits	credits	credits	credits
* Clinical Interventions 2 (PBSI 638)-Cuthbert	3	* Cultural Competence (PBSI 689)-Viana	3	* Assessment Practicum (PBSI 613)-new hire & Heffer	1
* Assessment 2 (PBSI 624)-Fields	3	* Interventions Practicum (PBSI 614)-3 faculty	1	* Interventions Practicum (PBSI 614)-Cuthbert & Heffer	1
* Interventions Practicum (PBSI 614)-see below	1	* Assessment Practicum (PBSI 614)-2 faculty	1	Directed Studies (PBSI 685) *	1 or 4
Directed Studies (PBSI 685) *	2	Discipline Specific Knowledge or Elective Course	3	or Elective Course	3
* 32 credits here and above go on M.S. degree plan		Directed Studies (PBSI 685) *	1		
Complete 1st Year Project: early Oct.		Submit Ph.D. degree plan to G&PS: mid-Feb.			
Complete Thesis Proposal: Sept. 30th <i>(or delay seeing Clinic clients)</i>	9			6 credits total across combination of SS1, SS2, and/or 10-week Sessions—if receiving full Summer dept. funding	6

*after 32 credits on M.S. degree plan (but before defending Thesis), take only PBSI 685 (which can "roll over" to Ph.D. degree plan) rather than PBSI 691

Third Year

Fall Semester		Spring Semester		Summer Sessions	
credits	credits	credits	credits	credits	credits
Discipline Specific Knowledge or Elective Course	3	Discipline Specific Knowledge or Elective Course	3	* Assessment Practicum (PBSI 613)-new hire & Heffer	1
Discipline Specific Knowledge or Elective Course	3	Discipline Specific Knowledge or Elective Course	3	* Interventions Practicum (PBSI 614)-Cuthbert & Heffer	1
* Interventions Practicum (PBSI 614)-3 faculty	1	* Interventions Practicum (PBSI 614)-3 faculty	1	Research (PBSI 691)	1 or 4
* Assessment Practicum (PBSI 613)-2 faculty	1	* Assessment Practicum (PBSI 613)-2 faculty	1	or Elective Course	3
Directed Studies (PBSI 685) *	1	Research (PBSI 691)	1	6 credits total across combination of SS1, SS2, and/or 10-week Sessions—if receiving full Summer dept. funding	6
Complete Thesis Defense: Sept. 30th <i>(or suspend seeing Clinic clients)</i>	9	Complete Preliminary Exam/ Propose Diss.: May 31st <i>(or only research hours until completed)</i>	9	Complete Preliminary Exam/Propose Diss.: Aug. 31st <i>(to apply for internship)</i>	

Fourth Year

Fall Semester		Spring Semester		Summer Sessions	
credits	credits	credits	credits	credits	credits
Discipline Specific Knowledge or Elective Course	3	Elective Course	3	Research (PBSI 691) *	3-6
Discipline Specific Knowledge or Elective Course	3	Research (PBSI 691)	6		
* Interventions Practicum (PBSI 614)-3 faculty	1				
* Assessment Practicum (PBSI 613)-2 faculty	1				
Research (PBSI 691)	1	Complete Final Exam/Dissertation Defense: <i>May 31st or in June</i> <i>(strongly preferred)</i>	9	* 6 credits total across combination of SS1, SS2, and/or 10-week Sessions—ONLY if receiving Summer dept. funding AND in-residence / on-campus	0-6

Fifth Year

Fall Semester		Spring Semester		Summer Sessions	
credits	credits	credits	credits	credits	credits
Professional Internship (PBSI 684 in absentia)	1	Professional Internship (PBSI 684 in absentia)	1	-	0

See next page for "Example of PBSI 614 (Interventions) and PBSI 613 (Assessment) Distributed Across Four Years" and for "Clinical Program Policy for Registration During Professional Internship Year."

APPENDIX C: Preliminary Examination Questions Example

Discipline Specific Knowledge, Category 2: Developmental Aspects of Behavior

Evaluated educational experience

As part of a student's preliminary exam, s/he is asked to address a subset of the following questions based on the readings above. S/he may elaborate based on information from other resources, including professional experience. Question 1 is required.

- (1) Discuss the developmental aspects of behavior.
- (2) What developmental influences may play a role in the manifestation of [insert mental health concept] during adolescence?
- (3) What developmental influences may play a role in the manifestation of [insert mental health concept] during later life?
- (4) Describe the phenomenology of [insert mental health concept] in adolescence, middle-age, and later life?
- (5) Describe the epidemiology of [insert mental health concept] across the lifespan?
- (6) Talk about the importance of age norms when assessing [insert mental health concept].

The set of responses is graded by the student's primary research mentor as PASS (has demonstrated graduate level knowledge of developmental aspects of behavior) or FAIL (has not demonstrated graduate level knowledge of developmental aspects of behavior).

