Clinical Science Program
in Child and Adolescent Psychology

Student Guide

2021-2022

Statement of Student Commitment and Responsibility

Students indicate their understanding and acceptance of the contents of this FIU Clinical Science Student Guide when accepting an offer of admission to our PhD Clinical Science Program in Child and Adolescent Psychology. Students are held to the requirements stipulated by the Student Guide edition that was active at the time of their admission into the program, unless otherwise indicated; however, students are strongly encouraged to adopt the requirements of the most current Student Guide. In addition, students are required to attend the CCF clinic policies and procedures training, held annually early in the fall semester.

By signing below, I acknowledge that I will be held to the curriculum, requirements, and procedures stipulated in the Student Guide 8th Edition 2021-2022, as well as attend the policies and procedures training:

Printed Name

Signature

Date

Note: There may be additions and modifications to the student guide that reflect differences from the prior edition distributed during recruitment. Please read this new edition of the Clinical Science Student Guide carefully and thoroughly, ask any questions you may have, and submit this page, with signature, to the DCT by the end of the first month of classes.

By signing below, I acknowledge that I have received and reviewed the APA Ethical Principles for Psychologists and Code of Conduct. In addition, I have attended the CCF Policy and Procedures Orientation that includes information about Florida State laws, HIPAA, confidentiality, and other applicable ethical principles relevant to clinical work. I acknowledge that I will be held accountable to these principles and expectations.

Printed Name

Signature

Date

Table of Contents

I. Clinical Science in Child and Adolescent Psychology

        A. History and Vision
        B. Philosophy of Education and Mission Statement
        C. Education and Training Model: Clinical Science
        D. Goals and Objectives

IA. History and Vision

Welcome to The Clinical Science Ph.D. Program in Child and Adolescent Psychology! The clinical science program enrolled its first cohort of students in Fall 2010, joining developmental, legal, and industrial /organizational programs in the Department of Psychology at Florida International University. The department is housed within the School of Integrated Science and Humanity in the College of Arts, Sciences, and Education. Since the program's inception we have grown considerably, and we encourage current and prospective students to peruse our website closely for more information about our program, faculty, and students: http://cscap.fiu.edu/.

History of the Program

By specializing in child and adolescent psychology, we joined only a small number of clinical science programs in the United States. This decision reflects the maturity of our field in this professional arena (e.g., board certification through the American Board of Clinical Child and Adolescent Psychology; transition of Clinical Child and Adolescent Psychology from a Section of Division 12 to its own independent Division 53, Society of Clinical Child and Adolescent Psychology) represented by a host of scientific conferences, academic journals, and newsletters uniquely focused on the mental health of children and families. It also reflects the cumulative body of theoretical and empirical knowledge produced over decades regarding the development, maintenance, prevention, and treatment of mental health problems for children and adolescents. Drawing on this rich literature, clinical science in child and adolescent psychology necessitates a solid foundation and breadth of training in (1) developmental psychology emphasizing the dynamic and complex interplay between the individual child and their ecology (e.g., parents, family, peers, schools, community), (2) developmental psychopathology emphasizing adaptation, coping, and resilience, (3) cultural diversity, in particular as it relates to access, quality, and impact of mental health care, and (4) methodology and statistics. Armed with knowledge and skills in these areas, students will be well positioned to advance science that contributes to reducing the unmet mental health burden facing children and families in this country.

Research Training

Our program is a mentor-based program in which students apply to work with an individual faculty member. A mentor-based program helps ensure that all incoming students become actively involved in research as soon as they begin the program. The mentorship-collaborative relationship includes intensive involvement in faculty research, support for students to develop their own research niche within the context of faculty-directed investigations, and extensive opportunities for collaboration and writing across investigative teams. Students receive guidance in every aspect of conducting research, including developing ideas, designing and conducting studies, and dissemination, presenting papers at national conferences and publishing papers in scientific journals. In addition, although we expect to provide assistantships to all graduate students, we support students to develop their own skills in grantsmanship via preparation of their required dissertation grant application. These activities and skills will position students to succeed in the research and academic positions that we intend for FIU clinical science graduates to pursue.

Clinical Training

We acknowledge the inextricable link between research and practice, by encouraging students to bring their clinical experience to bear on research questions, and to bring an empirical lens to the assessment and treatment of psychological disorders. Clinical training follows a clinical-science philosophy in which service delivery is based firmly on research, implemented in measurable ways, and modified based on ongoing assessment of outcomes. Toward that end, students will receive extensive academic and experiential training and supervision in empirically supported assessments and interventions. Our core faculty has broad collective expertise in the major problem areas of childhood and adolescence, including ADHD, anxiety, conduct problems, depression and suicidal behaviors, and risky problem behaviors. Many are conducting community-based, school-based, and clinic-based interventions. Students have extensive opportunities for clinical training through partnership with the FIU Center for Children and Families, an interdisciplinary center focused on clinical research in child and adolescent mental health.

Center for Children and Families

Located on the beautiful Modesto A. Maidique Campus, the Clinical Science Program maintains close partnership with the Center for Children and Families (CCF; www.ccf.fiu.edu). Faculty from departments and schools across FIU are affiliated with the CCF. Physical facilities and resources cover 11,000 square feet, with 10 testing and clinical treatment rooms (with observation windows, wired for sound and video) ranging in size from individual testing rooms to very large group playrooms, two medical examination rooms, waiting rooms for parents and children, a journal library with a large collection of assessment and treatment materials and treatment manuals, two conference rooms, 29 offices, two large, cubicle-equipped (each with a phone and networked computer) bullpen rooms for research staff and students. Faculty, students and postdoctoral trainees conduct large- and small-scale research and clinical activities with children and families whose needs reflect externalizing (ADHD, aggression, risky behaviors) and internalizing (anxiety, mood disorders) dimensions of child and adolescent psychopathology.

Miami

The diversity of Miami's population and the size of Miami-Dade and Broward school districts (500,000 children) provide ample potential for research recruitment and clinical training. The Clinical Science Program has extensive relationships with Miami-Dade County Public Schools, primary care physicians (e.g., Nicklaus Children's Hospital), and with mental health facilities in Miami-Dade and Broward counties, affording opportunities to conduct activities not only on-site but also in community, school, and mental health settings across the South Florida community.

IB. Education and Training Model: Clinical Science

Our program's emphasis is on science and underscores our commitment to applying scientific method and evidence to further the design, delivery, and evaluation of assessment, prevention, and treatment procedures for use with children from infancy to adolescence. We are not just teaching students how to *do science*, but how to *be scientists*, both for conducting research and delivering clinical care. We adhere closely to the principles and values of clinical science, as articulated by the Academy of Psychological Clinical Science, of which our program has been a member since June 2014. Our goal is to produce researchers and scholars who will contribute to advancing scientific knowledge in theoretically strong, methodologically rigorous, and innovative ways. At the same time, we wish to produce clinical scientists whose work holds significant public health impact. Toward this end, we are committed to preparing students to conduct research with strong potential for external funding, by aligning our vision for training with criteria and considerations that influence manuscript reviews and grant reviews at federal, state, and local levels.

Significance

Coursework, in particular the first required course entitled, "Psychological Clinical Science I," offers a historical lens coupled with an emphasis on the most current controversies in our field. Students are encouraged to build a research agenda that addresses the unmet mental health burden in our country, with particular focus on historically disenfranchised and underrepresented families from diverse racial and ethnic backgrounds and families living in poverty. Research mentorship prepares students to ask urgent and critical questions that address a problem or barrier to progress in the field and to seek answers that advance knowledge and improve practice.

Innovation

Mentorship attends closely to shifting national priorities toward precision diagnostics, personalized intervention, target validation, and disruptive innovation in mental health. Students are required to submit a dissertation grant application reflecting their original research and encouraged to develop a proposal that utilizes novel theory, method, instruments, or interventions to shift current research or practice paradigms.

Investigator

Program milestones are designed to facilitate scholarship so that students emerge from the program with a record of accomplishment that demonstrates independent thinking, collaboration, and expertise in a primary area of research. Course electives are intended to build advanced analytic or interdisciplinary skills that reflect an era of team science and fading boundaries between disciplines. Students are encouraged to attend conferences where they can network, build new collaborations, and present their work on a national stage.

Approach

A rigorous curriculum in research methods and analysis prepares students to accomplish the specific aims of their planned research. Students are expected to become familiar with a wide range of research designs and analytic tools, knowledgeable about their specific assumptions, and competent in their application to psychological data. A two-semester sequence in research methods prepares students to conduct and critically examine randomized controlled trials in addition to alternative designs (e.g., qualitative, mixed methods, adaptive, and benchmarking) especially suited for questions associated with transportability of assessment and intervention to usual care. Following a foundational three-course sequence in quantitative analysis, students select an advanced analytic elective most well suited to their program of research. Students are encouraged to give careful consideration to specific design and analysis features including setting, sampling, and measures that appropriately balance internal and external validity.

Environment

Through professional development and research mentorship, students are encouraged to explore the scientific environment of the university, acquaint themselves with mechanisms of institutional support, including equipment and physical resources available to support their planned research. Additional resources are available through the department of psychology and through partnership with the FIU Center for Children and Families (CCF), an interdisciplinary center focused on clinical research on child and adolescent mental health. The CCF maintains partnerships with Miami-Dade County Public Schools, The Children's Trust (the largest funder of child-focused services in the county), and several primary care and specialty physicians and mental health agencies. Opportunities for students to build collaborations with research and community colleagues within FIU and external to the university are extensive through advanced clinical practicum and research mentorship.

Human Subjects

Significant attention is allocated throughout training to considerations of diversity, ethics, and protections for human subjects. Discussions of diversity and ethics are woven throughout the course curriculum and are represented by clear and specific learning objectives as part of each core clinical course. Protection for human subjects from research risk relating to their participation is introduced early through IRB training and revisited often during courses and research mentorship, with a large focus on risk-benefit ratios, importance and urgency of the knowledge to be gained, and planning for data and safety monitoring procedures.

IC. Aims and Objectives

The Clinical Science Program in Child and Adolescent Psychology is designed to support all students to reach a minimum level of competence on each of the following learning goals and objectives, that have been informed by federal priorities for research and practice, literature on evidence-based mental health care, and competency benchmarks in professional psychology. Goals and objectives reflect the principles and values of clinical science, as articulated by the Academy of Psychological Clinical Science, and aligned with those articulated in the APA Guidelines and Principles. They align with the program vision to prepare students for careers in professional psychology that include research, education, and mental health service delivery.

Aim 1: Students will demonstrate competency to advance knowledge through research relevant to children and families in the discipline of psychological clinical science.

Objective 1a. Students will be able to synthesize literature and present a compelling rationale for stated hypotheses.
Objective 1b. Students will be able to generate an innovative and compelling set of research questions, with clear public health significance.
Objective 1c. Students will be able to plan and execute a sound and rigorous method for answering research questions.
Objective 1d. Students will be able to select and execute sound analytic approaches for their research questions.
Objective 1e. Students will be able to interpret and describe results and summarize conclusions, noting limitations to their method, implications for the field, and future research questions informed by the results.
Objective 1f. Students will be able to communicate their research orally.
Objective 1g. Students will be able to communicate their research in writing.

Aim 2: Students will demonstrate competency to deliver evidence-based clinical care for children and families.

Objective 2a. Students will be able to select, administer, score, and interpret psychological assessments for children and adolescents.
Objective 2b. Students will demonstrate ability to conduct a comprehensive clinical interview.
Objective 2c. Students will demonstrate ability to form a positive and productive therapeutic alliance with children and families.
Objective 2d. Students will apply data-informed decision making toward the case conceptualization and diagnosis of psychological disorders.
Objective 2e. Students will apply data-informed decision making to treatment planning for psychological disorders.
Objective 2f. Students will be able to deliver evidence-based treatment for psychological disorders.
Objective 2g. Students will use ongoing data-informed assessment of patient progress to inform treatment planning and termination.

Aim 3: Students will demonstrate knowledge in psychological clinical science.

<u>Objective 3a</u>. Students will demonstrate broad knowledge in areas of assessment and treatment related to psychopathology of childhood and adolescence.
<u>Objective 3b</u>. Students will demonstrate depth of knowledge in a defined area of growing expertise within the discipline of psychological clinical science.
<u>Objective 3c</u>. Students will demonstrate knowledge across broad and general areas of psychology (cognitive, affective, social, biological).
<u>Objective 3d</u>. Students will demonstrate knowledge of the history of psychology as a discipline.

Aim 4: Students will demonstrate professionalism in the research and practice of psychological clinical science.

<u>Objective 4a</u>. Students will apply ethical concepts and awareness of legal issues regarding professional activities with children, families, and communities.
<u>Objective 4b</u>. Students will demonstrate awareness, sensitivity, and skills in working professionally with diverse children, families, and communities.
<u>Objective 4c</u>. Students will display respectful interpersonal communication, openness to feedback, and effective use of research mentorship and clinical supervision.
<u>Objective 4d</u>. Students will demonstrate knowledge of strategies and awareness of benefits associated with interdisciplinary collaboration with other professionals in research and practice.

II. Who We Are

      A. Faculty
      B. Students

IIA. Faculty

The clinical science program includes nationally and internationally recognized faculty, as reflected by numerous awards, invited papers, and conference invitations. They publish at a high rate in leading journals within psychology, including APA journals and high profile interdisciplinary and specialty journals. They are influential in the field via activity on editorial boards, in professional organizations (e.g., APA, ABCT), NIH review committees, and advisory boards locally and nationally. The level of research activity is high, and the level of research funding is strong, reflecting awards during the past few years from IES, NIMH, NICHD, and NIDA.

Core Faculty

Core faculty are required to participate in graduate education (teaching, research mentorship, clinical supervision) at minimum 50% time. They are either tenured or tenure-earning members of the Department of Psychology; their primary appointment is in psychology, and their primary program appointment is in the clinical science program. Core faculty must be a member of the graduate faculty as defined and determined by the University Graduate School, and they must have Dissertation Advisor Status, as defined and determined by the University Graduate School. Responsibilities of core faculty include attendance at clinical faculty meetings, review of graduate student applications, and voting privilege on program decisions. Students receiving primary mentorship by core clinical faculty are eligible for university fellowships and department TA lines.

Dr. Daniel Bagner, Professor and Director of Clinical Training
Dr. Bagner is Director of the Early Childhood Behavior Lab (ECBL), where research focuses on examining interventions for young children and their families. Dr. Bagner is particularly interested in the prevention and treatment of externalizing behavior problems for infants and young children and other at-risk populations (e.g., developmental delay, poverty). Specifically, he focuses his work on enhancing the parent-child relationship in an effort to improve child outcomes. Dr. Bagner has authored or co-authored a number of research articles and book chapters and has received grants from the National Institute of Mental Health and the National Institute of Child Health and Human Development to conduct his research.

Dr. Jonathan Comer, Professor
Dr. Comer directs the Mental Health Interventions and Technology (MINT) Program, an interdisciplinary clinical research laboratory devoted to expanding the quality, scope and accessibility of mental health care for youth. His program of research examines five areas of overlapping inquiry: (1) The assessment, phenomenology, and course of child anxiety disorders; (2) the development and evaluation of evidence-based treatments for childhood psychopathology, with particular focus on the development of innovative methods to reduce systematic barriers to effective mental health care in the community; (3) the psychological impact of disasters and terrorism on youth; (4) national patterns and trends in the utilization of mental health services and quality of care; and (5) psychosocial treatment options for mood, anxiety, and disruptive behavior problems presenting in early childhood. His work has received current and past funding from the National Institute of Mental Health (NIMH), the International

Obsessive Compulsive Disorder Foundation (IOCDF), APA Division 53 (Society of Clinical Child and Adolescent Psychology), the Anxiety Disorders Association of America (ADAA), the Mental Health Initiative (MINT), and the Charles H. Hood Foundation.

Dr. Gregory Fabiano, Professor
Dr. Fabiano's program of research has focused on the development, validation and implementation of effective assessments and interventions for children with attention-deficit/hyperactivity disorder (ADHD) and their families. He has expertise in assessment and intervention development and implementation for youth with ADHD. He has served as principal investigator or co-investigator on multiple clinical trials that investigated psychosocial and/or pharmacological treatments for ADHD, and these studies have included multiple designs (single-subject, cross-over, between group, adaptive treatment).

Dr. Stacy Frazier, Professor
Dr. Frazier directs a program of NIMH-funded research that examines mental health promotion for families living in urban poverty through capacity building in the natural, neighborhood settings that support them. She collaborates with partners in schools, parks, and mental health agencies and with colleagues in public health, social work, organizational psychology, and school psychology to develop and test school- and out-of-school time models of community mental health practice that build on the strengths, respond to the needs, and respect the constraints of children's service settings. She utilizes both quantitative and qualitative research designs to develop and examine service models that emphasize workforce development and continuous quality improvement, with a particular emphasis on fidelity measurement that balances empirical rigor with clinical utility.

Dr. Raul Gonzalez, Professor and Interim Chair of Psychology
Dr. Gonzalez is Director of the Substance Use and HIV Neuropsychology (SUHN) Lab, where research focuses on the interplay of neurocognitive functions, drugs of abuse, and risky behaviors, often with participants with or at risk for HIV. These topics are linked by their frequent co-occurrence and an overlap in brain systems implicated in drug addiction and risky behaviors, as well as changes that may occur to these systems through the specific actions of drugs of abuse and HIV. A large portion of his research portfolio focuses on the neurocognitive effects of cannabis. The research being conducted at SUHN Lab aims to identify neurocognitive differences that may place individuals at risk for substance use disorders or that emerge from their use, in order to inform interventions designed to reduce drug addiction and the risky behaviors that may contribute to the spread of HIV. Dr. Gonzalez is also a Clinical Neuropsychologist with substantial experience conducting neuropsychological assessments in both English and Spanish among individuals with a range of neurological disorders.

Dr. Paulo Graziano, Associate Professor
Dr. Graziano is Director of the S.E.L.F.-Regulation Lab, where research focuses on the role of children's self-regulation as it pertains to School Readiness, Early Intervention, Learning, and Fitness (S.E.L.F.). He is particularly interested in how parental and environmental factors (e.g., teachers/classroom) may influence or moderate the impact of regulatory processes on adaptive functioning outcomes. Special emphasis is placed on the role of physiological (i.e., RSA suppression) and neurocognitive processes in the development of psychopathology (emphasis on

disruptive behavior disorders) as well as pediatric obesity. A large portion of his research focuses on developing and examining early interventions (e.g., behavioral parent training, summer programs) that can target children's self-regulation skills and subsequent adaptive and health related outcomes. Dr. Graziano has authored or co-authored a number of papers and his work has been supported by both federal grants (e.g., Institute of Education Sciences) and local agencies (e.g., The Children's Trust).

Dr. Katie Hart, Associate Professor
Dr. Hart's research interests broadly focus on young children with or at-risk for ADHD and related disruptive behavior disorders. Primarily, her work addresses the development, evaluation, and dissemination of early interventions, with emphasis on school readiness during major developmental transition periods (i.e., the transition from preschool to kindergarten), and treatments across home, school, clinic, and community settings. She develops and examines interventions to increase attendance and adherence for families of children from low-income backgrounds; culturally competent interventions for families from Latino/Hispanic and Haitian backgrounds; and mental health policy as it relates to the dissemination of evidence-based interventions in school and community settings. Dr. Hart is Director of the Summer Treatment Program for Pre-Kindergarteners, a comprehensive 8-week summer treatment program for preschool age children with early behavior problems, and the Summer Reading Explorers Program, a 6-week summer reading intervention program for rising kindergarten, first, and second grade children from at-risk community settings. Dr. Hart has authored or co-authored a number of papers and her work has been supported by both federal grants (e.g., Institute of Education Sciences, Administration for Children and Families) and local agencies (e.g., The Children's Trust).

Dr. Dana McMakin, Associate Professor
Dr. Dana McMakin is the director of Research Exploring Motivational and Emotional Development in Youth (REMEDY), an interdisciplinary research group that uses conceptual models and tools (e.g. fMRI) from developmental neuroscience to inform interventions for adolescents with, or at risk for, problems related to controlling emotion and behavior (e.g. suicide, depression, anxiety, risky behavior). She is currently exploring two areas that she has identified as having high translational potential: 1) enhancing reward processing during the sensitive window of early adolescence to observe potential impacts on the onset, maintenance, and recurrence of depression, and 2) examining sleep as it relates to emotional processing (including emotional memory consolidation during sleep) and neurodevelopment in adolescents with, or at risk for, anxiety or depression. A key aim of this work is to identify opportunities to develop interventions that capitalize on neural plasticity during sleep to positively influence socio-emotional development.

Dr. Erica Musser, Associate Professor
Dr. Erica D. Musser is the director of the Assessing Behavior, Cognition, and Emotion Regulation in Childhood ADHD/Cannabis Abuse Lab (ABC-ERICA Lab). Dr. Musser's overarching research goal is to better elucidate the mechanisms linking emotion dysregulation and certain aspects of parenting behavior to attention-deficit/hyperactivity disorder (ADHD), as well as related externalizing behavior problems, including substance abuse. In order to do this, her research has utilized a multi-method approach, which has included behavioral ratings,

laboratory computerized testing, behavioral coding, and physiological measures of both autonomic and central nervous system activity. Dr. Musser's research focuses on two complementary areas. First, her work focuses on examining the association between child emotion dysregulation and specific symptoms of ADHD and other externalizing behaviors, e.g., substance abuse. Second, her research focuses on the role of parent emotion regulation in shaping parental responsivity and sensitivity, as well as the development of child emotion regulatory abilities. These foci also serve to advance Dr. Musser's long-term aim of examining the longitudinal development of behavioral and biological emotion regulation among children with ADHD, and other externalizing problems, from the preschool period into adolescence and young adulthood. Dr. Musser has authored and co-authored a number of papers and presentations to the scientific community, and her work has been recognized by both federal (e.g., NICHD) and university awarders (e.g., University of Oregon).

Dr. Mei Yi Ng, Assistant Professor
Dr. Ng conducts research with the goal of advancing the science and practice of psychotherapy for youths, especially adolescents with depression. She employs two main strategies in her research program. First, she examines change mechanisms and processes of evidence-based psychotherapies such as cognitive behavioral therapy to better understand how they work. Second, she studies how to personalize mental health interventions by developing and applying methods to select and tailor therapies to maximize benefit to each individual youth.
A current focus of her research at the FIU Mechanisms Underlying Treatment Technologies (MUTT) Lab is to track depressed adolescents' emotions, cognitions, and behaviors in real-time. The aims are to learn how each of each these variables change over time, which variables drive changes in other variables, and whether these "drivers" and longitudinal relationships differ across individuals. It is hoped that this research may inform the personalized sequencing of treatment modules for individual youths.

Dr. William Pelham, Professor and Director of the Center for Children and Families
For over thirty years, Dr. Pelham has served as a leading researcher in the field of ADHD in childhood and adolescence. He has published 359 articles on ADHD, including major articles and reviews on the treatment of ADHD (pharmacological, behavioral, and combined), the outcomes of ADHD individuals in adolescence and adulthood, the peer relationships of ADHD children, attributions and cognition in ADHD children, and the families of ADHD children. A number of Dr. Pelham's articles have focused on the development of later symptoms and functioning in adolescence and in adulthood within the context of the PALS and other longitudinal samples. In addition, Dr. Pelham has been a PI, Co-PI or Co-I on dozens of federal grants dealing with ADHD (e.g., from NIMH, NIDA, NIAAA, NICHD, IES) as well as foundation and industry grants.

Dr. Justin Parent, Assistant Professor
Dr. Parent's program of research explores the mechanisms through which families influence child adaptive and maladaptive development with the goal of optimizing intervention and prevention outcomes. A recent focus of his research has been on examining how early adversity exposures (e.g., poverty, parental psychopathology, neglect, and abuse) are transduced into molecular events controlling the expression of neuroregulatory genes, which in turn guide brain development, calibrate stress reactivity, and influence the development of psychopathology.

His laboratory at FIU develops and tests family-based preventative intervention programs for at-risk children while simultaneously investigating how epigenetic processes functionally mold developmental plasticity in response to early environmental experiences. Dr. Parent is the author of over 45 research articles, is an associate editor of Journal of Child and Family Studies and has received funding from the National Institutes of Health for the past six years to conduct his research.

Dr. Jeremy Pettit, Professor
Dr. Pettit conducts research on depression, anxiety, and suicidal behaviors in adolescence and emerging adulthood. He has a particular focus on the course of depression over time, including interpersonal and cognitive factors that contribute to the onset, maintenance, and recurrence of these behaviors. Additional areas of interest include in the intergenerational transmission of depression and the co-occurrence of depression and anxiety. Dr. Pettit is the author of two books and over 75 research articles and book chapters. His research has been funded by the National Institute of Mental Health. He is currently editor of Behavioral Medicine and associate editor of Journal of Social and Clinical Psychology.

Dr. Joseph Raiker, Associate Professor
Dr. Raiker's research focuses on understanding the impact of neurocognitive deficits (e.g., working memory, information processing) on the primary (e.g., inattention, hyperactivity, and impulsivity) and secondary (e.g., academic achievement, social problems) features associated with Attention-Deficit/Hyperactivity Disorder (ADHD) in children. He has begun examining the interaction of multiple dysfunctional cognitive processes and is interested in the implications of these deficits for intervention strategies targeted at reducing the adverse functional outcomes experienced by children and adolescents with ADHD as well as the integration of neuroimaging in further understanding ADHD.

Dr. Adela Timmons, Assistant Professor
Dr. Timmons obtained her undergraduate degree in psychology from the University of Kansas in 2011 and her Ph.D. in clinical and qualitative psychology from the University of Southern California in 2018. She completed her predoctoral clinical psychology internship at the University of California, San Francisco. Her research examines how childhood stress, trauma, and adversity become biologically embedded and impact physiological reactivity and emotion regulation in the context of close relationships. She is also interested in machine learning and developing just-in-time adaptive intervention with wearable technologies for improving mental health outcomes in children, couples, and families.

Dr. Elisa Trucco, Associate Professor and Associate Director of Clinical Training
Dr. Trucco's research is grounded in developmental psychopathology. Her work examines the etiology of substance use from a social ecological perspective. This involves delineating risk and protective factors for the development of adolescent problem behavior and substance use across multiple levels of analysis, including biological factors (genetics), social environments (peers, parents, neighborhoods), and individual characteristics (temperament, personality). She examines genetic and personality factors that increase or decrease susceptibility to parenting practices and peer influence for engaging in substance use toward improving prevention programs for youth.

Associated Faculty

Associated faculty are required to hold Graduate Faculty Status and encouraged to apply for Dissertation Advisor Status. They may submit a written petition (in the form of a memo) for the opportunity to serve as primary mentor for a clinical science doctoral student. No petition is necessary to participate in the role of secondary mentor. Associated faculty may hold their primary appointment in the Department of Psychology or in other departments across campus (e.g., Public Health, Psychiatry, Education).

Dr. Leonard Bickman, Research Professor, Department of Psychology
Dr. Bickman is a nationally recognized leader in program evaluation and mental health services research on children and adolescents. He has published more than 15 books and monographs and 180 articles and chapters and has been principal investigator on over 25 major grants from several agencies. He has completed the evaluation of the largest mental health services demonstration project ever conducted on children and adolescents and developed a web-based measurement system for treatment outcome.

Dr. Stefany Coxe, Associate Professor, Department of Psychology
Dr. Coxe's research focuses on evaluating and applying advanced statistical methods to psychological data and takes two directions. First, her quantitative research examines the application of generalized linear models (GLiM, McCullagh & Nelder, 1983, 1989) to "grouped counts" that fail to comply with all assumptions of any GLiM but are commonly employed as outcome measures in psychological research. Related, she examines applications of Poisson regression for count data, particularly for mediation analysis in which the final outcome is a count. Second, Dr. Coxe's applied research involves longitudinal and prospective evaluations of preventions and interventions for youth with mental health needs, including psychometric analysis of study measures, complex longitudinal growth models, multilevel regression, and multilevel structural equation models.

Dr. Jami Furr, Clinical Assistant Professor, Department of Psychology
Dr. Furr is the Associate Clinical Director for the Center for Children and Families and the Clinical Director of the Mental Health Interventions and Technology (MINT) Lab. She has clinical expertise and research interests in cognitive-behavioral treatment of childhood anxiety and disruptive behavior disorders, with a focus on preschool mental health. Specifically, she specializes in weekly and intensive treatment programs for preschool aged children with selective mutism, and obsessive-compulsive disorder and other anxiety disorders, as well as in parent-child interaction therapy for young children with disruptive behavior disorders.

IIB. Students

We recognize that our students are among our program's greatest strengths and most important resources. They publish in leading journals (e.g., *Clinical Psychology Review*; *Journal of Abnormal Child Psychology*; *Administration and Policy in Mental Health and Mental Health Services Research*) and present their research at national conferences (e.g., Association for Behavioral and Cognitive Therapies; National Conference in Clinical Child and Adolescent Psychology). Their level of research activity is high to prepare them for a competitive academic market. They are expected to demonstrate increasingly sophisticated research and clinical skills and the highest level of professionalism.

Applicants

Our applicant pool has increased since the program's inception, and currently hovers around 100 applications annually. In accordance with university procedures, two program faculty members independently review each application along a range of criteria (e.g., academic credentials, research experience, career objectives). After an applicant has been deemed acceptable by both reviewers, the faculty member identified best positioned to be that student's primary mentor (based on alignment of research interests and faculty expertise) will review that application more closely. Faculty select a small number of applicants to interview via phone or video conference. Each applicant is interviewed by a minimum of two faculty members. A select number of students are invited to attend Graduate Recruitment Day, which is sponsored by the College of Arts, Sciences, and Education and the University Graduate School. Current students host prospective students overnight. Students then spend the day at FIU learning about the program and department, with presentations by program directors, meetings with program faculty and students, campus tour, and student panel.

Admission Requirements

To be admitted into the Clinical Science doctoral program, a student must:
- Hold a Bachelor's degree in a relevant discipline from an accredited college or university.
- Have a 3.0 average or higher during the last two years of the undergraduate program and submit Graduate Record Exam (GRE) scores.
- Have completed an undergraduate or graduate research methods course as a prerequisite.
- Arrange to have three letters of recommendation evaluating the applicant's potential for graduate work sent to the Psychology Graduate Program Director.
- Send a brief essay stating reasons for interest in the program and career goals to the Psychology Graduate Program Director.
- Receive approval from the Departmental Graduate Education Committee.
- International graduate student applicants whose native language is not English are required to submit a score for the Test of English as a Foreign Language (TOEFL) or for the International English Language Testing System (IELTS). A total score of 92 on the iBT TOEFL (equivalent to 580 in the TOEFL) is required.

Note: These are minimum requirements. Admission is competitive. Students are encouraged to seek research experience prior to submitting their application.

Diversity and Inclusion

The clinical science program embraces the goal of cultivating a climate of inclusion in which everyone is valued as an individual and whose members (both faculty and students) are committed to the development and improvement in issues of diversity and inclusion within the program, especially as they relate to research, practice, and clinical care. Please refer to Diversity Committee & Resources for information about and links to several resources, such as funding and training opportunities available to students from groups underrepresented in academia, a list of campus resources (e.g., LGBTQA Groups and Initiatives, Black Graduate Women's Association), and other resources meant to foster the recruitment, retention, and flourishing of a diverse student population.

The *Psychology Department Diversity Committee* began leading several initiatives in fall 2020 to help *center diversity and anti-racism* within all department, program, and committee efforts. These initiatives include developing a living statement of diversity, inclusion and anti-Black racism; supporting committees on the development, progress and outcomes of diversity action plans; ensuring that racial, social and psychological climate are assessed annually, and that aggregated findings inform specific action items; and coordinating and consulting with students on diversity and inclusion efforts (e.g., related to student recruitment, departmental support for students immediately following high profile incidents of racial or social injustice, connecting students with healing spaces). An anonymous comment box was also developed for students with diversity-related concerns.

Enrollment

We currently have 59 enrolled students across 6 cohorts. Students are evenly distributed across faculty, in accordance with a mentor model and general guideline that each faculty accepts one new student each year. Our current class size ranges from 7 to 12, corresponding to a growing program faculty. As illustrated by the list of faculty above, we have grown even larger during the last couple of years, and we are currently recruiting a cohort of 10-12 students. Most students graduated college outside of south Florida, among them Boston University, University of Michigan, Amherst College, University of California-Santa Barbara, State University of New York, and Tulane University. Among our currently enrolled students, the mean GRE scores for verbal and quantitative range are 159 and 155, respectively, and the mean GPA is 3.65.

Funding

All students *in good academic standing* in the clinical science program receive 12-month support ($20,154 + tuition waiver) for 4 years. Good standing means that students are demonstrating acceptable performance by meeting program requirements in accordance with the planned timeline (see annual performance evaluation criteria). Historically, all students in the department doctoral programs have been funded during their 5th year as well. Funding reflects four pathways. First, students may receive Research Assistantships, funded by their mentor's active grants, and include a broad range of responsibilities including IRB procedures; participant recruitment; data collection; data management, cleaning, and analysis; and manuscript writing. Second, students may receive Teaching Assistantships, allocated by the College of Arts, Sciences & Education. Students funded by a Teaching Assistantship line early during their

graduate training are expected to support the undergraduate mission of the university by assisting with large lecture courses. Students who have completed their Master's Project may be assigned to teach their own section of Research Methods, after which they are eligible for an assignment as Instructor of Record (with mentor approval). Third, four graduate assistant lines are funded by the University Graduate School to support clinical research in the Center for Children and Families. Students funded on these lines have clinical responsibilities that include intakes and clinical service delivery. Students funded by these three mechanisms are expected to work 20 hours per week. Finally, students may receive university fellowships that are accompanied by higher stipends and release of assistantship responsibilities to facilitate increased research productivity. For example, the clinical science program has had several students funded by the prestigious Presidential Fellowship (for recruiting outstanding doctoral candidates) and the McKnight Fellowship (designed to address the chronic under-representation of African American and Hispanic/Latino faculty at colleges and universities in Florida). FIU contracts prohibit students from accepting any external employment opportunities during their funded doctoral training.

Scholarship

Students are encouraged to collaborate with faculty and with one another to build scholarship in their area of research expertise, including manuscripts and conference presentations. Program milestones (Master's Project, Advancing to Candidacy, and Dissertation) are strategically designed to facilitate lead-author publications. As reflected by our students' impressive list of publications and presentations, and several prestigious awards, our students are expected to emerge from doctoral training well positioned for successful careers as clinical scientists.

III. Curriculum

A. Overview
B. Academic Coursework
C. Clinical Practicum
D. Professional Development
E. Multidisciplinary Training
F. Internship

IIIA. Overview

Our curriculum reflects the principles and values of clinical science as articulated by the Academy of Psychological Clinical Science and aligns closely with APA Guidelines and Principles. The faculty allocate significant time and effort to remain well-informed on the evolving literature of pedagogy, and to incorporate innovative training processes and educational methods to build knowledge, skills, and competencies that reflect the program's unique goals and objectives. The curriculum package reflects broad and general training, designed to prepare our students for entry-level practice in professional psychology. Clinical science in child and adolescent psychology necessitates a solid foundation and breadth of training in (1) developmental psychology emphasizing the dynamic and complex interplay between the individual child and their ecology (e.g., parents, family, peers, schools, and community), (2) developmental psychopathology emphasizing adaptation, coping, and resilience, (3) cultural diversity, in particular as it relates to access, quality, and impact of mental health care, and (4) methodology and statistics. Toward this end, we designed a multi-faceted and rigorous 6-year training curriculum that includes academic coursework, clinical practicum, professional development, and internship. The curriculum is broad and comprehensive; guided by our four professional goals and specific learning objectives; strategic in its sequencing of training requirements and opportunities; cumulative in that learning opportunities build on one another incrementally; and graded over time by academic, research and clinical demands that increase in challenge and complexity, accompanied by increasingly more advanced competency benchmarks and performance expectations. At each stage of the sequence, students engage in a fully integrated set of research and clinical activities to ensure their delivery of psychological assessment and treatment services is informed by scientific literature and that their developing research questions and methods are informed by clinical experiences, reflecting FIU's value on integrating scholarly and local knowledge.

IIIB. Academic Coursework

The clinical science curriculum is designed to complement research experiences and clinical training (see Section V. Practicum Training) and to equip students with the skills and competencies they need to succeed as scientists and scholars. Coursework is divided into five categories as detailed below.

Introduction to Psychological Clinical Science

This 2-semester (6 credits) sequence provides a historical perspective on science and, in particular, psychological clinical science. It introduces seminal readings; and familiarizes students with the most current tensions and controversies of our day.

Psychological Clinical Science I (CLP 5007): *Historical Perspectives and Current Controversies* This course provides an overview of the field of clinical child psychology, including history and philosophy of psychological clinical science and challenges and controversies related to bridging science and service. By the end of this course students should (a) be familiar with the development of clinical child psychology as a field, including a historical perspective on the science of clinical psychology combined with emphasis on the most current and urgent questions and controversies, (b) be familiar with the dialogue in our field related to culture, context, and diversity, including definitions of race, ethnicity, and culture; methods and measures that reflect cultural competence; and research and ethical considerations with economically vulnerable and underrepresented minority groups, and (c) develop a balance between skepticism and enthusiasm related to the pursuit of knowledge in child and adolescent clinical psychology.

History and Systems (PSY 5605): The history of psychology is primarily the history of people arguing over a set of questions about the nature of human behavior and development that have been around as long as there have been people. By the end of this course students should (a) be familiar with *The Great School* and *The Great Figure* approaches to the history of psychology, (b) demonstrate appreciation for how dialogue and debate over the last century and a half shaped our current beliefs, perspectives, and theories, including knowledge of common themes and individual contributions and (c) be familiar with literature that speaks to fundamental questions related to brain, body, and behavior; what makes humans unique; free will; nature and nurture; research methods; and biology, anthropology, and psychology as interdisciplinary science.

Assessment & Intervention in Childhood Psychopathology

This 3-semester (9 credit) sequence introduces the continuum of mental health care from assessment to treatment in the primary domains of childhood psychopathology. Courses are designed to cover (1) prevalence; phenomenology; disparities by race, ethnicity, or gender; onset age; and trajectory/course; (2) classification and evidence-based assessment; (2) key influences in the development and maintenance of disorders, including genetics, learning, cognitive/information processing, and family and peer relationships, and; (3) evidence-based prevention and treatment intervention approaches.

Assessment and Treatment I: Internalizing Disorders (CLP 6471): This course focuses on the development/learning and treatment/reversal of internalizing disorders in children and adolescence. Emphasis is placed on the most commonly occurring anxiety and depressive disorders though other issues relating to internalizing disorders (i.e., suicide, selective mutism, trauma) are covered as well. By the end of the course, students should (a) be familiar with the history of childhood internalizing disorders and current approaches to science and service, (b) be knowledgeable and critical with respect to theory, research, and practice in the area of child and adolescent internalizing disorders, and (c) be sensitive to issues of diversity and ethical considerations as they related to the study and delivery of care.

Assessment and Treatment II: Externalizing Disorders (CLP 6472): This course is designed to be an overview of child psychopathology, assessment, and evidence-based treatment of externalizing disorders in children and adolescents. By the end of the course, students should (a) be knowledgeable about the history of childhood externalizing disorders and current approaches to science and service, (b) be familiar with literature on individual differences and diversity as they relate to symptom presentation, course, and treatment response, and (c) be mindful of ethical considerations related to assessment and treatment of externalizing disorders and associated research.

Assessment and Treatment III: Developmental, Learning, and Pediatric Disorders (CLP 6473): This course provides an overview of assessment and treatment in clinical child and adolescent psychology, with a particular focus on the classification, assessment, and treatment of developmental, learning and pediatric disorders. By the end of the course students should (a) be familiar with symptom presentation, etiology, classification, and course of several common developmental, learning and pediatric disorders, (b) be knowledgeable and critical with respect to theory, research, and practice in the area of developmental, learning, and pediatric disorders, and (c) demonstrate appreciation for issues of diversity and ethical considerations related to research and practice.

Research Method and Design

This 2-semester (6 credits) sequence provides students with a foundation of knowledge related to research method and design for clinical psychology, with particular attention to the unique features associated with studies along the basic to applied research continuum. Course readings and materials integrate seminal papers in the field with current papers from peer-reviewed journals. Students will become familiar with a wide range of designs (e.g., randomized controlled trial, meta-analysis, mixed-method) and will become competent to select an appropriate design for their research questions, acknowledge inherent limitations, consider potential methodological artifacts and plan for studies with modified design to tease apart the most urgent and critical questions facing psychological clinical science. In addition to formal course requirements, students are encouraged to seek additional methods training through mechanisms such as the APA summer Advanced Training Institutes (e.g., *Research Methods with Diverse Racial and Ethnic Groups*).

Research Methods in Clinical Psychology (PSY 6219): This course is designed to provide students with a fundamental understanding of empirical research methods and design in clinical

psychology. Students will develop skills to become informed and savvy consumers of the existing literature and will develop expertise to critically evaluate and refine their own work from a methodology and design perspective. By the end of this course students should (a) develop a deep appreciation for matters of internal validity and external validity, and will develop strategies to balance these sometimes competing demands in their own work in order to produce research that maximizes both rigor and relevance; (b) learn to think like a psychologist with an emerging identity as a clinical scientist; (c) develop a sophisticated appreciation for and understanding of psychometric evaluation; and (d) become familiar with the Belmont Report on ethical principles and guidelines for the protection of human subjects in biomedical and behavioral research.

Dissemination and Implementation Research (CLP 6530): This course will address the increasing need to bridge research and practice to inform a new generation of effective services that are accessible to the large numbers of children and families in need. Through readings, discussion, and assignments, we will explore the unmet mental health burden, the history of dissemination and implementation research, and the continuum of research methods that have emerged to help close the science to service gap. By the end of this course students should (a) be familiar with the terminology, similarities, and differences associated with efficacy, effectiveness, services, dissemination, implementation, fidelity, and transportability research; (b) be able to apply a public health framework to mental health, consider the unmet mental health needs of children and families, mental health disparities, and the degree to which evidence-based interventions can inform routine care, with particular attention to issues of context, culture, and diversity; and (c) be able to articulate and think critically about the skill sets, ethical implications, primary tensions and inherent complexities associated with dissemination, implementation, and services research.

Analytic Requirements

This 4-semester sequence (12 credits) includes three courses that comprise the department's common core for students across psychology programs (i.e., the first three courses listed below) plus one advanced analytic elective selected by the students, in consultation with their mentors, based on the unique and specific analytic needs of their dissertation and overall research agenda. Analytic electives may be selected from within or outside of the psychology department (courses outside psychology department need approval from the DCT) and include but are not limited to *Structural Equation Modeling, Categorical Analysis, Longitudinal Analysis, Systematic Review and Meta-Analysis, Qualitative Analysis, and Mixed-Method Research*. In addition to formal course requirements, students are encouraged to seek additional quantitative training through mechanisms such as the University of Kansas Center for Research Methods and Data Analysis (CRMDA) Summer Institutes in Statistics ("Stats Camp" http://crmda.ku.edu/statscamp) and the University of Michigan Inter-University Consortium for Political and Social Research (ICPSR) Summer Program in Quantitative Methods of Social Research (http://www.icpsr.umich.edu/icpsrweb/sumprog/index.jsp).

Quantitative Methods I (PSY 5939): This course is designed to provide an introduction to experimental design and analysis with an emphasis on one of the most common analytical techniques used in the social sciences - the analysis of variance (ANOVA). Topics covered in

this course will include, but are not limited to, appropriate experimental design, principles of null significance hypothesis testing, and various types of ANOVA (e.g., ANCOVA, factorial designs). The course will approach the analytic methods from both a mathematical and applied perspective. The advent of point-and-click statistical software packages (e.g., SPSS) has made our ability to complete statistical analysis incredibly easy while simultaneously undermining our ability to fully grasp the "how" and "why" of our statistical approaches. The design of this course hopes to avoid this and instead produce scholars capable of correctly designing experiments amenable to ANOVA, running analyses while also understanding how those analyses are undertaken, understanding what the results mean, and being able to describe and interpret them for a broader audience. By the end of this course, students will be able to: a) develop experimental designs amenable to single-factor, factorial, and within-subject analysis of variance (ANOVA), analyze data from multiple types of experimental designs using common statistical packages (e.g., SPSS), interpret and report on the outcome of the statistical tests describe above.

Quantitative Methods II (PSY 5939): The purpose of this course is to provide you with a theoretical and practical introduction to advanced statistical methods and analyses used in the psychological sciences, as well as a thorough conceptual understanding of each analysis. In particular, this semester will focus on applications of multiple regression and correlation. In addition to learning the general procedures and assumptions of the statistics we discuss, there is a strong emphasis on "hands-on" data analysis and interpretation, reflecting an overall applied approach. By the end of the semester, you should: (a) conceptually understand the calculation of statistical models (e.g., General Linear Models) in scientific research and (b) be able to apply appropriate statistical models for the evaluation of empirical research questions (e.g., relationships between behaviors, causal inferences in development, evaluation of interventions, etc.).

Multivariate Statistics (PSY 5246): This course provides an introduction to basic techniques of multivariate statistical analysis, emphasizing both theoretical background and applications to psychological research. Topics include matrix algebra, multiple regression, MANOVA, principal component analysis, and factor analysis. By the end of the course, students should (a) be familiar with a variety of classic multivariate statistical techniques, (b) be able to conduct these analyses using SPSS and/or SAS and interpret the results, (c) be prepared for further study in applied statistics in the social and behavioral sciences, and (d) be able to read current applied statistics research articles in their field.

As noted above, following the 3 courses that comprise the department's common core, students are required to select an advanced analytic elective from the courses listed below (or an alternative course with approval from the Director of Clinical Training). Students that complete a total of 6 analytic courses will receive a Minor in Quantitative Psychology.

Introduction to SEM for Psychological Research (PSY 5939): This course is an introduction to structural equation models as applied to problems in the social sciences, broadly defined. The major purpose of the course is to familiarize you with the technique of structural equation modeling and to provide you with working knowledge of AMOS and MPLUS, computer programs designed to execute the analysis of a broad class of structural equation models. We consider numerous advanced topics, described below. The goal of the course is to expose

students to a variety of analytical techniques so that they may become proficient in using SEM analyses to answer individual research questions.

Longitudinal Data Analysis (PSY 5939 / PHC 6056): This course covers topics related to statistical analysis of longitudinal data, focusing on methods used in the social sciences and health research. Topics build on a basic ANOVA and regression (general linear model) framework and include ANCOVA, mediation, multilevel modeling of longitudinal data, and latent growth modeling. Students will be able to analyze, interpret, and write up results using these methods.

Categorical Data Analysis (PSY 5939): This course covers topics related to statistical analysis of categorical outcome variables, focusing on methods used in the social sciences. Topics include chi-square and other non-parametric methods for categorical outcomes, the generalized linear model (GLiM, including logistic regression, Poisson regression, and survival analysis), and repeated measures extensions of GLiM (such as GEE and generalized linear mixed models). Students will analyze, interpret, and write up results using these methods.

Systematic Review & Meta-Analysis (PHC 6062): This course is designed to train students in the conduct of a systematic literature review and developing the skills critical for evidence-based clinical and public health practice. This course will provide a detailed description of systematic review process and will combine didactic sessions with in-class laboratory sessions. Students will be provided step-by-step guidance on how to perform a systematic review & meta-analysis. They will be expected to apply all the tools taught in the class to a topic of their choosing. The final deliverable for the course will be a systematic literature review with/without meta-analysis.

Principles and Practice of Missing Data Analysis (PSY 5939): In this course students will learn how missing data handling procedures must be applied in specific, targeted ways that are tailored to the statistical features of your target analysis (e.g., regression models without interactions vs with interactions; multilevel models; longitudinal data; categorical outcomes; structural equation models). In the process of learning how to apply missing data handling techniques to a variety of analyses, students will learn the inner workings of these analyses at a deeper level. By the end of the semester, students will know in much greater detail how these models work, exactly how and why they break when data are missing, and how to fix them properly. As part of this process, they will learn basic statistical simulation methods in order to better understand the predictions each model is making about the data, as well as what predictions they will need to make in order to properly address (e.g., impute) missing values. Additionally, students will apply missing data analyses using several software packages, including R, Mplus, Blimp, and SPSS and how to write up and report the results of missing data analyses thoroughly and completely.

Multilevel Modeling (PSY 5939): Because people in social groups are influenced by the same contextual factors and develop shared social norms, individuals' scores on a given outcome measure will often be more similar within-groups than across-groups. For this reason, when studies sample participants in groups (e.g., classrooms of students), specialized statistical modeling techniques are required to account for the grouped structure of the data and properly model the within- and between-group variability. *Multilevel Models* (*MLM*s)– also referred to as *Hierarchical Linear Models* (*HLM*s), and *Mixed Effects Models* – represent one family of

statistical methods designed to address the dependencies inherent in grouped data. Beyond simply addressing statistical problems associated with grouping, however, multilevel models allow researchers to test multilevel hypotheses concerning individuals, groups, and their interactions. Approximately the first half of the semester will introduce the basics of multilevel regression, providing a thorough foundation for the remainder of the course. Then, the second half of the semester will cover multilevel structural equation models, including tests of multilevel mediation, moderation, and multilevel confirmatory factor analysis (MCFA). Finally, time permitting, we will address several miscellaneous advanced topics such as three-level models (including longitudinal analyses with measurements nested within individuals nested within groups), multilevel generalized linear models for categorical outcomes, and non-hierarchical structures (cross-classified and multiple membership models). Additionally, we will apply multilevel analyses using several software packages, including Mplus, R, SPSS, and Blimp (for Multilevel Imputation):

Data Science for the Social Sciences (PSY 5939): Data science is a rapidly growing field of study that combines domain expertise, statistical knowledge, and programming skills (no prior computer programming knowledge is required for the class). Data science is becoming increasingly integrated with psychological science, medicine, and the related social sciences, with exciting and cutting-edge applications related to digital health and phenotyping; experimental therapeutics; smart and adaptive intervention; mobile devices, wearables, and affective forecasting; and precision medicine. An understanding of the fundamentals of data science is becoming increasingly important in social science. This course is designed to be hands-on and interactive. We will have short lectures that are interspersed with lab activities designed to provide in-class, real-time opportunities for practice and implementation. The course will be taught primarily as a "flipped classroom," where lectures will be kept to a minimum and class time will be spent on applied learning. Emphasis will be on practical applications relevant to psychology, health, and the social sciences broadly. As part of the course requirements, students will complete a data science project. Pursuing class projects with overlap to ongoing projects/interests is allowed and encouraged.

Statistical Graphics and Communication (PSY 5939): This course covers topics related to creating statistical graphics for research and techniques for communicating research to different audiences. Topics include creating graphics (exploratory, model-based, interactive, and animated), perceptual theory for creating good graphics, statistical inference with graphics, and using graphics to communicate research findings. Students will use R ggplot2 to create graphics, R markdown to create reproducible reports and presentations, and use R shiny to create interactive graphics.

Quasi-experiments and Causal Inference (PSY 5939): This course covers topics related to quasi-experimental designs and causal inference, focusing on methods used in the social sciences. Topics include ruling out threats to internal validity, treatment noncompliance, nonequivalent control group designs, propensity score analysis, interrupted time series designs, sensitivity analysis, directed acyclic graphs (DAGs), and the potential outcomes framework for causal inference. Students will analyze, interpret, and write up results using these methods and apply one of these methods to their own data in the form of a class project.

Statistical Mediation Analysis (PSY 5939): This course covers topics related to quantifying the causal sequence by which an antecedent variable causes change in a mediating variable, which then causes change in a dependent variable. Topics include the single mediator model, multiple mediator models, moderated mediation models, longitudinal mediation models, mediation models for binary outcomes, and causal inference and sensitivity analysis for unmeasured confounding in mediation models. Students will analyze, interpret, and write up results using these methods and apply one of these methods to their own data in the form of a class project.

Basic Content Areas in Scientific Psychology (Breadth Requirements)

Five breadth requirements are planned for students to develop minimal levels of competence in the areas of affective, biological, cognitive, social, and developmental aspects of behavior, corresponding to APA Standard II.B.1.a Discipline-Specific Knowledge, Profession-Wide Competencies, and Learning/Curriculum Elements Required by the Profession. Students are required to take courses that satisfy each category (Affective, Biological, Social, Developmental and Cognitive Aspects of Behavior). Of note, there are two courses that satisfy the requirement for **both** the biological and cognitive aspects of behavior categories: Clinical Neuropsychology and Cognitive Neuroscience. Thus, students are encouraged to take either of these courses. The following courses are offered within the psychology department and have been approved by the curriculum committee. Students may request permission from the curriculum committee and DCT to fulfill a breadth requirement with another course (that will be added to the list of approved courses)

- **Affective Aspects of Behavior**

Affective Bases of Behavior (CLP 6060): This course will provide a comprehensive introduction to the literature on affective science with a focus on understanding: behavioral, biological, cognitive, and social dimensions, as well as the relevance of affective science to clinical science. The course will focus on current and historical theories and empirical literature in the domain of affective science.

- **Biological Aspects of Behavior**

Biological Basis of Behavior Development (DEP 5058): This course will survey recent advances in the biological sciences (genetics, epigenetics, developmental biology, neuroscience, evolutionary biology) that inform the study of behavioral development. In particular, we will focus on the interdisciplinary science of developmental psychobiology, which attempts to integrate developmental biology and developmental psychology to further our understanding of individual development. By the end of this course students should (a) be familiar with the evolution of psychobiology and current literature, (b) be knowledgeable about the development of behavior, in particular reflecting the science of perception, action, and cognition and (b) appreciate the importance and value of interdisciplinary research.

Neurobiology of Learning and Memory (PSB 5247): This class focuses on the central themes and questions of how the brain supports learning and memory. We will review current theories and studies in the cognitive and behavioral neuroscience of learning and memory with a focus on

functional neuroimaging, patient, and animal studies. Readings, lectures, discussions, and assignments will help you figure out not only what types of learning and memory exist and how are they supported by the brain but also, how to critically evaluate empirical papers and identify competing hypotheses. You will be equipped to critically engage with questions such as: How does our past experience define who we are and guide future behavior? Are there different forms of learning and memory and how do they influence our actions? If there are multiple forms of learning and memory when do they take place and do they operate independently or interact? What are the underlying neural mechanisms supporting these cognitive processes? By the end of the semester, you should be able to discuss how the brain supports different forms of learning and memory and have a sense of how different forms of learning and memory influence our daily lives.

Advanced Neurobiology (ZOO 5785): A comparative overview of sensory systems for graduate students, covering environmental stimuli, physical transduction, neural processing, and behavioral responses.

Biological Bases of Behavior (PSB 6247): All thoughts, feelings, and behaviors are emergent properties of a massive network of cells located in the central and peripheral nervous systems. This course will provide foundational knowledge for understanding the nervous system across several levels of analysis (e.g., synapses, cells, networks, brain, and behavior). An emphasis will be placed on biological mechanisms underlying functional properties using comparative neuroscience and psychology approaches. Additionally, the course will cover several major technological advances used to study the nervous system (e.g., high-density single-unit recordings, optogenetic channels, and diffusion tensor imaging). A focus will be placed on current literature in both basic and applied disciplines.

*Clinical Neuropsychology (CLP 6426): This course will introduce students to basic foundations and some advanced concepts in Clinical Neuropsychology, with a focus on clinical disorders. Topics covered throughout the course will include functional neuroanatomy, brain disorders across the lifespan, assessment of neuropsychological functions, ethical considerations, and implications of assessing participants from varying ethnic, racial, and cultural backgrounds. By the end of this course students should be able to: (a) assess and interpret the relation between nervous system function and behavior; (b) describe neuropathology and neurocognitive profiles of various central nervous system disorders; (c) be familiar with various neuropsychological assessments used in the clinical setting; (d) consider implications of racial, ethnic, and cultural background to clinical presentation and methods for neuropsychological assessment; and (e) be informed of ethical considerations in clinical neuropsychology and assessment.

*Cognitive Neuroscience (EXP 5667): The major objectives of this course are to: (1) gain an understanding of the basics of brain and central nervous system function and its relation to cognition; (2) gain knowledge of human and monkey neuroanatomy; (3) gain an understanding of several methodologies for studying cognitive neuroscience; (4) be able to read and interpret research in the cognitive neurosciences; (5) learn how to write and review papers in psychology.

*Satisfies both the biological and cognitive requirements and recommended to reduce course load.

- **Social Aspects of Behavior**

Proseminar in Social Psychology (SOP 5058): This course provides an in-depth review of some of social psychology's foundational themes and research literatures, with attention to how individuals perceive, judge, remember, reason about, feel, and behave toward and among other people. By the end of this course students should develop: (a) familiarity with classic and current issues in social psychology; (b) understanding of major theories driving social psychological research; (c) appreciation for the principal methods in social psychology; (d) ability to use social psychological methods and theories to answer questions across various fields of psychology and in the real world; and (e) critical thinking skills regarding research, theory, methods, and social problems.

- **Cognitive Aspects of Behavior**

Cognitive Development (DEP 5065): The primary goals of this course are to provide you with an overview of cognitive development, with a major focus on the theories, experimental evidence and milestones in cognitive development. We will cover a range of topics including the development of attention, perception, memory, problem solving, categorization, concepts, language, causal reasoning, social cognition, theory of mind, metacognition, executive function, reading and math. Students will develop an understanding of the major themes and controversies that continue to shape research in cognitive development. By the end of this course, students should be able to: (a) describe the major milestones in cognitive development and generate cognitive developmental questions (e.g., what develops and why development pursues its observed course); (b) characterize and evaluate major theories of cognitive development and the research evidence supporting these views; (c) identify and describe two core explanatory systems that account for changes in children's cognition (i.e., domain-general versus domain-specific); and (d) assess and analyze the evidence in support of innate versus acquired accounts of cognition in children.

Memory and Consciousness (EXP 5527): In this class, students will investigate self-reflective consciousness and its relation to memory. One important philosophical question that students will start off with is why we have self-reflective consciousness. One possible answer is that self-reflective consciousness grants us metacognition, which enables us to be successful learners, problem solvers, and decision makers. Students will examine various components of metacognition, including its role in learning and memory, and its existence in various non-human populations. In addition, students will explore the fragility of metacognition, including illusions of confidence and harmful control strategies that people use. Readings will include classic and important recent papers in the field, looking at metacognition, control, and self-reflective consciousness as a higher-level cognitive process, and as knowledge individuals use to guide behavior.

Applied Cognitive Psychology (EXP 5508): In this course students will examine a wide variety of topics within the field of applied cognitive psychology, the application of theories of cognitive psychology to real-world settings, e.g., advertising, decision-making, witness memory, training/education, clinical psychology, etc. The core material that will be discussed reflects the applied cognitive work in the following areas: Law, Work-related tasks, and

Instruction/Training. The specific cognitive processes that students shall focus on are: attention/working memory, knowledge & expertise, metacognition, interviewing, automaticity, perception, learning, memory, and judgment & decision-making. The exact topics that students cover will depend, in part, on the composition of the class.

Clinical Neuropsychology (CLP 6426): This course will introduce students to basic foundations and some advanced concepts in Clinical Neuropsychology, with a focus on clinical disorders. Topics covered throughout the course will include functional neuroanatomy, brain disorders across the lifespan, assessment of neuropsychological functions, ethical considerations, and implications of assessing participants from varying ethnic, racial, and cultural backgrounds. By the end of this course students should be able to: (a) assess and interpret the relation between nervous system function and behavior; (b) describe neuropathology and neurocognitive profiles of various central nervous system disorders; (c) be familiar with various neuropsychological assessments used in the clinical setting; (d) consider implications of racial, ethnic, and cultural background to clinical presentation and methods for neuropsychological assessment; and (e) be informed of ethical considerations in clinical neuropsychology and assessment.

Cognitive Neuroscience (EXP 5667): The major objectives of this course are to: (1) gain an understanding of the basics of brain and central nervous system function and its relation to cognition; (2) gain knowledge of human and monkey neuroanatomy; (3) gain an understanding of several methodologies for studying cognitive neuroscience; (4) be able to read and interpret research in the cognitive neurosciences; (5) learn how to write and review papers in psychology.

*Satisfies both the biological and cognitive requirements and recommended to reduce course load.

- **Developmental Aspects of Behavior**

Assessment and Treatment III: Developmental, Learning, and Pediatric Disorders (CLP 6473): This course provides an overview of assessment and treatment in clinical child and adolescent psychology, with a particular focus on the classification, assessment, and treatment of developmental, learning and pediatric disorders. By the end of the course students should (a) be familiar with symptom presentation, etiology, classification, and course of several common developmental, learning and pediatric disorders, (b) be knowledgeable and critical with respect to theory, research, and practice in the area of developmental, learning, and pediatric disorders, and (c) demonstrate appreciation for issues of diversity and ethical considerations related to research and practice.

Advanced Integrative Knowledge of Basic Discipline-Specific Content Areas

Students are required to demonstrate their advanced integrative knowledge of basic discipline content areas by either taking an integrative course (see below) or as part of their 3rd year manuscript and dissertation project. Specifically, students must integrate at least two areas of content (e.g., biological and cognitive bases of behavior, development and cognitive bases of behavior) in their written document, as well as be able to orally defend such integration as part of

their dissertation. See rubric for the candidacy paper and dissertation in which faculty will evaluate students' performance in this integrative area.

Cognitive Neuroscience (EXP 5667): The major objectives of this course are to: (1) gain an understanding of the basics of brain and central nervous system function and its relation to cognition; (2) gain knowledge of human and monkey neuroanatomy; (3) gain an understanding of several methodologies for studying cognitive neuroscience; (4) be able to read and interpret research in the cognitive neurosciences; (5) learn how to write and review papers in psychology.

Clinical Neuropsychology (CLP 6426): This course will introduce students to basic foundations and some advanced concepts in Clinical Neuropsychology, with a focus on clinical disorders. Topics covered throughout the course will include functional neuroanatomy, brain disorders across the lifespan, assessment of neuropsychological functions, ethical considerations, and implications of assessing participants from varying ethnic, racial, and cultural backgrounds. By the end of this course students should be able to: (a) assess and interpret the relation between nervous system function and behavior; (b) describe neuropathology and neurocognitive profiles of various central nervous system disorders; (c) be familiar with various neuropsychological assessments used in the clinical setting; (d) consider implications of racial, ethnic, and cultural background to clinical presentation and methods for neuropsychological assessment; and (e) be informed of ethical considerations in clinical neuropsychology and assessment.

Ethics and Diversity

We spend significant time, in an ongoing way, considering comprehensive and empirically informed methods by which to train our students on issues of ethics and diversity, as these represent foundational professional competencies of both research and practice that are critical to a successful career in psychological clinical science. Ethics is a broad area critical to both patient care (e.g., maintaining awareness of personal bias, managing uncertainty, privacy and confidentiality, team-based decision making and treatment planning, aligning practice with codes of professional conduct) and research activities (e.g., informed consent, representative sampling, inclusion of underrepresented minority groups, culturally meaningful measurement, familiarity and compliance with IRB policies and procedures). Ethical conduct is exemplified by respect for cultural diversity and individual differences that characterize patients, participants, and populations receiving and participating in prevention, treatment, and healthcare services and research. Informed by a rich body of literature on ethics and diversity in psychological clinical science, we determined there to be several advantages to integrating training in these areas across multiple courses and throughout multiple years of training, thus providing students important opportunities to advance their knowledge and application of knowledge in an increasingly sophisticated way. In addition, by integrating ethics and diversity across multiple curriculum formats (coursework, practicum, and professional development), students receive opportunities to consider these issues in a variety of ways that include class discourse, clinical supervision, research meetings, and brown bag discussions that expose them to a wide variety of faculty experiences and perspectives, and ongoing opportunities for dialogue in small and large groups. Therefore, ethics and diversity are introduced early and revisited throughout training. Competence related to ethics and diversity is assessed annually with designated course assignments (Year 1: Psychological Clinical Science I and Year 3: Dissemination and

Implementation Research) and upon completion of each advanced practicum through comprehensive student evaluations.

IIIC. Clinical Practicum

Clinical practicum training is designed to facilitate the development of competencies essential for an entry-level professional clinical scientist. The development of these essential competencies will prepare students to make effective use of a clinical psychology internship and/or postdoctoral clinical training experiences.

Practicum Objectives

Professional Standards: Practicum provides didactic and experiential training opportunities related to the delivery of psychological services in a manner consistent with professional standards of clinical psychology practice and APA ethical principles.

Clinical Competencies: Practicum provides training opportunities to facilitate the development of competence in the following 11 domains, consistent with ADPTC Practicum Competencies Workgroup recommendations (Hatcher & Lassiter, 2007): (a) Relationship/ Interpersonal Skills, (b) Skills in Application of Research, (c) Psychological Assessment Skills, (d) Intervention Skills, (e) Consultation Skills, (f) Diversity, (g) Ethics, (h) Leadership Skills, (i) Supervisory Skills, (j) Professional Development, and (k) Meta-knowledge – Skilled Learning. These domains map directly onto our program goals and objectives, in particular Goal 2 (competence to deliver evidence-based clinical care) and Goal 4 (professionalism in research and practice). It is not expected that all students will demonstrate the same level of competence in each domain upon the completion of practicum experiences. However, upon completion of the doctoral program all students are expected to demonstrate a minimum level of competence in every domain as reflected by scores of Intermediate (3) and Advanced (4) level of competence in specific domains, as measured by the Advanced Clinical Practicum Evaluation.

Training Requirements

In partial fulfillment of the requirements of the doctoral degree, students must complete a minimum of 500 direct service hours and a minimum of five integrated assessment reports. The program recognizes the variability of psychological evaluations that occur across practicum sites. Consistent with guidelines by the Association of Psychology Postdoctoral and Internship Centers (APPIC), the clinical supervisor and/or the Director of Clinical Training will determine whether a report fulfills the integrative requirement.

Foundation Practicum: Students will complete a two-semester (6 credits) Foundation Practicum sequence beginning during spring semester of their first year in the Clinical Science doctoral program. The Foundation Practicum will provide didactic and experiential training in foundational relationship skills, assessment skills, intervention skills, diversity, ethics, and professional development. The Foundation Practicum will provide students with breadth of clinical training experiences, including exposure to a range of presenting problems and empirically supported assessment and treatment approaches, which will serve as a foundation upon which to pursue depth of clinical training in specific areas. Emphasis on the development of novice to intermediate competence in a broad range of clinical practice activities coincides

with the first-year clinical course sequence that facilitates foundational knowledge in clinical psychological science.

Advanced Practicum: Following successful completion of the Foundation Practicum sequence, students will complete a minimum of three Advanced Practicum during their third and fourth years of study in the Clinical Science doctoral program (total of 9 credits). To allow flexibility in registering for other courses, students will sign up for 3 credits in either the Fall *or* Spring semester during their third year and 6 credits in the Summer semester between their third and fourth years. For students obtaining a quantitative minor, students will sign up for 6 credits in the summer between their third and fourth year and 3 credits during the Fall semester during their fourth year, which will require a waiver for students with only dissertation credits remaining. *__Waiver Note__* For the Fall semester waiver, the student needs to inform the Director of Clinical Training *before* July 1 to provide sufficient time for the Director of Graduate Studies to submit the waiver. For the Spring semester, the student needs to inform the Director of Clinical Training *before* October 1. It is important to note that students may complete advanced practicum work when they are not signed up for credit and may continue to complete practicum work even after fulfilling their 9-credit requirement (e.g., an external practicum site with a schedule different from the semester schedule).

A *Student Guide to Advanced Practicum* containing an updated list and description of opportunities will be distributed annually during the first week of the spring semester for the subsequent fall semester course registration. Advanced Practicum experiences provide students with depth of clinical training in both assessment and treatment, and related to specific diagnoses (e.g., anxiety, ADHD), techniques (e.g., cognitive behavior therapy, motivational interviewing, behavioral parent training, school consultation), and formats for delivery (e.g., clinic, home, community, technology-facilitated). Each student will select Advanced Practicum experiences in consultation with his or her major professor and to meet individualized goals. Students are encouraged to complete a diverse range of Advanced Practicum experiences to build intermediate to advanced competency in clinical training. Students are required to complete at least one Advanced Practicum that provides training in assessment, at least one practicum that provides training in treatment, and at least one breadth practicum (outside of their primary clinical research area). Students are required to submit their hours for approval by their practicum supervisor at the end of each practicum and encouraged to maintain a log of clinical activities in Time2Track.

External Practicum: Students can, in consultation with their primary mentor and following acceptable performance in at least one internal Advanced Practicum, identify a potential external clinical opportunity aligned with their interests and petition the Practicum Committee for permission to design a placement. Past students have completed external practicum at Nicklaus Children's Hospital, University of Miami Mailman Center, and University of Miami Center for Neurology.

Procedures for Advanced Practicum Placement

- After receiving the *Student Guide to Advanced Practicum* at the first day of the spring semester, students need to submit their Practicum Ranking and Documentation Form (see appendix) by the end of the third week in January.
    1. On this form, students will rank their top three choices for Advanced Practicum.

2. The Practicum Ranking and Documentation form also requires students to report their past practicum experiences and specify the practicum counting as their breadth requirement (i.e., clinical training outside of their lab), as well as assessment experiences and integrative reports.

3. Advanced students seeking external Advanced Practicum placement must have successfully completed an internal Advanced Practicum placement during the previous year.

4. Students must have their mentor sign their Practicum Ranking and Documentation Form.

- Upon receiving the rankings from the students, the Chair of the Practicum Committee will make an effort to give each student at least one of their top three choices. However, it is important to note that some internal sites (e.g., Nicklaus Hospital with Dr. Dana McMakin) and all external sites will interview students to determine the best match for that practicum.

- When multiple students rank the same site and the site cannot accommodate everyone, a priority system will be implemented that takes into account the following factors:

  1. More advanced students will have priority. Thus, a fourth-year student (going into their fifth year) will have priority over a third-year student (going into their fourth year) as long as they have met their benchmarks for the previous year and have achieved satisfactory marks on their prior practicum evaluations.

  2. Students who have met their benchmarks for the previous year will have priority over students who are pending benchmarks (Note. students who are on remediation plans will not be eligible for external practicum). Thus, third-year students who provide rankings for their next year (practicum would start their fourth year) must have met their benchmarks for their second year (i.e., master's paper submitted to a journal). Fourth-year students who will be going to their fifth year must have met their benchmarks for their third year (i.e., third-year paper and grant submission). The Director of Clinical Training will provide the Chair of the Practicum Committee a list of students who have met their previous year's milestones in the beginning of the spring semester after the mid-year review.

  3. In an effort to ensure that all students have an opportunity to obtain an external practicum placement, students who have not previously had a chance to complete an external practicum will have priority over students who have already completed an external practicum.

  4. Students who have completed their practicum evaluations will have priority over students who still have incomplete evaluations. Of note, students will not be penalized if their incomplete evaluations are due to the supervisor being late in completing them. Rather, the student's responsibility is to submit their practicum evaluation to the supervisor two weeks prior to the semester ending. Once the supervisor completes the evaluation, the student should acknowledge the evaluation within two weeks.

  5. We recognize that even when implementing this priority system, it is possible that multiple advanced students who meet their benchmarks and who have never had an external practicum end up ranking the same external practicum. In this situation, the Chair of the Practicum Committee will send the curriculum vitae of these eligible students to the requested external practicum site (or the internal practicum site, if relevant) and the Director of the external or internal Advanced

Practicum will interview and/or decide which students will be offered a placement.

Competency Assessment

Student Evaluation Form: The Advanced Clinical Practicum Evaluation Rubric will be used to evaluate each student's level of competence in each of 10 domains. At the end of each semester in which a student is enrolled in a practicum, the practicum supervisor must complete the online Student Evaluation Form and review the form individually with the student. The supervisor and the student each will electronically sign the form and the form will be retained in the practicum site online server (REDCap) and available for download upon request. Student Evaluation Forms will be reviewed and discussed at the annual review of each student's progress in the Clinical Science doctoral program.

Program Quality Improvement

Practicum Evaluation Form: The Practicum Evaluation form will be used to evaluate students' experiences in each practicum. At the end of each semester in which a student is enrolled in a practicum, the student must complete the online Practicum Evaluation Form. The supervisor and student will review the form jointly and the form will be retained in the practicum site online server (REDCap) and available for download upon request. Practicum Evaluation Forms will be reviewed and discussed annually by the Practicum Committee to make decisions about practicum offerings and improvement in the Clinical Science doctoral program for the next academic year.

Clinical Science Program in Child and Adolescent Psychology Sample Curriculum

Year	Fall	Spring
1	1) PSY 6219 Research Methods 2) CLP 5007 Psychological Clinical Science I 3) PSY 5939 Quantitative Methods I	1) CLP 6432 Foundation Practicum I (Assessment) 2) CLP 6060 Affective Bases of Behavior 3) PSY 5939 Quantitative Methods II
SUMMER	PSY 5918 Supervised Research (6 credits under your mentor)	
2	1) CLP 6947 Foundation Practicum II (treatment) 2) CLP 6471 Assessment and Treatment I: Internalizing Problems 3) PSY 5246 Multivariate Statistics	1) CLP 6472 Assessment and Treatment II: Externalizing Problems First time you will have some choices/flexibility in your classes 2) Breadth Requirement Recommended: EXP 5667 Cognitive Neuroscience or CLP 6426 Clinical Neuropsychology (both courses count for **both** bio and cog requirement) or take another breadth course available (sometimes SOP 5059 Proseminar in Social Psychology is available) 3) Advanced Analytic Requirement PSY 5939 Structural Equation Modeling PSY 5939 Longitudinal Data Analysis PSY 5939 Mediation
SUMMER	PSY 5918 Supervised Research (6 credits under your mentor)	
3	1) PSY 5605 History and Systems 2) SOP 5059 Proseminar in Social Psychology 3) Third class For non-Quantitative Minor students -CLP 6943 Advanced Practicum or Elective (could be a quant class or any other class) For Quantitative Minor Students	1) CLP 6530 Dissemination and Implementation Research 2) CLP 6473 Assessment and Treatment III: Developmental, Learning, and Pediatric Disorders (new placement) 3) Third Class For non-Quantitative Minor students -CLP 6943 Advance practicum or Elective (could be a quant class or any other class) For Quantitative Minor Students

	-PSY 5939 Missing Data or -PSY 5939 Categorical Data Analysis *Either course could also count as your elective*	-Take final 6th stats course Available Spring 2022 (pick one) -PSY 5939 Structural Equation Modeling -PSY 5939 Longitudinal Data Analysis -Data Science for the Social Sciences -Quasi-experiments and Causal Inference
SUMMER	CLP 6943 Advanced Practicum (6 credits)	
4	For non-Quantitative Minor students -Dissertation (3 credits) For Quantitative Minor Students -CLP 6943 Advance Practicum (3 credits) with waiver -Dissertation (3 credits)	Dissertation (3 credits)
SUMMER	Dissertation (3 credits)	
5	Dissertation (3 credits)	Dissertation (3 credits)
SUMMER	Dissertation (3 credits)	

Note. This example sequence is for students meeting benchmarks and wanting to complete all class requirements by the end of their third year, so they can advance to candidacy and start dissertation credits in the fall of their fourth year. Students who are behind on their benchmarks or who prefer to still take classes in the fall of their fourth year can do so by taking advanced practicum in the fall of their third year rather than both history and social. Thus, this schedule provides maximum flexibility.

Summary of Program Requirements

Competency Requirement	Courses that fulfills requirement	When Course is Typically Taken or Typically Available	Who Typically Teaches it
Category 1: History and Systems			
History and Systems (3 credits)	PSY 5605 History and Systems	Fall third year	Dr. Robert Lickliter
Category 2: Basic Content Areas (5 Breadth Requirements; 12-15 credits)			
Affective Aspects of Behavior (3 credits)	CLP 6060 Affective Bases of Behavior	Spring first year	Dr. Erica Musser
Biological Aspects of Behavior (3 credits)	One of the following courses (*counts as both biological and cognitive, as well as AIK requirements and recommended) -DEP 5058 Biological Basis of Behavior Development -ZOO 5785 Advanced Neurobiology -PSB 6247 Biological Bases of Behavior -PSB 5247 Neurobiology of Learning & Memory -CLP 6426 Clinical Neuropsychology* -EXP 5667 Cognitive Neuroscience*	Every two years (Fall) Not regularly offered Not regularly offered Typically Fall Spring second year Spring second year	Dr. Eliza Nelson Dr. Aaron Mattfeld Dr. Raul Gonzalez/ Dr. Dana McMackin Dr. Anthony Dick/ Dr. Aaron Mattfeld
Cognitive Aspects of Behavior (3 credits)	One of the following courses (*counts as both biological and cognitive, as well as AIK, requirements) -EXP 5527 Memory and Consciousness -EXP 5508 Applied Cognitive Psychology -DEP 5065 Cognitive Development -CLP 6426 Clinical Neuropsychology*	 Typically Spring Typically Fall every two years Spring second year	 Dr. Ron Fisher Dr. Shannon Pruden Dr. Raul Gonzalez/

	-EXP 5667 Cognitive Neuroscience*	Spring second year	Dr. Dana McMackin Dr. Anthony Dick/ Dr. Aaron Mattfeld
Developmental Aspects of Behavior (3 credits)	CLP 6473 Assessment and Treatment III: Developmental, Learning, and Pediatric Disorders	Spring third year	Dr. Daniel Bagner
Social Aspects of Behavior (3 credits)	SOP 5059 Proseminar in Social Psychology	Fall third year (sometimes offered in Spring starting 2022)	Dr. Asia Eaton
Category 3: Advanced Integrative Knowledge	Course with * above or assessed as part of third year paper and dissertation rubrics		
Category 4: Methods of Inquiry/Research			
Research Methods (3 credits)	PSY 6219 (Research Methods)	Fall firs year	Dr. Jonathan Comer
Statistical Analysis (Common Core requirements; 9 credits)	PSY 5939 (Quantitative Methods I) PSY 5939 (Quantitative Methods II) PSY 5246 (Multivariate Statistics)	Fall first year Spring first year Fall second year	Dr. Joseph Raiker Dr. Justin Parent Dr. Matthew Valente
Advance Analytic Requirement (3 credits)	One of the following Courses PSY 5939 Structural Equation Modeling PSY 5939 Categorical Data Analysis PSY 5939 Longitudinal Data Analysis PHC 6062 Systematic Review and Meta-Analysis PHC 6907 Biostatistical Data Management Concepts and Procedures PSY 5930 Qualitative Methods in Psychology PSY 5939 Multilevel modeling PSY 5939 Missing Data PSY 5939 Mediation PSY 5939 Statistical Graphics and Communication	https://stefanycoxe.weebly.com/courses.html Every Spring Every two years Fall Every Spring Not regularly offered Not regularly offered Typically offered Spring Every two years Fall Every two years Fall Every two years Spring Every two years Fall	 Dr. Timothy Hayes Dr. Stefany Coxe Dr. Stefany Coxe Outside department Outside department Dr. Dionne Stephens Dr. Timothy Hayes Dr. Timothy Hayes Dr. Matthew Valente Dr. Stefany Coxe

	PSY 5939 Quasi-experiments and causal inference	Every two years Spring	Dr. Matt Valente
	PSY 5939 Data Science for the Social Sciences	Every two years Spring	Dr. Adela Timmons
Course Elective (3 credits)	Any course (quantitative [after meeting advanced analytic requirement], another breadth, etc.) to facilitate depth of independent research (may be within or outside department)	**Check course catalogue**	
Psychometrics	Integrated in the following courses: PSY 5939 (Quant 2), PSY 5246 (Multivariate), PSY 6219 (Research Methods), Foundation Practicum I		
Required Clinical Science Courses (12 credits)	CLP 5007 Psychological Clinical Science I	Fall first year	Dr. Stacy Frazier
	CLP 6471 Assessment and Treatment I: Internalizing Problems	Fall second year	Dr. Jeremy Pettit
	CLP 6472 Assessment and Treatment II: Externalizing Problems	Spring second year	Dr. Elisa Trucco
	CLP 6530 Dissemination and Implementation Research	Spring third year	Dr. Stacy Frazier

Clinical Foundation Practicum (15 credits)	15 credits of registered practicum work
	   a) 6 credits of Foundation Practicum
	CLP 6432 Foundation Practicum I (Assessment)
	CLP 6947 Foundation Practicum II (treatment)
	   b) 9 credits of CLP 6943 Advanced Practicum
		Spring first year (3 credits)
		Fall second year (3 credits)
		
		For students <u>without</u> quant minor:
		Fall or Spring third year (3 credits)
		Summer between 3rd and fourth year (6 credits)
			Dr. Paulo Graziano
			
			Dr. Katie Hart
			
			Sign up according to placement

		For students **with** quant minor: Summer between third and fourth year (6 credits) Fall fourth year (3 credits with waiver if doing dissertation) ***Waiver Note*** For Fall waiver, it is important for the student to contact the DCT *before* July 1, so the Director of Graduate Studies can submit the waiver. For Spring waiver, the student has to contact the DCT before October 1.	
Profession-Wide Competencies			
1. Research	27 credits of registered course work a) PSY 5918 Supervised Research (12 credits). 6 credits prior to advancing to candidacy and 6 more credits after b) PSY 7980 Dissertation (15 credits) Research is also integrated a) Across courses including PSY 6219 (Research methods) and PSY 6530 (Dissemination and Implementation Research)	Summer between first and second year (6 credits) and Summer between second and third year (6 credits) Fall fourth year and beyond (once you advance to candidacy and finished all course work)	Sign up with your mentor Sign up with your mentor Sign up with your mentor

	b) Masters requirement (paper submission), c) Comprehensive exam requirement (i.e., third-year paper + grant submission)	
2. Ethical and Legal Standards	Integrated across coursework (e.g., D&I, Research Methods, Foundation Practicum I & II, completion of CITI training	
3. Individual and Cultural Diversity	Integrated across course work, Professional development brown bag	
4. Professional values/attitudes/behavior	Foundation Practicum I & II, participation in lab activities, CCF orientation	
5. Communication/interpersonal skills	Integrated across course work (D&I, Foundation Practicum I & II)	
6. Assessment	Foundation Practicum I; Foundation Practicum II Advanced Practicum	
7. Intervention	Foundation Practicum II; Advanced Practicum	
8. Supervision	Supervision of junior students in advanced practicum, participation in lab activities	
9. Consultation and interdisciplinary skills	Professional development series	

IIID. Professional Development

Graduate education in psychological clinical science is a time of enormous professional and scholarly expansion and refinement, during which students actively engage with mentors to develop advanced skills in their transformation into independent clinical scientists. As a doctoral program in clinical science, superior science-based professional development is strategically interwoven throughout all aspects of the program in order to ensure that graduates enter the clinical science marketplace with an attitude toward lifelong learning and the core foundation, advanced training, requisite skills, and professional savvy, responsibility, and humility to competitively pursue positions of advanced leadership.

Training Objectives:

Professional development has been designed to provide a combination of didactic, experiential, structured, and semi-structured training opportunities in the practical aspects of scholarly productivity to facilitate the competencies needed for professional advancement. Critical areas emphasized include:

(a) Developing effective time management skills,
(b) Attaining an optimal work-life balance that can set the stage for a personally rewarding and professionally satisfying career,
(c) Understanding the professional opportunities afforded by a doctorate in clinical psychology,
(d) Distinguishing professional opportunities from professional distractions,
(e) Building a linear program of research,
(f) Securing funding for one's research,
(g) Writing effectively,
(h) Navigating the peer review process,
(i) Navigating the IRB process,
(j) Communicating effectively with colleagues and supervisors,
(k) Building a competitive curriculum vitae,
(l) Developing professional networks,
(m) Understanding the clinical internship match process,
(n) Developing strategies for effective interviewing,
(o) Preparing a job talk, and
(p) Understanding considerations of ethics and diversity as they interface with research, practice, and professional advancement.

Upon completion of the doctoral program, students are expected to demonstrate at minimum an Intermediate level of competence in each domain.

Training Requirements

Mentor Model: For every year in the program, students hold membership in an identified core research laboratory that continuously provides applied, experiential, small group, and 1:1 learning opportunities with an identified research mentor in all practical aspects of scholarly productivity and professional advancements. Laboratory-based membership follows an

apprenticeship model of training, with doctoral students treated as junior colleagues intimately involved in all laboratory activities—from securing grant-funding to seeking IRB approval, collecting data, conducting the research and data analyses, preparing manuscripts, responding to peer-reviews, and considering next-needed studies.

Course Curriculum: The clinical science curriculum is designed to equip students with the skills and competencies needed to succeed and advance as scientists and scholars. Matters of professional development (e.g., ethics, diversity, writing, and presentation skills) are explicitly incorporated into class material and into assignments for evaluation across courses.

Dissertation Grant Applications: In partial fulfillment of the requirements of the doctoral degree, all clinical science students are required to submit at least one major grant application, and two lead-author publications for peer review, in collaboration with and under the direct mentorship of clinical science faculty members. These required experiences not only help students build their CVs and a program of fundable research, but also strategically provide students with mentored experiences in fundamental professional activities at the heart of professional success in psychological clinical science.

Training Workshops: In partial fulfillment of the requirements of the doctoral degree, all clinical science students are expected to attend the Professional Development series. In addition, students who have primary mentors affiliated with the CCF are expected to attend the speaker series at the Center for Children and Families. Exceptions require advanced permission from primary mentors and the Director of Clinical Training.

CCF Speaker Series: The CCF Speaker Series includes a variety of opportunities for students and other trainees that facilitate core competencies needed for professional development. Speakers from FIU and outside FIU present on research focusing on children and families. In addition to presentations by the esteemed faculty in the clinical, developmental, and legal programs at FIU, world-renowned researchers regularly present in this series. Past seminars have included presentations by Drs. Alice Carter, Nathan Fox, Paul Frick, Nora Newcombe, and Nora Volkow. Visit the CCF Speaker Series homepage for more information, a schedule of upcoming sessions, and recordings of previous sessions.

Professional Development Series: Throughout the academic year, the professional development committee (in collaboration with the Director of Clinical Training) develops the schedule for topics for this series that help to supplement the other training aspects of the program. The faculty and student co-chairs of the committee along with the other members of the committee work closely with students and faculty to decide on relevant topics to be included each year. Speakers include clinical science faculty, as well as faculty from other departments, and experts outside of FIU. Each presentation is followed by a brief question and answer session.

Topics in the past have included:

- Grant writing
- Navigating the mentor-mentee relationship
- Applying for internship

- Navigating the job market
- Data Blitzes: biannual opportunities for graduate students to formally present their research in slide or poster format as they would at a national conference. Each student research presentation is roughly 10 minutes.

Presentation Opportunities

The Miami International Child & Adolescent Mental Health (MICAMH) Conference: The annual MICAMH conference is one of the world's leading interdisciplinary conferences on state-of-the-art, evidence-based prevention and treatments for mental health and educational problems in children and adolescents. Keynote lectures, didactic presentations, and hands-on breakout workshops are combined to teach trainees the basic principles of effective psychosocial, psychoeducational, pharmacological, and combined interventions, including clinic-based treatments, school-wide interventions, and parent training. Students are strongly encouraged to attend and receive opportunities to formally present their work during scientific poster sessions.

Graduate Student Appreciation Week (GSAW) Scholarly Forum: UGS hosts an annual spring Graduate Student Appreciation Week that begins always with the 2-day Scholarly Forum highlighting graduate research at FIU. The forum has increased in size over the past few years, and currently includes 100+ presentations. The forum includes poster sessions and oral presentations, provides a platform for graduate students to showcase their research, compete for awards and cash prizes, gain professional experience, and compete for a place at the state's Graduate Symposium. Students may submit proposals to the Graduate Professional Student Committee. For more information, visit http://gradschool.fiu.edu/gsaw/

Conference Travel: Scientific conferences and related professional travel can offer students unparalleled opportunities to learn firsthand the latest findings in their areas of interest, to present their work in professional settings, to directly communicate with a broad array of professionals and leaders in the field, and to develop cross-institution networks that are critical for professional development. Annual or biennial meetings that many of the faculty and students regularly attend include the American Psychological Association (APA), Association for Psychological Sciences (APS), Association for Behavioral and Cognitive Therapies (ABCT), and the Society for Research in Child Development (SRCD). To support and promote FIU graduate students in Clinical Science to attend professional conferences, all students are eligible for $500 in annual reimbursement for professional travel from the FIU Graduate and Professional Student Committee (GPSC), as well as an additional $200 in annual reimbursement for professional travel from the FIU College of Arts, Sciences & Education (CASE). For more information on how to apply for travel funding and reimbursement, visit https://case.fiu.edu/psychology/resources/travel-funding-and-reimbursement/index.html

Teaching Opportunities

Students are encouraged but not required to teach during their graduate training. The Director of Graduate Studies is responsible for TA allocations that are intended to support the undergraduate mission of the university. All incoming students are required to complete a TA course during their welcome orientation. Students in their first or second year of training who are funded on a

TA line will likely assist with undergraduate courses (typically when enrollment exceeds 100 students) with undergraduate Research Methods as the most common initial assignment. Courses may be at the Modesto A. Maidique campus, Biscayne Bay Campus, or may be online. Students may be assigned to assist full-time faculty, adjunct faculty, or advanced graduate students. Responsibilities may vary but are expected to include the following: attend class, hold regular office hours, respond to student emails within 24 hours, assist with grading, proctor exams and occasionally, facilitate lectures or lead discussions. Some students may be assigned to the proctor pool rather than an individual course.

Students who have completed 18 credits en route to the Ph.D. are eligible to become an instructor of record. The Department of Psychology requires that students teach a section of Research Methods, with standardized syllabus and format, under supervision of Dr. Ryan Winter, before they are permitted to teach a larger lecture course (e.g., Abnormal Child Psychology), upper-level seminar (e.g., Personality, Psychology of Parenting), or their own proposed course. Students preparing to teach their own course are encouraged to explore resources available at the Center for Advancement in Teaching, http://undergrad.fiu.edu/cat/.

Professional Development Resources

Please visit the **Professional Development Committee's SharePoint site** to find more information on upcoming events, recordings and resources, and newsletters.

Funding Opportunities: Opportunities to apply for supplemental funding are strongly encouraged. Available funding opportunities are highlighted in the monthly Professional Development Committee newsletter. Internal funding opportunities available through the CCF and FIU include:

> *CCF Seed Funding*: The CCF provides funding opportunities for students who have mentors affiliated with the CCF. Seed funds can typically be requested up to $5,000 for one calendar year. Funding opportunities and amounts are subject to change.

> *Psychology Department Seed Fund Awards:* The Psychology Department's Awards and Advancement Committee offers a Graduate Student Seed Fund Awards program. The purpose of the Graduate Student Seed Fund Awards program is to assist Psychology graduate students with research costs (equipment, subject payment, copyrighted materials, software, etc.). These awards are competitive and based on demonstrated need and merit. The Seed Fund program aims to fund as many competitive proposals as possible, even with partial funding. Budgets in the proposals are not to exceed $2,000. At least one Seed Fund award will go to fund and promote a student from an underrepresented minority group or research with underrepresented minority populations. Calls for seed funding are offered twice a year (Fall and Spring).

> *External Funding:* A number of professional organizations regularly offer funding opportunities, which are highlighted in the monthly Professional Development Committee newsletter.

IIIE. Multidisciplinary Training

Minor in Quantitative Psychology

Students may pursue a Minor in Quantitative Psychology. Common core requirements for the department require all students to complete Biostatistics I, Quantitative Methods II, and Multivariate Analysis. Clinical science students are required to complete one additional advanced analytic elective. Students who wish to complete a Minor in Quantitative Psychology are required to complete two additional advanced analytic electives, for a total of 6 statistics courses. Students must achieve a minimum of B- in the course in order for it to be counted toward the minor. Electives may be selected from the following list of approved courses (see above for further details on pages 25-29). Students may request approval for courses not on the list from Dr. Stefany Coxe in the Department of Psychology. Dr. Coxe is also an Associated Faculty of the clinical science program and affiliated with the CCF.

NOTE: The Ph.D. is awarded in Psychology. Neither the Clinical Science specialization nor the Quantitative Minor will be represented on your student transcript.

PSY 5939 Introduction to SEM for Psychological Research
PSY 5939/PHC 6056 Longitudinal Data Analysis
PSY 5939 Categorical Data Analysis
PHC 6062 Systematic Review & Meta-Analysis
PSY 5939 Principles and Practice of Missing Data Analysis
PSY 5939 Multilevel Modeling
PSY 5939 Data Science for the Social Sciences
PSY 5939 Statistical Graphics and Communication
PSY 5939 Quasi-experiments and Causal Inference
PSY 5939 Statistical Mediation Analysis

Certificate in Cognitive Neuroscience (12 credits)

The Graduate Certificate in Cognitive Neuroscience program is designed to advance the scientific education and professional development of students through coursework covering a broad range of areas of neuroscience. The curriculum concentrates on theory and methodology for conducting and understanding research in the field and its potential application to education and clinical practice. Participants in this program will be able to use the innovative training they receive to advance to higher levels of excellence in professional practice and research.

NOTE: The Ph.D. is awarded in Psychology. Neither the Clinical Science specialization nor the Cognitive Neuroscience certificate will be represented on your student transcript.

- *Eligibility and Application Process*

Clinical Science students pursuing a program of research related to cognitive neuroscience are welcome to apply for the Graduate Certificate in Cognitive Neuroscience program and must have

permission from their primary mentor and DCT to apply. Students are encouraged to apply prior to their matriculation but are welcome to apply at any time during their training. Current students must be in good academic standing. Certificate applicants should complete the Graduate Certificate Application and submit it to the department for approval. Approved certificate applications will be forwarded to the Registrar for processing.

- *Courses*

This program requires graduate students to complete 15 credits with a cumulative GPA of 3.0 and a "B" or better in all courses counted toward the certificate.

Core Requirement 1: Cognitive Neuroscience (at least 3 credits required)
DEP 5058 Biological Basis of Behavior Development (3)
EXP 5667 Cognitive Neuroscience (3)
PHI 5931 Advanced Topics in Philosophy of Mind and Cognitive Science (3)

Core Requirement 2: Neuroscience (at least 3 credits required)
BME 5505C Engineering Foundation of Medical Imaging Instrument (3)
PHY 6716 Advanced Biophysics (3)
ZOO 5785 Advanced Neurobiology (3)

Electives (up to 9 credits required)
CHM 5305 Graduate Biological Chemistry (3)
EXP 5508 Applied Cognitive Psychology (3)
EXP 5527 Memory and Consciousness (3)
OTH 5524 Adaptation of Human Occupation and Environment for Neuromotor Disorders I (3)
OTH 5438 Adaptation of Human Occupation and Environment for Neuromotor Disorder II (3)
PCB 5835 Neurophysiology (3)

Additional courses may be accepted for the certificate with approval of the program director.

Certificate in Applied Social and Cultural Psychology (6 credits)

The Graduate Certificate in Applied Social and Cultural Psychology gives doctoral-level Psychology students an opportunity to learn culturally-humility-based frameworks and methods for working with diverse populations. Through classes, students will explore research on urgent social issues facing the global community, such as social mobility, health inequities, gender-based violence and immigration. Students will also have opportunities to learn about how researchers build relationships with organizations; various modes for communicating research findings to stakeholders, including lawmakers, corporate boards, community leaders and activists, nonprofits and the general public; and the relevance of social justice frameworks for psychology research and practice.

NOTE: The Ph.D. is awarded in Psychology. Neither the Clinical Science specialization nor the Applied Social and Cultural Psychology certificate will be represented on your student transcript.

- *Eligibility and Application Process*

Beginning in Fall 2021, students can apply to the certificate program if they have at least three semesters/one academic year remaining until their graduation.

Requirements include:

Admission into the Department of Psychology Doctoral Program. Non-degree-seeking students, terminal master's degree students and doctoral students outside the department are not eligible. Online application to the program and interview with two Core ASCP Faculty members; minimum of three semesters/one year prior to graduation.

- *Courses*

Students must complete any six of the following courses in any order. All coursework must be completed one semester before graduation.

CLP 5007 Psych & Clinical Science- Historical Perspectives & Current Controversies
CLP 6530 Dissemination & Implementation of Research
CYP 6766 Psych Cross-cultural Sensitization in Multicultural Contexts
CYP 6936 Current Issues in Community Psychology
DEP 5325 Proseminar in Identity Development
PSY 5918 Supervised Research (Must follow ASCP Syllabus requirements)
PSY 5930 Qualitative Methods in Psychology
PSY 5939 Cross Cultural Perspectives of Emerging & Established Adulthood
PSY 6919 Current Research Topics in Psychology
SOP 5058 Proseminar in Social Psychology
SOP 5316 Theories & Methods in Cross Cultural Research
WST 5936 Women & Leadership

Additional courses may be approved on a case-by-case basis, and some of the courses above overlap with courses required for the Clinical Science major.

- *Portfolio Requirements*

Students must also complete specific ASCP Certificate Portfolio requirements at least one semester before graduation. This portfolio will include:

1. A diversity statement
2. One of the following written documents:
    - Manuscript for publication demonstrating engagement in a community-based participatory action research project
    - Reflective essay demonstrating a leadership role in a community-based participatory action research project
3. One of the following public engagement activities:
    - Public workshop

- White paper
- Policy brief
- Op-ed
- Additional public engagement activities may be approved on a case-by-case basis

IIIE. Psychology Internship

There are several ways in which we support our students to help them become competitive for the APPIC Clinical Psychology Internship match. First, two committees provide workshops, panel discussions, and presentations aimed at developing skills important to the internship match. The Professional Development Committee provides workshops to all students and includes information on CV preparation, tracking hours, ethics, and career paths and opportunities. The Internship Committee provides complementary workshops, panel discussions, and presentations (oftentimes in conjunction with the Professional Development Committee) but focuses more on supporting students during the year they are applying to internship. As such, the Internship Committee assists students with site selection, preparing the APPIC application, interviewing, and pre- and post-match support. The Internship Committee also coordinates with current faculty to contact internship sites of highest interest to our students. In this way, we can introduce our program to internship sites and inform them about the students we train. As noted in other sections of this manual, during the periodic planned evaluations of our students, we also review students' progress toward developing a strong internship application.

Steps Toward Applying for Internship

1. All students are required to enter the APPIC Internship Match.

2. Students are eligible to apply for internship during the fall semester of their fifth year. <u>Students must obtain written permission from the DCT in order to register for the match</u>. Students who have achieved the following by October 1st are eligible to register for the Match and accept an internship:

- Master's Project submitted for publication
- Competency Examination: Candidacy Paper submitted for publication; Dissertation grant under review
- Good Academic Standing (grades B- and above, overall GPA 3.0 or above)
- Submission to the University Graduate School of the following D-forms:
    1. D1: Appointment of Dissertation Committee
    2. D2: Application for Candidacy
- Dissertation Prospectus Meeting has been held and the appointed dissertation committee has approved the prospectus (or approval is pending, contingent on requested revisions and signature by chair). D3 form (Dissertation Proposal) is pending IRB approval.
- Coursework (75 credits) has been completed (or will be completed by December of the same year in which the student is applying)
- A minimum of 3 Advanced Clinical Practicum (15 credits and 500 clinical hours) have been completed, including one that provides training in assessment, one that provides training in treatment, and one that serves as a breadth practicum. Students must have achieved a minimum level of competence in every domain, with at least one supervisor indicating scores of 3 (Intermediate Performance) or 4 (Advanced Performance) on items corresponding to Program Goals 2 (Competency to deliver evidence-based clinical Care) and 4 (Professionalism in research and practice)

Note: Students who wish to apply sooner than their fifth year are encouraged to discuss this with their primary mentor and then, with their mentor's permission, submit a petition to the Internship Committee for early application. This option is most relevant for students that entered the program with a Master's degree.

3. Students will submit to the Internship Committee a list of internship sites to which they wish to apply. Lists will be due no later than September 15th. Students will receive feedback from the committee within two weeks of submitting their lists.

4. Students will provide the DCT with materials (e.g., curriculum vitae, summary of research goals) to assist in preparation of the DCT statement. These materials are due no later than October 1st.

5. Students are encouraged to attend Internships on Parade at the annual Association for Behavioral and Cognitive Therapies conference, which provides an opportunity to meet faculty and training directors at sites to which they are submitting applications.

6. In the event of a non-match during Phase I, students will enter Phase II. In the event of another non-match, students will have a discussion with their primary mentor and the DCT. Several options may be considered, including a possible in-house customized internship and reapplying the following year. These discussions will be held on a case-by-case basis and decisions will depend in part of funding available; training opportunities; and student goals, needs, and preferences.

Costs, Credits, and Fees during the Internship Year

Students will continue to register for dissertation credits during fall, spring, and summer of their internship year per the guidelines below. In addition, students will register for 0 credits of internship, allowing internship to appear on their transcripts.

Students that have completed all of their academic requirements, successfully defended their dissertations, and *submitted the FINAL ETD to the UGS* are required to register for one dissertation credit (PSY 7980) + 0 internship credit (CLP 6948).

Students that are still preparing their dissertations are required to register for three credits: 3 dissertation credits (PSY 7980) + 0 internship credit (CLP 6948). If a student defends their dissertation and submits the FINAL ETD to the UGS during internship, they may reduce their credits in the *subsequent semesters* to 1 dissertation credit + 0 internship credit.

Tuition credits will be charged to the student according to the in-state or out-of-state status under which they enrolled in the university, unless they have been approved for a change of residency status. Students are encouraged to apply for a change in residency status as soon as they are eligible to do so, beginning of their second year in the program.

University fees associated with tuition credits are waived for all students.

IV. Degree Requirements
A. Program Milestones
B. Competency Benchmarks

IVA. Program Milestones

Students are required to be enrolled full-time, receive training on-site for a minimum of 4 years, complete a total of 90 university credits and specific degree requirements designed strategically to ensure a balanced combination of breadth and depth of expertise in clinical research and to build scholarship that enhances student marketability for academic careers in psychological clinical science. Milestones include master's project, dissertation grant application, candidacy paper, dissertation and internship.

Course Completion

Grades: A grade of B- or above is considered passing. A grade below B- is considered failing. Students are required to attain a grade of B- or above in all courses in order to remain in good academic standing. Students are required also to maintain a GPA at or above 3.0 to remain in good academic standing.

Incompletes: Graduate students may receive an incomplete grade only for a serious interruption (e.g., extended illness) not caused by the student's own negligence. Coursework must be completed, and an incomplete grade must be changed within two terms or it will automatically default to an F. There is no exception or extension of the two-term deadline, which includes summer term.

Master of Science (M.S.) in Psychology: Major in Clinical Science

The Clinical Science Program in Child and Adolescent Psychology does not offer a Terminal Master's degree. However, aligned with other programs in the Department of Psychology, an M.S. will be conferred en route to the Ph.D. following completion of the following requirements. The Master of Science Major in Clinical Science requires a minimum of 36 semester credits of graduate work beyond the baccalaureate, including a non-thesis research project based upon the student's original research. A maximum of 6 credits of post-baccalaureate course work may be transferred from another institution with the approval of the Director of Clinical Training (for additional information, please refer to Transfer of Credits in Policies and Procedures).

Training Requirements: In order to obtain their M.S., clinical science doctoral students will be required to complete the following departmental common core course requirements; clinical science course requirements; supervised research and practicum credits; and a non-thesis Master's Project as listed below:

(a) Common core requirements (9 credits of statistics/methodology courses)

      PSY 5939 Special Topics: Quantitative Methods I
      PSY 5939 Special Topics: Quantitative Methods II
      PSY 5246 Multivariate Statistics

(b) Clinical Science courses (12 credits)

      CLP 5007 Psychological Clinical Science I
      PSY 6219 Research Methods in Clinical Psychology

CLP 6471 Assessment and Treatment I: Internalizing Problems
CLP 6472 Assessment and Treatment II: Externalizing Problems

(c) Affective Breadth Requirement (3 credits)

CLP 6060 Affective Bases of Behavior (3 credits)

(d) Foundation Practicum (6 credits)

CLP 6432 Foundation Practicum I (3 credits)
PSY 5939 Foundation Practicum II (3 credits)

 (e) PSY 5918 Supervised Research (6 credits)

Master's Project: In order to obtain their M.S., clinical science doctoral students will be required to complete a Master's Project. The Master's Project is a *manuscript submitted for publication* on which the student is lead author and based on the student's independent research during years one and two of graduate training. The manuscript may be an empirical, review or conceptual paper. The manuscript will require approval from the student's committee, consisting of their primary mentor and one additional reader (core or associated faculty). Students are expected to work closely with their mentor, exchanging drafts and revising the manuscript over the course of their second year. Students are required to provide their additional reader with a minimum of one month to review the manuscript and provide feedback. Readers may request a revised draft of the manuscript before providing approval. If the second reader remains dissatisfied with the quality of manuscript following revisions, they will communicate their concerns to the primary mentor and student. This will be followed by two options for consideration by the primary mentor, additional reader, and student: Option 1. The student may complete additional revisions, and resubmit the manuscript to their second reader for further review (corresponding to a "revise and resubmit' editorial process) or Option 2. The student may identify a third reader with relevant content expertise, approved by the DCT, to provide an independent review of the manuscript. Students should request that their primary mentor and additional reader complete the Master's Project Rubric for Evaluating Research Competency. Each faculty member will complete an independent evaluation of the student's competencies. *Students are required to achieve performance levels of "3" and "4" on all criteria by both readers.* It is the student's responsibility to submit this rubric to the graduate student administrator for their file.

Students are expected to complete course requirements and submit their Master's Project for publication by the end of spring semester of their second year. Completion of an approved Master's Project is required for receiving the M.S. degree on their transcript and for advancing to doctoral candidacy. Students who have not completed an approved Master's Project by the end of spring semester of their second year will be notified in writing of this *Benchmark Pending* following the annual student performance review and will meet with their primary mentor to plan systematically for timely completion of this requirement. Students who have not completed an approved Master's Project by end of fall semester of their third year may risk losing their funding.

Advancing to Doctoral Candidacy

Advancing to doctoral candidacy requires completion of the M.S.; course, research, and practicum requirements described above; additional course requirements; research and practicum credits; and successful completion of the 2-part competency examination as described below.

Training Requirements: In addition to the requirements listed above for the M.S., the following credits are required for students to advance to doctoral candidacy.

(a) Clinical Science courses (3 credits)

        CLP 6530 Dissemination and Implementation Research

(b) History and Systems (3 credits)
        PSY 5605 History and Systems

(c) Additional Breadth courses (9-12 credits) designed to fill specific content areas (cognitive, social, and biological bases of behavior).
        -Affective (already taken prior to advancing to candidacy)
        -Developmental
            CLP 6473 Assessment and Treatment III: Developmental, Learning, and Pediatric Disorders
        -Social
            SOP 5059 Proseminar in Social Psychology
        -Cognitive: one of the following courses (*counts as both biological and cognitive requirement and recommended)
            EXP 5527 Memory and Consciousness
            EXP 5508 Applied Cognitive Psychology
            DEP 5065 Cognitive Development
            CLP 6426 Clinical Neuropsychology*
            EXP 5667 Cognitive Neuroscience*

        Biological: one of the following courses (*counts as both biological and cognitive requirement and recommended)
            DEP 5058 Biological Basis of Behavior Development
            ZOO 5785 Advanced Neurobiology
            PSB 6247 Biological Bases of Behavior
            PSB 5247 Neurobiology of Learning & Memory
            CLP 6426 Clinical Neuropsychology*
            EXP 5667 Cognitive Neuroscience*

Advanced Analytic Courses (3 credits): One of the following approved courses
            PSY 5939 Structural Equation Modeling
            PSY 5939 Categorical Data Analysis
            PSY 5939 Longitudinal Data Analysis
            PHC 6062 Systematic Review and Meta-Analysis
            PHC 6907 Biostatistical Data Management Concepts and Procedures

PSY 5930 Qualitative Methods in Psychology
PSY 5939 Multilevel modeling
PSY 5939 Principles and Practice of Missing Data Analysis
PSY 5939 Mediation
PSY 5939 Statistical Graphics and Communication
PSY 5939 Quasi-experiments and causal inference
PSY 5939 Data Science for the Social Sciences

Couse Elective (3 credits)

Any course (quantitative [after meeting advanced analytic requirement], another breadth, etc.) to facilitate depth of independent research (may be within or outside department)

(d) PSY 5918 Supervised Research (6 credits)

(e) PSY 6943 Advanced Clinical Practicum (6 credits)

Competency Examination: The competency examination in clinical science requires (1) a dissertation grant application (NRSA, R36, or equivalent) and (2) a candidacy manuscript submitted for publication. First, students will submit a dissertation grant application by the end of spring semester of their third year (corresponding to grant deadlines and in consultation with their primary mentor). Second, students will submit a second manuscript on which they are lead-author ("candidacy paper") for publication. The manuscript may be an empirical, review, or conceptual paper, *but at least one of the two papers fulfilling program requirements (i.e., Master's Project and Candidacy Paper) must be an empirical paper*. The submitted manuscript will require approval from the student's primary mentor and one additional reader (core or associated faculty). Students are expected to work closely with their mentor, exchanging drafts and revising the manuscript over the course of their second year. Students are required to provide their additional reader with a minimum of one month to review the manuscript and provide feedback. Readers may request a revised draft of the manuscript before providing approval. If the second reader remains dissatisfied with the quality of manuscript following revisions, they will communicate their concerns to the primary mentor and student. This will be followed by two options for consideration by the primary mentor, additional reader, and student: Option 1. The student may complete additional revisions and resubmit the manuscript to their second reader for further review (corresponding to a "revise and resubmit' editorial process) or Option 2. The student may identify a third reader with relevant content expertise, approved by the DCT, to provide an independent review of the manuscript. Students should request that their primary mentor and additional reader complete the Candidacy Paper Rubric for Evaluating Research Competency. Each faculty member will complete an independent evaluation of the student's competencies. *Students are required to achieve performance levels of "3" and "4" on all criteria by both readers.* It is the student's responsibility to submit this rubric to the graduate student administrator for their file.

Students will submit the manuscript for publication by the end of spring semester of their third year. Students who have not completed their candidacy requirements by the end of spring semester of their third year will receive written notification of this *Benchmark Pending* following annual student performance reviews and will meet with their primary mentor to plan

systematically for timely completion of this requirement. Students who have not completed their candidacy requirements by the end of fall semester of their fourth year may risk losing their funding.

Please Note: Students that have advanced to candidacy are required to enroll in a minimum of 3 credits of PSY 7980 each semester to comply with the Board of Governors Continuous Enrollment policy. Students must advance to candidacy before their dissertation prospectus meeting with their committee.

Doctoral of Philosophy (Ph.D.) in Psychology: Major in Clinical Science

Graduation with a Ph.D. in Psychology: Major in Clinical Science requires completion of the requirements listed above for the M.S. and for advancing to doctoral candidacy. In addition, students are required to complete additional coursework and a dissertation as listed below.

Training Requirements: In addition to the requirements listed above for advancing to candidacy, the following credits are required for students to complete their doctoral degree.

(b) PSY 7980 Dissertation Research (15 credits)

(c) PSY 6943 Advanced Clinical Practicum (3 credits). Of note students (particularly non-quantitative minors) may complete all advance clinical practicum credits prior to advancing to candidacy. Students (particularly quantitative minors) who may still need 3 credits of Advanced Clinical Practicum while doing dissertation will need to obtain a Waiver from the graduate school. *__Waiver Note__* For the Fall waiver, it is important for the student to contact the DCT *before* July 1, so that the Director of Graduate Studies can submit the waiver. For the Spring waiver, the student has to contact the DCT before October 1.

(d) Internship

Dissertation: Following advancement to candidacy, students will adhere to the University Graduate School requirements for a doctoral dissertation. This includes a specific timeline and completion of D-forms detailed on the UGS website (gradschool.fiu.edu/student-forms.shtml):

- D-1 Appointment of a dissertation committee
- D-2 Advancing to candidacy (Note: D-2 will already have been submitted)
- D-3 Approval of dissertation prospectus
- D-5 Dissertation approved for defense

Committee: Per UGS guidelines, dissertation committees will include three faculty members from within the psychology department (including but not limited to the clinical science program) plus one external member (must be FIU faculty). Students may invite a fifth member to join their committee from outside of FIU, with approval from UGS.

Prospectus: Students will submit to their committee a copy of their dissertation grant application (including: abstract, specific aims, research design, references, and any appendix

material referenced in those documents) plus an amendment that details how the research design will be revised in the absence of funding (e.g., changes to sample size, compensation guidelines, recruitment, or analytic method). Dissertation committee members should receive the prospectus at least 2 weeks prior to the committee meeting. Students will defend their prospectus during a 2-hour meeting planned with the dissertation committee that includes a brief slide presentation (approximately 30 minutes) followed by question / answer period. Students are not permitted to serve food during their prospectus meeting. Potential modifications to research questions and design will be discussed. Based on the extent of modifications requested by committee members, they may ask to review the revised prospectus or, alternatively, defer final approval to the committee chair. *Consensus is required among committee members for approval.* The final approved prospectus should reflect all required modifications and becomes a contract between the student and their committee for work to be completed. Students should bring the Dissertation Prospectus Rubric for Evaluating Research Competency to their proposal meeting. Each committee member will complete an independent evaluation of the student's competencies. *Students are required to achieve performance levels of "3" and "4" on all criteria by all committee members on the Dissertation Defense Rubric.* It is the student's responsibility to submit this rubric to the graduate student administrator for their file.

Dissertation: A doctoral dissertation can be based on varied methodology (e.g., quantitative or qualitative studies; original data collection, secondary data analysis, or meta-analysis; open trial or randomized trial; experimental or quasi- experimental designs). As is becoming the norm in this field, the doctoral dissertation can be a submission-ready manuscript in style and length. Accompanying the dissertation study is a curriculum vitae and reprints of the student's publications that demonstrate the body of scholarship pertaining to or supplementing the dissertation. Students may request additional meetings with committee members as needed. In addition to content and formatting requirements set forth by the UGS, the final dissertation portfolio should include the following: (a) curriculum vitae, (b) reprints of student publications that demonstrate the overall body of scholarship pertaining to the dissertation, (c) dissertation study and (d) appendix materials, as appropriate, including copies of all measures used for data collection. Students should supply their committee members with a full copy of their dissertation at least 2 weeks prior to requesting their signature on the D-5, and a revised copy of their dissertation at least 2 weeks prior to the planned defense. Students will defend their dissertation during a 2-hour meeting planned with the dissertation committee that includes a brief slide presentation (approximately 30 minutes) followed by question/answer period. Students are not permitted to serve food during their defense. Students should bring the Dissertation Defense Rubric for Evaluating Research Competency and CAS Graduating Graduate Student Assessment to their defense meeting. Each committee member will complete independent evaluations of the student's competencies. It is the student's responsibility to submit both rubrics to the graduate student administrator for their file. *Students are required to achieve performance levels of "3" and "4" on all criteria by all committee members on the Dissertation Defense Rubric and minimum performance levels of "3" or above on all criteria by all committee members on the CAS Assessment.* Students are *encouraged* to complete and defend their dissertations by the end of their 5th year, before leaving for internship. Students are *expected* to complete and

defend their dissertations by the end of their 6th year in order to graduate upon completion of internship.

Note: Dissertation credits (PSY 7980) will be listed as IP (In Progress) on student's Panther Degree Audit (PDA) until the semester during which the student will graduate. Following the defense, students are no longer required to complete the annual UGS evaluation.

IVB. Competency Benchmarks

Training in Clinical Science at FIU is competency and outcome driven. Annual Performance Reviews are used to assess student progress at the end of each year, with benchmarks corresponding directly to competencies, program milestones, and professional conduct.

Annual Student Performance Reviews

Faculty members meet annually for one full-day meeting in late April or early May to review progress by all students. Benchmarks for each year in training are described below. Students are expected to remain in good academic standing and complete program requirements in accordance with the planned timeline. Students will receive a letter following the annual performance review, informing them of their standing in the program. A copy of the letter will be placed in the student's file.

Good Academic Standing: Students will be required at all years of training to remain in good academic standing. This is defined as satisfactory performance in coursework (i.e., student maintained "A"s and "B"s in all courses) and a cumulative GPA at or above 3.0, corresponding to UGS policy. Additional criteria, related to achievement of program requirements and professional conduct, are denoted below for each year. Note: Students must achieve a grade of "B-" or higher to pass each course. Students who receive below a B- in any course will be required to enroll in that course again.

Written Notification of Progress: Following the annual student performance review meeting in May, students will receive a letter documenting their progress. Students are required to meet with their mentor (and dissertation committee if appropriate, as described below) to review their past year's performance and plan for the subsequent year, including completion of the Annual Student Evaluation and Mentoring Plan, described next.

Annual Student Evaluation and Mentoring Plan

Students are required to submit the Annual Student Evaluation and Mentoring Plan to the University Graduate School by end of May. (The Director of Graduate Studies in the psychology department will need to review each student's evaluation and mentoring plan before its submission to the UGS; therefore, students are encouraged to pay close attention to department deadlines for this form). Students in their first, second, and third years of doctoral training will complete the self-evaluation and then meet with their mentor to discuss progress and training goals. Students that have advanced to candidacy and have an approved D-1 form on file with UGS will complete the self-evaluation and then meet with their entire dissertation committee to

assess progress and timeline for completion. It is the student's responsibility to schedule meetings, obtain required signatures, and submit the evaluation to the Director of Graduate Studies in the Department of Psychology at least two weeks prior to the UGS deadline (typically last week of May). *Note: Once students have defended their dissertations, they are no longer required to complete the annual UGS Student Evaluation and Mentoring Plan.*

Performance Improvement Plans: Department policy regarding the University Graduate School Annual Evaluation and Mentoring Plan is described in the Department of Psychology Student Handbook and reads as follows: "Any student who receives "occasionally does not meet expectations" in one or more areas must have a performance improvement plan in the evaluation. The student and major professor must identify ways to address the shortcomings. The Director of Graduate Studies will summarize the evaluation and performance improvement plan in a memo that will be placed in the student's file. The student has one year to meet the requirements of the performance improvement plan. Students may lose funding or be dismissed from the program if they are not maintaining satisfactory progress in the program, their assistantships, and if they do not meet the expectations in the performance improvement plan."

Year 1 Benchmarks

Met Benchmarks: Good academic standing AND faculty mentor reports adequate progress toward their Master's Project (e.g., research question identified, data set identified, literature review in progress) AND "B-" or above in Foundation Practicum I AND No faculty concerns

Benchmarks Pending: Poor academic standing (e.g., student needs to repeat a course) OR Progress toward Master's Project is inadequate (e.g., student has not identified a research question or topic for review) OR Below "B-" in Foundation Practicum I OR faculty report concerns about students' overall or inconsistent performance, professionalism, or commitment to training

Remediation Required: Poor academic standing OR progress toward Master's Project is inadequate OR Below "B-" in Foundation Practicum I AND faculty report concerns about students' overall performance, professionalism, or commitment to training

Year 2 Benchmarks

Met Benchmarks: Good academic standing AND Master's Project is submitted for publication AND permission to enroll in advanced clinical practicum (reflecting a grade of "B-" or above in Foundation Practicum I and II) AND no faculty concerns

Benchmarks Pending: Poor academic standing OR Master's Project is incomplete OR grade below "B-" in Foundation Practicum I or II interferes with readiness for advanced clinical practicum OR faculty report concerns about students' overall performance, professionalism, or commitment to training

Remediation Required: Poor academic standing OR Master's Project is incomplete OR grade below "B-" in Foundation Practicum I or II interferes with readiness for advanced clinical

practicum AND faculty report concerns about students' overall or inconsistent performance, professionalism, or commitment to training

Year 3 Benchmarks

Met Benchmarks: Good academic standing AND Candidacy Paper is submitted for publication AND Dissertation grant application is submitted AND completion of at least 2 advanced clinical practicum, performing at levels of "2" and "3" on all domains of the Advanced Practicum Student Evaluation Rubric AND no faculty concerns

Benchmarks Pending: Poor academic standing OR Candidacy paper is incomplete OR Dissertation grant application is incomplete OR completion of fewer than 2 advanced clinical practicum or performing below levels of "2" and "3" on all domains of the Advanced Practicum Student Evaluation Rubric OR faculty report concerns about students' overall performance, professionalism, or commitment to training

Remediation Required: Poor academic standing OR Master's Project is not complete OR completion of fewer than 2 advanced clinical practicum or performing below levels of "2" and "3" on all domains of the Advanced Practicum Student Evaluation Rubric AND faculty report concerns about students' overall performance, professionalism, or commitment to training

Year 4 Benchmarks

Met Benchmarks: Good academic standing AND submission to the University Graduate School of the following D-forms: D1: Appointment of Dissertation Committee and D2: Application for Candidacy; and D3: Doctoral Dissertation Proposal. In addition, a prospectus meeting has been held AND the appointed dissertation committee has approved the prospectus (or approval is pending, contingent on requested revisions and signature by chair). Coursework (75 credits) has been completed AND a minimum of 3 advanced clinical practicum (15 credits and 500 clinical hours) courses have been completed, performing at levels "3" or "4" on all domains of the Advanced Practicum Student Evaluation Rubric.

Benchmarks Pending: Poor academic standing OR incomplete D-forms (reflecting that the student's dissertation prospectus has not been approved by committee) OR fewer than 3 advanced clinical practicum (15 credits and 500 clinical hours) have been completed or performing below levels "3" or "4" on all domains of the Advanced Practicum Student Evaluation Rubric OR faculty report concerns about students' overall performance, professionalism, or commitment to training.

Remediation Required: Poor academic standing OR student has not advanced to candidacy OR fewer than 3 advanced clinical practicum (15 credits and 500 clinical hours) have been completed or performing below levels "3" or "4" on all domains of the Advanced Practicum Student Evaluation Rubric AND faculty report concerns about students' overall performance, professionalism, or commitment to training

Year 5 Benchmarks

Met Benchmarks: Dissertation prospectus approved, including revisions and signature by chair; IRB approval obtained; D-3: Doctoral Dissertation Proposal submitted and approved by UGS; and data collection is in progress. Student entered the APPIC Internship Match and is on target to graduate during summer following internship.

Year 6 Benchmarks

Met Benchmarks: Student is performing well on internship (by report of the internship director); Dissertation defense is complete and committee approved the dissertation.

Unique Circumstances

We acknowledge that several unforeseen circumstances may interfere with students' timely completion of program requirements. These include, but are not limited to, severe or extended illness, family circumstances, or change of primary mentor. Unique circumstances will be considered on a case-by-case basis. When deemed appropriate, students who maintain acceptable academic performance and conduct may remain in good academic standing even if they fail to complete program milestones in accordance with the timeline stated above.

Process for Remediation

Students that require remediation will meet with their mentor within two weeks of receiving their performance review letter to complete a Remediation Plan. The appropriate worksheet (related to program requirements or clinical competencies) will be used to summarize barriers that have interfered with meeting benchmarks and to generate options for removing barriers and facilitating progress (e.g., reduced lab responsibilities, research credits, withdrawal from advanced practicum). These worksheets also will be used to plan a detailed timeline for completion of milestones or reassessment of clinical competencies. Students requiring remediation during one performance review cycle will meet with their mentor and obtain approval of the Remediation Plan from the DCT. Students requiring remediation during two or more consecutive review cycles (representing a full year) will meet with their mentor and the DCT. In these cases, discussion will focus on reasons for the student's ongoing difficulties, and this discussion in turn will inform a course of action. In cases where unique circumstances (e.g., severe or extended illness, family circumstances, change of mentor) have interfered with a student's progress, a modified timeline may be initiated (even in cases where a student elected not to request a formal leave of absence). In cases where unique circumstances have not interfered, and a student's slow progress instead reflects some combination of poor fit, motivation, or aptitude, then alternatives may be considered (e.g., change of mentor), or, the student may be at risk for dismissal. For students that have a Remediation Plan on file, progress will be discussed by all faculty in 6 months' time (during the subsequent mid-year or annual performance review meeting), and their performance review letter will include feedback on their adherence to (and when appropriate, completion of) the Remediation Plan.

Dismissal from the Program

Students who fail to meet benchmarks in accordance with the planned timeline may risk losing their funding. Students who require remediation for two consecutive reviews (e.g., annual review and the following mid-year review, representing a full year) may risk dismissal from the program. Academic misconduct and professional misconduct may place students at immediate risk for dismissal (refer to policy for Academic Misconduct in VB.).

Appeal Process

Unsatisfactory performance in the academic program reflects failure to meet benchmarks as described in detail above (benchmarks refer to academic performance as assessed by GPA, on-time completion of program milestones, demonstration of clinical competencies, and academic and professional conduct). Under circumstances by which a student is dismissed from the program, that student will have ten working days to appeal the dismissal decision. This appeal must be made in writing to the Dean of the University Graduate School (UGS). To appeal, a Petition for Exception to Graduate Requirements form, which can be found on the UGS website, must be completed. Dismissal from the university is for a minimum of one year and prohibits students from registering for any courses. After one year, the student may apply for readmission to the university for the same or a different program, or register as a non-degree-seeking student if applicable. Dismissed students who are readmitted or who register as non-degree-seeking students are placed on academic probation.

V. Resources and Procedures

 A. Facilities and Resources
 B. Potpourri of Policies and Procedures

VA. Facilities and Resources

Florida International University (FIU) is a four-year public research university, and one of the 25 largest public universities in the country. FIU offers more than 180 Bachelor's, Master's, and Doctoral programs across two main campuses and several academic centers. FIU is #1 in the nation in awarding Bachelor's and Master's degrees to Latino students. University research expenditures exceed $100 million per year. FIU emphasizes research, training, and mentorship as major components of its mission providing administrative resources for grants management, opportunities for training and career enrichment (e.g., through a newly-established faculty mentoring program in the College of Arts, Sciences and Education), continuing education opportunities (e.g., through the Office of Research of Research & Economic Development), logistical support for the implementation of research (e.g., through the College of Arts, Sciences, and Education and University Technology Information Center), and support for protected research time. The Carnegie Foundation for the Advancement of Teaching classifies FIU in its highest category: R1 Doctoral Universities – Highest Research Activity.

School of Integrated Science and Humanity

The psychology department is part of the School of Integrated Science and Humanity (SISH). Established in 2009 by the College of Arts and Sciences, SISH brought together academic departments and innovative research centers to create a multi-disciplinary home for the study of biomedical, behavioral, cognitive, and neurosciences. SISH includes 165 faculty members from departments of Chemistry and Biochemistry, Forensic Science, Mathematics and Statistical Science, Philosophy, Physics, Psychology, and the Women's Studies Center. In partnership with colleges of Medicine, and Engineering, and with state-of-the-art research facilities, the school fosters initiatives in biomolecular and cognitive neurosciences, developmental and clinical science, and science and mathematics education and supports an environment for innovation and intellectual exchange. SISH is housed in the newly constructed, $43 million Academic Health Center-4 (AHC-4) building with auditorium & small group instruction classrooms, wet and dry labs, office space, 2 conference rooms per floor each equipped with audio-visual meeting and teleconferencing technology, copy rooms, large common areas facilitating interactions between scientists with diverse backgrounds, and secure wireless networking.

Center for Children and Families

The Center for Children and Families (CCF) is an interdisciplinary research, clinical, and training facility with goals to advance basic knowledge of developmental processes and treatment of mental health and learning problems for children and adolescents. The CCF is part of the Department of Psychology, located on the Modesto A. Maidique campus of Florida International University.

Resources and Equipment: The physical facilities and resources of the CCF are state of the art, enabling CCF collaborators, including clinical child psychology graduate students and postdoctoral trainees, to conduct both large- and small-scale research and clinical activities with children and families with on-site, community, and school-based components. The CCF has facilities in the Academic Health Center (AHC)-1, AHC-4, and AHC-5 complex, as well as in

the building that houses the psychology department at FIU. The AHC-1 is the primary CCF clinical research facility with 11,000 square feet that houses 11 testing and clinical treatment rooms (with observational windows and wired for sound and video) ranging in size from individual testing rooms to a large group playroom and a space that can be configured as a living area for *in vivo* interventions, three fully equipped medical examination rooms (stadiometers, scales, exam tables, Dinamap blood pressure monitors), a locked medication facility, waiting rooms for parents and children, a journal library, two conference rooms and a larger presentation room equipped with audio-visual meeting and teleconference technology, a copy room, two large cubicle-equipped (each with a VOIP phone and networked computer) bullpen rooms for research staff and graduate students, a controlled access room for patient files, and 29 offices for faculty and staff equipped with VOIP telephones and networked computers. The CCF, in conjunction with the Department of Psychiatry at Herbert Wertheim College of Medicine at FIU, runs an outpatient child mental health clinic providing services for children and families. The clinic and developmental science laboratories house a large collection of assessment materials and treatment manuals. In the psychology building, Deuxieme Mason (DM), developmental science faculty laboratories also house two Tobii X-60 table-mounted eye-trackers, and an avian experimental laboratory fully equipped for developmental psychobiology research. These laboratories use approximately 5,000 square feet and are equipped with computer workstations for graduate students, a 6 TB networked data storage system, waiting room space for visiting families, and dedicated parking. Through the Department of Biomedical Engineering, CCF faculty has access to a MagVenture MagPro R30 Transcranial Magnetic Stimulation (TMS) System, and Advanced Neuro-technology (ANT) 64-electrode Electroencephalography System (EEG). Both systems are equipped with the Visor2 System with the NeuroNavigation Package, which facilitates TMS coil positioning and EEG source localization.

Personnel and Partnerships: There are currently 43 Ph.D. faculty affiliates of the CCF representing the College of Arts, Sciences & Education, the Herbert Wertheim College of Medicine, the Robert Stempel College of Public Health, the Wertheim School of Nursing and Health Sciences, and the School of International and Public Affairs. Faculty brings a broad range of expertise in infant, child, and adolescent mental health and developmental psychology. In addition to the Ph.D. faculty, the CCF is home to one M.D. faculty (a developmental and behavioral pediatrician) and one full-time pediatric nurse, five faculty statisticians, twelve postdoctoral fellows, four licensed clinicians, 136 graduate students across the APA-approved Clinical Science Doctoral Program in Child and Adolescent Psychology and the Professional Counseling Psychology Master's program, and 499 undergraduates who participate annually in one of our affiliated laboratories. Additionally, the CCF employs more than 98 full-time research assistants/associates/clinicians and 89 part-time staff. CCF's research and clinical operations are supported by an administrative director, three full-time grants management specialists, a full-time clinical director, a full-time assistant clinical director, six full time secretarial/administrative front- and back-office staff, and one IT Generalist. Nine of the staff members are clinicians working full time in the CCF community clinic. CCF's Data Center Team, consisting of two full time technical professionals and one part time REDCap administrator, provides secure computing environments and resources to support innovative research, consultation, and data storage and analysis (see Data Center below). The CCF has extensive relationships within the Miami-Dade County Public Schools; with primary care and specialty physicians; with The Children's Trust, the largest funder of child-focused services in

Miami-Dade County; and with mental health facilities in South Florida all of which facilitate recruitment of target populations for child- and family-focused research and treatment.

Computers: Faculty members have personal computers equipped for word processing, data analysis, and graphics, and CCF buildings have full access to secure wireless networking. They also have access to a laser printer, digital scanner and color printer. All computers have access to the Internet, E-mail, library information, and database searches. The CCF houses a large centralized data storage system, and FIU has an excellent computer facility with a DEC Alpha 7620 and VAX mainframe system. The facility is site licensed for a wide range of statistical software packages (MPLUS, SAS, SPSS, and others) available to researchers. The University Technology Services (UTS) and the College of Arts, Sciences, and Education Technology Information Center (CASTIC) provide instructional workshops as well as maintenance, updates, and repairs of computer hardware and software as needed. CCF faculty members receive support via Microsoft Sharepoint services provided by UTS. Data server space is provided via collaboration with the Center for Advanced Technology and Education in the FIU department of Engineering and Computer Science.

Research Electronic Data Capture (REDCap): Florida International University, in collaboration with Vanderbilt University and a consortium of more than 850 institutional partners (REDCap Consortium: http://www.project-redcap.org/), has developed a software toolset and workflow methodology for electronic collection and management of research and clinical trial data called Research Electronic Data Capture (REDCap; Harris, Thielke, Taylor, Payne, Gonzalez, & Conde, 2008). REDCap is a scalable, secure, enterprise-level application. Planning, configuration and end-user support for REDCap (https://cateredcap.fiu.edu/) is provided by the Center for Children and Families (CCF; http://ccf.fiu.edu) and the Department of Biostatistics (http://rscphsw.fiu.edu/biostatistics). The software is delivered via 256 bit SSL-encryption, and features: 1) an intuitive interface for the creation of case report forms (CRFs) and validated data entry; 2) audit trails for tracking data manipulation and export procedures; 3) procedures for importing data from external sources; the ability to relate CRFs to study events and schedule subjects via a calendar function; 4) extensive survey tools; and 5) automated export procedures for seamless data downloads to common statistical packages (SPSS, SAS, STATA, R). REDCap resides on servers within the Center for Advanced Technology and Education (CATE) (http://www.cate.fiu.edu) within the College of Engineering and Computing. This centrally-located data center features redundant, high availability infrastructure components, including more than 1 TB of SAN storage capacity, HP ProLiant DL380 G7 servers, VMWare Virtual Infrastructure Clusters and a system-wide Smart-UPS 3000VA Uninterrupted Power Supply. Full and incremental data backups are performed to our HP StorageWorks MSL2024 1 LTO-5 Ultrium 3000 FC Tape Library via the SAN; tapes are then stored in a locked safe within the CATE center. Software engineers within CATE group perform software maintenance and upgrades under the direction of, and in concert with, the Director of Data Services. The Division of Information Technology Security Office (http://security.fiu.edu) provides Policies and Standards related to physical and technical security, contingency planning and incidence response that align with the University Compliance Office policies and procedures regarding Health Information Privacy (http://policies.fiu.edu/browse.php?l=university_area&t=1&letter=1435) and Security (http://policies.fiu.edu/browse.php?l=university_area&t=1&letter=1439).

VB. Potpourri of Policies and Procedures

The Clinical Science Program in Child and Adolescent Psychology adheres to policies and procedures of the Department of Psychology, College of Arts, Sciences & Education and University Graduate School of Florida International University. Procedures described herein are intended to supplement - not to replace - department, college, and university procedures. In particular, procedures and details related to financial support, student grievances, misconduct, and others are available in the Graduate Student Handbook.

Committees

The Clinical Science Program maintains five faculty committees to ensure continuous quality improvement in the areas of Curriculum, Practicum, Professional Development, Internship, and Mediation. Each committee consists of a chair and 2-3 additional faculty members. They meet several times each year and as need arises. Students are invited to join committees.

Curriculum: The curriculum committee is responsible for reviewing student feedback on required clinical courses and making recommendations to the faculty regarding possible adjustments to course content or timeline. The committee is expected to be familiar with the APA Commission on Accreditation Implementing Regulation on Discipline Specific Knowledge to ensure that our curriculum remains in compliance. Related, the curriculum committee is responsible for specifying competencies related to program breadth requirements and reviewing the syllabi of new courses that may satisfy those requirements, to ensure that all students receive equitable knowledge and competency evaluation. The curriculum committee will work closely with the diversity committee to ensure that curriculum related to diversity and ethics are similarly well specified, comprehensive, and equitable across students.

Practicum: The practicum committee is responsible for compiling and updating advanced practicum opportunities, managing and responding to student requests for specific practicum, and supporting students to balance needs for depth and breadth of training. In the event that there are several students pursuing a specific Advanced Practicum during a semester when not all of them can be accommodated (e.g., not enough clinic cases), the practicum committee will be responsible for assignments (see pages 36-37 *Procedures for Clinical Practicum Placement*). This committee is additionally charged with ensuring faculty and student compliance with practicum evaluations and with facilitating linkages with community-based externships.

Professional Development: The professional development committee is responsible for ensuring that empirically informed cohort-appropriate professional development goals and opportunities are strategically integrated into doctoral training via mentor teams, course curriculum, speaker series, and regularly scheduled faculty panels that highlight a range of topics including but not limited to scholarship (e.g., curriculum vitaes, authorship, manuscript submission, grant writing, research ethics), clinical service delivery (e.g., diversity, ethics), and health and well-being (e.g., work-life balance, time management). Their task is to ensure that graduates enter the clinical science marketplace with the core foundation, advanced training, requisite skills, and professional savvy, responsibility, and humility to competitively pursue postdoctoral and junior faculty positions.

Internship Committee: The internship committee provides workshops, panel discussions, and presentations (oftentimes in conjunction with the Professional Development Committee) to support students during the year they are applying to internship. Specifically, the Internship Committee assists students with site selection, preparing the APPIC application, interviewing, and pre- and post-match support. The Internship Committee also coordinates with current faculty to contact internship sites of highest interest to our students.

Mediation Committee: The mediation committee aims to support students in resolving complaints related to policies or to faculty actions at the program-specific level. These program-specific issues include but are not limited to graduate mentors not responding to deadlines in a timely fashion, supervision issues in practicum or more broadly related to clinical work, or interpersonal issues with peers and/or colleagues. See pages 78-81 for more details about the mediation committee and procedures related to mediation.

Credit Transfer

We adhere to FIU's University Graduate School policy regarding credit transfer toward a doctoral degree (https://policies.fiu.edu/files/128.pdf). However, it is the Clinical Science Program's policy to require all students to participate in the core clinical science courses. Students may apply to transfer credits for courses that overlap substantively in learning objectives and content with core analytic courses or breadth requirements. Research and practicum credits may be considered for transfer as well. Students enrolling in doctoral training with a Master's degree or other advanced, post-baccalaureate training are required to follow these steps if they wish to transfer credits.

1. Prepare a list of course titles & accompanying syllabi that may be eligible for transfer
2. Review with the primary mentor, complete the University Graduate School Request for Credit Transfer, and submit the request to the Director of Clinical Training
3. The Director of Clinical Training will review the request and plan with the student for a competency assessment related to the course under consideration for waiver. This may include review of past assignments or assessment (written or oral examination) by the course instructor
4. The course instructor will submit a memo to the DCT detailing how the student has demonstrated competency for each learning objective and recommending (or not) that the student be permitted to request a course waiver from the University Graduate School
5. Following a positive recommendation from the course instructor, the DCT will submit a memo of approval to accompany a transfer request by the Director of Graduate Studies to the University Graduate School

Student Contribution to Program Governance

We believe continuous program improvement relies on input and feedback from students regarding curriculum and instruction (including coursework and practicum), faculty and student recruitment, and professional development. Therefore, we have created a system by which students provide ongoing and frequent input via the following mechanisms.

Cohort Representatives: Each cohort is asked to identify a student representative to serve as a liaison to the DCT. Cohort representatives are most frequently in contact with the DCT to share information with their cohort and to represent the views of their cohort on a variety of decisions that require immediate input. Cohort representatives are invited to clinical science faculty meetings, which occur approximately three times per semester. Their input has helped to shape the current design of those training opportunities, including the content and format of the Foundation Practicum sequence and the invited speakers and planned panel discussions.

Cohort Meetings with the DCT: Every semester the DCT plans a meeting with each cohort to provide updated information regarding program development, field questions related to program requirements most relevant to their current stage of training and invite input on evolving procedures. Occasionally the DCT replaces or supplements individual cohort meetings with combined-cohort or student-wide meetings when the most critical and urgent information holds equal relevance across cohorts.

Student Graduate Education Committee: One graduate student, elected by their peers, will represent the Clinical Science Program on the Student Graduate Education Committee. The Director of Graduate Studies, Dr. Shannon Pruden, will chair this committee. The student representative will be expected to represent the needs of clinical science students during committee meetings and to communicate items discussed at the SGEC with classmates and colleagues, keeping them informed of new developments or changes at the department level that may impact them. These may include but are not limited to issues related to course availability and sequencing; teaching assignments, funding, and assistantships; and faculty and student recruitment. The student representative will serve as liaison between Dr. Pruden (and faculty and department administration) and clinical science students (all cohorts) and will also be invited to attend psychology department meetings, which occur approximately three times per semester.

Graduate Recruitment Day: Current students are encouraged to engage actively in the recruitment of prospective students first by participating in the interview process (via phone or videoconferencing) and, for accepted students invited to Graduate Recruitment Day, hosting students overnight, participating in the student panel or campus tour, and sharing meals. Students are especially encouraged to speak candidly about program experiences, procedures, mentorship, requirements, strengths, and processes for continuous quality improvement.

Change of Mentor

The clinical science program relies on a mentor model to provide students with guidance and support from the very beginning of their graduate careers. Changes in mentor-student relationships occur for a variety of reasons, including changes in student interests and focus, faculty leaving the department, or sometimes conflicts in the mentoring relationship that make ongoing work together untenable.

If, for any reason, a student no longer has a Primary Mentor, the student should consult with the DCT and seek a new Mentor immediately. If there is an unavoidable delay in finding a new Mentor, the DCT will temporarily fill that post for up to one academic semester until a new Mentor has been identified. Individual faculty retain the right to approve or deny student requests

for advising or directing research and establish boundaries regarding the types of research they are willing to supervise. At the end of that term the student must have found a permanent Mentor in order to continue in the graduate program. If the loss of a Mentor is out of the control of the student (e.g., the Mentor leaves FIU), the DCT will help the student find a new Mentor.

If a student in good academic standing is unable to successfully secure a research mentor within one semester, the relevant training committee will convene and work toward a solution that provides the student with an opportunity to accomplish program requirements under the supervision of an assigned research mentor. However, it should be noted that a student's ability to identify and secure a research mentor is one indicator of the capacity to form and maintain professional relationships, which is an important aspect of professional suitability for a career in psychology.

(Policy adopted from the Idaho State University Clinical Psychology Program and the University of Illinois at Chicago Clinical Psychology Program)

Trainees Who Experience Conflicts Working with Diverse Families

We are committed to a training process that ensures that graduate students develop the knowledge, skills, and attitudes to work effectively with children and families who embody intersecting demographics, attitudes, beliefs, and values. When graduate students' attitudes, beliefs, or values create tensions that negatively impact the training process or their ability to effectively treat members of the public, program faculty and clinical supervisors are committed to a developmental training approach that is designed to support the acquisition of professional competence. We support graduate students in finding a belief- or value-congruent path that allows them to work in a professionally competent manner with all families.

For some trainees, integrating personal beliefs or values with professional competence in working with all families may require additional time and faculty support. Ultimately though, to complete our program successfully, all graduate students must demonstrate competence to work with any family placed in their care in a beneficial and noninjurious manner. Professional competencies are determined by the profession for the benefit and protection of the public; consequently, students do not have the option to avoid working with particular client populations or refuse to develop professional competencies because of conflicts with their attitudes, beliefs, or values. This statement reflects dialogue in clinical science related to training and education in professional psychology (see Behnke, 2012; Bieschke & Mintz, 2012; and Forrest, 2012).

Behnke, S. H. (2012) Constitutional claims in the context of mental health training: Religion, sexual orientation, and tensions between the first amendment and professional ethics. *Training and Education in Professional Psychology, 6*(4), 189-195. DOI 10.1037/a0030809

Bieschke, K. J. & Mintz, L. B. (2012). Counseling psychology model training values statement addressing diversity: History, current use, and future directions. *Training and Education in Professional Psychology, 6*(4), 196-203.

Forrest, L. (2012). Educators' and trainers' responsibilities when trainees' personal beliefs collied with competent practice. *Training and Education in Professional Psychology, 6*(4), 187-188. DOI: 10.1037/a0030799

Electronic and Social Media Policy

The Council of University Directors of Clinical Psychology has discussed the implications of trainee information on websites, social media, email signatures, and voicemail messages. As technology changes, professional training includes becoming aware of the implications such information might have. Please consider the following:

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

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

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

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

- Postings to listservs might reflect poorly on oneself and the program.

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

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

- Emails that are believed to be confidential can be found, forwarded, and potentially published (on listservs, in newspapers, etc.).

- Information that seems to be fun, informative, and candid might put the program and the student in a bad light. What might be seen as "private" self-disclosure indicating your perceptions of yourself, among friends is actually very public. This includes blogs, personal pages on social networking sites like Facebook and Instagram, etc. Anything on the World Wide Web is potentially available to all who seek it. Be mindful of your postings that are not only self-disclosing, but also other-disclosing. In other words, think

twice before posting pictures of, or information pertaining to, your friends (who may or may not also be graduate students) without their permission.

Trainees are reminded that if you identify yourself as a graduate student in the program, then we have some interest in how you portray yourself. If you report doing something unethical or illegal on the internet, then the website may be used by the program to influence performance review of professional conduct and, depending on the nature and severity of the misconduct, to result in dismissal from the program. As a preventive measure, the program advises that students (and faculty) approach online blogs, websites, and social media outlets (e.g., Twitter, Facebook) that include personal information carefully. Is there anything posted that one would not want the program, faculty, employers, family, or clients to read or view? Students are advised to engage in "safe" web practices and be concerned about professional demeanor and presentations.

(Policy adopted from the University of Kansas Clinical Child Psychology Program, University of Nebraska Psychology Program, and SUNY Binghamton Clinical Psychology Program)

Panther Degree Audit

Students are encouraged to retrieve a real-time status of their academic career progress at my.fiu.edu using Panther Degree Audit (PDA). PDA provides a record of academic progress toward completion of the academic degree program. Students can review courses they have taken, including in-progress courses, and review and plan for courses required to complete their degree. PDA will assist students and their mentors in planning for coursework, practicum, and research credits as they pertain to the M.S. and the Ph.D. To view and validate your PDA, log into my.fiu.edu. From your Student Center, under the Academics drop down menu, select "Academic Requirements" and click "go". This will take you to your PDA page. For further details, instructions, and tutorials, please review materials on the intranet of the program website or visit http://degreeaudit.fiu.edu/Students/Pages/TutorialsTraining.aspx.

(From the FIU Panther Degree Audit webpage: http://degreeaudit.fiu.edu/default.aspx)

Academic Misconduct

We adhere to FIU's University Graduate School policy regarding Academic Misconduct (http://gradschool.fiu.edu/academic-misconduct.shtml). Graduate students at FIU are expected to adhere to the highest standards of integrity in every aspect of their lives. Honesty in academic matters is part of this obligation. Academic integrity is the adherence to those special values regarding life and work in an academic community. Any act or omission by a graduate student that violates this concept of academic integrity and undermines the academic mission of the University shall be defined as academic misconduct and shall be subject to the procedures and penalties for resolution of matters within the University judicial system.

(From the FIU Graduate Academic Misconduct Definitions and Procedures http://academic.fiu.edu/AcademicBudget/misconductweb/Graduate_academic_misconduct_final.pdf)

Due Process and Grievance Procedures

We adhere to FIU's policy on due process and grievance procedures as described in the FIU Student Handbook (http://globaldatebooksonline.com/flipbooks2014/fiu2014/) and Code of Conduct (http://academic.fiu.edu/academicbudget/misconductweb/1acmisconductproc.htm).

FIU Clinical Science Program Mediation Policy

The Mediation Committee (MC) in the Clinical Science Program in the Department of Psychology aims to support students in resolving complaints related to policies or to faculty actions at the program-specific level. These program-specific issues include but are not limited to graduate mentors not responding to deadlines in a timely fashion, supervision issues in practicum or more broadly related to clinical work, or interpersonal issues with peers and/or colleagues. Note that the MC is superseded in the following situations:

- University or Department Committees should be consulted for graduate student academic grievances, such as arbitrary/capricious awarding of grades, unprofessional conduct by a professor affecting the student's academic performance, inappropriate/inadequate advising, arbitrary dismissal from a graduate course or program, and irregularities in the implementation of policies or procedures in college/school-level grievance hearings (https://policies.fiu.edu/files/739.pdf).
- Any issues related to sexual harassment, or discrimination based on age, sex, sexual orientation, religion, race, marital status, national origin or disability should be addressed with the Division of Diversity Equity and Inclusion office (https://dei.fiu.edu/).
- Issues related to research misconduct by a professor should be resolved using the University Research Misconduct policy (https://policies.fiu.edu/policy/733).
- Issues related to professional misconduct resulting in dismissal of a student from a course or program are addressed at the school- or college-level.
- Issues related to grading, except arbitrary and capricious awarding of grades, should be appealed following the process established by the applicable college.

The MC should only be consulted if a conflict cannot be resolved in an informal manner. As such, students are encouraged to first discuss the issue with the faculty member directly, as well as the Director of Clinical Training (DCT) if additional support is needed to reach an informal resolution. In the event that the conflict cannot be informally resolved, students may choose to complete the Mediation Request Form (available on the Clinical Science Sharepoint site) for submission to the MC. Upon approval of the conflict, the MC will work with the student and any parties involved to reach a resolution and establish action items to ensure the enforcement of necessary steps. The specific steps taken by the MC during the mediation process are delineated within the Mediation Policy. **Students who are unsure of how to proceed about an issue or about the process of requesting mediation for an issue are welcome to first discuss the issue with one or both of the elected student members of the MC. Discussions with student members will be entirely confidential.**

In general, this committee should not represent a first step toward resolution. Rather, students are required to use existing policies as a guide (including, for example, various petition requests that

are in place and are reviewed by other existing committees) and to communicate any concerns with faculty members involved in order to seek timely and informal resolution. In the case of issues directly related to a faculty member, students are strongly encouraged to discuss the issue with the faculty member directly as the first course of action (although strongly encouraged, a student may also choose to address the MC Chair and/or student representatives first, if there is a concern about discussing with the faculty member as a first step). If after speaking to the identified faculty member or other University personnel the issue is not resolved, the student should speak to the Program Director (i.e., Director of Clinical Training) in order to determine whether an informal resolution is possible. Students may also contact the Director of Graduate Studies to discuss the feasibility of an informal resolution. It should be noted that students are free at any time to discuss issues in an informal manner with the Program Director, faculty or student members of the MC, the chair of the GEC, the department chair, or other University faculty/staff. This includes support and advice on how to address the concern, as well as guidance on whether to complete the Mediation Appeal Form to initiate a formal process with the MC committee. For circumstances in which these initial approaches are unsuccessful in reaching resolution, students may appeal to the MC (note the Mediation Request form will ask for an outline of steps taken prior to referral of the issue to the MC in section F).

Students may initially engage with the MC either through contacting the MC Chair, any MC faculty member, or any MC student member to ask questions and receive clarification on procedures. Formal initiation with the MC should be through contact with the MC Chair. The committee members maintain confidentiality throughout the process unless this is in conflict with current laws or broader university policies. The mediation procedures described here are specific to the Clinical Science Program and therefore do not supersede any university procedures.

General Procedure: Students complete the Mediation Appeal Form to initiate the process and submit to the MC Chair and "respondent(s)" ("respondents" are those faculty or students who are indicated as persons involved in the issue). The MC Chair will determine if the issue falls under the scope of the MC committee. In the case that the MC Chair determines that the complaint falls under the purview of the broader University policies, the student will be directed to the appropriate office and/or policy.

If the mediation request is accepted, the committee will then gather information from relevant student(s) and faculty member(s) and this information will be discussed at the next available MC meeting after the information is gathered, not to exceed 45 business days from the initiation of the process by the student. The meeting will include 4 phases:

1) *Review;* includes summary of Mediation Appeal Form and other relevant information obtained from student(s) and faculty member(s). Student, student advisor (defined below), and respondents are invited to attend this review.
2) *Opportunity for Comments;* student and respondents are invited to summarize their position in writing and the student advisor is invited to comment on any items meriting additional attention by the MC. The student, student advisor, and respondents are invited to attend this session where the written documents are reviewed in advance by the MC and then discussed.

3) *Mediation;* The MC engages in efforts to find a resolution that satisfies all parties. The student, student advisor, and respondents are invited to attend this session. If mediation is successful, all parties sign the document with the recommendation/agreement, which gets forwarded to the Program Director. If no resolution is determined, the issue proceeds to phase 4 (see below).

4) *Deliberation and Vote*; the MC summarizes the meeting, generates recommendations, and votes on these recommendations. As stated above, if mediation was successful, no vote is required. If mediation was unsuccessful, this vote may include a final decision on outcome. All committee members are invited to attend this session, but only faculty will vote on the resolution (this is to protect student members of the committee from potential negative consequences in the case either or both parties are dissatisfied with the resolution). The final vote and

recommendation goes to the Program Director in order to make a final decision about the resolution and to assure that the resolution is initiated.

Following this procedure, a written summary of recommendations and voting outcome will be forwarded by the MC to the Program Director within 10 business days. The Program Director will issue a summary of action (acceptance, modification or rejection of recommendations) to the student, respondents, and MC within 10 business days. The Program Director is responsible for making a final decision of any actions, for assuring that a resolution is obtained, and that the resolution is fully initiated. All documents will be maintained in a secure location, with no access permitted to parties not bound by confidentiality. These documents will be kept separate from faculty and/or student's permanent files.
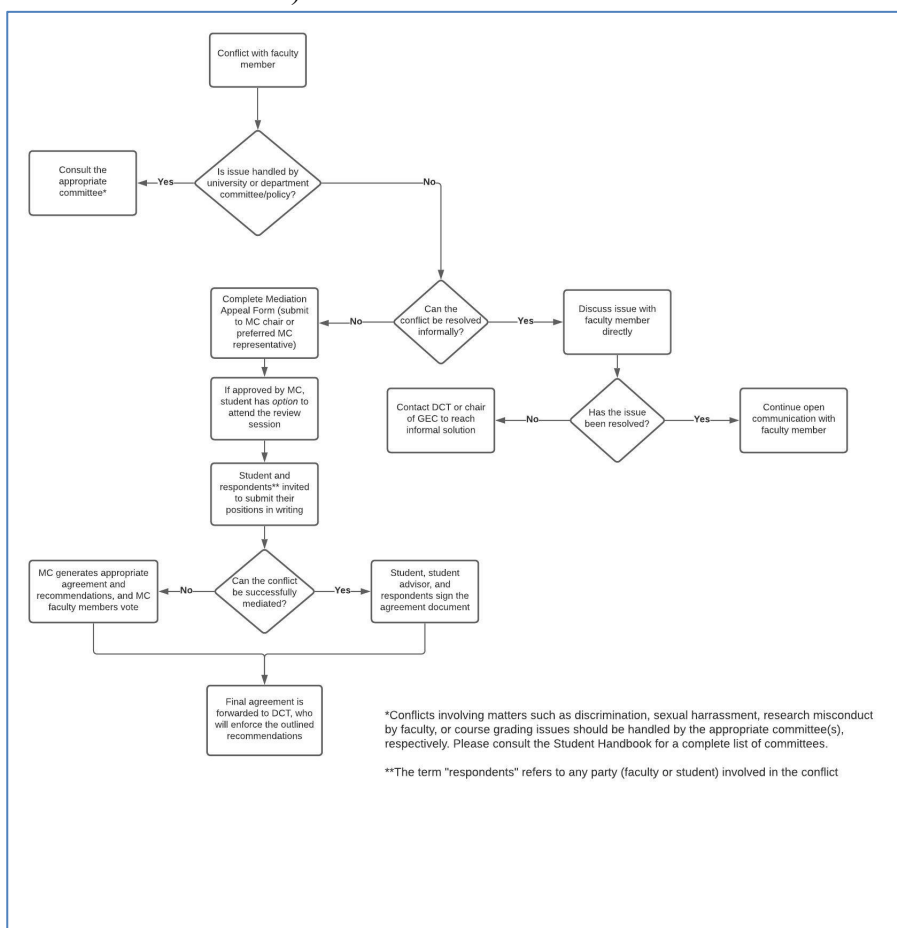
Standing committee: The committee will be composed of three core faculty members who are appointed by the Program Director for a 3-year term (re-appointments are allowed) and two students (who are elected by fellow students on an annual basis). The Program Director may not serve on the committee. An effort will be made by the Program Director to appoint a committee that is diverse in representation. In circumstances in which a particular mediation request may be best suited by a particular representation on the committee, the Program Director may temporarily replace or augment the standing members with faculty deemed best suited to review

the mediation and grievance request and support student needs. These five core committee members maintain confidentiality and they, along with any additional member appointed for a specific issue, are the only members present during Deliberation. Only the faculty members on the MC, and those faculty members added to the MC to augment expertise, will vote for the resolution.

Students may challenge the inclusion of any members of the committee. The challenge must be in writing and show actual bias (such as a conflict of interest, animosity, pressure, or influence) that would preclude a fair and impartial hearing. The Program Director will determine whether to grant such challenge in their discretion, and such decision is final and not appealable. Students who bring an issue to the MC will have the right to request a faculty-only review and involvement in cases where the initiator of the issue wishes to maintain privacy/confidentiality of the motivating issue and their involvement with the MC. Students with privacy concerns should contact the MC Chair directly so that appropriate safeguards can be put into place to maintain information firewalls at the outset of the process.

Student advisor: The student may choose an advisor to be present during the Review, Opportunity for Comments, and Mediation. During the Opportunity for Comments, the advisor may call attention to any matters that they believe the committee may have overlooked or under-emphasized during the review process. The student is responsible for presenting their own information, and therefore, advisors are not permitted to speak or to participate directly in the mediation process. The student may consult with the advisor during the hearing but this consultation must take place in a manner that does not disrupt the proceedings. In addition, the advisor chosen by the student cannot be a witness in the matter.
The advisor would be independent from the MC, and can be another student or a faculty member in the department. The student also may decline to have an advisor present. The student advisor must agree to maintain confidentiality throughout the process and beyond.

Conflict of Interest: If there is a Conflict of Interest among the committee members (i.e., the Mediation Request Form names one of the faculty standing members as a respondent; or scheduling constraints limit a committee member from physically attending the meeting), then the Program Director will appoint a faculty replacement. If the Program Director is named as a respondent, then the Department Chair will fill the role of Program Director. If both are named as respondents, then the Chair of the MC will take over these roles.

Timelines: Standing meeting times will be reserved 1x monthly, whenever possible. The committee will put forth at the start of each term the schedule for meetings and the deadline by which the student needs to submit the Mediation Request Form in order to be considered at the next meeting. If there is more than one student request for mediation placed in advance of the same meeting, the MC chair will review the requests and determine if any can wait until the next meeting. If both requests are time-sensitive, the MC will aim to convene multiple meetings within a 45-business day timeframe. Students will be informed as soon as possible about scheduling.

Appeals: Following this process, no further appeals are considered within the MC. All appeals are directed to departmental or university grievance committees.

XII. Future Directions

We are extremely delighted to join a small number of programs devoted to Clinical Science in Child and Adolescent Psychology. We are proud of our emphasis on science and our dedication to advancing knowledge that contributes to reducing the mental health burden. We are working hard to ensure that our students obtain a breadth of research, clinical, and professional training experiences that align with professional benchmarks, facilitate scholarship, and ensure their timely completion of substantive and meaningful program milestones to prepare them for careers in clinical science. Our faculty brings expertise that spans the continuum from basic to applied science, prevention to intervention, neuroscience to community, and infancy to young adulthood, with a wide range of interests in assessment and intervention across multiple psychopathologies.

As we continue to grow, we have several additional goals in mind by which to improve and expand the training we can offer our students. First, we recently were re-accredited by the American Psychological Association in 2020 for a 10-year period and are exploring the possibility of additional accreditation (e.g., Psychological Clinical Science Accreditation System). Second, we continue to explore community settings that may provide new opportunities for external clinical practicum with care to ensure that our students continue to receive the close, empirically-informed supervision they receive now related to implementation of evidence-based practice. Third, we are aware of a need to plan for students who may not be successful in the APPIC internship match, and we are discussing a vision for an in-house customized internship that would help to facilitate those students' timely completion of program requirements. Finally, ongoing self-assessment includes regular collection of both proximal data (student performance and outcomes during the program, with respect to stated program goals, objectives and competencies) and distal data (performance and outcomes achieved by students following graduation from the program, with respect to program goals, objectives, and competencies). We will use both proximal and distal data, along with faculty and student feedback, teaching and practicum evaluations, and the annual program quality survey to leverage our strengths, improve on weaknesses, and identify areas for growth toward becoming one of the nation's top clinical science programs in child and adolescent psychology.