

HSP Handbook

Human Service Psychology
Ph.D. Program

University of Maryland, Baltimore County

2017-2018

Please note: This information was current as of August 24, 2017. Updates may have been made since this publication date.

Current HSP will be notified by email if any substantive changes are made to the Handbook. Current HSP students can find the most recent version of the Handbook on the UMBC Blackboard site.

I. Introduction and Program Rationale

This handbook is intended to provide students and other interested persons with a detailed description of the Human Services Psychology (HSP) Program. Combined with the Graduate School catalogue, it should answer most questions that students might have about program requirements. However, students are also encouraged to make generous use of the counsel of their advisors, program directors, and each other in negotiating their way through the program. Others reading this handbook to learn about the HSP Program are also invited to contact the director of the HSP program if they have any further questions about the program.

Initiated in 1983, the HSP Program represents a reconceptualization of clinical psychology and several related specialties. The program's rationale derives from a general systems theory perspective which focuses on the generic nature of the knowledge and skills upon which these specialties draw and the multidimensional nature of the problems with which they are concerned. We believe that this approach, which is more fully elaborated elsewhere,¹ fosters a more comprehensive and integrative approach to both research and professional practice. It also represents a more cost-effective and flexible approach to professional training than most traditional single-specialty professional training programs since it allows us to provide training for a number of specialties within the framework of a single program.

Human Services Psychology is defined as that sector of professional psychology concerned with the promotion of human well-being through the acquisition and application of psychological knowledge and principles concerned with the diagnosis, treatment, and prevention of psychological and physical disorders. Thus, the program is designed to prepare students to contribute to the growth of knowledge in this area, as well as to apply this knowledge to a broad range of human problems. Consequently, the program is based upon a scientist-practitioner model of training (sometimes referred to as the Boulder Model) which aims to provide students with skills as both researchers and practitioners. We believe that, even though some students in the HSP Program may not plan to follow research careers, it is their training as scientists, as well as practitioners, which most fundamentally distinguishes them from other mental health professionals and human services providers.

The HSP Program uses a **biopsychosocial** approach as the integrative perspective for its training of human service providers and researchers. There is a commitment in course design and practicum experience to understand not only the unique contributions of biological, psychological, and social aspects of human functioning but also the substantial interactions of these three components in almost every problem area addressed by human services psychology. We believe that HSP students should espouse this broader, interactive perspective in designating program interests and developing their graduate program of studies. Thus, the HSP program encourages a focus on the boundaries of biopsychosocial interactions as well as a solid understanding of each individual aspect in order to promote a more holistic and integrated approach to psychology research, service and practice.

II. Program Structure

The HSP Program has an integrative conceptual structure encompassing three specialty components (tracks) in: behavioral medicine; clinical psychology (APA accredited); and community psychology. Within the HSP Program's conceptual framework, these tracks are regarded as differing primarily in their particular focus within the human services matrix and in how they conceive of and approach the generic problems of diagnosis, treatment, and prevention of psychological and physical disorders. Thus, **Clinical Psychology** focuses on problems involving behavioral and psychological functioning of adults, children, and families, and includes assessment and treatment of those problems. **Behavioral Medicine** focuses on

Levy, L. H. (1984). The metamorphosis of clinical psychology: Toward a new charter as Human Services Psychology. *American Psychologist*, 39, 486-494. (Copy available on request.)

problems involving relations between behavioral and biological levels of human functioning; problems more typically seen in medical settings; and problems related to physical health. **Community Psychology** focuses on the community settings, social resources, and human services policies that influence the effective functioning of both individuals and communities. As well, though not a formal specialty track, a course sequence emphasizing training in Child Clinical Psychology has also been developed.

We believe that the location of these three specialty components within the HSP Program offers students in each program a broader and richer educational experience (and the potential for a more integrative perspective) than they would otherwise receive. In addition, students are encouraged to combine areas of focus. Thus there are subspecialties spanning several specialty areas: Clinical/Behavioral Medicine, Clinical/Community, and Community /Behavioral Medicine. As well, the emphasis in Child Clinical Psychology could also be combined; thus, students could pursue Child Clinical/Behavioral Medicine or Child Clinical/Community.

A. Specialty Track Placement

Placement in one of the three HSP specialty tracks (Clinical, B-Med, Community) or a combined track usually is determined at the time of admission offers in consultation with the student's advisor. Any changing of tracks described below assumes the student is in good standing within the program (e.g., moving through the program on a timely basis, successfully passing the Qualifying Examination, as appropriate). As well, the HSP Faculty may wish to meet and discuss ANY of the following track changes (even if not otherwise specified in the 'typical' descriptions below).

Dropping a track. A dual-track student, who, having decided with their advisor that dropping a track is in their best interest, should undertake the following steps to drop a track. They should meet with, and obtain approval from, the respective directors of each subprogram (track). A formal letter signed by the student and their advisor should be provided to the HSP Program Director; the directors of the relevant tracks involved should also be copied on the letter. The letter will then be placed in the student's file.

Adding a track. In some instances, a student might wish to add a track. This might be because they were initially enrolled in a single track and wish to become dual track. Alternatively, a dual track student may wish to drop one track and add another. Again, the student's first step is to ensure, through discussion with their advisor, that adding a track is in their best interests. The student must also meet with both track directors (director of their current track and of the track they wish to add). A written request is then prepared and given to the HSP Program Director. The request should indicate the student's request has support from their advisor and both track directors (as relevant). The request will then be brought to the full HSP faculty for discussion and a vote on the student's request. ***Note: Because of the highly structured nature of the course sequences in the Clinical track, students who were not initially admitted into the clinical program usually are not allowed to add the clinical track.***

Switching tracks. This is tantamount to both dropping and adding a track. Ultimately, the student's request to switch tracks will be voted upon by the full HSP faculty and the student should follow the steps outlined under "Adding a track," above.

B. Applied Behavioral Analysis track in HSP

An Applied Behavior Analysis track, offered in collaboration with the Kennedy Krieger Institute's Department of Behavioral Psychology, is also part of the Human Services Program, but is not part of the doctoral training program. HSP doctoral students are welcome to take ABA courses, with ABA instructor permission.

ORGANIZATION OF THE HUMAN SERVICES PSYCHOLOGY PROGRAM

HSP Program Director: Dahlquist

HSP Ph.D. Program Specialty Components

Clinical track	Behavioral Medicine track	Community track	Applied Behavior Analysis Track (MA only)
Schiffman (Director)	Waldstein (Director)	Hunter (Director)	Borrero (Director)
Brodsky	Abrams	Abrams	Sy (Co-Director)
Dahlquist	Beatty Moody	Beatty Moody	Dahlquist
DiClemente	Bediako	Bediako	Murphy
Hunter	Dahlquist	Brodsky	Pitts
Khambaty	DiClemente	Maton	
Maton	Khambaty	Nnawulezi	
Murphy	Quiton		
Schacht			
Waldstein			

This table presents the organization of the HSP program and the faculty associated with each of its specialty components. Administrative support is provided by the Graduate Program Coordinator, Nicole Mooney. A listing of the faculty and their current research interests may be found in the appendix to this handbook.

The first three specialty components reflect what we consider to be the primary bodies of knowledge and skills required to pursue the particular specialties for which the HSP Doctoral Program provides training. Thus, students interested in the relations between behavioral and psychological factors and health and illness would elect the behavioral medicine or clinical/behavioral medicine tracks; students whose interests are primarily in the diagnosis, treatment, and prevention of psychological and behavioral impairment would enter the clinical psychology track; and students interested in prevention, program development, program evaluation, public policy and administration, or applied social psychology research would elect the community psychology track or some combination of community and clinical or behavioral medicine.

III. Program Requirements

All HSP students (regardless of subprogram track) take a common core of foundational and research methodology courses. These are referred to as core courses, and are listed below. Beyond these, each track contains a number of specialty courses and several electives and seminars, also listed below. Furthermore, in order to foster the broad, integrative perspective expected of graduates of the HSP program, students are also required to take at least one cross-track elective from each of the other two specialty components outside their specialty area. (See listing of approved cross-track electives in following sections.) In some cases, a student may elect a curriculum which represents a unique combination of tracks. This would be acceptable, as long as a coherent rationale is provided for this combination and it appears to the program faculty to represent a sufficient range and depth of knowledge and skills, and is consistent with APA accreditation criteria for the students in the clinical psychology track.

The general principle followed in formulating all program requirements is one of allowing a maximum of

flexibility and individualized curriculum planning. The goal is to permit students to meet their educational and professional objectives in the most timely and efficient fashion, consistent with accepted national standards for education and training in psychology and with our program's commitment to excellence. Students entering with a baccalaureate degree may expect that, on the average, the program will take the equivalent of 5-6 years of full-time study to complete. This would include a one year internship for clinical psychology students, which is usually taken in the student's fifth or sixth year. The minimum time required to complete the Clinical Psychology track is 5 years—a full-time equivalent of 4 years of study in residency at UMBC and one additional full-time equivalent year of clinical internship.

A. Curriculum

Since we constantly seek to improve the HSP program and keep it responsive to new developments in the field, it may be expected that new courses will be added to the curriculum, others revised, and some deleted during each student's tenure in the program. However, in no case would subsequent changes in the curriculum or in other program requirements be retroactively imposed upon students if they would result in lengthening the time required to complete the program.

Credits listed in parentheses besides each course category are the minimum required for that category. Courses followed by an * are taught each year. Otherwise, courses are offered every two** or three*** years. (Note: This schedule may change depending on student interest and faculty availability). Your advisor can help you determine when courses are likely to be offered.

Examples of the general *sequence* of courses for the each track, track combination, and child focus combination are presented in the Appendix. The first and second year Clinical curriculum has the least amount of flexibility, since students must obtain fundamental clinical training before going on externships. The specific specialty courses, electives, and seminars will vary with the subprogram track elected by students and their particular interests, as will the total number of credits.

HSP CORE COURSE REQUIREMENTS (8 courses = 28 credits)

Required of all HSP students unless waived on basis of previous course work

1. Core I Biobases, development, learning, cognition*
2. Core II Individual differences (personality), social, community, diversity*
3. PSYC 611, Lab Data Analytic Procedures I*
4. PSYC 711, Lab Data Analytic Procedures II*
5. PSYC 686 Ethical and Professional Issues in the Science and Practice of Psychology*
6. PSYC 710 Research Methods in Psychology*
7. PSYC 608 Human Diversity*
8. A Methods of Inquiry course (e.g., PSYC 715 Measurement of Behavior, PSYC 616 Measurement in Applied Behavior Analysis, PSYC 738 Qualitative Methods, Epidemiology, Structural Equation Modeling, or other approved methods of inquiry course)
9. Topics in Diversity (2 semesters, first year, no credits)

Practicum and Research Requirements (12 credits minimum + doctoral research credits)

10. PSYC 690 Practicum (6 credits minimum)
11. PSYC 799 Master's Thesis Research (6 credits minimum) (billed at ½ rate)
12. PSYC 899 Doctoral Dissertation Research (2 semester minimum—9 credits per semester—charged as 2 credits per semester)

SPECIALTY COURSEWORK**I. Clinical Track****A. Traditional Clinical (11 courses = 31 credits)**

1. Adult Psychopathology (Psyc 606)*
2. Methods of Assessment I (Psyc 620)*
3. Methods of Assessment II (Psyc 621)*
4. Clinical Intervention I (Psyc 622)*
5. Clinical Intervention II (Psyc 623)*
6. Clinical Interviewing (Psyc 630; 1 cr)*

Clinical Electives

7. Advanced clinical seminar
8. Cross-track elective in Community
9. Cross-track elective in Behavioral Medicine
10. Other Elective
11. Other Elective

Clinical electives include (but are not limited to):

PSYC 607	Developmental Psychopathology**	PSYC 636	Primary Prevention
PSYC 650	Child Clinical Psychology**	PSYC 695/736	Public Policy Issues in Mental Health
PSYC 648	Intro to Behavioral Medicine**	PSYC 786	Psychological Aspects of Aging
PSYC 646	Clinical Neuropsychology**	SOCY 658	Sociology of Mental Health & Illness
PSYC 647	Neuropsychological Assessment**	Any Advanced Seminar in Clinical Psychology, such as Addictive Behaviors (PSYC 750), Couple and Family Therapy(PSYC 751)	
PSYC 635	Community Psychology		

B. Clinical/Behavioral Medicine (13 courses = 34 credits)

1. Adult Psychopathology (Psyc 606)*
2. Methods of Assessment I (Psyc 620)*
3. Methods of Assessment II (Psyc 621)*
4. Clinical Intervention I (Psyc 622)*
5. Clinical Intervention II (Psyc 623)*
6. Clinical Interviewing (Psyc 630; 1 cr)*

Clinical/Behavioral Medicine Courses and Electives

7. Introduction to Behavioral Medicine (PSYC 648)
8. Physiological Systems in Beh Med
9. Epidemiology (or another advisor-approved elective) (Child clinical students may substitute a child clinical or developmental course)
10. Clinical Intervention III (PSYC 623)
11. Advanced Behavioral-Medicine seminar
12. Cross-track elective in Community
13. Topics in Behavioral Medicine (first 4 semesters, no credits)

C. Clinical/Community (12 courses = 31 credits)

1. Adult Psychopathology (Psyc 606)*
2. Methods of Assessment I (Psyc 620)*
3. Methods of Assessment II (Psyc 621)*
4. Clinical Intervention I (Psyc 622)*
5. Clinical Intervention II (Psyc 623)*
6. Clinical Interviewing (Psyc 630; 1 cr)*

Clinical/Community Courses and Electives

7. Community Psychology I: Theory (PSYC 635)**
8. Community Psychology II: Practice (PSYC 6XX)**
9. Primary Prevention (PSYC 636)**
10. Applied Psychology and Public Policy (PSYC 736)**
11. Program Evaluation (PSYC 695)**
12. Cross Track Elective in Behavioral-Medicine
13. Topics in Community (first 4 semesters, no credits)

D. Child Clinical (11-12 courses = 31-34 credits)

1. Adult Psychopathology (Psyc 606)*
2. Methods of Assessment I (Psyc 620)*
3. Methods of Assessment II (Psyc 621)* (strongly recommended, although child clinical students may substitute a child clinical or developmental course)
4. Clinical Intervention I (Psyc 622)*
5. Clinical Intervention II (Psyc 623)*
6. Clinical Interviewing (Psyc 630; 1 cr)*

Child Clinical Electives

7. Advanced clinical seminar: (Couple and Family Therapy (Psyc 751))**
8. Cross-track elective in Community
9. Cross-track elective in Behavioral Medicine (Child Health—Psyc 742)**
10. Other Elective: Developmental Psychopathology (Psyc 607)**
11. Other Elective: Child Clinical (Psyc 650)**
12. Advisor-approved graduate level Developmental Psychology course

E. Child Clinical/Behavioral Medicine (15-16 courses = 40-43 credits)

1. Adult Psychopathology (Psyc 606)*
2. Methods of Assessment I (Psyc 620)*
3. Methods of Assessment II (Psyc 621)* (strongly recommended, although child clinical students may substitute a required child clinical or developmental course)
4. Clinical Intervention I (Psyc 622)*
5. Clinical Intervention II (Psyc 623)*
6. Clinical Interviewing (Psyc 630; 1 cr)*

Clinical/Behavioral Medicine Courses and Electives

7. Introduction to Behavioral Medicine (PSYC 648)**
8. Physiological Systems in Beh Med
9. Clinical Intervention III (PSYC 623)
10. Advanced Behavioral-Medicine seminar (Child Health—Psyc 742)**
11. Cross-track elective in Community
12. Topics in Behavioral Medicine (first 4 semesters, no credits)
13. Developmental Psychopathology (Psyc 607)** (substitution for Epidemiology)
14. Child Clinical (Psych 650)**
15. Couple and Family Therapy (Psyc 751)**
16. Advisor-approved graduate level Developmental Psychology course

F. Child Clinical/Community (15-16 courses = 40-43 credits)

1. Adult Psychopathology (Psyc 606)*
2. Methods of Assessment I (Psyc 620)*
3. Methods of Assessment II (Psyc 621)* (strongly recommended, although child clinical students may substitute a required child clinical or developmental course)
4. Clinical Intervention I (Psyc 622)*
5. Clinical Intervention II (Psyc 623)*
6. Clinical Interviewing (Psyc 630; 1 cr)*

Clinical/Community Courses and Electives

7. Community Psychology I: Theory (PSYC 635)**
8. Community Psychology II: Practice (PSYC 6XX)**
9. Primary Prevention (PSYC 636)**
10. Applied Psychology and Public Policy (PSYC 736)**
11. Program Evaluation (PSYC 695)**
12. Cross Track Elective in Behavioral-Medicine (Child Health—Psyc 742)**
13. Topics in Community (first 4 semesters, no credits)
14. Developmental Psychopathology (Psyc 607)**
15. Child Clinical (Psych 650)**
16. Couple and Family Therapy (Psyc 751)**
17. Advisor-approved graduate level Developmental Psychology course

II. Behavioral Medicine (B-Med) Track (10 courses = 27 credits)

1. Introduction to Behavioral Medicine (PSYC 648)
2. Physiological Systems in Behavioral Medicine
3. Epidemiology
4. Clinical Intervention III: Interventions in Behavioral Medicine (PSYC 623)
5. Topics in Behavioral Medicine (first 4 semesters, no credits)

B-Med Electives

6. Advanced B-Med seminar
7. Advanced B-Med seminar
8. Cross-track elective in Community
9. Cross-track elective in Clinical
10. Other elective

Note: Behavioral Medicine electives may be chosen from specialty courses and electives in the Clinical or Community tracks, in addition to Behavioral Medicine courses. Electives that may be of particular interest to Behavioral Medicine students include (but are not limited to):

Any Advanced Behavioral Medicine Seminar	PSYC 636	Primary Prevention
HGEN 601	Basic Human Genetics I	PSYC 646
PSYC 655	Behavioral Pharmacology	PSYC 647
PSYC 606	Adult Psychopathology	Community Course TBD
PSYC 620	Methods of Assessment I	PSYC 742
		Child Health Psychology

III. Community Track

A. Traditional Community (11 courses = 30 credits)

1. Community Psychology I: Theory (PSYC 635)**
2. Community Psychology II: Practice (PSYC 6XX)**
3. Primary Prevention (PSYC 636)**
4. Applied Psychology and Public Policy (PSYC 736) **
5. Program Evaluation (PSYC 695)
6. Topics in Community Psychology (first 4 semesters, no credits)

Community Electives

7. Advanced Community seminar
8. Cross-track elective in Behavioral Medicine
9. Cross-track elective in Clinical
10. Other elective
11. Other elective

B. Community/B-MedTrack (13 courses = 33 credits)

1. Community Psychology I: Theory (PSYC 635)**
2. Community Psychology II: Practice (PSYC 6XX)**
3. Primary Prevention (PSYC 636)**
4. Applied Psychology and Public Policy (PSYC 736)**
5. Program Evaluation (PSYC 695)**
6. Topics in Community Psychology (first 4 semesters, no credits)
7. Topics in Behavioral Medicine (first 4 semesters, no credits)

Community/B-Med Electives

8. Introduction to Behavioral Medicine (PSYC 648)
9. Physiological Systems in Behavioral Medicine
10. Epidemiology (or another advisor-approved elective)
11. Social/Health Psychology
12. Advanced B-Med seminar
13. Cross-track elective in Clinical (see below)

Approved HSP Cross-Track Elective Courses**Clinical**

Assessment I
 Adult Psychopathology
 Developmental Psychopathology
 Advanced Seminars in Clinical Psychology
 Addictive behaviors
 Couple and Family Therapy
 (PSYC 695) (Examples: Clinical
 Neuropsychology, Psychopharmacology)

Behavioral Medicine

Introduction to Behavioral Medicine
 Physiological Systems in Behavioral Medicine
 Social Health Psychology
 Clinical Intervention III
 Advanced Seminars in Behavioral Medicine
 Addictive Behaviors
 (PSYC 695) (Examples: Cardiovascular
 Behavioral Medicine; Child Health Psychology;
 Eating Behavior; Medical Neuropsychology;
 Pain/PNI, Social Health, Psychopharmacology).

Community

Community Psychology
 Primary Prevention
 Applied Social Psychology
 Public Policy
 Advanced Seminars in Community Psychology
 (PSYC 695) (Example: Risk & Resilience,
 Social Health)

Note: The following courses contain elements of two different specialty areas, and as such can serve as meeting crossover or advanced seminar requirements for either track. However a single course can only be counted as fulfilling a single requirement.

- Advanced Seminar in Addictive Behaviors may be counted as either a Clinical or a Behavioral Medicine advanced seminar.
- Advanced Seminar in Psychopharmacology may be counted as either a Clinical or a Behavioral Medicine advanced seminar.
- Advanced Seminar in Social Health Psychology may be counted as either a Community or a Behavioral Medicine advanced seminar

B. Colloquia

Departmental colloquia are considered an integral part of the student's education, even though they do not carry academic credit. Colloquium speakers include visiting psychologists and scientists in related fields, as well as some of our own faculty, who are invited to lecture on their recent research or on particular topics on which they are authorities. The purpose of colloquia is to enrich the offerings of our regular curriculum and to broaden the intellectual horizons of both faculty and students. Thus, students are expected to attend them, even when they are not in their particular areas of interest.

C. Practicum

Many of the clinical courses include applied experiences, which provide students opportunities to apply the skills and knowledge presented in the associated course. Students are also required to take a minimum of six credits of practicum, usually in their second and third years. These practica, in various clinical, research, and human services settings, are intended to give students a broader and more integrative experience in the application of the skills and knowledge that they have acquired in the various courses they have taken. *For clinical psychology students, eligibility for practicum placement in their third year is contingent upon their having successfully defended their M.A. thesis proposal, or its equivalent, by February 1 of their second year of full-time residency.* Students should plan to defend well before the **February 1** deadline.

Clinical practica are coordinated in partnership with the Director of Clinical Training (DCT); those

involving research or other experiences relevant to the Behavioral Medicine and Community Psychology Tracks are arranged by their respective directors. In certain circumstances, with the approval of their respective specialty track director, students may arrange their own practica. In any case, for 6 credits (first 2 years of practicum) each student placed on practicum is assigned a faculty preceptor who serves as liaison between the HSP program and the practicum agency and meets with students on a regular basis to discuss professional and clinical issues that might arise during the practicum and also help students integrate their clinical experience with current theory and research. Clinical track preceptors are assigned by the DCT. Appropriate community and B-med preceptors are identified through student consultation with the advisor and/or track director.

Students should consult with their specialty track director about their practicum preferences early in the semester prior to that in which they wish to begin their assignments. For fall clinical placements, students should not apply until the last Monday of January (for special circumstances, please consult with the DCT). Ordinarily, practicum assignments are made on an academic year basis. Please note: Track directors must approve practicum placements in order for students to be covered by UMBC's malpractice insurance.

C1. Practicum Policies Specific to Clinical Students

Credit and Semester Requirements. Clinical track students must complete a minimum of 4 academic semesters of practicum training in which they sign up for 1-2 credits per semester of psychology 690. All students intending to sign up for credit in psychology 690 will be assigned to a faculty preceptor, and will register under the preceptor's section code for this course. Students must take a minimum of 6 credits of psychology 690 in order to graduate. No more than 2 credits of psychology 690 taken while the student is enrolled in a different course of graduate study in the UMBC psychology department (e.g., Applied Behavior Analysis, Applied Developmental, etc.) can be counted toward the credit requirement, and this does not alter the 4 semester requirement. Once students have completed at least 6 credits of psychology 690 over a minimum of 4 academic semesters they have the option of completing additional practicum training as a part of their general program of studies, without enrolling for credits. Regardless of the supervision arrangements and/or professional nature of the work, practical experience or training that is not associated with a practicum that is approved by the Director of Clinical Training (DCT) cannot be counted in tabulating hours for internship applications without the written authorization of the DCT.

Practicum Arrangements. The typical practicum training experience involves 12-16 hours per week on site. When enrolling for 690 credits, students are expected to work on-site for a minimum of 8 hours per week per credit (so a student may enroll for up to 2 credits for a 16-hour placement, but only up to 1 credit for a 12 hour placement). *No practicum placement experience should exceed 20 hours per week without written authorization from the student's faculty advisor and the DCT.*

Rising second-year students begin their training at the UMBC Psychology Training Clinic on July 1 following their first year in the program. The first rotation focuses on psychoeducational assessment and is supervised by Dr. Julie Murphy, who supervises all assessment cases in the clinic. In August, students begin their treatment rotation, when they begin providing psychotherapy under the supervision of Dr. Rebecca Schacht, the clinic director. Dr. Schacht supervises all treatment cases in the clinic.

As the initial practicum site, the clinic is where students begin developing their professional role as a therapist and obtain a foundation for delivering evidence-based care. Treatment plans include components of evidence-based treatments and/or follow a manualized intervention when one is available. Commonly used treatment approaches at the clinic include CBT, ACT, DBT, and motivational interviewing. Opportunities are available for obtaining experience in marital therapy and group therapy.

Advanced students may obtain supervision experience by supervising junior students on assessment and treatment cases.

Supervision consists of one individual hour-long meeting per week with the student's primary supervisor, plus one 90-minute group supervision meeting per week, plus additional consultation as needed. Individual supervision involves a combination of direct observation of the trainee's work (live or video recorded), review of written reports and records, and review of audio recordings of the trainee's work. Group supervision consists of didactic presentations and case conferencing. All therapy sessions are audiotaped or videotaped.

A typical caseload is 2-5 clients, which requires 10-16 hours per week of the student's time. This includes session preparation, face-to-face therapy time, documentation, and supervision. Student clinicians also spend about 1 hour per week helping with the day-to-day operations of the clinic (e.g., returning phone calls, managing files, and conducting brief phone screens of potential clients). Questions about the clinic can be directed to the clinic director, Dr. Rebecca Schacht, at rschacht@umbc.edu.

For **off-site practica**, the primary supervisor for all practicum experiences should be a licensed psychologist. With the approval of the DCT, an exception to this requirement can be made such that a licensed physician, social worker, licensed professional counselor, or license-eligible doctoral-level psychologist can provide case supervision or serve as a primary on-site supervisor for a practicum experience.

The expected level of supervision varies by site and the nature of the training experience (e.g., therapy versus assessment). Typically, 1 hour per week of supervision is suggested for every 3-5 hours of direct service contact. At a minimum, students should receive 1 hour per week of supervision. In no case should the level of supervision fall below that required by the Maryland state regulations governing the supervision of psychology associates (unlicensed practitioners of psychology). Supervision can be provided in a variety of formats, including one-on-one supervision, group supervision, direct observation of the trainee's work, conjoint work with the supervisor, review of written reports and records, and/or review of audio or video recordings of the trainee's work. Additionally, as part of our program's ongoing commitment to ensuring the quality of our graduates, each practicum evaluation must be based in part on direct observation (either live or electronically).

Practicum training experiences should prepare the student for the professional practice of psychology, commensurate with the student's level of prior training and expertise. Training experiences that are not reflective of professional activities (e.g., being asked to administer psychological tests without scoring and interpreting them) or are not oriented toward the professional practice of clinical psychology (e.g., data management, grant writing, etc.) do not fulfill the expectations of practicum training and should be reported immediately to the preceptor and DCT.

Responsibilities for Completing Practicum. For all psychology practica, students are expected to conduct themselves in a professional manner, consistent with the ethical principles of the American Psychological Association and relevant state regulations governing the practice of psychology. Students are expected to demonstrate competence at a level commensurate with their training and previous experience. In order to document practicum training, all students must:

- 1) Complete an externship contract that specifies the time commitment, nature of the training experience, and supervision arrangements. This contract must be reviewed and approved by the preceptor (or DCT for non-credit placements) and placed in the student's file within the first few weeks of the practicum.

- 2) Obtain a semester evaluation of student performance from the externship supervisor and submit it to the DCT at the end of each semester. Any difficulties in obtaining a semester evaluation from

the on-site supervisor(s) should be reported promptly to the preceptor and DCT.

3) Complete a semester evaluation of the externship training experience and submit it to the DCT by the specified due date.

4) Track and record training experiences using a standard tracking form, and submit this record at the end of the practicum training experience. If a practicum experience exceeds two semesters in duration, this tracking form should be submitted at least once annually (typically along with the second semester evaluation of the externship experience).

5) Promptly report any significant ethical, legal, professional, supervisory, or other training concerns that arise on practicum to the relevant departmental supervisor. Normally, the preceptor serves as the first contact for practicum concerns (the DCT in the case of non-credit externships). The DCT should be informed of any substantive problems or concerns that are not readily handled in consultation with the preceptor.

When taking Psychology 690 for credit, the student must complete the following additional requirements:

- 1) Attend bi-monthly preceptor meetings.
- 2) Participate actively in peer consultation and preceptor meeting activities.
- 3) Complete assigned 690 readings on supervision and consultation.

D. Research

D1. Predissertation Research Competence Requirement (rev. 9/23/13)

All students are required to demonstrate competence in all phases of the conduct of research prior to beginning work on their doctoral dissertation. For students entering the program with bachelor's degrees, this requirement should be satisfied by the end of their second year in the program with the completion of a master's thesis.

Students wishing to obtain the MA degree should constitute a master's committee which will approve the research plan and the thesis and conduct the oral examination of the thesis. At least one member of this committee should be a member of the HSP faculty. Details of MA requirements can be found on the graduate school website and through the HSP program director(s).

Students entering the program with masters degrees may waive the research competency requirement by submitting either a research-based master's thesis completed at another university, or a body of published research with accompanying documentation that the student collectively demonstrated competence in the essential aspects of research demonstrated in a master's thesis—i.e., literature review, research question conceptualization, design of the study and written description of the method, data analysis (conceptualization and design), data interpretation and discussion—with the level of oversight/supervision typically provided to master's students in our program. The thesis or body of work should be evaluated by the student's HSP advisor and at least one other Psychology Department faculty member.

Students wishing to waive the research competency requirement should discuss their intention to do so with their advisor during orientation, identify a suitable committee member with their advisor's assistance, and should submit the Research Competency Evaluation form (found on the HSP Blackboard site) and their materials to their advisor and the additional reader **no later than October 1**. The reviewing committee should render an opinion on the adequacy of the submitted materials within approximately two weeks, but no later than November 1, so that the student knows whether additional work will be needed and can plan accordingly. Possible committee determinations include: 1) Demonstrates research competence; 2) Demonstrates considerable research competency, but requires additional work (e.g., revision of written document, re-analysis of data, execution of an additional

component of the research process) before the committee can certify the demonstration of research competency); or 3) Does not adequately demonstrate competency—the student should conduct a new project. New or additional work needed to demonstrate research competency should be completed by the end of the second year in residence.

Students who need to conduct a new project in order to demonstrate competency **should follow the same proposal and defense procedures as students completing master's theses** (with the exception of filing forms with the graduate school) and are subject to the same deadlines as students conducting masters theses. Thus, for clinical psychology students, eligibility for practicum placement in their third year is contingent upon their having successfully defended their research competency proposal by February 1 of their second year of full-time residency. Students should plan to defend well before the February 1 deadline.

A revised HSP Research Competency Evaluation form should accompany the resubmission of the final set of materials demonstrating competency.

D2. Dissertation

The doctoral dissertation, demonstrating the student's ability as an independent scholar and scientist, represents an original piece of research. Planning for the dissertation begins with the selection of a dissertation advisor who is knowledgeable about the student's area of research interest and a committee of at least four other members. Close consultation with your dissertation advisor is a key element in the timely development of a successful dissertation proposal. For students entering the HSP program with the baccalaureate, their fourth year is expected to be the dissertation year. The graduate school requires that students take a minimum of 18 Psyc 899 credit hours (Psyc 899 is a fixed, 9-credit course). These Psyc 899 credits would normally be distributed over years 3 and 4.

Dissertations are expected to be on topics consistent with the goals of the HSP program and relevant to the student's future career. Beyond this, the program sets no constraints upon either the topics chosen or the methodology used, as long as they are scientifically sound and appropriate to the problem under study. In the same vein, whereas it is normally expected that the dissertation advisor will be a member of the HSP program, students are free to choose other department faculty members as their dissertation advisors where this seems appropriate to the topic they have chosen. However, the dissertation committee should include at least two members of the HSP faculty. Students in the Behavioral Medicine and Clinical Psychology/Behavioral Medicine tracks are expected to conduct their dissertation research on a topic within Behavioral Medicine. Students should consult the Graduate School catalog and web pages for further details on dissertation requirements.

Beyond the research undertaken to satisfy the predissertation research competence requirement and the dissertation, students are encouraged to engage in other research projects, either independently or in collaboration with faculty or other students. This is especially important for students planning to pursue an academic/research career.

D3. ADP and HSP Policy Regarding Theses and Dissertations (adopted 5/08/06)

It is expected that your theses² (M.A. and Ph.D.) are independent projects in which all aspects reasonably reflect your primary contribution³. This includes: idea generation, literature review, design, data collection, data analysis, and writing. If you plan seek assistance with the project that goes beyond consultation with UMBC faculty members or members of the thesis committee, you should talk with your faculty advisor to verify that the level of assistance you seek is appropriate. Specifically, unless otherwise arranged in advance with your faculty advisor, it is expected that all chapters of the thesis (Introduction, Method, Results, and Discussion), and all relevant work such as data analysis, reflect your independent scholarly contribution.

D4. Research Teams

Consistent with the scientist-practitioner model of training upon which the HSP program is based, students are expected to be involved in research throughout their graduate careers. Culminating in the doctoral dissertation, this involvement may take many forms during the course of the student's graduate training, but common to all students, throughout their careers, is membership in HSP faculty-led research teams. These teams provide a collaborative context within which students gain experience in conceptualizing research questions and in the strategies and methods of research relevant to their professional interests. Although the faculty member's own research interests and activities define the general focus of each research team, team meetings also address the particular research interests of all the team members, covering all aspects of the research process, including the formulation of research hypotheses, design and conduct of research, and the analysis and interpretation of results. Team members are also encouraged to collaborate either with each other or with the faculty team leader in the actual conduct of particular research projects. Thus, research teams make an important contribution to students' research training, combining the virtues of an apprenticeship approach to learning with those of peer stimulation and support.

E. Qualifying Examination

The qualifying exam takes place annually, over a two-week period, beginning on the first Monday after the second weekend in July. Students should plan their availability accordingly.

Qualifying exam start dates through 2023 are as follows:

7/16/18; 7/15/19; 7/20/20; 7/19/21; 7/18/22; 7/17/23

Students who entered the program in 2016 or earlier will take the qualifying exam the summer after their 4th semester in the program. **Beginning with the incoming class of 2017, students will be required to complete their master's thesis before taking the qualifying exam.** In order to sit for the qualifying exam in July, students must have submitted their completed thesis to the graduate school **no later than the graduate school deadline for thesis submission for May graduation** (usually the last week of April—students should check the grad school calendar for the exact date). Students completing a research competency must meet this same deadline. In order to sit for the qualifying exam in July students must have submitted a Research Competency Evaluation Form signed by all research

² These expectations also apply for students requesting a "Research Competency" evaluation.

³ Obviously, for secondary data analyses, you may not have control over design and/or data collection. As well, it is understood that aspects of the project may be influenced and/or suggested by your faculty advisor, committee, and research collaborators.

competency committee members certifying that the student has fully demonstrated research competency (i.e., no revisions or additional work is required) by the same Graduate School deadline for thesis submission for May graduation.

The major purpose of the qualifying examination is to assess students' ability to integrate and apply the knowledge they have acquired in the program. The scope of the material covered includes content contained in courses that have already been taken and in reading lists provided by the faculty.

Evaluation of a student's exam may result in one of the following outcomes:

1. *Pass with Distinction.*
2. *Pass.*
3. *Partial Pass.* Student must retake (and subsequently pass) some portion of the exam.
4. *Fail.* The exam must be retaken, if the faculty decides to permit the student to do so. This decision rests upon a complete review of the quality of the student's performance in the program, as well as on the exam. See Section VI. Evaluations below.

In some cases, where the faculty believes that it would be helpful in arriving at its evaluation of a student's knowledge and competence, it may also schedule an oral examination over some portion of the exam. When the faculty decides upon a Partial Pass, it will also stipulate when the unsatisfactory portion of the exam must be retaken. Usually, this will be the following summer during the regularly scheduled qualifying exam time.

If a student fails the exam, the faculty decides whether to permit the student to retake the exam, after reviewing in detail the student's performance in the program as well as on the exam. Normally, students are allowed a second opportunity to take the exam. Should the faculty decide against permitting the student to retake the exam, this will be reported to the Department's Graduate Committee, since this is tantamount to dropping the student from the program. Prior to reporting this decision to the Graduate Committee, however, the student will be given an opportunity to meet with the faculty to discuss whether there were any mitigating circumstances which should be taken into consideration before reporting their decision. Such a decision must be approved by the Graduate Committee and ratified by the Department faculty before it is referred to the Vice President for Graduate Studies and Research for official action.

Beginning with the 2017 Qualifying exam, clinical students who otherwise passed the qualifying exam but earned a borderline grade on the History and Systems or HSP integrative question will be required to revise and resubmit their answer within 4 weeks of receiving their grades. The revision will be re-evaluated by the respective exam graders to ensure that the student is able to demonstrate competence in the respective content area.

F. Admission to Candidacy

Students officially become candidates for the Ph.D. degree upon acceptance of their application for admission to candidacy by the UMBC Graduate School. The application form for admission to candidacy is available from the Graduate School. It is the student's responsibility to submit this form promptly when all the requirements for candidacy have been fulfilled. To be eligible for doctoral candidacy within the HSP program, the student must successfully complete the requirements for the Master's degree (including defense of the master's thesis or Research Competency and pass the HSP Qualifying Examination. **University guidelines require that students be admitted to candidacy within 5 years after admission to the doctoral program**, that they remain in candidacy for at least two semesters before receiving the doctoral degree, and that they **complete all requirements for the doctoral degree within 4 years after advancement to candidacy.**

G. Internship

The internship, extending over a full calendar year, is usually taken in the fifth or sixth year. **Students must satisfactorily complete the Qualifying Examination and successfully defend their dissertation proposal before they may apply for internship.** The departmental deadline for defending the dissertation proposal is **October 1st** of the year the student intends to apply for internship.

Students in the clinical psychology or combined clinical/behavioral medicine and clinical/community psychology programs are expected to take clinical psychology internships which are either accredited by the American Psychological Association or approved by the HSP faculty. Students in the community psychology and behavioral medicine programs are encouraged, but not required, to take an internship. The internships taken by students in the behavioral medicine and community psychology programs will be determined by their particular career goals and the nature of the area in which they plan to specialize. Since internship application deadlines are in the late fall for the next year, students should begin discussing their internship plans with their advisors and specialty program directors early in the semester prior to that in which they plan to apply for internship

V. Target Dates and Milestones

The following table presents the target dates by which students should pass each of the listed milestones in the program. *Marked departures from this schedule, for which there are not satisfactory explanations, would represent lack of satisfactory progress toward the degree and could jeopardize the student's eligibility for continued financial support and status in the program.*

Milestone	Ideal target	Good Standing deadline
Master's Thesis or Research Competency proposal	Summer of 1 st year	Before the start of the Spring semester of the 2 nd year
Master's Thesis or Research Competency defense and submission of final thesis documents	In time for May graduation of 2 nd year	In time for May graduation of 3 rd year. (Note: The Graduate School allows a maximum of 5 years for the MA.)
Pass Qualifying Exam (after MA or Research Competency completion)	Summer of Year 2	Summer of Year 3
Admission to Candidacy—File immediately upon passing qualifying exam	Within 2 weeks of notification of passing Qualifying Examination	Within 2 weeks of notification of passing Qualifying Examination
Dissertation proposal—successful defense	Fall of 4 th year	October 1 of 5 th year.
Clinical Internship	Year 6	Graduate School requirement: Students must complete all doctoral degree requirements within 4 years of filing for candidacy

VI. Evaluations

A. Evaluation Process

The progress and performance of all students is formally evaluated by the faculty annually, at the conclusion of the spring semester. Evaluations include the following content areas:

- a) Academics: Quality of academic achievement in coursework
- b) Progress: Timely progress toward the completion of a degree
- c) Research: Quality of research and scholarly skills and abilities as reflected through high quality work and participation in research activities
- d) Clinical Work: Quality of clinical skills in assessment, diagnosis, therapy and/or consultation as reflected through practicum and internship experiences;
- e) Professionalism & Ethics: Professional demeanor in interpersonal relations and professional activities with faculty, peers, and colleagues; Personal behaviors that reflect adherence to APA Code of Ethics.
- f) TA/Teaching or RA Performance
- g) Misc. Writing, Health, Personal adjustment
- h) Collegiality/Citizenship: Contributions to Department, University or Lab
- i) Professional Presentations and publications

Advisors provide students with a written report of these evaluations and also meet with students to discuss the evaluation. Students acknowledge receipt of evaluation feedback by signing the feedback report and indicating whether or not they agree with the faculty feedback. A less comprehensive evaluation is also conducted after the fall semester in order to monitor the progress of first-year students as well as identify any upper-level students who appear to be having problems that may be potentially serious and should be discussed with them before the end of the academic year. These students are informed of faculty concerns and invited to discuss them with their academic advisors.

The following is the HSP policy regarding grades (Adopted 5/1/06).

1. If a student is doing poorly in a course (i.e., likely to get a C or poorer), the problem should be brought to the attention of the HSP faculty so that measures can be taken to provide extra support, writing assistance, recommend remedial tutoring or background courses, etc. Whenever possible, this should be done mid-semester, to maximize opportunities to help the student successfully complete the course.
2. A student who receives a letter grade of C in a class will be reviewed by the HSP faculty during the end of semester student evaluations to determine whether remediation or other intervention is needed.
3. The graduate school requires that students maintain a GPA of 3.0 or better. If a student's cumulative GPA falls below 3.0, the student will be placed on probation at the end of the semester in which the substandard GPA was achieved. (This is one of the options offered routinely by the graduate school. The other options are no action or a warning letter.) The rationale for the more severe consequence is twofold: It communicates the seriousness of the problem to the student and begins an official, automatic graduate school termination process. It also speeds up the process of helping students who do not belong in the graduate program move on to other career paths.
4. If the student's cumulative GPA does not reach or exceed 3.0 by the end of the subsequent semester, the student will be terminated from the program.
5. Receiving a letter grade of D or F in any course is sufficient grounds for termination from the program.
6. All decisions regarding termination from the program will be decided by the HSP faculty as a whole.

In addition to the evaluation of students' academic (including research) progress and performance, the faculty is also concerned about students' professional development and interpersonal functioning, as specified by the APA guidelines for accreditation of training programs in professional psychology. *Professional development* includes compliance with the Ethical Principles of Psychologists and Code of Conduct (American Psychological Association, 2002),⁴ taking responsibility for the prompt and accurate preparation of clinical reports, and fulfilling all other clinical and professional responsibilities in a mature manner, consistent with respect for one's colleagues and for the dignity and welfare of one's clients. In our evaluation of *interpersonal functioning*, we are concerned with behavior patterns suggesting problems that might interfere with the student's effective functioning as a professional psychologist.

Although evaluations are inevitably stressful, students should be assured that the primary purpose of these evaluations is *formative*, to determine how we can be most helpful in fostering each student's progress toward her or his professional goals. Where problems are identified, students are advised of them and an attempt is made to develop a plan of action that will remedy the problem. In those rare cases where a student's continuation in the program may be in jeopardy, the student is advised of this and of the corrective action that would be needed to assure his or her continuation in the program.

B. Concerns, Complaints, Grievances

When students have problems or complaints, they are strongly encouraged to discuss them with (a) their instructors or faculty advisors if the problem or complaint is course- or thesis-related; (b) their faculty advisors, the Director of Clinical Training, and/or the HSP Program Director if the problem involves personal or program issues; and (c) their clinical preceptors and/or the Director of Clinical Training if the problem is practicum- or internship-related. Students also have the opportunity to express their concerns, complaints, or grievances through their elected student representatives who attend the HSP program meetings.

Although the HSP Faculty and the Psychology department are committed to supporting all students, we recognize that, at times, it may be important to obtain outside consultation and support, and in such cases, we strongly encourage you to seek the support you need. Resources exist within the Graduate School, the Dean's office and in the greater UMBC community. We have listed below several resources on campus that might prove valuable for you at various points in your career here. We want to highlight the first name on the list, Stephanie Lazarus, who has agreed to serve the role of ombudsperson through her position in the Office of Human Relations. Stephanie can serve many roles, including mediator and conflict resolver if needed.

The following resources are available:

Bobbie L. Hoye, Title IX Coordinator
University of Maryland Baltimore County
Office of Human Relations
1000 Hilltop Circle, Administration Building,
Room 901
Baltimore, MD 21250
Phone: (410) 455-1606
Email: bhoye@umbc.edu

Joe Levin-Manning
Graduate Coordinator for LGBTQ Programs
Office: The Commons 336
Phone: [410-455-8441](tel:410-455-8441)
Email: levinmaj@umbc.edu

⁴ All students are provided with a copy of the Principles when they enter the HSP program.

Lisa Gray
 Assistant Director of Student Life for Cultural
 and Spiritual Diversity
 Office: The Commons 2B23
[410-455-8478](tel:410-455-8478)
 Hours: 10 AM and 5 PM, Monday - Friday
lisamgray@umbc.edu

Human Relations
<http://humanrelations.umbc.edu/about>
 Resources:
 - Information about Non-Discrimination, Title
 IX/Sexual Misconduct, Disability
 - Forms to file a complaint
 - Conflict Resolution (Peers & Authority
 Figures)

LGBT Faculty and Staff Network ("OutList")
<http://facultydiversity.umbc.edu/diversity-initiatives/umbc-outlist/>

The Mosaic Center
<http://osl.umbc.edu/diversity/mosaic> or <http://my.umbc.edu/groups/themosaic>
 The Commons, room 2B23
 Hours: 10 AM and 5 PM, Monday - Friday
[410-455-2686](tel:410-455-2686)
mosaic@umbc.edu

The Inter-Faith Center
<http://osl.umbc.edu/diversity/interfaith>
[410-455-2686](tel:410-455-2686)
 Hours vary, Monday - Sunday
interfaith@umbc.edu

LGBTQ SafeZone
<http://osl.umbc.edu/diversity/lgbt>
 University Center, Rm. 201
 Hours: 9 AM - 5 PM, Monday-Friday
[410-455-6370](tel:410-455-6370)
lgbtq@umbc.edu

The Women's Center
<http://womenscenter.umbc.edu/>
 The Commons, Ground Floor
[410-455-2714](tel:410-455-2714)
 Hours: Monday-Thursday 9:30-6; Friday 9:30-4

C. Termination Appeal Procedure. In the event that the HSP faculty decides that a student's enrollment in the program should be terminated, the student is informed of this and is given an opportunity to discuss the decision with the faculty, before it is referred to the Graduate Committee of the Department, which reviews the decision and the basis for it. Although the Graduate Committee does not serve as a grievance committee, when a decision to terminate a student is referred to it, the student is informed of this and may submit an appeal or any information which the student believes relevant to the decision to the Graduate Committee. If the Graduate Committee concurs with the HSP faculty decision, this is reported to the full faculty of the Department who must ratify the decision. If the decision is ratified by the faculty, the student is informed of this, and the recommendation to terminate the student's enrollment is forwarded to the Dean of the Graduate School, whose decision is not appealable. However, should the student file a complaint with the Dean, claiming that the Department's decision was arbitrary and capricious, the Dean will evaluate the validity of this complaint before taking final action.

VII. Course Waivers and Transfer of Credit

Students entering the HSP program with advanced standing may be eligible for waiver of particular courses or program requirements. Students who think that they may be eligible for course waivers should discuss this with their advisor and ultimately with the instructors of the courses to be waived during their first semester (if a full-time member of the Psychology Department). Agreements on waivers should be in writing (forms may be obtained from the HSP Blackboard site), one copy of which should be placed in the student's permanent file and a second given to the student. Ordinarily, waivers will be granted on the

basis of satisfactory completion of comparable coursework done elsewhere. The judgment of comparability in most cases is made by the faculty of the courses involved (**if the faculty member is a full-time member of the HSP Program**). Waiver of courses taught by part-time instructors or of any other program requirements is granted only by the Director of the HSP program.

In general to be approved for a course waiver, the following conditions should be met:

1. The student must provide a copy of the course syllabus
2. The course content should be comparable to the course offered at UMBC.
3. The course in question must have been taken within five years of entry into the HSP program.
4. The course must have been accepted for graduate credit at the school at which it was taken, and the student must have earned at least a grade of B in it.
5. Students pursuing a master's degree at UMBC **cannot** waive UMBC research credit requirements.
6. Only credit earned in regularly scheduled, formal courses and seminars will be considered. Credits for independent readings, research, or practica are NOT applicable.

After consultation with their advisor, students may elect to meet some course requirements at other institutions (e.g., take Epidemiology at UM Medical School). Any courses taken by a student outside the program in which he or she has been admitted requires the approval of the HSP graduate program director.

Transfer of credit for courses taken at other institutions is not required of doctoral students. However, **courses approved and accepted by the graduate program must be included on the Graduate Record form at the time of admission to candidacy.**

Master's students

It is less common for students who have not already completed a master's degree to transfer credits to UMBC. In this unusual case, credits, not to exceed six semester-hours of graduate course work, taken at the University System of Maryland campuses or at other regionally accredited institutions before matriculation in a degree program in The Graduate School, may be applied toward the master's degree. The number of credits that a student may apply to a master's degree while enrolled in a post-baccalaureate certificate program is determined by the graduate program. The credit must have been earned within five years of matriculating into the UMBC master's program. The department or program must agree that the specific credit is appropriate and acceptable in the student's program, and a grade of "B" or better must have been earned in such courses. A grade of "A" in transfer work will not balance a "C" in work taken in the program at UMBC.

After discussing possible transfer of credit with the advisor and HSP director, a request for transfer of credit should be completed shortly after matriculation on the Transfer of Credit form (available on The Graduate School Web site). This form must be approved by the student's advisor and the graduate program director and then submitted to the administrative offices of The Graduate School. Official transcripts of the courses for which credit is requested must be attached to the form and sent to the administrative offices of The Graduate School.

VIII. Student Records Policy (for students who graduated after December 2008)

The HSP Program documents and maintains records of each student's education and training experiences

and evaluations for evidence of the student's progression through the program, as well as for future reference and credentialing purposes. These records consist of the following: the HSP Plan of Study form (available for download on the HSP Blackboard site), which lists all courses taken, grades, practicum placements and publications, master's thesis title and committee members, qualifying examination results, date of admission to doctoral candidacy, and dissertation title and committee constellation annual faculty evaluations, externship evaluations, and any records documenting problems in the program and how they were resolved. The Graduate School maintains records of transcripts. HSP records are stored in a locked office and can only be accessed by Department faculty and authorized staff. HSP records will be retained indefinitely following graduation.

Note: Students planning to be licensed at any time in the future should also keep copies of **all** course syllabi—especially for courses with content that may not be clear from the transcript. Keep in mind that licensing requirements vary from state to state; some states require syllabi documenting courses covering content that is not strictly clinical in nature, such as material covered in Core I and Core II, in addition to Human Diversity, Ethics, and clinical courses.

IX. Other Concerns and Considerations

A. Accreditation

The HSP Clinical Psychology Program has been accredited by the American Psychological Association (APA) since 1990. All students enrolled in the Clinical Program, including those taking combined training in Clinical Psychology and other HSP program of study, fall within the accredited portion of the HSP program. Contact information for the accrediting body is as follows:

APA Commission on Accreditation
750 First Street, NE
Washington, DC 20002
Phone: (202) 336-5979

B. Licensure

Licensing laws for the professional practice of psychology vary by state, and therefore it cannot be guaranteed that successful completion of the HSP program will fulfill all pre-doctoral academic requirements for licensure. It is reasonable to anticipate that completion of the APA-accredited Clinical Program will fulfill the pre-doctoral academic requirements for licensure in most states. (Please note that many states also have post-doctoral requirements for licensure).

In order to determine eligibility for licensure, some states, including Maryland, rely upon the designation of doctoral programs on the National Register of Health Service Providers in Psychology. Both the HSP Clinical Psychology Program and the HSP Community Psychology Program are currently designated on the National Register. Therefore, students who complete either of these programs are likely to meet the pre-doctoral academic requirements for licensure in states that use the National Register designation in their licensing process. Students who plan professional practice careers or hope to become licensed in particular states or regions should consult with the state licensing boards in these areas for further information.

C. Non-Discrimination Policy

The HSP Graduate Program does not discriminate in offering equal access to its educational programs and activities, support for degree completion, or with respect to Graduate Assistantship offers, terms and

conditions, on the basis of any factors that are irrelevant to the individual's success in graduate training or the profession, such as an individual's race, creed, color, religion, sex, gender, pregnancy, ancestry, age, gender identity or expression, national origin, veterans status, marital status, sexual orientation, physical or mental disability, or genetic information. It is an expectation that HSP students and faculty will demonstrate respect for human diversity in all its manifestations, including age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status.

The University's protection of these statuses, is in accordance with applicable federal, state, and local laws and regulations, as well as University System of Maryland ("USM") policies. Relevant laws and policies include, but are not limited to: Title IX of the Education Amendments of 1972 as amended ("Title IX"), Title VI of the Civil Rights Act of 1964 as amended ("Title VI"), Title VII of the Civil Rights Act of 1964 as amended ("Title VII"), Jeanne Clery Disclosure of Campus Security and Crime Statistics Act, 20 U.S.C. § 1092(f) ("Clery Act"), Section 304 of the 2013 Amendments to the Violence Against Women Act ("VAWA"), Equal Pay Act of 1963, Lilly Ledbetter Fair Pay Act of 2009, Executive Order 11246 as amended, Executive Order 13672, Section 504 of the Rehabilitation Act of 1973 ("Rehab Act"), Americans with Disabilities Act of 1990 as amended ("ADA"), Age Discrimination in Employment Act of 1967 as amended ("ADEA"), Uniformed Services Employment and Reemployment Rights Act ("USERRA"), Vietnam Era Veterans' Readjustment Assistance Act of 1974 ("VEVRAA"), Veterans Employment Opportunities Act of 1998 as amended ("VEO"), Genetic Nondiscrimination Act of 2008 ("GINA"), Pregnancy Discrimination Act ("PDA"), Immigration Reform and Control Act of 1986, Small Business Act of 1958 as amended, Section 15(g)(1), and USM Policies VI-1.00, VI-1.05, and VI-1.60.

Additional information regarding UMBC's nondiscrimination policies can be found at:

<http://humanrelations.umbc.edu/non-discrimination/>

Inquiries concerning the [application of Title IX](#) may be referred to:

Bobbie L. Hoye, Title IX Coordinator
University of Maryland Baltimore County
Office of Human Relations
1000 Hilltop Circle, Administration Building,
Room 901
Baltimore, MD 21250
Phone: (410) 455-1606
Email: bhoye@umbc.edu

Additional information is available through:

U.S. Department of Education Office for Civil Rights

The Wannamaker Building, Region III Office
100 Penn Square, East Suite 505
Philadelphia, PA 19107
Phone: 215-656-6010
Email: OCR@ed.gov
www2.ed.gov

Inquiries concerning the University's Notice of Non-Discrimination may be referred to:

Bobbie L. Hoye, Human Relations Officer
Assistant General Counsel
Office of Human Relations
University of Maryland, Baltimore County
1000 Hilltop Circle AD 901
Baltimore, MD 21250
(410) 455-1606 (Telephone)
(410) 455-1713 (Fascimile)
bhoye@umbc.edu

David R. Gleason, General Counsel

Office of General Counsel
University of Maryland, Baltimore County
1000 Hilltop Circle
Baltimore, MD 21250
(410) 455-2870 (Telephone)
(410) 455-1210 (Fascimile)
gleason@umbc.edu

Stephanie Lazarus, ADA Coordinator
Accessibility Coordinator

UMBC Office of Accessibility Resources
1000 Hilltop Circle, Math/Psych Building,
Room 218
Baltimore, MD 21250
Phone: (410) 455-5745
Email: slazar@umbc.edu

**Center for Mediation and Conflict
Resolution** Office, located in the Administration
Building. For more information, please contact:

Morgan Thomas
University of Maryland, Baltimore County
1000 Hilltop Circle
Administration Building, Room 902
Baltimore, MD 21250
(410) 455-1354
mothom1@umbc.edu

D. Professional Behaviors and Expectations

Students are expected to handle all professional commitments in a responsible manner. Professional commitments include:

- Fulfilling TA and RA responsibilities in a timely manner;
- Providing quality and timely clinical or community services, reports, and administrative documentation;
- Attending and actively participating in all classes—which includes arriving on time, being fully prepared for class, completing assignments on time, and refraining from distracting or interfering activities during class (e.g., texting, web surfing or other non-class-related activities); and
- Checking UMBC email regularly and responding to communication about professional responsibilities promptly as appropriate to one's duties/roles.

Professional development will be evaluated as part of students' annual evaluations or more frequently if concerns are brought to the attention of the faculty.

E. Stress Management

Graduate education is inherently stressful. This tends to diminish as students move beyond their first year of training, but it is a fact of life that our best efforts cannot fully eliminate. There are some things, however, that students can do that should help them in coping with this stress.

1. Don't try to face it alone. There is much evidence to suggest that peer support can help buffer the effects of stress. Discovering that you are not alone in your experiences of uncertainty, fear, anger, and so forth, by sharing these with your fellow students, can go a long way toward mitigating their effects. Forming study groups, informal socializing, and discussing your concerns with your fellow students are important ways of gaining peer support and developing a sense of community in the program. We recommend them highly.
2. Turn to the faculty. Remember that the faculty is highly invested in your succeeding in the program. You wouldn't be in the program if the faculty did not believe that you could succeed. Make an effort to become acquainted with the faculty. They can be an important source of support--both informational and personal--and want to be.
3. Know what to expect, and plan for it. There are two peak periods of stress for students in the program. The first is your first year, when you feel overwhelmed by the demands of the program and by the changes that have occurred in your life in entering the program, and the second is when you are preparing for the qualifying exam. To feel anxious during these two periods is normal, although nonetheless uncomfortable. In the case of first-year stress, it can help to get to know some second year students--they survived; find out how and recognize that they are not so different from yourself. Also, in spite of all the work you have, set aside some time for socializing

- and recreation; these are essential to your mental and physical health.
4. Survival strategies for coping with qualifying exam stress revolve around making adequate preparations for it. Review copies of old quals (which are on file for you) so that you get an idea of level of the difficulty of the questions; join a study group; develop a plan and timetable for covering the reading you plan to do for the exam. And remember that the abilities you need to pass the exam are no different from the ones that have gotten you this far.
 5. Maintain some balance between your life as a student and the rest of your life. In particular, if you are married, have a family, or a significant other, make time for them. This is a period of strain for them, just as it is for you; they need your affection and attention to their needs and concerns, just as you need theirs. Remember, your career is only one part of your life, and will mean little without the rest.
 6. Check out rumors. Rumors are inevitable and can at times be sources of stress. The best way of dealing with them is by confronting them directly by discussing them with your advisor, specialty program director, or the HSP program director, in order to learn the facts. The facts are usually less ominous than the rumors that were cast by their shadow.

F. Managing Difficult Course Content

Some of your courses (e.g., Diversity and Ethics) or specific practicum experiences may require you to self-disclose and examine your personal beliefs and values in a class discussion or group supervisory meeting context. Although some of these discussions may be uncomfortable, we believe they are crucial to your personal and professional growth as a psychologist. Please be assured that we strive to create a safe and supportive environment for self-examination in the context of academic inquiry. (We do not require nor do we provide group therapy for our trainees.) If you have any concerns with the nature or content of course discussions, we encourage you to talk with your instructor, advisor, the HSP Director or the Director of Clinical Training.

G. Graduate School Registration Policies

(Note: This information was current as of 8-1-15. Please refer to the Graduate School webpage for possible changes to these policies.)

G1. Doctoral Research Registration

Doctoral students who have reached candidacy must be registered for 9 credits of 899. The 899 dissertation research course is a fixed 9 credit course. Tuition and fees will be adjusted so that you will only be billed at the rate of 2 credits. This applies to both in-state and out of state students. Registration must be completed before the start of semester. If you plan to be on leave of absence for the semester, please contact your advisor and graduate program director as soon as possible. Based on the credit count all students registered for 899 will be considered full time.

Doctoral students who have not yet reached candidacy should register for the 898 pre-candidacy research course. You cannot register for 899 before you have reached candidacy. 898 is a variable credit course (3–9); 898 is billed at 1/3 rate. You should register by the section number that corresponds to your research advisor.

G2. Registration while on Internship (5.31.17)

Students must maintain continuous registration (except for summers) until they graduate. Students should register for either PSYC 900 or PSYC 899 during the internship year.

PSYC 900. This is a 6-credit course specifically designed for students on internship (who have already taken 2 semesters of PSYC 899). There is no tuition cost associated with PSYC 900. Most students take PSYC 900 for 2 semesters. Summer registration is not required. However, some students elect to also register for PSYC 900 for the extended summer session in order to continue to defer loan repayment until after August graduation. Check with financial aid and your loan officer for the specific requirements of your student loan deferment.

PSYC 899. This is a 9-credit course for which students are only billed 2 credits per semester. *Unless Maryland Residency has been officially established through the graduate school, this course will be billed at out-of-state tuition rates.* Although the costs for PSYC 899 are greater than for PSYC 900, the greater cost of attending school associated with PSYC 899 may increase students' eligibility for a larger amount financial aid. Again, students should discuss the financial pros and cons of registering for PSYC 899 during internship with their financial aid officer.

Registration after completing internship

PSYC 899. Students who are still conducting dissertation research and/or writing should register for PSYC 899. A minimum of two semesters (i.e. 18 credits) of PSYC 899 are required by the Graduate School.

PSYC 8800. This is a 1-credit course designed for students who have completed **all dissertation requirements except for the final defense** and satisfies the requirement to maintain continuous registration for the semester after internship ends or the semester after completing the dissertation. (If dissertation research and writing are still being conducted, students should instead register for PSYC 899.) This course is usually used by students who for some reason are unable to defend their dissertation before the end of their internship or before the end of a post-internship semester (i.e., before day 10 of the subsequent semester). *Unless Maryland Residency has been previously officially established through the graduate school, this course will be billed at out-of-state tuition rates.*

Maryland Residency

- If you were a Maryland resident when you applied to UMBC, you still need to complete and submit the Residency form to the Graduate school in order to have your residency status in the Graduate School be considered in-state. Do not assume that you will be automatically classified as in-state even if you grew up in Maryland. The form is available at:

1 http://gradschool.umbc.edu/files/2016/08/residency_form.pdf

- If you were not a Maryland resident at the time of your application to UMBC, but received in-state tuition benefits as a GRA, you will automatically revert to out-of-state status when you no longer are hired as a GA. To avoid paying out-of-state tuition, you must officially establish residency in Maryland; this involves an extensive residency petition process. Students should apply early in their graduate career. See the following link:

<http://registrar.umbc.edu/files/2012/06/ResidencyPetitionRevised12-11-15fnl.pdf>

G2. Graduate Assistants (TAs and RAs) Registration requirements

Graduate assistants are considered in-state for tuition. However, *if a student's funding changes and is no longer considered a university-funded GA, out-of-state tuition charges will apply*. Therefore, students are encouraged to establish Maryland residency during their first year.

Academic Year. Graduate Assistants (GAs) must be registered as full-time students whether they hold a full-time appointment or a half-time appointment. To be considered full-time, a student must be registered for a minimum of **9 credits** in each Fall and Spring semester. The student must be registered in courses that lead toward his/her degree.

GRAD 600, GRAD 601, and GRAD 603 exist solely for Graduate Assistants (GAs). These courses are designed to account for the research, teaching, administrative, and service efforts of the respective GA. GRAD 600 and GRAD 601 are available in the fall and spring; GRAD 603 is available in the summer. **GAs are not billed tuition or fees for GRAD 600, GRAD 601, or GRAD 603**

Note: Prior to Fall 2015, GAs were required to register for the correct course in each fall, spring, and summer in which they held a graduate assistantship. Beginning Fall 2015, registration in GRAD 600, GRAD 601, and GRAD 603 is **now optional** for Graduate Assistants. GRAD 600, GRAD 601, and GRAD 603 now appear in the schedule of classes with a "Subject" of "Graduate School Assistantship." **Students are advised to register for these courses when needed to maintain full-time status.** During the fall and spring semesters, the obligation of the assistantship determines for which course the GA registers:

- Full-time GAs, whose total commitment is 20 hours per week, have the option to register for GRAD 601, which is fixed at five (5) credits.
- Part-time GAs in two different departments, whose total commitment is 20 hours per week, have the option to register for GRAD 601, which is fixed at five (5) credits.
- Part-time GAs, whose total commitment is 10 hours per week, have the option to register for GRAD 600, which is fixed at three (3) credits.

During the summer session, all GAs have the option to register for GRAD 603, which is fixed at two (2) credits. In order to retain FICA-exemption during the Summer, domestic GAs must be registered for at least three (3) credits at all times during the Summer. GRAD 603 provides two (2) credits towards the three (3) credit requirement. International Students with F-1, J-1, M-1, or Q-1 immigration status are already FICA-exempt. Students with these statuses are only required to register for GRAD 603 during Summer.

Summary

- a) GAs are not billed tuition or fees for GRAD 600, GRAD 601, or GRAD 603;
- b) GAs receive credit towards full-time status from GRAD 600 and GRAD 601;
- c) GRAD 600, GRAD 601, and GRAD 603 are not eligible for financial aid, nor are they considered when determining financial aid eligibility;
- d) GRAD 600, GRAD 601, and GRAD 603 do not appear on transcripts or in the schedule of classes;
- e) GAs should register for their respective course, GRAD 600, GRAD 601, or GRAD 603, for each semester as needed;
- f) GRAD 600, GRAD 601, and GRAD 603 will appear at registration to be for 0 credits. However, GAs are receiving the proper number of credits (3, 5, and 2, respectively);
- g) Class numbers for the GA courses are posted on the Graduate School's website at <http://gradschool.umbc.edu/funding/assistantships/registration/>. Students must register for GA courses by class number.

H. Career Development

The development of your career as a psychologist begins the moment you enter the HSP program. As important as the knowledge and skills you gain in this program are the relationships you form with your classmates and with the faculty. They represent the beginning of a resource network upon which you will draw for the rest of your career; their value does not cease with the receipt of your Ph.D. Therefore, it is to your benefit to maintain contact with the faculty after you graduate, keeping us informed of your activities and accomplishments.

In this connection, it is also important that you keep the program fully informed of professional activities --e.g., part-time jobs, volunteer work--you engage in while you are still in the program. Although not part of the formal curriculum, these activities also contribute to your professional development and, as such, we consider ourselves responsible for knowing about them. In most cases, it will be the director of your program—behavioral medicine, clinical, community—who should be kept informed of these "outside" activities. **Any activities that could be construed as service delivery must be cleared by the DCT and registered with our malpractice insurance program.**

Beyond these outside activities, there are a number of others in which you can engage which will contribute to your career development. One of these is attending and/or presenting papers or posters at professional meetings. Professional meetings are where you can learn about the very latest developments in the field. And, whether you intend to pursue a professional or an academic/research career, or some combination of the two, this is an activity which will contribute to your socialization as a psychologist and provide you with opportunities to meet and develop relationships with other psychologists, further contributing to your professional resource network. Students who plan to pursue an academic career should also consider obtaining experience independently teaching a course. The department offers structured mentoring for students interested in developing teaching skills. Your advisor can help you determine the best point in your academic program to obtain teaching experience.

From time to time, you will hear of workshops or brief courses concerned with specialized techniques or with specific clinical problems. Occasionally these are free; most often they are not but offer special fees for students. Some of these offerings can supplement the training you receive in this program. Although you can't receive academic credit for these activities, we encourage you to take advantage of them, if you can afford their cost. We would also encourage you, however, to seek the opinion of the faculty about the value of the specific activities you are considering. Finally, we encourage you to consider becoming a student affiliate of the professional organization(s) which seem most closely relevant to your career goals. Which organizations you might join—APA, APS, MPA, EPA, or more specialized groups—and when to join are things we encourage you to discuss with your faculty advisor or program director. With these memberships, again you come in contact with others who will be your future professional colleagues and you also become eligible for reduced subscription rates of journals published by the organization.

I. Graduate Student Association

The Graduate Student Association (GSA) represents all graduate students in the University of Maryland Graduate School Baltimore. The GSA is important to you for several reasons. It represents your interests as students, as well as teaching assistants and research assistants. It has a small fund of money from which it makes awards to graduate students to defray the costs of their research and their travel costs to professional meetings at which they may be participating. And it sponsors an annual Graduate Student Research Day, at which there is always an interesting keynote speaker, and students have an opportunity to present posters and papers, and for which they may receive special recognition and cash awards. Joining the GSA gives you an opportunity to meet students in other disciplines and to participate in the functioning of the organization, which

The Psychology Graduate Student Organization (PGSO, pronounced “PIG-so”), is a graduate student-led organization, founded in January of 2011 with the goal of promoting a sense of community among psychology graduate students. With the help of funding from the Graduate Student Association (GSA), PGSO organizes social events, promotes psychology graduate students’ voices on campus, and addresses graduate student needs within the department. All psychology graduate students are invited to participate in PGSO events throughout the year, including the following: the Mentorship Program (first year graduate students are paired with a more advanced graduate student to serve as a mentor); holiday parties (e.g., Halloween party, Ugly Sweater Holiday Party, Winter Social); group fitness and health activities (e.g., group fitness classes at the RAC, hiking, meditation); group soup (graduate students bring in homemade soup to share with other students during the winter months); midterms and finals snacks; and other events such as pizza and game nights. PGSO also collects and distributes helpful information for students, such as a list of local healthcare providers and off-campus housing. PGSO is entirely led by graduate students, so there are many opportunities to be involved with this organization. Being a member of PGSO is easy and gives you a chance to lend your voice to issues that matter to psychology graduate students and take on a leadership role within the department.

Current Research Interests and Activities of HSP Faculty rev 8.22.16 (See individual faculty web pages for more extensive research information)

JASMINE ABRAMS (2015, Virginia Commonwealth University) The identification and interaction of bio-psycho-socio-cultural determinants of HIV and cardiovascular disease risk among Black women; Prevention interventions; Global health, Community health psychology

E-mail: jaabrams@umbc.edu

Belgrave, F. Z., Abrams, J. A. (in press). Reducing disparities and achieving equity in African American women's health. *American Psychologist*.

Maxwell, M. L., Abrams, J. A., Zungu, T., Mosavel, M. (2015). Conducting community-engaged qualitative research in South Africa: Memoirs of intersectional identities abroad. *Qualitative Research*,

Abrams, J. A., Maxwell, M. L., Pope, M., & Belgrave, F. Z. (2014). Carrying the world with the grace of a lady and the grit of a warrior: Deepening our understanding of the "Strong Black Woman." *Psychology of Women Quarterly*, 38(4), 503-518. *APA Award for Psychology of Black Women*

DANIELLE L. BEATTY-MOODY (2007, City University of New York, Graduate Center) Interpersonal and contextual stressors that influence racial/ethnic disparities in cardiovascular disease risk across the life span.

E-mail: dlbeatty@umbc.edu

Beatty, D. L., & Matthews, K. A. (2009). Unfair treatment and trait anger influence nighttime blood pressure among African American and White adolescents. *Psychosomatic Medicine*, 71(8), 813-820. PMID: 19661190

Beatty, D. L., Hall, M. H., Kamarck, T. A., Buysse, D. J., Owens, J. F., Reis, S. E., Mezick, E. J., Strollo, P. J., & Matthews, K. A. (2011). Unfair treatment is associated with poor sleep in African American and Caucasian adults: Pittsburgh SleepSCORE Project. *Health Psychology*, 30(3), 351-359. PMID: 21553979

Beatty, D. L., Kamarck, T. W., Matthews, K. A., & Schiffman, S. S. (2011). Childhood socioeconomic status is associated with psychosocial resources in African Americans: The Pittsburgh Healthy Heart Project. *Health Psychology*, 30(4), 472-480. PMID: 21744966

SHAWN BEDIAKO (2002, Stony Brook University). Community health psychology; Sociocultural aspects of sickle cell disease; Race, racism and health; Stigma and chronic illness.

E-mail: bediako@umbc.edu

Mathur, V.A., Kiley, K.B., Pejisa, M., Haywood, C., Bediako, S., Lanzkron, S., Buenaver, L.F., Edwards, R.R., Haythornthwaite, J.A., and Campbell, C.M. (2016). Multiple-levels of suffering: Discrimination in health care settings is associated with greater laboratory pain sensitivity in sickle cell disease. *Clinical Journal of Pain*, 32, 1076-1085.

Bediako, S., Lanzkron, S., Diener-West, M., Onojobi, G., Beach, M. C., and Haywood Jr., C. for the IMPORT Investigators (2016). The measure of sickle cell stigma (MoSCS): Initial findings from the IMPORT study. *Journal of Health Psychology*, 21, 808-820.

Bediako, S. M., and King-Meadows, T. (2016). Public support for sickle cell disease funding: Does race matter? *Race and Social Problems*, 8, 186-195.

JOHN C. BORRERO (2004, University of Florida) Experimental and applied behavior analysis, intellectual and developmental disabilities, translational behavior analysis.

Email: jborrero@ubmc.edu

Leon, Y., Borrero, J. C., & DeLeon, I. G. (in press). Parametric analysis of delayed primary and conditioned reinforcers. *Journal of Applied Behavior Analysis*.

Becraft, J. L., Borrero, J. C., Davis, B. J., & Mendres-Smith, A. E. (2016). Assessment of a rotating time sampling procedure: Implications for interobserver agreement and response measurement. *Education and Treatment of Children, 39*, 1-20.

Jessel, J., Borrero, J. C., & Becraft, J. L. (2015). Differential reinforcement of other behavior increases untargeted behavior. *Journal of Applied Behavior Analysis, 48*, 402-416.

ANNE E. BRODSKY (1995, University of Maryland, College Park) Individual, community and societal-level risk and resilience in the lives of native and immigrant women, children, and men in the US, Afghanistan, and abroad. Psychological Sense of Community (PSOC). Spontaneous prevention. Gender and Culture. Qualitative, feminist, applied research methods.

E-mail: brodsky@umbc.edu

Brodsky, A.E. (2016). Taking a Stand: The Next 50 Years of Community Psychology. *American Journal of Community Psychology*.

Brodsky, A.E. & Cattaneo, L.B. (2013). A transconceptual model of empowerment and resilience: Divergence, convergence, and interactions in kindred community concepts. *American Journal of Community Psychology, 52*(3/4), 333-346. 10.1007/s10464-013-9599-x

Brodsky, A.E., Welsh, E., Carrillo, A, Talwar, G., & Butler, T. (2011). Between synergy and conflict: Balancing the processes of organizational and individual resilience in an Afghan women's community. *American Journal of Community Psychology, 47*(3), 217-235.

LYNNDA M. DAHLQUIST (1981, Purdue University). The treatment of acute pain in children; Protective parenting and child and family adjustment to chronic childhood illnesses, such as food allergy and cancer; Social adjustment in children with chronic illness.

E-mail: dahlquis@umbc.edu

Website: <http://ped-psyc-lab.umbc.edu/>

Hoehn, J., **Dahlquist**, L., & Bollinger, M. E. (2017) Parents of children with food allergy: Gender differences in perceived impact and perceived food allergy severity. *Journal of Pediatric Psychology, 42*(2), 2017, 186–197. doi: 10.1093/jpepsy/jsw059

Dahlquist, L. M., Power, T. G., Hahn, A., Hoehn, J., Thompson, C. C., Herbert, L. J., Law, E. F., & Bollinger, M. E. (2015). Parenting and independent problem-solving in preschool children with food allergy. *Journal of Pediatric Psychology, 40*, 96-108. doi: 10.1093/jpepsy/jsu087

Wohlheiter, K. A. & Dahlquist, L.M. (2013). Interactive versus passive distraction for acute pain management in young children: The role of selective attention and development. *Journal of Pediatric Psychology, 38*, 202-212. doi: 10.1093/jpepsy/jss108. PMID: 23092971

CARLO C. DICLEMENTE (1978, University of Rhode Island). Stages, processes, and mechanisms of intentional behavior change; addictive behaviors, self-efficacy, integrative screening and care, motivational enhancement interventions, health promotion and protection, tobacco prevention and cessation, training healthcare workforce, interventions with dually diagnosed individuals (mental illness and substance abuse) and commonalities in the process of change for initiation and cessation of addictive behaviors.

E-mail: diclemen@umbc.edu

Website: www.umbc.edu/psyc/habits

DiClemente, C.C. (2006). *Addiction and Change: How Addictions Develop and Addicted people Recover*. New York: Guilford Press.

DiClemente, C.C. (2015). Change is a process not a product: Reflections on pieces to the puzzle of behavior change. *Substance Use and Misuse*, 50(8-9), 1225-1228.

DiClemente, C.C. (2007). Mechanisms, Determinants and Process of Change in the Modification of Drinking Behavior. *Alcoholism: Clinical and Experimental Research*, 31(S3), 13S-20S

NICOLE M. ELSE-QUEST (2006, University of Wisconsin, Madison). Developmental psychology, community psychology. Adolescent gender development within/across ethnic groups and social classes; feminist and intersectional methods; intersectional analysis of academic attitudes and achievement; parental socialization of financial literacy and well-being; felt and enacted cancer stigma.

E-mail: nmeq@umbc.edu

Website: www.elsequest.com

Else-Quest, N. M., Hyde, J. S., & Linn, M. C. (2010). Cross-national patterns of gender differences in mathematics: A meta-analysis. *Psychological Bulletin*, 136, 103-127.

Else-Quest, N. M., & Morse, E. (2015). Parental ethnic socialization and adolescent ethnic identity: A longitudinal study. *Cultural Diversity and Ethnic Minority Psychology*, 21, 54-64.

Else-Quest, N. M. & Hyde, J. S. (2016). Methods for the analysis of intersectionality in psychology: I. Theoretical and epistemological issues. *Psychology of Women Quarterly*, 40, 155-170.

BRONWYN A. HUNTER (2013, DePaul University). Clinical/Community Psychology. Stigma and health for marginalized populations; health and well-being for criminal justice populations (especially women); prisoner reentry; gender-responsive, trauma informed interventions; program development & evaluation.

E-mail: bhunter@umbc.edu

Barringer, A., Hunter, B. A., Salina, D. & Jason, L. A. (in press). Empowerment and social support: Implications for practice and programming among minority women with substance abuse and criminal justice histories. *Journal of Behavioral Health Services and Research*.

Hunter, B. A., Jason, L. A., & Keys, C. B. (2013). Factors of empowerment for women in recovery from substance abuse. *American Journal of Community Psychology*, 51(1/2), 91-102.

Hunter, B. A., Robison, E., & Jason, L. A. (2012). Characteristics of sexual assault and disclosure among women in substance abuse recovery homes. *Journal of Interpersonal Violence*, 27(3), 2627-2644.

TASNEEM KHAMBATY (2015, Indiana University-Purdue University Indianapolis). Clinical Psychology, Behavioral Medicine. Primary prevention and management of diabetes and related cardiometabolic conditions; racial/ethnic disparities in cardiometabolic risk; psychosocial and cognitive risk factors; inflammatory, autonomic, and neuroendocrine mechanisms linking psychosocial factors and cardiometabolic disease; cognitive-behavioral interventions in primary care; inflammatory periodontal disease.

E-mail: khambaty@umbc.edu

Khambaty, T., Callahan, C. M., Perkins, A. J., & Stewart, J. C. (2017). Depression and Anxiety Screens as Simultaneous Predictors of 10-Year Incidence of Diabetes Mellitus in Older Adults in Primary Care. *Journal of the American Geriatrics Society*, 65(2), 294-300.

Khambaty, T., Stewart, J. C., Gupta, S. K., Chang, C. C. H., Bedimo, R. J., Budoff, M. J., ... & Freiberg, M.S. (2016). Association Between Depressive Disorders and Incident Acute Myocardial Infarction in Human Immunodeficiency Virus–Infected Adults: Veterans Aging Cohort Study. *JAMA Cardiology*, 1(8), 929-937.

Khambaty, T., & Stewart, J. C. (2013). Associations of Depressive and Anxiety Disorders with Periodontal Disease Prevalence in Young Adults: Analysis of 1999–2004 National Health and Nutrition Examination Survey (NHANES) Data. *Annals of Behavioral Medicine*, 45(3), 393-397.

KENNETH I. MATON (1985, University of Illinois). Community psychology, clinical-community psychology. Minority student achievement; influencing social policy; empowering community settings; program evaluation; community psychology of religion.

E-mail: maton@umbc.edu

Maton, K.I. (2017). *Influencing social policy: Applied psychology serving the public interest*. New York City, NY: Oxford University Press.

Maton, K.I. Pollard, S.A., Weise, T.V.M., & Hrabowski, F.A. III. (2012). The Meyerhoff Scholars Program: A strengths-based, institution-wide approach to increasing diversity in STEM. *Mt. Sinai Journal of Medicine*, 79, 610-623.

Maton, K.I. (2008). Empowering community settings: Agents of individual development, community betterment, and positive social change. *American Journal of Community Psychology*, 41, 4-21

CHRISTOPHER M. MURPHY (1991, Stony Brook University). Clinical psychology; intimate relationships; causes and treatment of intimate partner aggression.

E-mail: chmurphy@umbc.edu

Murphy, C.M., Eckhardt, C.I., Clifford, J.M., LaMotte, A.D., & Meis, L.A. (2017; on-line first). Individual versus group cognitive behavioral therapy for partner violent men: A preliminary randomized trial. *Journal of Interpersonal Violence*. DOI: 10.1177/0886260517705666

Khalifian, C.E., **Murphy, C.M.**, Barry, R.A., & Herman, B. (2016; on-line first). Skills for Healthy Adult Relationships at the University of Maryland, Baltimore County (SHAR@UMBC): Program development and preliminary data. *Journal of Interpersonal Violence*. DOI: 10.1177/0886260516662303

Taft, C.T., Macdonald, A., Creech, S.K., Monson, C.M., & **Murphy, C.M.** (2016). A randomized controlled clinical trial of the Strength at Home men's program for partner violence in military veterans. *Journal of Clinical Psychiatry*, 77(9), 1168-1175. doi:10.4088/JCP.15m10020

NKIRU A. NNAWULEZI (2015, Michigan State University). Community psychology; intimate partner violence; intersectionality; empowerment; Black women survivors; program evaluation; domestic violence shelter practices; Community-based participatory research/Action research

Email: nnawulez@umbc.edu

Nnawulezi, N., & Murphy, C.M. (2017). Understanding formal help-seeking among women whose partners are in abuser treatment programs. *Psychology of Violence*. Online first. doi: 10.1037/vio0000126

Nnawulezi, N., Godsay, S., Sullivan, C.M., Marcus, S., & Hacskaylo, M. (in press). The influence of low-barrier and voluntary service policies on survivor empowerment in a domestic violence organization. *American Journal of Orthopsychiatry*.

Nnawulezi, N., & Sullivan, C. M. (2014). Oppression within safe spaces: Exploring the presence of racial microaggressions within domestic violence shelters. *Journal of Black Psychology*, 40(6), 563 – 591.

STEVEN C. PITTS (1999, Arizona State University). Application of methodological and quantitative techniques to field research. Longitudinal data analysis and measurement modeling. Development of substance use and abuse from adolescence through young adulthood, including: intergenerational transmission of addictive behaviors, developmentally limited substance abuse/dependence, peer influence on normative and heavy drinking.

E-mail: steve.pitts@umbc.edu

DeLucia, C. & Pitts, S. C. (2006). Applications of individual growth curve models for pediatric psychology research. *Journal of Pediatric Psychology*, 31, 1002-1023.

Pitts, S. C., Prost, J. H., & Winters, J. J. (2005). Quasi-experimental designs in developmental psychology: Design and analysis considerations. In D. Teti (Ed.), *Handbook of Research Methods in Developmental Psychology* (pp. 81-100). Malden, MA: Blackwell.

Dubowitz, H., Pitts, S.C., Litrownik, A.J., Cox, C.E., Runyan, D., & Black, M.M. (2005). Defining child neglect based on Child Protective Services data. *Child Abuse and Neglect*, 29, 493-511.

RAIMI QUITON (2007, University of Maryland, Baltimore). Neurobiological mechanisms of pain and chronic pain measured using functional neuroimaging and psychophysical testing, mechanisms of pain disparities based on sociocultural factors (gender, ethnicity, age) and psychosocial factors, and mechanisms of comorbid pain and PTSD

E-mail: rquiton1@umbc.edu

Quiton, R.L., Keaser, M.L., Zhuo J., Gullapalli R.P., Greenspan J.D. (2014). Intersession reliability of fMRI activation for heat pain and motor tasks. *Neuroimage Clinical* 22(5): 309-21.

Quiton, R.L. and Greenspan, J.D. (2007). Sex differences in endogenous pain modulation by distracting and painful conditioning stimulation. *Pain* 132 Suppl 1:S134-49.

Quiton, R.L., Roys S.R., Zhuo J., Keaser M.L., Gullapalli R.P., Greenspan J.D. (2007). Age-related changes in nociceptive processing in the human brain. *Annals of the New York Academy of Sciences* 1097:175-8.

BERNARD M. RABIN (1968, SUNY/Buffalo). Effects of exposure to heavy particles (cosmic rays) on behavioral and neurochemical endpoints.

E-mail: rabin@umbc.edu

Poulose, S. M., Bielinski, D. F., Carrihill-Knoll, K., Rabin, B. M., Shukitt-Hale, B. Exposure to oxygen (¹⁶O) particle irradiation causes age-like decrements in rats through increased oxidative stress, inflammation and loss of autophagy. *Radiation Research*, 2011, 176: 761-769.

Rabin, B. M., Joseph, J. A., Shukitt-Hale, B., Carrihill-Knoll, K. L. (2012) Interaction between age of irradiation and age of testing in the disruption of operant performance using a ground-based model for exposure to cosmic rays. *AGE*, 34: 121-131.

Rabin, B. M., Carrihill-Knoll, K. L., & Shukitt-Hale, B. (2011) Operant responding following exposure to HZE particles and its relationship to particle energy and linear energy transfer. *Advances in Space Research*, 48: 370-377.

REBECCA SCHACHT (2011, University of Washington). Clinic Director. PTSD, addiction, health behavior, and health disparities.

Email: rschacht@umbc.edu

Schacht, R. L., Brooner, R. K., King, V. L., Kidorf, M. S., & Peirce, J. M. (2017). Incentivizing adherence to prolonged exposure for PTSD in opioid use disorder patients: A randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 85, 689-701. DOI: 10.1037/ccp0000208.

Rass, O., Schacht, R. L., Buckheit, K., Johnson, M. W., Strain, E. C., & Mintzer, M. Z. (2015). A randomized controlled trial of the effects of working memory training in methadone maintenance patients. *Drug & Alcohol Dependence*, 156, 38-46. DOI: 10.1016/j.drugalcdep.2015.08.012

Schacht, R. L. (2013). Prenatal exposure to alcohol and illicit substances. In P. Miller (Ed.), *Principles of Addiction: Comprehensive Addictive Behaviors and Disorders*, pp. 193-202. London: Elsevier.

JASON SCHIFFMAN (2003, University of Southern California). Early prediction of psychosis. Treatment and assessment for schizophrenia-spectrum disorders in children and young adults.

E-mail: schiffma@umbc.edu

Website: <https://sites.google.com/site/youthfirstweb/>

Demro, C.*, Rowland, L., Wijtenburg, A., Waltz, J., Gold, J., Kline, E., Thompson, E.*, Reeves, G., Hong, E., & **Schiffman, J.** Glutamatergic metabolites among adolescents at risk for psychosis. (2017). *Psychiatry Research*, 257, 179-185.

Kline, E., Millman, Z. B.*, Denenny, D.*, Wilson, C.*, Thompson, E.*, Demro, C.*, Connors, K., Bussell, K.*, Reeves, G., & **Schiffman, J.** (2016). Trauma and psychosis symptoms in a sample of help-seeking youth. *Schizophrenia Research*, 175, 174-179.

Wilson, C.*, Smith, M. E.*, Thompson, E.*, Demro, C.*, Kline, E.*, Bussell, K.*, Pitts, S.C., DeVlyder, J., Reeves, G. M., & **Schiffman, J.** (2016). Context matters: The impact of neighborhood crime and paranoid symptoms on psychosis risk assessment. *Schizophrenia Research*, 171, 56-61.

* Indicates student/mentee

JOLENE R. SY (2011, University of Florida) Translational and applied behavior analytic research on factors that affect skill acquisition in school settings, and how delayed consequences affect behavior.

Email: jsy@ubmc.edu

Sy, J. R., Gratz, O., & Donaldson, J. M. (2016). The Good Behavior Game with Students in Alternative Educational Environments: Interactions Between Reinforcement Criteria and Scoring Accuracy. *Journal of Behavioral Education, 25*, 455-477.

Sy, J. R., Green, L., Gratz, O., & Ervin, T. (2016). An evaluation of the effects of a mild delayed verbal punisher on choice of an immediate reinforcer by children with autism. *Behavior Modification, 1*, 1-19.

Sy, J. R., & Vollmer, T. R. (2012). Discrimination acquisition in children with developmental disabilities under immediate and delayed reinforcement. *Journal of Applied Behavior Analysis, 45*, 667-684.

SHARI R. WALDSTEIN (1993, University of Pittsburgh). The relation of cardiovascular risk factors and diseases to cognitive function and determination of underlying brain mechanisms. Biopsychosocial factors in cardiovascular disease pathogenesis. Race- and socioeconomic status-related disparities in brain, cognition, and cardiovascular health.

E-mail: waldstei@umbc.edu

Website: <http://cbmlab.weebly.com/>

Waldstein, S.R., Dore, G.A., Davatzikos, C., Katzel, L.I., Gullapalli, R., Seliger, S.L., Kouo, T., Rosenberger, W.F., Erus, G., Evans, M.K., & Zonderman, A.B. (in press) Differential association of socioeconomic status to brain volumes and white matter lesions in African Americans and Whites: the HANDLS SCAN study. *Psychosomatic Medicine*

Waldstein, S.R., Beatty Moody, D.L., McNeely, J.M., Allen, A.J., Sprung, M.R., Shah, M.T., Al-Najjar, E., Evans, M.K., & Zonderman, A.B. (2016) Relations of race and poverty status to cardiovascular risk factors in the Healthy Aging in Neighborhoods of Diversity Across the Life Span (HANDLS) study. *BMC Public Health, 16*:258, DOI: 10.1186/s12889-016-2945-9

Waldstein, S.R. & Elias, M.F. (Eds). (2015) *Neuropsychology of Cardiovascular Disease* (2nd Ed.). New York: Routledge, Taylor & Francis Group.

ZOE S. WARWICK (1992, Duke University). Effective pedagogical practices in teaching of Psychology. Lifespan changes in determinants of eating behavior, particularly overeating.

E-mail: warwick@umbc.edu

Revelle, C.H., & Warwick, Z.S. (2009). Flavor-nutrient learning is less rapid with fat than with carbohydrate in rats. *Physiology and Behavior, 97*, 381-384.

Warren, K.R., Ball, M.P., Warwick, Z.S., Rowland, L.M., McMahon, R., Liu, F., Kelly, D.L., & Buchanan, R.W. (2009). Disruption in satiety signaling in people with schizophrenia taking olanzapine or clozapine. *Appetite, 52*, 009, 863-864

Warwick, Z.S., McGuire, C.M., Revelle, C.H. (2007). Satiating effects of fat. In C.K. Chow (Ed.) *Fatty Acids in Foods and their Health Implications, 3rd ed.* Marcel Dekker, Inc., New York, 711-728.

Appendix A – Sample course plans
Sample 6-year Clinical Course Plan (rev 8-22.17)

<u>Fall</u>	<u>Credits</u>	<u>Spring</u>	<u>Credits</u>
Year 1			
611 Data Analytic Procedures I	4	710 Research methods	3
606 Adult Psychopathology	3	711 Data Analytic Procedures II	4
620 Methods of Assessment I	3	622 Clinical Intervention I	3
630 Clinical Interviewing	1	799 MA research	2 (1)
Topics in Diversity	<u>0</u>	Topics in Diversity	<u>0</u>
	11		11
Year 2			
Psychology Core I	4	Psychology Core II	4
623 Clinical Intervention II	3	686 Ethics and Professional Issues	3
690 practicum	1	690 practicum	1
799 MA research	<u>2 (1)</u>	799 MA research	<u>2 (1)</u>
	9		9
Year 3			
Clinical Elective (advanced clinical seminar)	3	621 Methods of Assessment II	3
Clinical Elective	3	608 Human Diversity	3
690 practicum	2	690 practicum	2
899 PhD research	<u>9 (2)</u>	899 PhD research	<u>9 (2)</u>
Credits charged	10	Credits charged	10
Year 4			
899 PhD research	9 (2)	899 PhD Research	9 (2)
690 practicum (optional)	1	690 practicum (optional)	1
Methods of Inquiry course	3	Clinical Elective	<u>3</u>
Credits charged	5-6	Credits charged	5-6
Year 5			
899 PhD research	9 (2)	899 PhD Research	9 (2)
Clinical Elective (Cross-track Behavioral Medicine elective)	<u>3</u>	Clinical Elective (Cross-track Community elective)	3
Credits charged	5	Credits charged	5
Year 6			
Clinical internship (<i>Students must maintain ongoing registration at UMBC until graduation</i>)		Clinical internship (<i>Students must maintain ongoing registration at UMBC until graduation</i>)	

Note: Electives do not have to be taken in any specific order. The listing above is merely one possible example.

Sample 4-year¹ Behavioral Medicine Course Plan (rev 8-22-17)

<u>Fall</u>	<u>Credits</u>	<u>Spring</u>	<u>Credits</u>
Year 1			
611 Data Analytic Procedures I	4	710 Research methods	3
648 Intro to Behavioral Medicine	3	711 Data Analytic Procedures II	4
B-Med Elective (Cross-track Community elective)	3	Behavioral Medicine Elective	3
		799 MA research	2 (1)
Topics in B-Med	0	Topics in B-med	0
Topics in Diversity	<u>0</u>	Topics in Diversity	<u>0</u>
	10		11
Year 2			
Psychology Core I	4	Psychology Core II	4
Methods of Inquiry course	3	686 Ethics and Professional Issues	3
Advanced B-Medicine Seminar #1	3	Epidemiology	3
690 practicum	1	690 practicum	1
799 MA research	2 (1)	799 MA research	2 (1)
Topics in B-med	<u>0</u>	Topics in B-med	<u>0</u>
	12		12
Year 3			
Clinical Interventions III	3	Physiological Systems in B-Med	3
B-Med Elective (Cross-track Clinical elective)	3	608 Human Diversity	3
690 practicum	2	690 practicum	2
899 PhD research	<u>9 (2)</u>	899 PhD research	<u>9 (2)</u>
Credits charged	10	Credits charged	10
Year 4			
Advanced B-Med Seminar # 2	3		
899 PhD research	<u>9 (2)</u>	899 PhD Research	<u>9 (2)</u>
Credits charged	5	Credits charged	2

Note: Most behavioral Medicine electives and cross-track electives do not have to be taken in any specific order. The listing above is merely one possible example.

¹ Students should discuss the pros and cons of pursuing a 4-year versus 5-year course plan with their mentor

Sample Community 4-year¹ Course Plan (rev 8-22-17)

<u>Fall</u>	<u>Credits</u>	<u>Spring</u>	<u>Credits</u>
<i>Year 1</i>			
611 Data Analytic Procedures I	4	710 Research methods	3
635 Community I	3	711 Data Analytic Procedures II	4
695 Program Evaluation*	3	Community II	3
		799 MA research	2 (1)
Topics in Community Psyc	0	Topics in Community Psyc	0
Topics in Diversity	<u>0</u>	Topics in Diversity	<u>0</u>
	10		11
<i>Year 2</i>			
Psychology Core I	4	Psychology Core II	4
636 Primary Prevention	3	736 Applied Psychology & Public Policy	3
Methods of Inquiry course	3	686 Ethics and Professional Issues	3
690 practicum	1	690 practicum	1
799 MA research	2 (1)	799 MA research	2 (1)
Topics in Community Psyc	<u>0</u>	Topics in Community Psyc	<u>0</u>
	12		12
<i>Year 3</i>			
Community Elective—Advanced Community Seminar	3	Community Elective (Cross-track Clinical elective)	3
Program Evaluation	3	608 Human Diversity	3
690 practicum	2	690 practicum	2
899 PhD research	<u>9 (2)</u>	899 PhD research	<u>9 (2)</u>
Credits charged	10	Credits charged	10
<i>Year 4</i>			
Community Elective	3	Community Elective	3
Community Elective (Cross-track Behavioral Medicine elective)	3		
899 PhD research	<u>9 (2)</u>	899 PhD Research	<u>9 (2)</u>
Credits charged	8	Credits charged	5

Note: Community electives and cross-track electives do not have to be taken in any specific order. The listing above is merely one possible example.

¹ Students should discuss the pros and cons of pursuing a 4-year versus 5-year course plan with their mentor

* The Community I and Community II sequence is typically offered in odd academic years (e.g. 2017-2018). This sequence alternates with the Primary Prevention/Applied Psychology/Public Policy sequence typically offered in even academic years (e.g., 2018-2019)

Sample Clinical/Behavioral Medicine 6-year Course Plan (rev 8-22-17)

<u>Fall</u>	<u>Credits</u>	<u>Spring</u>	<u>Credits</u>
Year 1			
611 Data Analytic Procedures I	4	710 Research methods	3
606 Adult Psychopathology	3	711 Data Analytic Procedures II	4
620 Methods of Assessment I	3	622 Clinical Intervention I	3
630 Clinical Interviewing	1	799 MA research	2 (1)
Topics in B-med	<u>0</u>	Topics in B-med	<u>0</u>
Topics in Diversity	<u>0</u>	Topics in Diversity	<u>0</u>
	11		11
Year 2			
Psychology Core I	4	Psychology Core II	4
623 Intervention II	3	686 Ethics and Professional Issues	3
690 practicum	1	690 practicum	1
799 MA research	2 (1)	799 MA research	2 (1)
Topics in B-med	<u>0</u>	Topics in B-med	<u>0</u>
	9		9
Year 3			
648 Intro to Behavioral Medicine	3	608 Human Diversity	3
Advanced B-Med seminar	3	Physiological Systems in B-Med	3
690 practicum	2	690 practicum	2
899 PhD research	<u>9 (2)</u>	899 PhD research	<u>9 (2)</u>
Credits charged	10	Credits charged	10
Year 4			
Clinical Interventions III	3	Cross-track Community elective	3
Methods of Inquiry course	3	621 Methods of Assessment II	3
690 practicum (optional)	<u>1</u>	690 practicum (optional)	<u>1</u>
899 PhD research	9 (2)	899 PhD Research	9 (2)
Credits charged	8-9	Credits charged	8-9
Year 5			
Epidemiology	3		
899 PhD Research	9 (2)	899 PhD Research	9 (2)
Credits charged	5	Credits charged	2
Year 6			
Clinical internship (<i>Students must maintain ongoing registration at UMBC until graduation</i>)		Clinical internship (<i>Students must maintain ongoing registration at UMBC until graduation</i>)	

Note: Most clinical / Behavioral Medicine electives and cross-track elective do not have to be taken in any specific order. The listing above is merely one possible example.

Sample Clinical/ Community 6-year Course Plan (rev 8-22-17)

<u>Fall</u>	<u>Credits</u>	<u>Spring</u>	<u>Credits</u>
Year 1			
611 Data Analytic Procedures I	4	710 Research methods	3
620 Methods of Assessment I	3	711 Data Analytic Procedures II	4
606 Adult Psychopathology	3	622 Clinical Intervention I	3
630 Clinical Interviewing	1	799 MA research	2 (1)
Community Topics	0	Community Topics	0
Topics in Diversity	<u>0</u>	Topics in Diversity	<u>0</u>
	11		11
Year 2			
Psychology Core I	4	Psychology Core II	4
623 Clinical Intervention II	3	686 Ethics and Professional Issues	3
690 practicum	1	690 practicum	1
799 MA research	2 (1)	799 MA research	2 (1)
Community Topics	<u>0</u>	Community Topics	<u>0</u>
	9		9
Year 3			
635 Community I	3	Community II	3
Methods of Inquiry course	3	608 Human Diversity	3
690 practicum	2	690 practicum	2
899 PhD research	<u>9 (2)</u>	899 PhD research	<u>9 (2)</u>
	10		10
Year 4			
636 Primary Prevention	3	736 Applied Psyc and Public Policy	3
Program Evaluation	3	621 Methods of Assessment II	3
899 PhD research	9(2)	899 PhD Research	9(2)
690 practicum (optional)	<u>1</u>	690 practicum (optional)	<u>1</u>
	5-6		8-9
Year 5			
Cross-track elective in B-Med	3		
899 PhD research	9(2)	899 PhD Research	9(2)
690 practicum (optional)	<u>1</u>	690 practicum (optional)	<u>1</u>
	5-6		2-3
Year 6			
Clinical internship (<i>Students must maintain ongoing registration at UMBC until graduation</i>)	6	Clinical internship (<i>Students must maintain ongoing registration at UMBC until graduation</i>)	6

Note: Most clinical / Community electives and cross-track elective do not have to be taken in any specific order. The listing above is merely one possible example.

* The Community I and Community II sequence is typically offered in odd academic years (e.g.2017-2018). This sequence alternates with the Primary Prevention/Applied Psychology/Public Policy sequence (even academic years; e.g., 2018-2019)

Sample Community/B-Med 4-year¹ Course Plan (rev 8-22-17)

	<u>Credits</u>		<u>Credits</u>
Fall		Spring	
Year 1			
611 Data Analytic Procedures I	4	710 Research Methods	3
636 Primary Prevention	3	711 Data Analytic Procedures II	4
648 Introduction to Beh. Medicine	3	736 Applied Psyc and Public Policy	3
		799 MA research	2 (1)
Community Topics	0	Community Topics	0
Topics in Behavioral Medicine	0	Topics in Behavioral Medicine	0
Topics in Diversity	<u>0</u>	Topics in Diversity	<u>0</u>
	10		11
Year 2			
Psychology Core I	4	Psychology Core II	4
635 Community I	3	686 Ethics and Professional Issues	3
690 practicum	2	690 Practicum	2
799 MA research	2 (1)	799 MA research	2 (1)
Community Topics	0	Community Topics	0
Topics in Behavioral Medicine	<u>0</u>	Topics in Behavioral Medicine	<u>0</u>
	10		10
Year 3			
Cross-track Clinical elective	3	Physiological Systems in B-Med	3
Advanced B-med seminar	3	Epidemiology	3
Methods of Inquiry course	3	608 Human Diversity	3
690 practicum	1	690 practicum	1
899 PhD research	<u>9 (2)</u>	899 PhD research	<u>9 (2)</u>
Credits charged	11-12	Credits charged	12
Year 4			
695 Social Health Psychology	3	Community II	3
695 Program Evaluation	3	899 PhD Research	9 (2)
899 PhD research	9 (2)	690 practicum (optional)	<u>1</u>
690 practicum (optional)	<u>1</u>		
Credits charged	8-9	Credits charged	5-6

Note: Most Behavioral Medicine / Community electives and cross-track elective do not have to be taken in any specific order. The listing above is merely one possible example.

¹ Students should discuss the pros and cons of pursuing a 4-year versus 5-year course plan with their mentor

* The Community I and Community II sequence is typically offered in odd academic years (e.g. 2017-2018). This sequence alternates with the Primary Prevention/Applied Psychology/Public Policy sequence typically offered in even academic years (e.g., 2018-2019)

Sample 6-year Child Clinical Course Plan (rev 8-22-17)

<u>Fall</u>	<u>Credits</u>	<u>Spring</u>	<u>Credits</u>
Year 1			
611 Data Analytic Procedures I	4	710 Research methods	3
606 Adult Psychopathology	3	711 Data Analytic Procedures II	4
620 Methods of Assessment I	3	622 Clinical Intervention I	3
630 Clinical Interviewing	1	799 MA research	2 (1)
Topics in Diversity	<u>0</u>	Topics in Diversity	<u>0</u>
	11		11
Year 2			
Psychology Core I	4	Psychology Core II	4
623 Clinical Intervention II	3	686 Ethics and Professional Issues	3
690 practicum	1	690 practicum	1
799 MA research	<u>2 (1)</u>	799 MA research	<u>2 (1)</u>
	9		9
Year 3			
Methods of Inquiry course	3	608 Human Diversity	3
650 Child Clinical	3	607 Developmental Psychopathology	3
690 practicum	2	690 practicum	2
899 PhD research	<u>9(2)</u>	899 PhD research	<u>9(2)</u>
	10		10
Year 4			
742 Child Health (cross-track B-Med elective)	3	695 Family Therapy	3
Developmental Elective	3	Cross-track Community elective	3
899 PhD research	9 (2)	899 PhD Research	9 (2)
690 practicum (optional)	<u>1</u>	690 practicum (optional)	<u>1</u>
	8-9		8-9
Year 5			
		621 Methods of Assessment II (optional)	3
899 PhD research	9 (2)	899 PhD Research	9 (2)
690 practicum (optional)	<u>1</u>	690 practicum (optional)	<u>1</u>
	2-3		2-6
Year 6			
Clinical internship (<i>Students must maintain ongoing registration at UMBC until graduation</i>)		Clinical internship (<i>Students must maintain ongoing registration at UMBC until graduation</i>)	
<hr/>			
Total			

Note: Most Behavioral Medicine / Community electives and cross-track electives do not have to be taken in any specific order. The listing above is merely one possible example.