

UCLA CLINICAL PSYCHOLOGY PROGRAM  
GRADUATE STUDENT HANDBOOK  
(includes SoA DSK requirements as of January 1, 2017)

## Handbook for Students in Clinical Psychology

This document provides Clinical Psychology graduate students with important information about the Clinical Program's requirements, procedures, and timetables. Some items involve Department requirements [see *Graduate Program in Psychology Handbook: Policies, Procedures, and Requirements* for detailed information], some are Clinical Program requirements, and others are guidelines on how to anticipate and navigate key choice points in the training program. As individual students are expected to tailor their programs to suit personal goals and needs, aspects of this document should be viewed as a rough blueprint rather than a set of specific prescriptions on how to proceed.

### General Guidelines

1. We have designed a 6-year Ph.D. program, and students can generally complete all requirements within this period. Taking more than 6 years, unless due to personal adversity, is discouraged. It is important to note that the Psychology Department has a 6-year rule for completion of the Ph.D. that the Department and the Clinical Program enforce.
2. Expect graduate school to be a year-round undertaking. Unlike undergraduate education, summers are not free, so plan accordingly. When you do take extended time off for leisure or to participate in professional activities (e.g., scientific conferences), remember to keep your advisor(s), course instructors, and clinical supervisors informed of your activities.
3. Work closely with your advisors to make plans. Your *academic advisor* may also be your *research advisor*, or you may have different faculty members who serve as academic and research advisors. Your advisors are there to help, but you will also need to take an active role to facilitate this process. The next section discusses advising in detail.
4. In all matters of requirements, evaluations, difficulties, etc., students are encouraged to seek as much assistance as needed. We want every student to succeed. There are many ways to obtain guidance, advice, petitions for exceptions and exemptions, appeals of evaluation decisions, and assistance in dealing with academic, professional, and personal problem situations. You can obtain help from the Director of Clinical Training (DCT); your advisor(s); the Department Graduate Advising Supervisor; the Clinic Director; the Clinical Area Coordinator; and many others, as noted herein and in the Department Graduate Handbook.
5. As much as possible, plan your progress through the Clinical Program with a long-term view, not just year-to-year or quarter-to-quarter. Thinking long-term is important to help you maximize the contributions of this program throughout your career development. Sometimes it can be stressful to think of the big picture. We don't suggest you dwell on how every step you take affects your future, but do keep your choices of research, coursework, teaching and clinical activities in a broad perspective.
6. Doubt, fear, and uncertainty are a normal part of the process. Despite these experiences, you will do well and enjoy your time here. This is what you've been working toward up until this point, and you'll look back with pride in just a few short years. It's an amazing ride!

## Advising

1. **Selecting an advisor.** Incoming students are assigned an academic advisor, generally based on matching research interests of the faculty and student. The academic advisor's job is to assist you in planning your curriculum. For example, he or she will discuss your choice of courses with you and is required to sign your course list (i.e., list of enrolled classes) during your first quarter.

Some students will have the same person function as academic and research advisor, while other students will choose to have two separate people in these roles. A student may also have more than one research advisor over time and if warranted, simultaneously. The research advisor's job is to assist you in planning and executing your program of research. For some students, a single advisor is a better fit for both roles. An advantage of having separate academic and research advisors is that it can foster additional contact with faculty. However, you are always welcome to solicit input from faculty through less formal channels. If your research advisor is also your academic advisor, he or she must be a Clinical Area faculty member. Should you switch to a research advisor who does not have a primary appointment in the Clinical Area, you will need an academic advisor who is a member of the Clinical Area. If you change either advisor, please be sure to notify the Department Graduate Advising Supervisor and the Clinical Area Coordinator.

2. **What do you and your academic advisor do?** Your academic advisor should be knowledgeable about academic requirements (although faculty will often refer you to the Department Graduate Advising Supervisor for specific details), and they will assist you in career planning. Your academic advisor, along with your research advisor, if it is someone different, should also be appraised of and approve choices regarding all course work and clinical placements. Be sure to keep your academic and research advisors aware of your progress, including any accomplishments or difficulties you have. If you have difficulties, it is especially important to talk to your academic advisor and enlist their assistance. This means that you should meet with your academic advisor regularly and discuss substantively and candidly how things are going. Good advising is an intensive and continuous process.

Students should take the initiative in setting up appointments for the purpose of advising. Some students suggest to their academic advisors a weekly, bi-weekly, or monthly meeting time. Faculty are not doing you a favor in meeting with you; it is your right and a faculty member's job to do this. The frequency of the meetings will depend on what is needed. It is a good idea to go into those meetings with an agenda. What do you want to get accomplished? The more you prepare, the more fruitful the meetings are likely to be.

Similar guidelines apply to your relationship with your research advisor, only his or her role is focused primarily on helping you conceptualize and execute research and develop that aspect of your career. Initially, your efforts will likely focus on your 251 project. Later, you will focus on other research opportunities, requirements of the Clinical Program (e.g., 596 research series), and specific projects such as your dissertation.

3. **Feedback.** Toward the end of each academic year, you will be asked to complete the Student Progress Review form and to discuss your progress with your academic advisor. The Clinical Area Coordinator will distribute the form during Spring Quarter.

There are several important formal mechanisms for receiving feedback that complement the ongoing input and feedback you should receive from your advisor(s) throughout graduate school. Each year you will receive a letter from your academic advisor, copied to the DCT, detailing your progress over the year and highlighting both your accomplishments and areas that require further attention and growth. You will also receive quarterly evaluations of your clinical activities starting in your 2nd year and until internship when letter grades are issued quarterly; narrative evaluations may be less frequent. These letters, along with your progress forms, transcripts, and any other materials related to your performance in the Clinical Program, will be kept indefinitely in your student file along with your application to graduate school. The information in your file serves to reflect your program status and is used by the DCT when writing letters on your behalf during the internship application process. Requests to see your file should be directed to the DCT. Letters of recommendation for graduate school cannot be shared if you waived your right to access them.

- 4. If there are problems in the advising relationship.** Most advising relationships are productive and positive. However, problems can arise. It is vital that you have an advisor with whom you can discuss course progress, research problems, clinical training, career development, and overall progress toward the Ph.D. If you have difficulties getting the help you desire, or if you feel that the balance between the time you may be paid to serve, for example, as a Teaching Assistant (TA) or Graduate Student Researcher (GSR) and the time you are actually putting in are discrepant, you have several options. First, talk to your academic or research advisor to acknowledge difficulties and see whether they can be resolved. Maintaining open communication from the outset is of substantial value. Be clear and honest about how you would benefit from your advisor's advice as well as what he or she can expect from you, academically and research-wise.

Although your academic advisor is generally the initial go-to person for concerns and problem solving, the DCT is another official go-to person, and you're welcome to talk with other Clinical Area faculty. The Department's Vice Chair for Graduate Studies is also available, as is the Department Chair. Students also have the option of seeking assistance from the UCLA Office of Ombuds Service and the UCLA Graduate Division. In line with APA ethical guidelines, one should try to resolve issues at the lowest possible level before taking the matter elsewhere. Thus, when possible, it is expected that all such conflicts are to be addressed first within the Clinical Program, then within the Department, before seeking a resolution outside of the Department.

Procedures to provide confidentiality about informal concerns and more formal grievances include, for example, identifying individuals by code numbers rather than names and securing written materials in a locked file in the Department Chair's office. It is always legitimate to ask the person to whom you take a concern about the parameters of the situation, such as confidentiality, what actions they are contemplating, what information you'll receive if they follow up, etc.

## Student Wellness & Wellbeing

The culmination of our program - the Ph.D. - is a major scholarly accomplishment. As you work toward this important goal, you will be asked to contend with a challenging workload, navigate multiple professional roles, achieve a work-life balance, respond to evaluations and various expectations (including your own), and confront other choice points as the list goes on. Facing demands such as these on a regular basis is a real challenge, and meeting these demands successfully can sometimes be as difficult as mastering the material

and skills you are being asked to learn. The program encourages routine self-care and expects your well-being to be part of your regular conversation with your mentor and other advisors. Nevertheless, students in the program can experience high levels of stress, waning enthusiasm and direction, and feelings of anxiety and depression, even to the point where mental and physical health are neglected. We caution you to be aware of these experiences, in yourself and in others in the program. To provide additional supports, the Clinical Program's Wellness and Wellbeing Committee is charged with assisting the DCT and faculty by surveying, monitoring, and addressing student concerns and needs related to their wellbeing and wellness. Students may also wish to seek psychological help. To assist with that process, a guide to local mental health resources can be found in Appendix D of this Handbook.

## **Background Check**

Prior to your first Fall Quarter, you will be required to complete a background check and fingerprinting (aka "Live Scan") with the UCLA Police Department (PD). The Clinical Program will cover the cost of the fingerprinting and background check provided you are using the local UCLA PD. You will receive more information about how to schedule these appointments from the Clinical Area Coordinator. More information regarding the purpose and content of these background checks, as well as mechanisms for managing errors or appeals, can be found in Appendix A of this Handbook.

## **CITI Training**

Another program requirement is that you complete 1) Collaborative Institutional Training Initiative (CITI) modules on conducting research with human participants and 2) the CITI modules for obtaining HIPAA training certification. Although you may have already completed similar training programs at another institution, both programs need to be completed online through UCLA. An overview of the programs with links to more detailed information, including how to create a CITI account, is available at <http://ora.research.ucla.edu/OHRPP/Pages/EducationTraining.aspx#overview>. Please be sure to complete both programs before the end of your first Fall quarter and to submit your training certificate to the Clinical Area Coordinator.

## **Clinical Program Policy on Diversity-Related Training**

In light of our guiding values of collaboration, respect, and fairness, students are required to (a) attain an understanding of cultural and individual diversity as related to both the science and practice of psychology and (b) provide competent and ethical services to diverse individuals. Our primary consideration is always the welfare of the client. Should such a conflict arise in which the student's beliefs, values, worldview, or culture limits their ability to meet this requirement, as determined by either the student or the supervisor, it should be reported to the Clinic & Placements Committee, either directly or through a supervisor or clinical area faculty member. The Committee will take a developmental view, such that if the competency to deliver services cannot be sufficiently developed in time to protect and serve a potentially impacted client, the committee will (a) consider a reassignment of the client so as to protect the client's immediate interests, and (b) request from the student a plan to reach the above-stated competencies, to be developed and implemented in consultation with both the trainee's supervisor and the Clinic Director. There should be no reasonable expectation of a student being exempted from having clients with any particular background or characteristics assigned to them for the duration of their training.

## Social Media

Many students use various forms of social media, including but not limited to email, blogs, wikis, list serves, and social networking sites. Facebook and Twitter are frequently used examples of these media. When using social media, it is expected that students will act with courtesy and respect toward others. This includes but is not limited to clinically sensitive information you may have about a client. Some of what is needed here is obvious, but some is not. For example, if you convey that you are discussing a client, even completely anonymized, it can have an impact on the public's perception of mental health services. For this and other reasons, the university and the profession will hold you to a high standard.

Regardless of where or when they make use of these media, students are responsible for the content they post or promote. Students may be subject to action by the Clinical Program, Psychology Department, or UCLA for posting or promoting content that substantially disrupts or interferes with UCLA activities or that might lead UCLA to reasonably foresee substantial disruption or interference with its activities. This action may be taken based on behavioral misconduct, academic performance, academic misconduct, or professional misconduct, and may range from a reprimand or failing grade to dismissal from the Clinical Program or the University.

Students should be aware that unwise or inappropriate use of social media could negatively impact their educational and professional career opportunities indefinitely. To avoid these negative impacts, students should consider the following:

- Though you may only intend a small group to see what you post, a much larger group may actually see your post. Be aware that your statements may be offensive to others, including other members of the Department, undergraduates, or clients who may read what you post.
- Training sites, potential employers, clients, and others may use social media to evaluate you.
- Once you have posted something via social media, it is out of your control. Others may see it, repost it, save it, forward it to others, etc. Retracting content after you have posted it is practically impossible.
- Be aware not only of the content that you post, but of any content that you host (e.g., comments posted by others on your site). Content you host can have the same effect as content you post.
- If you post content concerning the Clinical Program, Psychology Department, or UCLA, make it clear that you do not represent these entities and that the content you are posting does not represent their views.
- Make sure the content you post is in harmony with APA, PCSAS, and state ethical and professional guidelines.

## Student Representation

Students are represented on all Clinical Area standing committees with the exception of the Clinical Area Executive Committee, which is typically comprised of the DCT and faculty chairs of standing committees. Other Area committees include the Clinical Area Committee (CAC), Academic & Student Progress Committee, Admissions Committee, Clinic & Placements Committee, Research & Professional Development Committee, and Wellness & Wellbeing Committee. The composition of student representation

on Area committees is determined by the scope of committee activities and student interest. For CAC, a student is selected by each class to serve as their representative, and they attend monthly CAC meetings as well as one or more group meetings with the DCT during Winter and Spring Quarters. During Fall Quarter, the DCT and Clinic Director meet with each class separately to provide an overview of the upcoming year, answer questions, address concerns, etc. Students are also strongly encouraged to contact the DCT directly with individual or group issues. During Spring Quarter, all students are asked to complete a survey that assesses their experiences.

## Timeline of Activities

Below we outline the typical activities for students in Years 1-5, with notes on goals, requirements, and evaluation processes. (Year 6 of the program is typically a full-time internship.) *Be sure to see accompanying text that follows each table.*

**CREDIT:** Students must always enroll in a minimum of 12 units in each of Fall, Winter, and Spring quarter and for a letter grade unless indicated otherwise. Please contact the Department Graduate Advising Supervisor if you have any questions. GSRs must enroll for 12 units in order to receive full fee remission.

### Year 1

Topic	Fall	Winter	Spring
Research Activities <sup>a</sup>	Fall Quarter is designated for identifying possible 251 topics & sponsors. Students should enroll in 2-4 units of 597 for this work, particularly if extra units are needed to reach the 12 unit minimum.  Enroll in 296 for lab meetings you attend regularly.	251A: 4 units; Grading basis: S/U. Planning and implementation of a research study.  Enroll in 296 for lab meetings you attend regularly.	251B: 4 units; Grading basis: S/U. Spring, Summer, and Fall Quarter (in Year 2) involve various stages of data collection, analysis & write-up. Final Project write-up <b>due</b> end of Fall Quarter, 2 <sup>nd</sup> year.  Enroll in 296 for lab meetings you attend regularly.
Required Clinical Area Courses <sup>b,c</sup>	270/271A Foundations of Clinical Psychology (4 units/2 units)	270/271B (4 units/2 units)  277A Assessment (2 units)	270/271C (4 units/2 units)  277B Assessment (2 units)
Clinical Activities	271D Interview Module (2 units)	277 Clinical assessments	277 Clinical assessments Summer: Begin Clinic placement

		271E SCID Module	271F SCID Module
Statistics	250A (4 units)	250B (4 units)	250C (4 units)
Additional Department Activities and Courses <sup>a</sup>	25% TA for Psych 10 495A: TA training		
Major Exams & Evaluations <sup>b</sup>			1 <sup>st</sup> year written C-exam
Other <sup>c</sup>	289A (Clinical Program Meetings required.) Optional: NSF proposal	289B (Clinical Program Meetings required.)	289C (Clinical Program Meetings required.)

**Note on the 251 series in the 1<sup>st</sup> year:** Completion of a research project is required by the Department by the end of Fall Quarter of the 2<sup>nd</sup> year.

**Fall Quarter** is spent becoming acquainted with faculty research and trying to identify a general topic for your 251 project. (You may become involved in additional research, but the 251 project should have priority.) During this time, you should also select your primary and secondary advisors or “sponsors” for this project, with the understanding that these advisors may change after the 251. The primary sponsor of your 251 is usually your research advisor. The secondary sponsor for your 251 should be a faculty member who can provide helpful feedback and information about the topic.

Try not to stress out about picking a topic, as your 251 will not define your career; however, a hastily picked topic that is chosen for the sake of “having one” is unlikely to be worthwhile. Hint: If you plan to collect original data from human subjects, submit your application to the Office of Human Research Protection Program (aka the Institutional Review Board or IRB) *early*. Your advisor or an advanced graduate student can assist with the process.

**Winter Quarter** involves planning and implementing a specific study that you conduct under your research advisor’s supervision, and completing the relevant review of the literature.

**Spring Quarter** includes two requirements beyond furthering progress on your project. You need to schedule a face-to-face meeting with the primary and secondary sponsors of your 251 project to discuss your hypotheses and study design. This meeting is meant to be a helpful “working” session. Toward the end of the quarter, you will need to provide a complete draft of your 251 literature review and method sections to your sponsors, the Clinical Area Academic & Student Progress Committee and the Department Graduate Advising Supervisor. For details regarding 251B requirements (due at the end of Spring Quarter) and 251C requirements (a revised draft due at the beginning of Fall, and the final paper due at the end of Fall), please refer to the 251 guidelines that are provided by the Department Graduate Advising Supervisor.

**Summer Quarter** is generally devoted to data collection and data analyses. It is expected that all students will remain in residence to work on research (although you need not enroll in 597) and pursue clinical work, discussed below.

**Note on Clinical Training in the 1<sup>st</sup> Year:** Concurrently with didactics in 277A/B, students start their first clinical practicum in assessment in the Psychology Clinic during Winter Quarter, and assessment cases continue through Spring Quarter and typically last into the summer. An orientation to the Clinic, including risk assessment procedures, is provided in January, prior to starting any assessment cases. Students will be provided with a Clinic Manual that details administrative procedures and documentation requirements; you are expected to read and adhere to the contents of that manual.

Clinical intake and psychotherapy assignments in the Clinic begin during the summer between the 1<sup>st</sup> and 2<sup>nd</sup> years. Starting the week after the 4<sup>th</sup> of July holiday, you will be expected to attend weekly meetings (generally Tuesday afternoons) of Psych 273, which covers issues related to the practice of psychology. In addition, you will be assigned to an intake team, and you may start picking up cases in your adult and child therapy rotations if your supervisor is available. Some research placements may also begin with training or case assignment over the summer. It is expected that you will be in residence and available for these clinical placements over the summer (with the understanding that you may choose to take some time away for vacation and conferences).

**Note on APA (CoA) DSK Requirements:** The APA Council on Accreditation (CoA) has established Discipline-Specific Knowledge (DSK) requirements that include one course or equivalent in each of the following basic science areas: History and Systems in Psychology, Affective Aspects of Behavior, Biological Aspects of Behavior, Cognitive Aspects of Behavior, Developmental Aspects of Behavior, Social Aspects of Behavior, and Advanced Integrative Knowledge of Basic DSK Content Areas. Coverage should be *broad in scope, and focused on basic (i.e., not clinical or applied) research in psychology*. Some of these requirements can be met by completing the requirements for the minor and Department core courses. However, additional seminars, courses, etc. will be needed to meet all of the requirements. Some educational learning experiences obtained prior to matriculation may be applied towards fulfilling DSK requirements. A description of the guidelines and procedure for considering pre-matriculation activities and for acquiring knowledge at the graduate level are provided in the “Policy for Fulfilling the APA (CoA) Discipline-Specific Knowledge Requirement” (see Appendix C). It is essential that you work with the Academic & Student Progress Committee and your academic advisor to select the appropriate courses and that you *document completing these APA (CoA) DSK requirements as part of completing your Student Progress Review form*. All DSK requirements must be completed prior to graduation. Because of licensure eligibility requirements, you are advised to keep copies of the syllabi for all courses to document that you have met all APA (CoA) course requirements. (Licensure requirements vary by state and over time, and not all students will pursue careers that require licensure. It also can be difficult to predict whether you might later decide to seek licensure. Thus, although the program is not designed to ensure license eligibility, it is designed to be mindful of it.)

**Note on Departmental requirements:** (See also Departmental Graduate Handbook.) In the 1<sup>st</sup> year, you are required to take three statistic courses; there is no longer an advanced statistics course requirement. During the first two years, you will need to complete two Department core courses from two *different* areas outside of Clinical (e.g., Measurement, Developmental, BNS, etc.). Also, students need to complete a minor before “advancement to candidacy” for your Ph.D. (i.e., completion of all requirements

except the dissertation). Three courses outside of clinical are typically required for a minor. Note that some requirements for a minor can also fulfill Department core course and APA (CoA) DSK requirements. Therefore, most students take a required core course in their intended minor. Contact the Department Graduate Advising Supervisor for information on which courses count as “cores,” which can be counted toward “minors,” and which can count as both. Always inspect the course schedule for available courses. Many courses are offered intermittently, so you need to plan in advance, in consultation with your academic advisor.

All required courses must be passed at the level of B or better. The Department’s Vice Chair for Graduate Studies and the Chair of the Graduate Studies Committee monitor grades and notify any student (and the DCT) about deficiencies and remedies.

**Note on the 1<sup>st</sup> Year C-Exam:** As part of the qualifying exam for the Clinical Program, students complete a written comprehensive or “C” exam based on course content and required readings from the 270 series, with integrative questions determined by the course instructors. This exam uses a take-home format and is taken at the end of Spring Quarter. Case studies and questions covering the material in the 270 series are generally included, and students have several days to complete the exam. These exams are presented anonymously to faculty to score. Two or three different faculty members score each question using established scoring guidelines. The average score for each question must meet the level determined to be passing, and for the exam to be considered a Pass all items must be passed. If a single question is considered a pass at the borderline level, an Exam Subcommittee will typically require a second written assignment that is intended to provide an additional opportunity for student learning and demonstration of mastery of the topic area. If the exam is considered a Fail, it must be retaken and passed; failure on a second try would result in review for possible dismissal by the Clinical Program and the Department Graduate Studies Committee, following guidelines indicated in the Department Graduate Handbook.

**Note on Other 1<sup>st</sup> Year Activities:** Clinical Area Program Meetings (289A-B-C) are scheduled approximately twice a month on topics of interest to Clinical Area students and faculty, as organized by the faculty-student Research & Professional Development Committee. Attendance is required for all 1<sup>st</sup> year students, and advanced student are strongly encouraged to attend 289A-B-C.

Clinical students whose research is appropriate to the funding mission of the National Science Foundation (basic research, mostly in biological, developmental, social processes -- but not “clinical”) are urged to apply early for NSF Graduate Research Fellowships. Students are also encouraged to apply for NIMH National Research Service Award (NRSA) Predoctoral Research Fellowships, and students from racial/ethnic minority backgrounds are encouraged to apply for targeted predoctoral fellowships for which they may be eligible (e.g., NIMH Minority Predoctoral Fellowships, Ford Foundation Predoctoral Fellowship, APA/MFP Minority Predoctoral Fellowships). Aside from the obvious financial benefit of receiving such a fellowship, one learns a great deal from the application process. See the Department Graduate Advising Supervisor for additional information about requirements.

**Year 2**

<b>Area</b>	<b>Fall</b>	<b>Winter</b>	<b>Spring</b>
Research Activities <sup>a</sup>	251C (write-up) (4 units) Enroll in 296 for lab meetings you attend.	596 or 597 (4 units) Enroll in 296 for lab meetings you attend.	596 or 597 (4 units) Enroll in 296 for lab meetings you attend.
Clinical Activities <sup>b</sup>	401 (Practicum; 4 or more units)	401 (Practicum; 4 or more units)	401 (Practicum; 4 or more units)
Required Clinical Area Courses <sup>c</sup>	Psych 271G Psych 273A May enroll in an elective advanced seminar or courses that meet APA (CoA) DSK requirements.	Psych 273B May enroll in an elective advanced seminar or courses that meet APA (CoA) DSK requirements.	Psych 273C May enroll in an elective advanced seminar or courses that meet APA (CoA) DSK requirements.
Departmental Requirements	May enroll in a core course, a course for the minor, or an elective course.  495B: TA Training. Enroll during the quarter you receive your first TA assignment of the academic year (not including 25% Psych 10 TAsip).	May enroll in a core course, a course for the minor, or an elective course.	May enroll in a core course, a course for the minor, or an elective course.
Major Exams <sup>d</sup>			2nd year oral C-exam

**<sup>a</sup>Note on continuation of the 251 and the 596/597/599 series:**

**Fall Quarter** includes submitting a revised draft of your 251 write-up that includes a draft of the Results section to the Academic & Student Progress Committee by Friday of Week 1. Their role is to help to identify any problems that could impede completion of the final project during Fall Quarter and to help remedy obstacles if any. You should plan on getting final copies to your two sponsors prior to the due date at the end of the quarter and scheduling a required final meeting of the three of you together to discuss your findings.

NOTE: The final report may be a write-up of data collected and analyzed to date, even if it is a work still in progress. Some students will not have collected all data, or may plan to conduct additional analyses beyond Fall Quarter. Thus, the written report may contain a complete literature review and method section, but the results and discussion may be preliminary. Because it is a Department requirement, a grade of “Incomplete” is not permitted for the 251 project.

The 251 project is a master's thesis equivalent, but you are encouraged to write up the final paper in journal article format (e.g., 20-25 pages) suitable for submission for publication. To actually get a Master's degree, you need to fill out a form during the quarter in which all M.A. requirements will be completed (typically Fall Quarter of the 2<sup>nd</sup> year). The Department Graduate Advising Supervisor can provide you with the required forms. Students who have earned a previous Master's degree in Psychology are not permitted to earn a duplicate Master's degree in Psychology at UCLA.

A Clinical Program requirement is that students working on their 251 projects meet with *both* sponsors *together at least twice*: Once in the early stages of the project (but no later than Spring Quarter of 1<sup>st</sup> year) and once at the completion (Fall Quarter of 2<sup>nd</sup> year). Additional meetings are recommended at key points during the research (e.g., just before data analysis) but not required. The two required three-way meetings are intended to facilitate your progress and enhance the quality of the sponsorship you receive.

It is assumed that students remain continually active in research during the year and indeed, throughout graduate school. Beginning in the Winter Quarter of the 1<sup>st</sup> year, students *must enroll in one of the following individual study courses every quarter*: 251A, B, or C, 596, 597, or 599. *Beginning in the 2<sup>nd</sup> year, enrollment in individual study courses must include at least one 596 or 599 per year.* Note that 596 course credits in the Clinical Area requires a “written product,” to be determined in advance by you and the faculty research advisor; its form will depend on what is appropriate for the stage of your research. You may enroll in 597 if you are conducting research that will not have a written product at the end of the quarter (e.g., you plan to spend the quarter analyzing data). Psych 599 refers specifically to dissertation-related research activity, and students may enroll in 599 upon advancement to doctoral candidacy.

**Note on the 401 and 273 series:** As noted above, students start their first psychotherapy practicum in the Psychology Clinic in July after the 1<sup>st</sup> year and continue through the 2<sup>nd</sup> year. These placements involve seeing clients and participating in supervision. In addition, students attend a year-long course discussing professional and ethical issues in clinical science (Psych 273 ABC). This course also includes a case conference component in preparation for the 2<sup>nd</sup> year comprehensive exam. Seeing clients and writing reports are challenging and rewarding, indeed one of the main reasons you chose a clinical program. However, it is very time-consuming, 10-20 hours a week, averaging around 15. Therefore, you need to make extra efforts to reduce nonessential commitments during this year, including summer, and to carefully plan your weekly schedules so that research activities continue and academic work does not suffer.

Requirements and procedures for the Clinic practicum are detailed in a separate Clinic Manual. *Students should accumulate at least 75 direct patient contact hours during the 2<sup>nd</sup> year and must show satisfactory levels of competence and professionalism to be considered qualified to apply for a 3<sup>rd</sup> year placement.* Students must utilize Time2Track software in order to maintain an accurate record of their clinical contact hours throughout their graduate training; the Clinical Program will cover the cost of a Time2Track license until you leave for internship. Written competence evaluations are performed quarterly by each student's

supervisor, shared with the student, advisor, and Clinic Director and placed in student files. In December of the 2<sup>nd</sup> year, each student’s clinical activity is reviewed by the Clinic & Placements Committee for eligibility for a 3<sup>rd</sup> year practicum placement. This information is shared with the DCT and the Faculty Externship Coordinator . Students who are ready for an external practicum will receive information about the sites with which UCLA is partnered and will be mentored through the externship application process (beginning in November-December of 2<sup>nd</sup> year, through March of 2<sup>nd</sup> year). In the event a student is not considered ready for such a placement, the Clinic & Placements Committee will make recommendations about additional clinical training and supervision and will closely monitor the student’s performance for achievement of proficiency to qualify for a placement at an external training site.

**Note on the 272/298 series:** *Clinical Program requirements include two advanced clinical courses.* A course that can be applied toward this requirement and is also required of all 1<sup>st</sup> year students is 271G (“Evidence-Based Interventions for Childhood Problems”). Although students enroll in the class during Fall Quarter of the 2<sup>nd</sup> year, the course is offered at the end of the summer prior to the start of the quarter and provides an introduction to clinical work with youth in the Clinic. In addition, you must select at least one of the advanced clinical courses listed here: 216C, 272A-G, 275, 276, M280, 284, 292 (paper topic must be approved by the DCT), or clinical 298 courses. The courses selected to fulfill this requirement must be taught by different instructors, although students may submit a petition to the Clinical Area Academic & Student Progress Committee for exceptions when courses taught by the same instructor are in distinctly different areas. Courses from the 272 series focus on clinical issues; the rest are advanced clinical research seminars (e.g., Psychology 298: Fear and Anxiety) taught by Department Clinical Area faculty. Courses that apply toward this requirement must have substantial content regarding clinical topics and typically have a mental health focus. Note: These courses do not qualify as meeting the APA (CoA) DSK course requirement.

**Note on Oral C exams:** To complete the Clinical Program’s comprehensive exam package, students take an oral exam at the end of the 2<sup>nd</sup> year that is based on one of their own clinical cases. Details of this procedure are provided by the Clinical Program in a separate handout distributed at the beginning of Spring Quarter. The exam covers topic areas specified in the handout, culminating in numerical scores plus written feedback. Each exam is conducted by two faculty members who are not directly involved in the student’s research or clinical training. Standards for passing/not passing, remediation, and appeals are also detailed in the handout.

### Year 3

Area	Fall	Winter	Spring
Research Activities <sup>a</sup>	596 or 597 (4-12 units)  Enroll in 296 for lab meetings you attend.	596 or 597 (4-12 units)  Enroll in 296 for lab meetings you attend.	596 or 597 (4-12 units)  Possible preliminary oral exams  Enroll in 296 for lab meetings you attend.
Clinical Activities <sup>b</sup>	401 (Practicum)	401 (Practicum)	401 (Practicum)

Required Clinical Area Courses	May enroll in an elective advanced seminar or courses that meet APA (CoA) DSK requirements.	May enroll in an elective advanced seminar or courses that meet APA (CoA) DSK requirements.	May enroll in an elective advanced seminar or courses that meet APA (CoA) DSK requirements.
Departmental Requirements	Possible minor courses	Possible minor courses	Possible completion of minor requirements; possible preliminary orals for the dissertation.

**Note on Research Activity:** Students are expected to remain continuously involved in research and must take at least one quarter of 596 or 597 per year after the 251, until beginning work on the dissertation (599). The 251 may lead to further work on the same topic, or you may elect to change to a new topic and/or to a new research advisor. Some of the research done beyond the 251 should lead to a dissertation.

Plan well in advance when you will do the dissertation. Although rare, some students opt to do it in Year 4, before finishing the Clinical Program by completing the full-time internship in Year 5. If you do the dissertation in Year 4, ideally you would take the Preliminary Orals in the Spring Quarter of Year 3 or Fall Quarter of Year 4. It is strongly recommended that the dissertation be completed and defended before the internship, as most students find it very difficult to complete dissertations concurrent with full-time clinical activities. *In any case, it is a Department requirement that Preliminary Orals be completed by no later than the end of Spring Quarter of the 4<sup>th</sup> year. Students will not be certified or allowed to apply to internship unless this requirement is met.* See section below on internships for other considerations.

There is a major advantage in completing Preliminary Orals by early March of the 4<sup>th</sup> year – students who do so are eligible for various dissertation-year fellowships including the UCLA Dissertation Year Fellowship (DYF). These fellowships relieve students of having to serve as a TA or GSR while trying to complete their dissertation. Note that grants and fellowships, such as the DYF and NRSA, have different application deadlines and requirements and that those can change from year to year. The Department Graduate Advising Supervisor is omniscient in these matters and should be consulted early if you are interested.

**Note on Clinical Training:** Students typically complete an external 3<sup>rd</sup> year clinical practicum (often occupying 2 days/week, 12-16 hours/week). These are often done at agencies in the community or at other UCLA training sites. Information on sites with captive slots for 3<sup>rd</sup> year placements is provided at a meeting in the Fall of the 2<sup>nd</sup> year with the Faculty Externship Coordinator who will discuss practicum sites. Students are expected to discuss their training goals and options with their academic advisors. In December, students rank their top 3 sites for 3<sup>rd</sup> year placements. The Faculty Externship Coordinator considers these preferences and counsels students on where they should pursue interviews. Interviews typically occur in late January through February, with selections occurring throughout the Winter Quarter. Placements begin early in the 3<sup>rd</sup> year, usually in August.

What are the considerations about where? *Where* depends on several factors – type of clinical activity you want, proximity to UCLA, and time demands. The type you select should depend on your career interests (e.g., child clinical, severe adult psychopathology, etc.). Placements that are on or near campus will greatly facilitate your ability to get coursework and research done. Because practicum placements do not provide stipends for student trainees, other sources of support are necessary. See Appendix B for information regarding minimum guidelines for the accumulation of clinical direct contact hours. Your progress toward this goal will be evaluated in December by the Clinic & Placements Committee, and you will be provided with written feedback regarding and recommendations for future training.

#### Year 4

Area	Fall	Winter	Spring
Research Activities	Possible 596, 597 or 599 (dissertation research) (4-12 units)  Enroll in 296 units for lab meetings you attend.	Possible 596, 597 or 599 (4-12 units)  Enroll in 296 units for lab meetings you attend.	Possible 596, 597, or 599 (4-12 units)  <b>Must complete major, minor, and Preliminary Orals by end of Spring Quarter of the 4<sup>th</sup> year.</b>  Enroll in 296 units for lab meetings you attend.
Clinical Activities <sup>a</sup>	401 (Assessment and/or therapy practicum) or 451 (Internship)	401 (Assessment and/or therapy practicum) or 451 (Internship)	401 (Assessment and/or therapy practicum) or 451 (Internship)
Required Clinical Area Courses	May enroll in an elective advanced seminar or courses that meet APA (CoA) DSK requirements.	May enroll in an elective advanced seminar or courses that meet APA (CoA) DSK requirements.	May enroll in an elective advanced seminar or courses that meet APA (CoA) DSK requirements.

<sup>a</sup>**Note on Clinical Training:** A subcommittee of the Clinic & Placements Committee will review progress toward clinical training goals in January for 3<sup>rd</sup> year students before making recommendations for a 4<sup>th</sup> year practicum. The 4<sup>th</sup> year placements are generally intended to be less time-intensive than 3<sup>rd</sup> year placements and to have a higher ratio of direct patient contact hours to total hours. Information on available sites for 4<sup>th</sup> year placement is provided in November or December of the 3<sup>rd</sup> year. These presently include the UCLA Psychology Clinic (specialized advanced placements in assessment and evidence-based treatments) and several Semel Institute specialty clinics. To permit adequate time to concentrate on research and teaching obligations, placements in the 4<sup>th</sup> year would ideally be in our in-house Clinic or on

campus. In cases where students have fallen short of expected direct patient hours in the first 3 years (see below), they may be counseled to pursue more intensive 4<sup>th</sup> year placements.

Students should plan to accrue a *minimum* of 500 direct patient hours to be eligible to apply to most clinical internships. We estimate that students generally accrue 100 direct hours by the end of the 2<sup>nd</sup> year and a minimum of 200 direct hours in each of the 3<sup>rd</sup> and 4<sup>th</sup> year practica. Students generally receive additional direct hours through their involvement in: (a) supervision in the Psychology Clinic, (b) clinical research assessments, (c) involvement in intervention research trials, and (d) carrying additional assessment or therapy cases or therapy groups in the Psychology Clinic. *The Clinical Program does not permit accrual of clinical hours or clinical training experiences through employment as a psychological assistant or any other unsanctioned clinical activity. Engagement in such activities is a violation of Clinical Program policy and may be grounds for dismissal from the Program.*

### Year 5

Area	Fall	Winter	Spring
Research Activities	599 (4-12 units)  Enroll in 296 for lab meetings you attend.	599 (4-12 units)  Enroll in 296 units for lab meetings you attend.	599 (4-12 units)  <b>Must complete the dissertation final orals by June of 6<sup>th</sup> year</b>  Enroll in 296 units for lab meetings you attend.
Clinical Activities*	401 (Assessment and/or therapy practicum) or 451 (Internship)  Apply for Internship unless already completed.	401 (Assessment and/or therapy practicum) or 451 (Internship)  Apply for Internship unless already completed.	401 (Assessment and/or therapy practicum) or 451 (Internship)  Apply for Internship unless already completed.
Required Clinical Area Courses	May enroll in courses that meet APA (CoA) DSK requirements.	May enroll in courses that meet APA (CoA) DSK requirements.	May enroll in courses that meet APA (CoA) DSK requirements.

**\*Note on Clinical Training:** It is recommended that you maintain some involvement in clinical training in the 5<sup>th</sup> year, as your involvement will be reflected on your internship application and queried during internship interviews. This additional training may consist of assessment or therapy in the Clinic, training

in supervision, clinical work as part of a research study, or a time-limited placement outside of the Clinic. Given that the number of hours is much less important at this stage of training than it is prior to applying for internship, we recommend that you choose a level of involvement that allows you to focus your energies on completing your dissertation, other research, and any remaining coursework. See section below on internships.

### Year 6

Area	Fall	Winter	Spring
Research Activities	599 (4-12 units) if not already completed.	599 (4-12 units) if not already completed.	599 (4-12 units) if not already completed.  <b>Must complete the dissertation final orals by June of 6<sup>th</sup> year</b>
Clinical Activities	451 (Internship)	451 (Internship)	451 (Internship)

**Internship:** The *required* full-time internship is taken in the 5<sup>th</sup> or 6<sup>th</sup> year, ideally following completion of the dissertation. Keep in mind that you will likely be applying for internship in the summer through early Fall of your 5<sup>th</sup> year. Students typically begin submitting applications for internships in October, attend interviews in December through January, and receive selection decisions in February. This process can be quite time-consuming. You will receive mentorship throughout the application process from the DCT and the Clinic Director. Each year, meetings with prospective applicants are held beginning in Spring Quarter and continue throughout the summer and Fall Quarter to discuss requirements and strategies. There are standard APPIC application forms and procedures that are online at <http://www.appic.org>, a national numerical matching system (after students and internship sites rank-order their choices), and national competition. Fortunately, UCLA students have an excellent track record of internship selection, in which the quality of clinical training and research productivity (i.e., publications, conference presentations) weighs more heavily in the selection process by top sites than does number of hours of clinical activity.

Application for internship requires letters of support from faculty and supervisors and evidence of satisfactory progress from the Clinical Program. The DCT must verify the clinical hours and certify that the student has performed clinical activities at the expected level of competence and professionalism, based on a review of all supervisory reports and other materials in the student file. Failure to make solid progress on dissertation research will jeopardize the Clinical Program's support of the application. Thus, all students *must* complete Preliminary Orals before submitting application materials for internship, and it is best to have the dissertation completed by the start of internship, which may be as early as July 1. Students are required to complete an APA-approved internship and must complete all internship requirements before filing the dissertation. Procedures are in place to ensure that students apply to

internships in locations outside of Los Angeles, depending on training, personal circumstances and career-development needs, to increase the likelihood of a successful match.

*Remember, you were selected because we believe that you are capable of excellence in this Clinical Psychology Program. The faculty are here to help in any way we can. If assistance is needed, please be sure to ask. That's it! All the Best!*

## Appendix A:

### UCLA Clinical Psychology Program – Background Checks

In accordance with the requirements of many program-affiliated clinical training agencies and the California Board of Psychology, the Clinical Psychology Program at UCLA requires all admitted students to undergo a Live Scan which involves a criminal background check and fingerprinting, prior to beginning any internal or external practica. Students may be requested to repeat this Live Scan and background check at future stages of training based on the requirements of other training agencies or when deemed necessary by the Director of Clinical Training.

The content of these background checks include crimes related to child and elder abuse, sex offenses, and convictions or incarcerations related to theft, robbery, burglary, or any felony. Documentation of criminal activity in these categories will lead to denial of the ability to engage in external or internal clinical practica. Minor traffic violations will not disqualify applicants from entry to the program. Offenses committed prior to age 18 and other criminal or civil offenses that are documented in the background check will be evaluated by the DCT in consultation with the student and relevant members of faculty and administration. If documented offenses are determined to be substantially related to the qualifications, functions, or duties of training or professional practice in clinical psychology, the student will be barred from engaging in clinical training activities.

Criminal and civil offenses occurring as an enrolled student may be a violation of the University's Student Code of Conduct and may result in disciplinary action up to and including dismissal from the Graduate Program and expulsion from the University.

In the event that the student believes that the background check is erroneous in some way, the student may request a repeat criminal background check and fingerprinting at their own expense. Students who wish to appeal the decision of the DCT with regard to their denial of participation in clinical training activities may do so in writing to the Chair of the Department of Psychology within seven calendar days of receiving the DCT's determination.

Appendix B:

Expectations for Clinical Direct Contact Hours by Year

Year	Location	Activity Type	Minimum hours in this year	Minimum cumulative hours
1 <sup>st</sup>	Clinic	<b>Assessment</b> 1 child case 1 adult case	10-25	10-25
2 <sup>nd</sup>	Clinic	<b>Therapy</b> Intake Team Adult Therapy Child Therapy Research Placement	75	100
3 <sup>rd</sup>	External Sites	Assessment and/or Therapy	200	300
4 <sup>th</sup>	External Sites or Clinic	Assessment and/or Therapy	200	500
5 <sup>th</sup>	External Sites or Clinic	Assessment, therapy, or supervision	No set expectations	No set expectations
6 <sup>th</sup>	External Sites	Internship	1500	1500 hours toward licensure

Note: Students receive feedback from the Clinic & Placements Committee about their progress toward meeting these benchmarks and about the match of their previous experiences towards their internship goals in January of years 3 and 4.

## Appendix C:

### Policy for Fulfilling the APA CoA Discipline-Specific Knowledge (DSK) Requirement (Last updated: October 2019)

In order to maintain our accreditation with the American Psychological Association (APA) Committee on Accreditation (CoA), the program requires all students to demonstrate that they have broad knowledge in the discipline of psychology, outside the arena of clinical psychology. This includes coverage of five basic content areas of psychology— affective, biological, cognitive, developmental, and social—along with history and systems.

APA CoA's specific guidelines for meeting this requirement have changed over the years, varying in the number of topics that had to be covered and the kinds of experiences that would count toward fulfilling them. Another change is that as of January 1, 2017, the breadth requirement is referred to as the Discipline-Specific Knowledge (DSK) requirement.

Students can fulfill the DSK requirement by relying solely on specific graduate-level courses, or by using some combination of advanced undergraduate courses and other experiences prior to beginning the PhD and graduate-level courses. Note that advanced *undergraduate* coverage of one or more domains can be acquired while enrolled in the doctoral program at UCLA, if the advanced undergraduate coursework is undertaken at UCLA and meets the same criteria applied by our Program when evaluating coursework undertaken prior to matriculation.

For most students, it will prove advantageous to draw from their undergraduate curriculum and post-BA experiences, because students merely need to show how their work in graduate school *builds upon* their prior knowledge coming into the program. If students do not have relevant coverage prior to the PhD, APA directs students toward specific graduate courses that are often foundational in another area in the department. If students do have relevant coverage prior to beginning the PhD, they have a longer list of applicable courses to consider (see course listings at the end of this document); often these courses are more specialized.

Example. A student enters the PhD program without any prior coverage of cognitive psychology. In this case, APA requires that the student take and pass Psych 262, Human Learning and Memory, as a graduate student. Having done so, the cognitive requirement is therefore eliminated for this student. Compare this to a graduate student who enters the PhD program having already taken an undergraduate course covering the basic principles of cognitive psychology. This student could eliminate the cognitive requirement by taking Psych 262 *or* by taking one of many other graduate-level classes covering some aspect of cognitive psychology. In this way, students with prior coverage coming into the program have more options and thus more scheduling flexibility as they set out to fulfill the APA breadth requirement. As elaborated below, a GRE Psychology score at or beyond the 70<sup>th</sup> percentile in the cognitive domain could also be used to demonstrate advanced undergraduate coverage in the cognitive area.

Regardless of whether or not students use pre-matriculation courses and experiences, all students are also required to take one course that integrates at least two of the five basic content areas. This is the so-called

‘integrative’ requirement, and typically this is easily fulfilled as many graduate classes span more than one content area.

This appendix explains how the program oversees this requirement and how students can provide the documentation needed to fulfill it. The process is straightforward:

Upon entering the program, students will submit materials (primarily undergraduate syllabi, but also honors theses, published research, and other research-related experiences) to the Academic & Student Progress Committee for review. When those materials are judged by the committee as contributing to the DSK requirement, they will be recorded in the student’s file that the program maintains. Students will also be asked to upload all relevant syllabi to their UCLA Box folder.

Then, using the above information as a guide, students take additional graduate-level courses that meet criteria (and may publish papers on non-clinical topics that demonstrate breadth of coverage) which are also recorded, until all DSK requirements are met.

The annual spring-quarter Progress Review meeting that all mentors hold with their students provides an opportunity to evaluate progress toward DSK requirements and to establish a plan for meeting any unmet requirements in the upcoming year. The chair of the Academic & Student Progress Committee is also available throughout the academic year to provide students with guidance in meeting these requirements (e.g., by providing assistance with course selection), typically via email exchanges.

Some important observations:

If students are determined to have taken undergraduate courses prior to matriculation that count toward breadth requirements, they are still required to provide evidence that they have attained graduate-level knowledge in each domain prior to graduation. Undergraduate courses by themselves cannot eliminate a DSK requirement. Attaining graduate-level knowledge can be achieved in a number of ways (published articles, graduate courses), provided that the work does not emphasize clinical populations and phenomena. When students take courses intended to build upon courses taken prior to matriculation, (a) as noted above, the range of graduate courses that students can take to finish off the requirement is greater than the more narrow list of graduate level APA CoA-approved courses that by themselves fulfill the requirement, and (b) a given graduate course can apply to more than one DSK domain.

We will consider advanced undergraduate courses and graduate courses in history and systems of psychology and in affective, biological, cognitive, developmental, and social psychology. Here, an advanced undergraduate course is defined as a course that builds upon introductory-level knowledge in psychology. Thus, courses offering a broad introduction to psychology will not meet our criteria. Similar courses in allied disciplines (e.g., neuroscience) will be considered, though they must have specific relevance to core knowledge in psychology (e.g., an upper-level course in sociology likely would not count toward the social aspects of behavior requirement). Courses at any level focusing primarily or heavily on topics in clinical psychology will not be considered, as APA’s aim in imposing this requirement is to ensure breadth outside of clinical psychology itself.

We will review course syllabi (paying close attention to textbooks, readings, and assignments), along with transcripts to verify enrollment/grades. Review will focus on ensuring that coverage was at least at the advanced undergraduate level, demonstrating specific ways in which content built upon and went beyond basic introductory concepts and findings. To the extent possible, and following APA CoA recommendations, we will also review the fairness of the grading process, in an effort to demonstrate that all students were treated equally and appropriately with respect to their personal backgrounds.

We set a minimum grade of B- or better as evidence that the student has acquired the required knowledge, with the added provision that the course itself (independent of the student's grade in the course) must be judged by the Academic & Student Progress Committee as (a) having provided *relevant* and adequate coverage of the subject matter in that domain and (b) as being sufficiently *rigorous* to demonstrate students' understanding of the material, by evaluating the extent to which the course relied upon original source material, empirical research articles, and recent knowledge (in addition to historically significant material), while also promoting 'critical thinking and communication at an advanced level,' and integration of knowledge across domains.

We will consider honors theses, master's theses, and peer-reviewed publications that focus primarily or heavily on history and systems of psychology, or on affective, biological, cognitive, developmental, and social aspects of psychology. Honors theses, master's theses, and publications that focus primarily or heavily on topics in clinical psychology will not be considered. We will also consider full-time post-BA research experience of one year or longer in duration, provided that the experience focused primarily or heavily on any of the relevant knowledge domains (history and systems of psychology or on affective, biological, cognitive, developmental, or social aspects of psychology).

We will review transcripts to ensure that thesis projects were part of the student's formal curriculum. If needed, for publications, we will consult with mentors/senior author to ensure that the student demonstrated advanced-level knowledge in the domain(s) under consideration. For full-time post-BA research experience of one year or longer in duration, we will consult letters of recommendation, as submitted during the admissions process, to evaluate the breadth and extent of the student's exposure to the domain of knowledge under review. If needed, we will contact mentors/supervisors for additional information.

For honors theses and master's theses, students must meet passing criteria within their home university in order to receive credit for this work, and the theses themselves (and/or associated publications) must demonstrate clear appreciation for and advanced understanding of the domain under consideration. That is, it will not be acceptable to have a narrowly conceived thesis or publication. For peer-reviewed publications, we will give greater weight to first- and sole-authored papers. Short of that, we will accept statements by senior authors about the student's intellectual contribution to the published work.

Whenever possible, the Academic & Student Progress Committee will consider as much information as possible from the student in making their determinations, and information will be combined from courses, theses, and peer-reviewed publications to make these determinations.

Final decisions will rest with the Academic & Student Progress Committee. Students can appeal committee decisions in writing, once for each submitted course or learning experience. The decision to re-review will be made by the Committee, and all re-reviews that do take place will refer to the student's

written appeal. We welcome these appeals, as the committee is committed to ensuring that students receive proper credit for all of their prior course work and related experiences.

The guidelines described here are aimed primarily at ensuring that all students fulfill the DSK requirement prior to graduation. Criteria for licensure are a separate issue, and these guidelines are not intended to address licensure requirements, in part because licensing criteria vary by states. If you fulfill program requirements, but remain concerned that this will be insufficient for fulfilling licensure requirements, you should consider taking additional courses.

In practical terms, students will be taking any needed DSK courses primarily in years 2-5. The curriculum is largely set in the first year, and students are typically on internship in the sixth year.

APA has recently indicated that they are willing to consider GRE Psychology scores as evidence that a student has established sufficient breadth of coverage at the advanced undergraduate level. Our program has sent an update to APA indicating our intent to use GRE scores at or beyond the 70<sup>th</sup> percentile for this purpose. APA has yet to respond, but we are optimistic that it will be approved. The program is therefore tracking GRE scores for all students. If you plan to use the GRE to document coverage at the advanced undergraduate level, please consider the following: (a) earlier versions of the GRE were quite limited in the subscores that they provided for specific content domains. The most recent version of the GRE provides subscores for biological psychology, cognitive psychology, developmental psychology, and social psychology. (Affective coverage is notably absent from this list.) (b) Chances are high that if you received a GRE score in a specific domain that is at or beyond the 70<sup>th</sup> percentile, that you also successfully completed a course in that domain. In this respect, GRE scores may not be all that beneficial for many students. However, if you did not take an advanced undergraduate course in a specific domain, you can still take the GRE, even as a graduate student. A passing score in that domain would be considered as advanced undergraduate coverage.

### Substantive Content Across Areas of Psychology

When advanced undergraduate courses are evaluated, faculty will refer to the descriptions below to determine if a course meets criteria. Courses need not address each and every one of the listed topics, of course, but they must clearly capture a substantial portion of these topics.

For reference, the following text comes directly from the APA CoA Implementing Regulations:

- Within each discipline-specific knowledge area, the current body of knowledge in the area is continually changing and should be understood in the context of the history of thought and development in the area, its methods of inquiry and research, and the evolving nature of the area.
- The CoA recognizes that the lists of possible topics within discipline-specific content areas are *not* checklists that reflect comprehensive lists of required topics. Rather, they are *examples* of the sorts of topics included in each area, but are not exhaustive and are expected to be fluid, reflecting the evolution of the field.
- The term “curriculum” is used broadly and does not refer only to formal courses. Rather, curriculum may include courses that cover a single area or multiple areas of discipline-specific knowledge, research experiences, or other learning experiences.

For purposes of this Implementing Regulation, there are two categories of discipline-specific knowledge.

**Discipline-Specific Knowledge Category 1: *History and Systems of Psychology* and the *Basic Content Areas in Scientific Psychology*.**

The first category of discipline-specific knowledge can be acquired at either the upper-undergraduate or entry graduate level and must result in substantial knowledge in:

- **History and Systems of Psychology**, including the origins and development of major ideas in the discipline of psychology. The history of a subdiscipline of psychology, such as clinical, counseling, or school psychology, or the history of interventions or assessments do not, by themselves, fulfill this category.
- **Basic content areas in scientific psychology** include coverage of the following five content areas:
  - **Affective Aspects of Behavior**, including topics such as affect, mood, and emotion. Psychopathology and mood disorders do not by themselves fulfill this category.
  - **Biological Aspects of Behavior**, including multiple biological underpinnings of behavior, such as neural, physiological, anatomical, and genetic aspects of behavior. Although neuropsychological assessment and psychopharmacology can be included in this category, they do not, by themselves, fulfill this category.
  - **Cognitive Aspects of Behavior**, including topics such as learning, memory, thought processes, and decision-making. Cognitive testing and cognitive therapy do not, by themselves, fulfill this category.
  - **Developmental Aspects of Behavior**, including transitions, growth, and development across an individual's life. A curriculum limited to one developmental period is not sufficient.
  - **Social Aspects of Behavior**, including topics such as group processes, attributions, discrimination, and attitudes. Individual and cultural diversity and group or family therapy do not, by themselves, fulfill this category.

[End excerpt from APA CoA]

Courses that fully meet DSK requirements

Affective aspects of behavior

Psychology 225: Emotion

Psychology 244: Emotion Across the Lifespan

Psychology 298: Affective Bases of Behavior

Psychology 298: Cognitive and Affective Aspects of Behavior (if course is fulfilling the affective requirement, see syllabus for further details)

Biological aspects of behavior

Psychology 215B: Human Physiology in Social and Behavioral Science.

Psychology 298: Cognitive and Affective Neuroscience: Systems, Processes, and Applications.

Cognitive aspects of behavior

Psychology 262: Human Learning and Memory

Psychology 298: Cognitive and Affective Aspects of Behavior (if course is fulfilling the cognitive requirement, see syllabus for further details)

Developmental aspects of behavior

Psychology 240B: Social and Emotional Development with either  
Psychology 216D: Psychology of Aging and Health *or*  
Psychology 403: Healthy Aging\*  
Psychology 244: Emotion Across the Lifespan

History and Systems

Psychology 290: History and Systems

Social aspects of behavior

Psychology 220A: Social Psychology

\*Psychology 403: Healthy Aging is a 3-hour module that may be used only in conjunction with a graduate-level course on human development

Courses that partially meet DSK requirements

Course	DSK domain
Psychology 200A: Pavlovian Processes	Cognitive
Psychology 200B: Instrumental Conditioning	Cognitive
Psychology 204D: Psychobiology of Anxiety and Depression	Affective, Biological
Psychology 205F: Physiology of Learning	Biological, Cognitive
Psychology 207B: Psychology of Drug and Alcohol Abuse	Biological
Psychology 215A: Health Psychology	Biological, Social
Psychology 216B: Psychoneuroimmunology	Biological, Social
Psychology 216D: Psychology of Aging and Health	Developmental
Psychology 216G: Biology of Chronic Disease	Biological, Social
Psychology 222A: Psychology of Interpersonal Relationships	Social
Psychology 228B: Seminar in Political Psychology	Social
Psychology 240A: Language and Cognitive Development	Cognitive, Developmental
Psychology 240B: Social and Emotional Development	Affect, Social, Developmental
Psychology 240C: Developmental Psychobiology	Biological, Developmental
Psychology 242G: Adolescent Development	Developmental, Social
Psychology 244: Human Development in Latino Contexts	Developmental, Social
Psychology 265: Computational Methods for Neuroimaging	Biological
Psychology 295: Psychology of Diversity	Social
Psychology 298: Fear and Anxiety: Etiology, Course, and Treatment	Affective
Psychology 298: Cognitive and Affective Neuroscience: Systems, Processes, and Applications*	Affective, Cognitive
Neurosci C177: Drugs of Abuse: Translational Neurobiology	Biological
Neurosci M203: Structure and Function of Nervous System	Biological
Neurosci 205: Systems Neuroscience	Biological, Cognitive
Neurosci 240: Phenotypic Measurement of Complex Traits	Biological
Psychiatry 292: Functional Neuroanatomy**	Biological

\*Course partially meets requirements if not used to fully meet Biological requirement

\*\*Course partially meets requirement if completed prior to 2017

These are the courses that can usually be paired with undergraduate classes or experiences to fulfill DSK requirements in the specified areas. (If syllabi change substantially from previous offerings, courses will need to be re-reviewed by the Academic & Student Progress Committee.) Note, however, that this list is incomplete and that other courses will be considered by submitting a request to the Academic & Student Progress Committee.

## Appendix D:

### Mental Health Resources for UCLA Clinical Graduate Students (Last updated for 2018-2019)

*Note: This document was created by graduate student, Louise Dixon. Inclusion of this guide in the Handbook, is not an endorsement by the Clinical Psychology Program of any of the procedures described or providers listed. Many thanks to Louise for helping to make students aware of available resources!*

#### **Crisis Phone Numbers**

National Suicide Prevention Lifeline, 1-800-273-TALK (8255) (also offers online chat)

Crisis Text Line – Text NAMI to 741-741

National Domestic Violence Hotline – Call 800-799-SAFE (7233)

National Sexual Assault Hotline – Call 800-656-HOPE (4673)

#### **Accessing Services**

1. **If you want to go to CAPS.** CAPS offers free sessions (6 per year) to all students who have UC SHIP. To see a CAPS therapist, visit CAPS (next to Wooden and Ashe) during the Brief Screen hours (9am - 4pm M-F). Please bear in mind that UCLA grad students have the option of doing their 2nd year practicum there. When being seen at CAPS, UCLA clinical psychology students are automatically added to an additional level of confidentiality in the CAPS electronic chart once CAPS is aware of their department. When clinical students go for their first appointment/screening they should inform CAPS staff of their status in the clinical psychology program. Also, CAPS limits practicum students' participation in graduate sections of therapy groups to reduce the likelihood that they may be acquainted with someone in it. Finally, if there is any staff concern regarding limiting contact, UCLA clinical psychology students are encouraged to inform Tanya Brown, PhD - Training Director.
2. **If you want to see an Anthem provider in the community.** If you want insurance to cover your session, you will still need to obtain a referral through CAPS. UCLA clinical students are allowed an expedited process for obtaining the referral that does not involve going to CAPS. An initial brief screen must still be conducted by CAPS, but it could be completed via phone. To facilitate this process, psychology students should request to speak to a CAPS Clinical Coordinator. The co-pay for Anthem services is decreasing to \$5/session this fall 2018.
3. Students are also welcome to pay out-of-pocket for services, and submit for possible partial reimbursement from Anthem.

## Provider List

The following is a list of clinics and providers that either accept UCLA student insurance or offer low-cost services/sliding scale treatment. Please note that the list is not exhaustive, and some of the providers are supervisors in the clinic and/or lecturers in 273.

### Clinics

Name	Neighborhood	Phone	Website	Takes Student Insurance?	Notes
Counseling and Psychological Services (CAPS)	UCLA Campus	310-825-0768	<a href="http://www.counseling.ucla.edu/">http://www.counseling.ucla.edu/</a>	Yes	<i>Although clinical students have placements at CAPS, you may request to not see a student and/or a potential supervisor. Care is limited to 6 sessions.</i>
UCLA Behavioral Health Service	Westwood	(310) 825-9989	<a href="https://www.uclahealth.org/resnick/division-of-adult-psychiatry">https://www.uclahealth.org/resnick/division-of-adult-psychiatry</a>	Yes	<i>Can provide both therapy and medication. Usually has a long wait-list.</i>
Insight Choices	West Hollywood and Los Angeles	323-375-0950	<a href="http://www.insightchoices.com">www.insightchoices.com</a>	Yes	
Rosewood Eating Disorder Center	Santa Monica	310-829-9161	<a href="http://www.rosewoodranch.com/locations/rosewood-santa-monica">www.rosewoodranch.com/locations/rosewood-santa-monica</a>	Yes	
The Genen Group	West Hollywood	310-892-4284	<a href="http://www.happierliving.com">www.happierliving.com</a>	Yes	
Fig Tree Therapy Center	DTLA	310-712-3411	<a href="http://www.figtree.la">www.figtree.la</a>	Yes	<i>ACT, CBT, DBT, assessment</i>

<b>Clinicians in Private Practice</b>		
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Name and Degree	Neighborhood	Phone	Website	Insurance/Fee (Please note that fees are subject to change)	Treatment Modalities	Areas of Specialty	Notes
Julia Baird, PsyD	Los Angeles	310-712-1656	<a href="http://www.drjuliabaird.com">www.drjuliabaird.com</a>	Anthem	CBT, Psychodynamic, Mindfulness	<i>Individuals, Couples, Groups, Families</i>	
Diane Bernstein, LCSW	Culver City	310-398-3981		Anthem	<i>CBT, Eclectic, Interpersonal, Psychodynamic</i>	Individuals, Couples, Families	
Erika Bischoff, LCSW	Los Angeles	424-256-5426	<a href="http://www.cbt-therapist.com">www.cbt-therapist.com</a>	Anthem	CBT	Individual, Couples	
Elisabeth Clark, PhD	Los Angeles	323-850-0620		Anthem		Individual, Couples, Families	
Barry Cohen, PhD	Beverly Hills	310-859-0505	<a href="http://drbarrycohen.com">drbarrycohen.com</a>	Anthem	CBT, Mindfulness	Individual, Couples	
Lynn Cohen, LCSW	Beverly Hills	310-535-9334		Anthem	Psychodynamic	Individual, Couples	
Amanda Di Bartolomeo, PhD	West Hollywood	310-892-4284	<a href="http://www.happierliving.com">www.happierliving.com</a>	Anthem	CBT, Mindfulness	Individual	
Haleh Eghrari, PhD	Los Angeles	310-441-9550	<a href="http://www.haleheghrari.com">www.haleheghrari.com</a>	Anthem	CBT, Mindfulness	Individual, Couples	
Lisa Jaffe, LCSW	Culver City	310-842-9426		Anthem	CBT, Psychodynamic	Individual	
Marlene Jaffe, LCSW	Beverly Hills	310-487-6619		Anthem	CBT	Individual, Couples	

Yoram Jaffe, PhD	Los Angeles, Encino	310-277-4080		Anthem	CBT	Individual, Couples, Families	
Sherly Khodadad, LMFT	Los Angeles	310-479-8255	<a href="http://www.therapy2health.com">www.therapy2health.com</a>	Anthem	CBT	Individual, Couples, Families, Groups	
Elaine Leader, PhD	Los Angeles	310-277-6279	<a href="http://teanlineonline.org">teanlineonline.org</a>	Anthem		Individual, Couples, Families, Groups	
Linda Levinson, LCSW	Los Angeles	310-202-0262	<a href="http://www.LindaLevinsonLCSW.com">www.LindaLevinsonLCSW.com</a>	Anthem	Mindfulness	Individual, Couples	
Roberta Falke, PhD	West LA	310-273-5266		\$60	Psychodynamic	Individual	Taking new patients starting in January 2018
Molly Hunt, PhD	Brentwood and Santa Monica	424-256-8925		\$50	CBT - Integrative	Individual, Couples	Runs DBT group with Rachel Higier
Martha Joachim, PhD	Mar Vista	310-477-0769		\$100	Psychodynamic	Individual, Couples, Groups	
Jennifer Montesi, PhD	Los Angeles - Olympic and Sawtelle	310-564-6506		TBD on negotiation	CBT, ACT, DBT, and family systems/ EFT, PE and CPT for PTSD	Individual, Couples	Supervisor in Clinic - Therapy
Aimee Elliott, PhD	Mid City	323-934-8971		\$90 or lower	Psychodynamic - Integrative	Individual, Couples	Teacher in 273, supervisor - therapy

							in clinic. Says she loves providing therapy for UCLA grad students.
Deborah Anderson, PhD	Sherman Oaks	818-235-2158	<a href="http://www.drdeborahanderson.com/">http://www.drdeborahanderson.com/</a>	Anthem	Integrative	Individual, Couples, Assessment	Supervisor in Clinic - Assessment
Kevin Wittenberg, PhD	Los Angeles	310-772-8198		Anthem	Psychodynamic	Individual, Couples, Families	
Traci Wallace, PhD	Santa Monica	310-425-5175	<a href="http://www.traciwallacephd.com">www.traciwallacephd.com</a>	Anthem		Individual	
Sharon Teruya, PhD	Santa Monica	626-676-3702		Anthem	CBT	Individual, Assessment	
Joel Sunkin, PhD	Westwood	310-991-0634		Anthem	CBT, Psychodynamic	Individual	
Viviana Suaya, MD	Los Angeles	310-474-3550	<a href="http://www.vivianasuayamd.com">www.vivianasuayamd.com</a>	Anthem	Medication, Mindfulness, Assessment	Individual	
Joanne Seltzer, MD	Los Angeles	310-475-3535	<a href="http://drjoannaseltzer.com">drjoannaseltzer.com</a>	Anthem	Medication, Assessment	Individual	
Miriam Scharf, LCSW	Los Angeles	310-553-1837		Anthem		Individual, Couples	
Marya Samuelson, LPCC	Los Angeles	952-994-8114	<a href="http://www.maryasamuelson.com">www.maryasamuelson.com</a>	Anthem		Individual, Couples	

Linda Goodman, PhD	Westwood	310-476-0868		\$50	Psychodynamic, Psychoanalysis	Individual, Couples	
Raphael Rose, PhD	Beverly Hills	310-882-8697		TBD on negotiation	CBT	Individuals, Couples	Supervisor in Clinic-TAD, Craske Lab investigator
David Plotkin, PhD	Westwood and The Valley	310-470-9994		\$100 (\$65 for unlicensed postdoc under Dr. Plotkin's supervision)	CBT	Individuals, Couples	
Jenna Stark, LCSW	West LA/Santa Monica		<a href="https://www.bravelivingbyjenna.com/">https://www.bravelivingbyjenna.com/</a>	Anthem	CBT/D BT	Individuals, Couples	Familiar with working with UCLA grad students
Lauren Muhlheim, PsyD	Mid-City	(323) 743-1122	<a href="https://www.eatingdisordertherapy.com/">https://www.eatingdisordertherapy.com/</a>	Anthem	CBT for Eating Disorders	Individuals	