HSP Handbook

Human Service Psychology
Ph.D. Program

University of Maryland, Baltimore County

2025-2026

**Please note: This information was current as of August 15, 2025.
Updates may have been made since this publication date.**

**Current HSP members will be notified by email if any *substantive* changes are made to the
Handbook. The most recent version of the Handbook can be found on the HSP Website.**

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 catalog, 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 mentors, program directors, and program coordinators in navigating 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 the unique contributions of biological, psychological, and social aspects of human functioning as well as 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.

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.)

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, *Behavioral Medicine* (B-Med) focuses on problems involving relations between behavioral and biological levels of human functioning; problems more typically seen in medical settings; and problems related to physical health. *Clinical Psychology* focuses on problems involving behavioral and psychological functioning of adults, children, and families, and includes assessment and treatment of those problems. *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 the conceptualization of these three specialty tracks 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 is training spanning several tracks: Clinical/Behavioral Medicine, Clinical/Community, and Community /Behavioral Medicine. As well, the emphasis in Child Clinical Psychology could also be applied to either of the dual-track training involving Clinical Psychology.

ORGANIZATION OF THE HUMAN SERVICES PSYCHOLOGY PROGRAM

HSP GRADUATE PROGRAM DIRECTOR (GPD): MURPHY

HSP PH.D. PROGRAM TRACKS

Clinical	Behavioral Medicine	Community	Applied Behavior Analysis (MA only)
Barrueco (Director)	Waldstein (Director)	Nnawulezi (Director)	Borrero (Director)
Barrueco	Khambaty	Barrueco	Borrero
Brodsky	Quiton	Billingsley	Cengher
Franz	Waldstein	Brodsky	
Khambaty		Hwang	Novak
Murphy		Nnawulezi	
Rakhshan			
Rouhakhtar			
Schacht			
Waldstein			
Yoon			

The table presents the organization of the HSP Program and the faculty associated with each of its specialty tracks. Administrative support is provided by the Graduate Programs Coordinators, Kerrie Jenkins and Karen Lorenz. A listing of the faculty and their current research interests is provided in a [sub-section](#) below.

A.   Track Placement and Changing Tracks
Placement in one of the three HSP specialty tracks (Behavioral Medicine, Clinical, Community) or combined tracks is usually determined at the time of admission offers in consultation with the student's faculty mentor (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 Comprehensives Portfolio) and has discussed the change with their advisor. 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).

Important: students must submit a plan change form for any changes to their official track(s) that are declared *after* February of their first year (https://gradschool.umbc.edu/students/forms/)

Dropping a track. A dual-track student, having decided that dropping a track is in their best interest, should undertake the following steps to drop a track: 1) They should meet with, and obtain approval from, the respective directors of each track; 2) A formal letter signed by the student and their advisor should be provided to the HSP Program Director, copying the relevant track directors and advisor; 3) 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 all relevant track directors (director of their current track and director of the track they wish to add). A written request is then prepared and provided to the HSP Program Director; copying all relevant track directors and the student's advisor. The request should indicate the student's request has support from their advisor and all 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 are not usually 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 – terminal Master's
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.
Note: a separate document ([ABA Handbook](#)) should be consulted by students enrolled in the ABA terminal Master's program.

III. PROGRAM REQUIREMENTS (HSP DOCTORAL PROGRAM)

All HSP students (regardless of track) take a common core of foundational and research methodology courses. These are referred to as underlined core courses, and are listed below. Beyond these, each track requires a number of specialty courses and several electives; also listed below. 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 tracks outside their specialty area(s) (see listing of approved cross-track electives in following section). In some cases, a student may create a curriculum reflecting 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, if relevant.

The general principle followed in formulating all program requirements is to provide state-of-the-art training in an integrative biopsychosocial model while also 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.

Changes to the program requirements

Since we constantly seek to improve the HSP Program and keep it responsive to new developments in the field, it is quite possible that program requirements will change during each student's tenure in the program. This includes, but is not limited to: 1) courses being added or deleted from the curriculum, 2) courses being revised, 3) practicum requirements, and 4) structure of the Comprehensives Portfolio (adopted in May, 2021). In no case would changes in the program requirements be retroactively imposed upon students if the changes would result in lengthening the time required to complete the program (i.e., students may follow requirements at time of matriculation if changes to program requirements are more 'difficult' to achieve).

A. CURRICULUM

Credits listed in parentheses besides each course category are the minimum required for that category. Courses followed by an * or ** are *typically* taught each year or two years, respectively. All courses (*including* the denoted courses) are offered as a function of student demand and need, and faculty availability. Students should meet with their advisor prior to *each* semester to determine what course(s) should be taken in the upcoming semester.

Examples of the general sequence of courses for each track, track combination, and child focus combination are presented in an 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 and electives will vary with the track selected by students and their particular interests, as will the total number of credits.

Note. A given course may appear in more than one table/section (this is most obvious in the tables of electives and cross-track electives). Though inefficient, this is both to: 1) increase unique curriculum across students and 2) to reduce ambiguity when determining how a course might count. IMPORTANT: Regardless of the course, a SINGLE course may meet ONLY A SINGLE requirement (e.g., PSYC 750: Addictive Behaviors could be used as a cross-track elective in Clinical **OR** a cross-track elective in Behavioral Medicine; NOT both).

1. HSP Core Course Requirements (9 courses = 28 credits)
Required of all HSP students unless waived on basis of previous course work
1. PSYC 602   Biological, Cognitive and Developmental Bases of Behavior* (*Core I*)
2. PSYC 603   Personal, Social, Community and Cultural Bases of Behavior* (*Core II*)
3. PSYC 608   Human Diversity*
4. PSYC 611   Data Analytic Procedures I* (and lab)
5. PSYC 686   Ethical and Professional Issues in the Science and Practice of Psychology*
6. PSYC 710   Research Methods in Psychology*
7. PSYC 711   Data Analytic Procedures II* (and lab)
8. *varies*   Methods of Inquiry elective
9.   Topics in Diversity (two semesters) (0 credit "course/experience")

Practicum and Research Requirements
10. PSYC 601   Clinical Training (2 credits) (*The Clinic*) (1 per semester) (Clinical track)
11. PSYC 690   Practicum (2 credits minimum) (1 per semester) (regardless of track)
12. PSYC 799   Master's Thesis Research (6 credits) (billed at ½ rate)
13. PSYC 899   Doctoral Dissertation Research
               (2 semester minimum; 9 credits per semester; billed at 2/9th rate)

2. TRACK COURSE REQUIREMENTS

1. CLINICAL TRACK
a. Traditional Clinical (11 courses = 31 credits)
1. PSYC 606   Adult Psychopathology*
2. PSYC 620   Methods of Assessment I*
3. PSYC 621   Methods of Assessment II*
4. PSYC 622   Clinical Intervention I*
5. PSYC 623   Clinical Intervention II*
6. PSYC 630   Clinical Interviewing (1 credit)*

Clinical Electives
7. Clinical elective (advisor-approved)
8. Cross-track elective in Community
9. Cross-track elective in Behavioral Medicine
10. Other elective (any track; if outside Psychology, must obtain advisor approval)
11. Other elective (any track; if outside Psychology, must obtain advisor approval)

b. Clinical/Behavioral Medicine (12 courses = 34 credits)
1. PSYC 606   Adult Psychopathology*
2. PSYC 620   Methods of Assessment I*
3. PSYC 621   Methods of Assessment II*
4. PSYC 622   Clinical Intervention I*
5. PSYC 623   Clinical Intervention II*
6. PSYC 630   Clinical Interviewing (1 credit)*

Clinical/Behavioral Medicine Courses and Electives
7. PSYC 649   Foundations of Behavioral Medicine
8. *PSYC 695*   Physiological Systems in Behavioral Medicine
9. *PSYC 695*   Clinical Intervention III
10. Epidemiology (or another advisor-approved elective)
11. Behavioral-Medicine elective (advisor-approved)
12. Cross-track elective in Community
13. Topics in Behavioral Medicine (first 4 semesters; 0 credits)

c. Clinical/Community (11 courses = 31 credits)
1. PSYC 606   Adult Psychopathology*
2. PSYC 620   Methods of Assessment I*
3. PSYC 621   Methods of Assessment II*
4. PSYC 622   Clinical Intervention I*
5. PSYC 623   Clinical Intervention II*
6. PSYC 630   Clinical Interviewing (1 credit)*

Clinical/Community Courses and Electives
7. PSYC 635   Community Psychology I: Theory**
8. *PSYC 695*   Community Psychology II: Practice**
9. Cross-track elective in Behavioral Medicine
10. Topics in Community Psychology (first 4 semesters; 0 credits)

*Students should take **two** of the following four courses*
    PSYC 636   Primary Prevention**
    PSYC 736   Applied Psychology and Public Policy**
    PSYC 695   Program Evaluation**
    PSYC 695   Community-Based Participatory Research**

d. Child Clinical (11 courses = 31 credits)
1. PSYC 606   Adult Psychopathology*
2. PSYC 620   Methods of Assessment I*
3. PSYC 622   Clinical Intervention I*
4. PSYC 623   Clinical Intervention II*
5. PSYC 630   Clinical Interviewing (1 credit)*

    PSYC 621   Methods of Assessment II* (***Optional but highly recommended***)

Child Clinical Electives

   (*Note: electives follow the same structure as the Clinical track but are met with **very specific courses** to meet the Child Clinical training requirements*)

6. PSYC 607   Developmental Psychopathology **
7. PSYC 650   Child Clinical**
8. PSYC 742   Child Health** (*Cross track elective in Behavioral Medicine*)
9. PSYC 751   Couple and Family Therapies** (*Clinical elective*)
10. Cross-track elective in Community Psychology
11. Advisor-approved graduate-level Developmental Psychology course

e. Child Clinical/Behavioral Medicine (14 courses = 40 credits)
1. PSYC 606   Adult Psychopathology*
2. PSYC 620   Methods of Assessment I*
3. PSYC 622   Clinical Intervention I*
4. PSYC 623   Clinical Intervention II*
5. PSYC 630   Clinical Interviewing (1 credit)*

    PSYC 621   Methods of Assessment II* (***Optional but highly recommended***)

Child Clinical/Behavioral Medicine Courses and Electives

   (*Note: electives follow the same structure as Clinical/B. Med but are met with **very specific courses** to meet the Child Clinical training requirements*)

6. PSYC 607   Developmental Psychopathology ** (*substitution for Epidemiology*)
7. PSYC 649   Foundations of Behavioral Medicine**
8. PSYC 650   Child Clinical**
9. PSYC 742   Child Health (*Behavioral-Medicine elective*)**
10. PSYC 751   Couple and Family Therapies**
11. *PSYC 695*   Physiological Systems in Behavioral Medicine
12. PSYC *695*   Clinical Intervention III
13. Cross-track elective in Community
14. Advisor-approved graduate-level Developmental Psychology course
15. Topics in Behavioral Medicine (first 4 semesters, no credits)

f. Child Clinical/Community (14 courses = 40 credits)†
1. PSYC 606   Adult Psychopathology*
2. PSYC 620   Methods of Assessment I*
3. PSYC 622   Clinical Intervention I*
4. PSYC 623   Clinical Intervention II*
5. PSYC 630   Clinical Interviewing (1 credit)*
   PSYC 621   Methods of Assessment II* (***Optional but highly recommended***)

Child Clinical/Community Courses and Electives
   (*Note: electives follow the same structure as Clinical/Community track but are met with **very specific** courses to meet the Child Clinical training requirements*)
6. PSYC 607   Developmental Psychopathology**
7. PSYC 635   Community Psychology I: Theory **
8. *PSYC 695*   Community Psychology II: Practice**
9. PSYC 650   Child Clinical**
10. PSYC 742   Child Health (*Cross track elective in Behavioral Medicine*)**
11. PSYC 751   Couple and Family Therapies**
12. Advisor-approved graduate-level Developmental Psychology course
13. Topics in Community Psychology (first 4 semesters, no credits)
Students select two of the following four courses
   PSYC 736   Applied Psychology and Public Policy**
   PSYC 636   Primary Prevention**
   PSYC 695   Program Evaluation**
   PSYC 695   Community-Based Participatory Research**

2. BEHAVIORAL MEDICINE (B-MED) TRACK (9 COURSES = 27 CREDITS)
1. PSYC 649   Foundations of Behavioral Medicine (aka Intro to B. Med)
2. *PSYC 695*   Physiological Systems in Behavioral Medicine
3. Epidemiology
4. *PSYC 695* Clinical Intervention III: Interventions in Behavioral Medicine
5. Topics in Behavioral Medicine (first 4 semesters, no credits)

Behavioral Medicine Electives
6. Behavioral-Medicine elective (advisor-approved)
7. Behavioral-Medicine elective (advisor-approved)
8. Cross-track elective in Community
9. Cross-track elective in Clinical
10. Other elective (any track; if outside Psychology, must obtain advisor approval)

3. COMMUNITY TRACK

a. Traditional Community (8 courses = 24 credits)
1. PSYC 635 Community Psychology I: Theory**
2. *PSYC 695* Community Psychology II: Practice**
3. *PSYC 695* Community-Based Participatory Research**(*adding a required course*)
4. PSYC 636 Primary Prevention**
5. PSYC 736 Applied Psychology and Public Policy**
6. *PSYC 695* Program Evaluation
7. Topics in Community Psychology (first 4 semesters, no credits)

Cross-track electives
7. Cross-track elective in Behavioral Medicine
8. Cross-track elective in Clinical

b. Community/Behavioral Medicine Track (10 courses = 30 credits)
1. PSYC 635 Community Psychology I: Theory**
2. *PSYC 695* Community Psychology II: Practice**
3. Topics in Community Psychology (first 4 semesters, no credits)
4. Topics in Behavioral Medicine (first 4 semesters, no credits)

Students select two of the following four courses
- PSYC 736   Applied Psychology and Public Policy**
- PSYC 636   Primary Prevention**
- *PSYC 695*   Program Evaluation**
- *PSYC 695*   Community-Based Participatory Research**

Community/B-Med Electives
5. PSYC 649 Foundations of Behavioral Medicine (aka Intro to B. Med)
6. *PSYC 695* Physiological Systems in Behavioral Medicine
7. Epidemiology (or another advisor-approved elective)
8. *PSYC 695* Social Health Psychology
9. Behavioral-Medicine elective (advisor-approved)
10. Cross-track elective in Clinical

Electives (for students *following* the listed track) and cross-track electives (*not following*):
The tables of electives and cross-track electives should be thought of as, "includes, but not limited to:" Students, working with their mentors, would ideally select electives most conducive to their professional development goals. There may be "better" courses that are not listed below. Approval (mentor, DCT, and/or HSP Faculty) is typically only needed to take courses that do *not* appear in the following tables

Approved electives for **students following track(s)** in:

Clinical	*Behavioral Medicine*	*Community*
PSYC 607: Developmental Psychopathology	PSYC 646: Clinical Neuropsychology	PSYC 635: Community Psychology: Theory
PSYC 635: Community Psychology	PSYC 647: Neuropsychological Assessment	PSYC 636: Primary Prevention
PSYC 636: Primary Prevention	PSYC 742: Child Health Psychology	PSYC 656: Applied Social Psychology
PSYC 646: Clinical Neuropsychology	PSYC 750: Addictive Behaviors	PSYC 736: Public Policy
PSYC 647: Neuropsychological Assessment	PSYC 695: Medical Neuropsychology	PSYC 695: Community Psychology: Practice
PSYC 649: Foundations of Behavioral Medicine	PSYC 695: Social Health Psychology	PSYC 695: Community-Based Participatory Research
PSYC 650: Child Clinical Psychology	PSYC 695: Neuroanatomy	PSYC 695: Program Evaluation
PSYC 736: Applied Psychology and Public Policy	*OTHER TAILORED COURSES AT UMBC OR OTHER INSTITUTIONS (e.g., UMB)*	PSYC 695: Risk & Resilience
PSYC 750: Addictive Behaviors	*PENDING ADVISOR AND TRACK FACULTY APPROVAL*:	PSYC 695: Social Health
PSYC 751: Couple and Family Therapies	HGEN1: Basic Human Genetics (for example)	
PSYC 786: Psychological Aspects of Aging		
SOCY 658: Sociology of Mental Health & Illness		

Approved **cross-track electives** in:

Clinical	*Behavioral Medicine*	*Community*
PSYC 606: Adult Psychopathology	PSYC 649: Foundations of Behavioral Medicine	PSYC 635: Community Psychology: Theory
PSYC 607: Developmental Psychopathology	PSYC 742: Child Health Psychology	PSYC 636: Primary Prevention
PSYC 620: Assessment I	PSYC 750: Addictive Behaviors	PSYC 656: Applied Social Psychology
PSYC 646: Clinical Neuropsychology	PSYC 695: Physiological Systems in Behavioral Medicine	PSYC 736: Public Policy
PSYC 750: Addictive behaviors	PSYC 695: Clinical Interventions in Behavioral Medicine (Clinical Interventions III)	PSYC 695: Community Psychology: Practice
PSYC 751: Couple and Family Therapies	PSYC 695: Medical Neuropsychology	PSYC 695: Community-Based Participatory Research
PSYC 695: Psychopharmacology	PSYC 695: Social Health Psychology	PSYC 695: Program Evaluation
		PSYC 695: Risk & Resilience
		PSYC 695: Social Health

Methods of inquiry electives include (but are not limited to):

PSYC 616: Measurement in Applied Behavior Analysis	PSYC 738: Qualitative Methods
PSYC 713: Longitudinal Data Analysis	Epidemiology
PSYC 715: Measurement of Behavior	Advisor-approved methods of inquiry course

B. COURSE WAIVERS AND TRANSFER OF CREDIT

Course waivers (*waiver of course competency requirements met by the required course*). Transfer of credit for courses taken *prior* to admission to HSP is rarely relevant or possible (see below). Students entering the HSP Program with advanced standing may be eligible for waiver of particular course and/or program *requirements*. Students who think they may be eligible for course waivers should discuss this with their mentor and ultimately with the instructor(s) of the course(s) to be waived **during their first semester**. Agreements on waivers should be in writing (Contact the GPC, Graduate Program Coordinator, for a DocuSign link). A copy of the signed agreement (and relevant syllabi) will be placed in the student's permanent file.

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 instructor(s) of the courses involved (**if the instructor is a full-time member of the HSP Program**). Waivers of courses taught by part-time instructors, or waivers of any other program requirements (with the exception of Research Competency, as described below), are granted only by the GPD of the HSP Program.

At a minimum, the following conditions should be met regarding "course" waivers:
1. A copy of the course syllabus f*rom the semester* the student passed the course.
2. The course content should be comparable to the course offered at UMBC.
3. Credit for the course in question must have been earned within **five years of entry** into the HSP Program.
4. The course must have been accepted for *graduate credit toward a graduate degree* at the school at which it was taken, and the student must have earned at least a grade of B in it.
5. Only courses taken for credit that are regularly scheduled courses and/or seminars will be considered. Courses defined as independent readings, research (including thesis credits), or practica are NOT applicable to waive the relevant requirement in HSP.

Transfer of credits that are external to UMBC/USM
Courses taken prior to matriculation at UMBC. It is extremely rare, and typically unnecessary, for students to transfer credits (*previously* earned at other eligible graduate institutions) to UMBC (*see above regarding course waiver requirements*). Transfer of credits only applies to courses taken: 1) at a USM institution or other regionally accredited institutions and 2) before matriculation to the Graduate School at UMBC. The maximum number of credits that can be transferred is six semester-hours of course work; these credits may apply toward the master's degree earned at UMBC. The same five criteria for waiving courses defined above must be met. Note that earned grades in transferred credits do not contribute to GPA earned at UMBC.

After discussing possible transfer of credit with the mentor and HSP GPD, a request for transfer of credit should be completed ***within the first semester***. The Transfer of Credit form (available on the Graduate School website) must be approved by the student's mentor and GPD and 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.

*Courses taken external to UMBC **while** a student in the program.* After consultation with their advisor, students may elect to meet some course requirements at other institutions (e.g., take Epidemiology at UM Medical School) **while** they are a student in the HSP Program. Any courses taken by a student outside the program to which they have been admitted requires the informal approval of the faculty mentor and the formal approval of the HSP GPD (there is a specific form that must completed and signed). Note: tuition is only covered at other University System of Maryland (USM) institution. Even at USM institutions, additional fees *may* apply. This is the most typical instance in which a course taken at a different institution (a USM institution) will be used to *transfer* credit. It is done this way so the course may be listed on the student's transcript. Technically, transfer of credit for such courses taken at other institutions is not *required* of doctoral students. It is often to their advantage for purposes of licensure, however.

C. RESEARCH (MASTER'S, DISSERTATION, AND INDEPENDENT STUDY)
Graduate School forms and due dates.
Committee creation
- Please schedule a meeting with the GPCs (Kerrie Jenkins and/or Karen Lorenz) as soon as you and your mentor have determined the committee membership
  - Obviously, this will arise **before** the proposal defense
  - Not necessarily when the committee has been *officially* formed
- See below for information about forming committees (master's and/or dissertation)

- Both the Master's and Doctoral degrees require the use of multiple forms available at the Graduate School website (https://gradschool.umbc.edu/graduation/forms/)
- Most forms are now submitted via DocuSign (older paper versions are typically *not* accepted)
- Note: some forms have due dates long in advance of the relevant milestone (e.g., the Nomination of Members for the Final Doctoral Dissertation Examination Committee form must be submitted *at least six months* prior to the final dissertation defense).

- The Graduate School website also provides due dates for submission of the final approved document (thesis or dissertation) and application for graduation

- There is one *internal* form (proposal defense form); this will also be via DocuSign

Important: it is ultimately the student's responsibility to keep up with the forms and due dates. A "how to" document cannot easily be generated as Graduate School policies and due dates are subject to change.
This is one of the primary reasons for scheduling a meeting(s) with the GPCs.

1. Master's Thesis & Predissertation Research Competency Requirement
All students are required to demonstrate competence in all phases of research prior to declaring doctoral candidacy and beginning work on their doctoral dissertation. For students entering the program with bachelor's degrees, research competence should be satisfied through the completion of a master's thesis (ideally by the end of their second year in the program).

Master's thesis and master's degree. Students wishing to obtain the MA *degree* should constitute a master's committee (using the [Graduate School form](#)). The master's committee will: 1) approve the research plan and the thesis, and 2) conduct the oral examination of the thesis (colloquially, these are the referred to as the proposal and final defenses, respectively). At least the Chair/Co-Chair of the Master's committee should be a member of the HSP faculty. Details of MA thesis requirements are found on the graduate school website, discussion with your mentor, and discussion with the HSP GPD and GPC. **IMPORTANT**: Clinical track students should plan on defending their MA proposal NO LATER than February 1 of their second year. **Much earlier is strongly recommended** to be eligible for a wider variety of third-year placements (externships); please consult with your mentor and/or DCT during your *first* year.

Students entering the program with master's degrees may optionally choose to meet the research competency requirement by submitting their *research-based master's thesis* completed at another university. The thesis will be evaluated by the student's HSP advisor and at least one other Psychology Department faculty member; typically a member of the HSP faculty, but it likely depends on the topic of the thesis/research.

Students entering the program with master's degrees without a research-based thesis but DO have other published products. In very rare circumstances, a student may: 1) have a master's degree, 2) NOT have a research-based thesis, but 3) DOES have other research products. In such an instance, the student (with support of their mentor) may appeal to the entire HSP faculty that the other research product(s) be eligible for research competency evaluation. If approved, the evaluation parallels that of an existing thesis (two person committee; mentor and second faculty member, typically HSP).

Determination of Research Competency with existing thesis or research product. 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 competence; the student should conduct a new project. If it is the third determination, the mentor and student will decide what is in the student's best interest between: 1) research competency with original research (below) or 2) simply conducting a traditional master's thesis and earning a second degree. Regardless, the student will be considered to be on the 'typical' timeline had they not attempted to waive research competency.

Timeline to waive research competency
Existing master's thesis. Students wishing to meet the research competency requirement based on an existing thesis should: 1) discuss their intention to do so with their mentor during orientation, 2) identify a suitable committee member with their advisor's assistance, and 3) submit the Research Competency Evaluation DocuSign form (see GPC for link). The student must submit all of their materials to DocuSign **no later than October 1** (of their first year in the program). 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 the student knows whether additional work will be needed and can plan accordingly.

Master's degree, no thesis, yes research products. Students who wish to meet the research competency requirement based on a research products(s) (not thesis) should: 1) discuss their intention to do so with their mentor during orientation, 2) submit the appeal (including the relevant research product(s) to the full HSP faculty **by October 1**, 3) if the appeal is approved, identify a suitable committee member with their advisor's assistance, and 4) submit the Research Competency Evaluation DocuSign form (see GPC for link). The student must submit all of their materials to DocuSign **no later than November 1** (of their first year in the program). The reviewing committee should render an opinion on the adequacy of the submitted materials within approximately two weeks, but no later than December 1, so the student knows whether additional work will be needed and can plan accordingly.

Research Competency with original research. Students who need to conduct a new project in order to demonstrate competency (see above) **should follow the same proposal and defense procedures as students completing master's theses** (though still only with two committee members). In short, with the exception of filing forms with the graduate school and the third committee member, it is the same as a traditional master's thesis. As well, students pursuing research competency this way are subject to the same due dates as students conducting master's theses. Thus, for clinical psychology students, applying 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 their proposal well before the February 1 due date.

Students will continue to use the HSP Research Competency Evaluation DocuSign form to submit materials of the new project/original research project.

2. 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 (on an optimal timeline).

The graduate school requires that students take a minimum of 18 PSYC 899 credit hours; two semesters (PSYC 899 is a fixed, 9-credit course). Some students register for PSYC 899 for more than two semesters to defer student loan payments and/or to maintain full-time status for purposes of funding. Students are not eligible to register for PSYC 899 until *after* they have declared candidacy. See below for more information regarding PSYC 899.

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 HSP policy that the dissertation Chair (or Co-Chair) will be a member of the HSP Program, students are free to choose other department faculty members as their dissertation Co-Chairs and/or committee members 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 strongly 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. Students who develop interests in research of other faculty are able to also work with them, assuming **they have DISCUSSED THEIR INTENTIONS and planned effort with their current mentor/advisor.**

3. ADP and HSP Policy Regarding Theses and Dissertations

It is expected that your theses[2] (M.A. and Ph.D.) are independent projects in which all aspects reasonably reflect your primary contribution[3]. This includes: idea generation, literature review, design, data collection, data analysis, and writing. If you plan to 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 in advance** to verify that the level of assistance you seek is appropriate. Specifically, unless otherwise arranged 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**.

4. Additional Guidelines and Policies Regarding Theses and Dissertations

Scheduling Defenses. Students are strongly encouraged to schedule all defenses well in advance in order to limit schedule conflicts. All defense meetings, including proposals and final defenses for both the thesis and dissertation, **should be scheduled for a two-hour time block**.

Distributing Documents to the Committee. The master's thesis proposal, master's thesis, and dissertation proposal should be distributed to the full committee **at least 2 weeks** prior to the scheduled defense. The dissertation should be distributed to the committee **at least 4 weeks** prior to the scheduled defense in order to allow the readers sufficient time to review the document before signing off on the certificate of readiness to defend the doctoral dissertation, which is due to the graduate school no later than 2 weeks before the defense.

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[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.

5. Independent Research and Training in Research
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. 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. This research is most typically conceptualized as the research led by your faculty mentor and/or the research conducted by their lab. 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.

Not all aspects of work on the research team will lead directly to the student's master's or dissertation projects and this is to be expected of a research-intensive program. If work on the research team is funded (see below), the research also *might not* pertain directly (or indirectly) to the student's master's or dissertation. The GA Handbook specifically notes:

> The duties of RAs vary according to the nature of the research project in which they participate and the source of funding. These duties are performed under the direction and supervision of a faculty member. RAs may or may not be assigned to work on research that is directly applicable to the thesis or dissertation that is part of the requirements for the master's or doctoral degree. In either case, *the scholarly activities that are necessary to complete the thesis or dissertation are separate and distinct from the RA and should not be considered part of the 20 hours.*
> (emphasis added)

Students are welcome to collaborate on research projects with other graduate students and other faculty members as long as such involvement does not impede student progress and/or notably reduce involvement in the student's own research lab (team). All students who wish to collaborate with other researchers beyond their research team should discuss the opportunities with their faculty mentor **prior to** such involvement, particularly if it is time intensive.

6. Expectations of student participation in research (adopted May, 2020)

Both the Applied Developmental Psychology and Human Services Psychology graduate programs have a focus on research and are offered at a university designated as R1 (*very high research activity*). As such, doctoral students in both programs are expected to engage in all aspects of research throughout their tenure in the program. Such research should ideally benefit the student in a variety of ways including, but not limited to: a) research publications, b) conference papers and posters, c) training in new methodology and statistics, d) data collection for thesis and/or dissertation, e) training in data management, f) running and organizing a team of undergraduate research assistants, and g) working with and/or establishing community partners.

Faculty should make every effort to clarify research lab tasks and hourly expectations for students prior to admittance to their labs. Ideally, the student would receive some or all of their funding specific to their research activities, but this may not always be possible. If a student receives their graduate assistantship via a TA (teaching assistantship) or other funding source, several things are noted. First, students are expected to continue conducting research though, primarily focused on their thesis and/or dissertation. In no instance can a graduate student, who is otherwise not funded on a research line, be expected to devote more than four hours/week to faculty research projects (above and beyond thesis and/or dissertation). Second, course work, GA responsibilities, and placement should take precedence. Third, it is understood that students may wish to volunteer greater amounts of time to research due to some of the benefits highlighted above, however this is not formally required of non-research funded students and students and faculty are expected to regularly communicate regarding competing demands of student time.

If a student is concerned about the expected amount of time devoted to faculty research, the student is first encouraged to discuss this with the faculty mentor. If the student remains dissatisfied following this discussion, they may reach out to one of several department administrators including, but not limited to: a) their graduate program director (GPD), b) the GPD of a different program in Psychology, c) the department chairperson, d) the department associate chair, or e) the chair of the graduate programs committee. Based on discussion with this person(s) and, depending on resolution, the student may then have their concern brought to the Graduate Programs Committee for further consideration.

Rationale of Policy
The above policy is meant to support student interests and allow faculty to clearly define expectations. This policy is geared to enable students to have a fulfilling graduate school experience while taking into account the various time and energy demands of coursework, research, and assistantships.

7. Examination Committees (defenses); thesis & dissertation
A. Thesis committee (Master's)
    1. Formed *at least* two months prior to final defense.
        Important: the proposed date of final defense is *approximate*. For the committee nomination form, simply provide any estimated date that is two or more months after the form submission date.
    2. Minimum of three members (this is most typical)
    3. At least three members must have graduate faculty status.
        This is at time the committee is *formed*. Be mindful if there are outside members.
    4. The Chair of the committee must have at least Associate Graduate Faculty status
    5. Can be Co-Chaired by someone with Special Graduate Faculty status
    6. *HSP*: The Chair (or at least Co-Chair) must be an active member of the HSP Faculty

B. Dissertation committee
    1. Formed at least *six* months prior to final defense
        Important: the proposed date of final defense is *approximate*. For the committee nomination form, simply provide any estimated date that is six or more months after the form submission date.
    2. Minimum of five members. All members must have terminal degree in field.
    3. At least three members must have **Regular** graduate faculty status.
        This necessarily meets the requirement that:
        At least three members must have graduate faculty status.
    4. Must be at least one outside member (i.e., not HSP faculty; technically, ADP counts). Outside member does not need graduate faculty status (assuming #3). If the outside member does not apply for graduate faculty status, a current CV is uploaded when the student forms the committee (#1)
    5. The Chair (or one of the Co-Chairs) must have Regular graduate faculty status
    6. Can be Co-Chaired by someone with Special Graduate Faculty status
    7. *HSP*: The Chair (or at least one Co-Chair) must be an active member of the HSP Faculty
    8. The candidate designates the two Readers when submitting the form (neither Chairs nor Co-Chairs are eligible to be Readers). The Readers are typically determined in advance (in consultation with the Chair and the committee members).

D. PRACTICUM

Many of the clinical courses include practical training, experiences in which students apply the skills and knowledge acquired in the associated course. Students in the Clinical track are also required to take a minimum of four credits of practicum over four semesters. Two credits are associated with the second year training experience in the *department* training clinic and two credits are associated with the first two semesters of externship placement, typically taken during the third year in the program. Credit registration is not required for advanced clinical practicum placements after the student has completed the initial four semesters of practicum training for credit.

For students in the Clinical track, eligibility for practicum placement in their third year is contingent upon their having successfully defended their M.A. thesis proposal, research competency, or research competency proposal, by February 1 of their second year of full-time residency. Students should plan to defend the proposal **WELL BEFORE** the **February 1** due date (ideally, by December 1) in order to be eligible to apply to placements that have early deadlines.

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 track directors. In certain circumstances, with the approval of their track director, students may arrange their own practica. In any case, for the third year practicum, each student should be assigned a faculty preceptor who serves as liaison between the HSP Program and the practicum agency. The preceptor meets with students on a regular basis to discuss professional and clinical issues that might arise during the practicum and also helps students integrate their clinical experience with current theory and research. Clinical track preceptors are assigned by the DCT. Appropriate Community and Behavioral Medicine preceptors are identified through student consultation with the advisor and/or track director.

Community practica. For students in the Community track (not necessarily Clinical/Community), two semesters of practica are required. Students, working with their mentor, play a larger role in identification of potential practicum sites. All practica should be approved in advance by faculty in the Community track.

Students should consult with their track director about their practicum preferences well in advance of the semester in which they wish to begin their assignments. Ordinarily, practicum assignments are made on an academic year basis. Applications for clinical externships may be due as early as December or January of the prior academic year.

Please note: Track directors must approve practicum placements in order for students to be covered by UMBC's malpractice insurance.

1. Practicum Policies Specific to Students Pursuing Training in the Clinical Track(s)

Credit and Semester Requirements. In order to graduate, Clinical track students must complete a minimum of 4 academic semesters of practicum training in which they typically sign up for 1 credit per semester beginning in their second year of full-time enrollment. The first two semesters of training (PSYC 601) are received at the UMBC Psychology Training Clinic. The subsequent two semesters of training (PSYC 690) are under the guidance of a faculty preceptor; assigned by the DCT. Students registering for PSYC 690 will register under the preceptor's section code for this course (the preceptor will need to grant permission). A minimum of 2 credits of PSYC 690 must be taken after the student has been officially admitted to the Clinical track within the HSP Program (note: 2 credits of practicum *might* be able to transfer). Once students have received at least four semesters of supervised practicum training (PSYC 601 and 690), 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 in a practicum that is NOT 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. *No practicum placement experience should exceed 20 hours per week without written authorization from the student's faculty advisor and the DCT.*

Second-year clinical track (including dual track) students in good standing (see below) begin their training at the UMBC Psychology Training Clinic on **July 1** following their first year in the program under the supervision of the Clinic Director or another designated licensed psychologist supervisor.

As the initial practicum site, the Training 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. Commonly used treatment approaches at the clinic include CBT, ACT, DBT, and motivational interviewing. 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 licensed 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.

O**Off-site practica**. The primary supervisor for all practicum experiences should be a licensed psychologist. With the approval of the DCT *in advance*, 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, one hour per week of supervision is suggested for every 3-5 hours of direct service contact. At a minimum, students should receive one 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., administering 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.

Policy on Telepsychology and Telesupervision. The HSP Clinical Track policies on Telesupervision and Telepsychology / Telehealth services appear in Appendix B. It is the program perspective that in-person, face-to face supervision is the preferred mode for practicum training Virtual (telesupervision) can be used when in-person supervision is not practical or safe. Telehealth service delivery as part of practice training must follow APA guidelines and all relevant licensing regulations.

2. 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, relevant state regulations governing the practice of psychology, and UMBC/departmental policy. 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 each of the following additional requirements:

a) Attend bi-monthly preceptor meetings.
b) Participate actively in peer consultation and preceptor meeting activities.
c) Complete assigned 690 readings on supervision and/or consultation.

3. Early Termination of Practicum

The verbal offer and acceptance of an externship placement, along with the practicum training agreement, create a formal arrangement between the student, the HSP program, and the training site. All parties (the student, site, and program) are expected to maintain the training experience for the agreed-upon time frame and to terminate a practicum placement only with significant cause. Students who are considering early termination of a practicum placement must meet with the DCT to discuss their reasons, potential resolution of difficulties that have arisen, and potential implications for continued clinical training. If, after this process, the student still wishes to terminate the practicum, the student will submit a written request to the DCT using the Clinical Practicum Early Termination Form (see Appendix C). The DCT and/or other faculty designated by the DCT will then communicate with the externship supervisor and/or training director and confer with the clinical core faculty who will make a determination on the request. The DCT may opt to respond before all review steps are completed if the circumstances of the request require immediate resolution. It is expected that an externship supervisor evaluation will be completed even if the training arrangement is terminated early. Failure to follow this process, for example by terminating a practicum

placement abruptly without proper consultation and document submission, may be cause for a student to be considered not in good standing in the clinical track of the HSP program.

E. QUALIFYING EXAMINATION*
(* ONLY STUDENTS WHO MATRICULATED BEFORE 2021 HAVE THIS OPTION)

Important: eligible students must notify their mentor by Spring Break of the given exam year whether they wish to take the Qualifying Exam. It is otherwise assumed all students will follow the Comprehensives Portfolio model described below.

The qualifying exam takes place annually, over a two-week period, beginning on the third Monday of July. Students should plan their availability accordingly.

Qualifying Examination (Quals) start dates through 2026 are as follows:

> 7/21/25; 7/20/26

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 due date 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 due date, though they will sit for Quals in the summer of their second year. Specifically, students must have submitted a Research Competency Evaluation Form signed by all research 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 due date 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. It also serves as a necessary requirement to demonstrate the student is ready to continue their training as a doctoral candidate. 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 Evaluations Section below.

Partial Pass. When the HSP faculty decides upon a Partial Pass, they 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. See below for Clinical track students.

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 be possible to schedule an oral examination pertaining to identified components of the exam. This may happen based on faculty decision or following a request of the student.

Failing outcome. If a student fails the Qualifying Examination, the student will work with their faculty mentor on how to proceed. Typically, the student will draft an appeal and submit to the full HSP Faculty. The full HSP Faculty will decide on 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. The decision will be made, and the student notified, in mid-late Spring. Should the faculty decide against permitting the student to retake the exam, the student will be given an opportunity to meet with the HSP faculty to discuss whether there were any mitigating circumstances which should be taken into consideration before reporting their decision. If the faculty do not agree with the student's appeal, this will be reported to the Department's Graduate Committee, since this is tantamount to dropping the student from the program. The decision must be approved by the Graduate Committee and ratified by the Department faculty before it is referred to the Graduate School for official action.

Border line grades. Clinical track students who passed the qualifying exam but earned a borderline grade (a 2 out of 5) on either the: 1) HSP integrative or 2) the History and Systems 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. COMPREHENSIVES PORTFOLIO (ADOPTED MAY, 2021; UPDATED NOVEMBER, 2023)
The Comprehensives Portfolio exam ("Comps") is required of all Human Services Psychology (HSP) doctoral students matriculating after 2020. It may be used in lieu of Quals by students who matriculated *before* 2021 (i.e., Comps OR Quals). This section attempts to address/include: 1) purpose, 2) timing, 3) Portfolio Committee, 4) elements of the Portfolio (including independent vs. collaborative work), 5) evaluation process, and 6) the evaluation rubric.

Purpose
The purpose of Comprehensives is to demonstrate appropriate preparedness and readiness to develop and conduct the dissertation. Comps is a required element for doctoral students in the application to become doctoral candidates (i.e., declare candidacy). The purpose of each element of Comps (described below) is to provide evidence that you have mastered a specific skill and/or acquired a body of knowledge necessary to function effectively during internship (if applicable) and as a new professional following graduation from the HSP program.

Timing
It is expected that students will begin thinking about Comps, and working with their mentors, in their first year of graduate study in the HSP Program. That is, some of the elements described below can be started and/or completed prior to defense of the master's thesis. The complete Portfolio must be submitted within 12 months of the student having submitted the final master's thesis to the Graduate School (i.e., uploading the document to ProQuest) or November 1 of their third year, whichever is later.
Research competency: For students who demonstrate research competency with existing research (e.g., a master's thesis from a different university) the complete Portfolio should be submitted by May 1 of their third year (i.e., analogous to one year following a two year master's thesis). For students demonstrating research competency with original research (less common) the complete Portfolio should be submitted within 12 months of the committee determination OR May 1 of their third year, whichever is later.

Important: The UMBC Graduate School policy regarding candidacy is that all students must declare candidacy within five years of admission to the doctoral program (https://gradschool.umbc.edu/students/candidacy/). Given Comps is a required criterion to declare candidacy, students should conceptualize their master's thesis and Comps accordingly.

Portfolio Committee
The Comprehensives Portfolio Committee consists of two HSP faculty members as determined by the student and their faculty mentor(s). The student's mentor will notify the HSP Director as soon as the committee has been confirmed. HSP faculty members who were originally on the committee but subsequently left the program in good standing may continue to serve.

Elements of the Portfolio
Below are the six elements, and descriptions of each, that comprise the Portfolio. For elements created specifically for the Portfolio (e.g., Pre-Proposal), you should use a 12-point font with 1" margins on all sides unless otherwise noted.

APA format
All products (elements) should be presented in a clear and concise manner, with attention to scientific precision, logical flow, and appropriate use of grammar and punctuation. Where relevant, all products should follow APA format.

Independent vs Collaborative Work of the portfolio elements
The Précis, Pre-Proposal, and Scholarly Products can be collaborative/mentored. Following topic approval, the Biopsychosocial Formulation must be independent.

Curriculum Vita (CV) (see Student Records Policy for a link to UMBC format example)
An up-to-date CV will be included as part of the Portfolio. Your CV should be formatted as you would for an internship or postdoctoral fellowship application.
Note: the CV will *not* be evaluated using the Portfolio Evaluation Rubric (below) but failure to include the CV with your Portfolio may result in a non-passing determination.

Précis
A self-statement providing an integrative summary of your research and, as appropriate, other applied clinical, community, or behavioral medicine experiences in your graduate training. Include your future plans for additional training and career development. Please address issues related to diversity, equity, and inclusion as appropriate to your area(s) of interest.
This should be limited to no more than 5 **double-spaced** pages.

Pre-Proposal
A concept proposal for a dissertation (**or other**) proposed research project which provides: a) brief background and rationale; b) research questions, specific aims and/or hypotheses (as appropriate to the type of study proposed); and c) key citations.
This should be limited to no more than 5 **double-spaced** pages (before references).

Biopsychosocial Formulation
An applied biopsychosocial conceptualization/evaluation of an individual clinical case, community issue/context, or community organization /organizational issue. Can be track-specific and tailored to the student's interests. The conceptualization and intervention plan must be informed by the available evidence-base with appropriate citations. (Note that a full review of the evidence-base is not expected within the scope of this work). Must include perspectives on diversity, equity, and inclusion. It is understood that there may be aspects of the formulation of which you are not fully aware (thus requiring you to indicate necessary information and/or postulate features of the formulation, as relevant). Note: the topic may derive from a completed program evaluation, as relevant.

Approval. The topic must be approved in advance by the Portfolio committee. This will require a clear presenting problem and adequate history on which to base the formulation.
Approval will be based *on a brief description of the problem (i.e., point 1 below) and (optionally) enough information for the committee to believe you have the necessary background and training to address the problem* (no more than a page). Following topic approval, you will complete the following elements independently.

The Biopsychosocial Formulation should be at least 10 and no more than 14 **double-spaced** pages in length (before references) and must include:
1) Brief description of the presenting problem (no more than 1/2 page)
2) History (no more than 2 to 2 and 1/2 pages)
3) Integrative biopsychosocial conceptualization (no more than 5 pages). It is expected that, depending on the available history, varying levels of attention will be directed toward each level of analysis. However, all levels must be discussed.
4) Proposed intervention/treatment plan (no more than 6 pages). Approach must be justified with citations from the available evidence-base.

Two Scholarly Products*:
At least one of the scholarly products must be first-authored (regardless of category).
At least one of the scholarly products must be from category a) or b).

a) Publication** (empirical or review paper) or book chapter. Can be published, under review, or ready for submission.
b) Grant Proposal (e.g., NIH F31; NSF Fellowship). Submissions for this category will typically be 10 or more pages and will include a detailed research plan. The proposal should have been submitted or have a planned submission date, but does not have to have been funded. (Note that the contents can overlap with or satisfy the pre-proposal requirement, but only if the grant reflects aspects of your planned dissertation).
c) Fellowship Proposal (e.g., Ford Fellowship, Robert Wood Johnson Health Scholars Program, APA Minority Fellowship, APA Dissertation Fellowship). These include a briefer research plan or can be more focused on other aspects of training and career development than grants covered in category b. The proposal should have been submitted or have a planned submission date, but does not have to have been funded. Anything less than 3 pages/ 1500 words should not be submitted for this requirement.
d) Conference Presentation (poster or slide set for oral presentation). Conference must be at least regional and the presentation has been peer-reviewed. If you are uncertain if a specific conference qualifies, please consult with your faculty mentor.
e) Program evaluation. The program evaluation should reflect a systematic method for collecting, analyzing, and using data to understand and/or examine the effectiveness and efficiency of programs. The evaluation can focus on any of the many types and purposes of evaluation, including: effectiveness, efficiency, needs assessment, formative, summative, goal-based, process, outcomes accreditation, and cost/benefit analysis.

*   The majority of the work for any scholarly product needs to have been completed while you are enrolled in the HSP Program. This includes a situation in which you include a publication using data from a prior position or collaboration (e.g., post-bac collaboration) provided you did the majority of work during your time in the HSP Program. If you are considering such elements, you should confirm with your mentor and/or other committee member.

** If not first-authored, you must have made a substantive contribution to the conceptualization, data analysis, and/or writing of the manuscript. In this instance, you will provide a brief statement describing your independent contribution(s) to the work. This statement can be developed independently or in collaboration with the first and/or senior author of the article or chapter. The statement must be signed by the first or senior author and your mentor.

Evaluation Process
The student submits the entire Portfolio electronically using DocuSign. This will provide the Portfolio to the faculty mentor and other committee member; it is appreciated, though not required, for the student to notify the Portfolio committee that the materials have been submitted.

The Committee will provide an evaluation of the portfolio within two months of submission of the Portfolio; the summary outcome will be attached to the DocuSign link. The Portfolio, outcome, and signatures are saved in the student's electronic file. The committee members are expected to share their individual rubrics with the student (literally and/or at a meeting).

The student must pass each element of the Portfolio (see Evaluation Rubric below). In rare instances an element(s) may receive an "Undetermined" rating. In this instance only, the HSP Director will identify a third HSP faculty member to evaluate the portfolio (see below).

The faculty mentor (or their designate) will have the responsibility of communicating the Committee's determination during a meeting with the student in which, ideally, the individual evaluation rubrics are provided and discussed as well as the overall disposition (outcome) of the complete Comprehensives Portfolio.

Element outcomes
Each of the five elements is evaluated on a three-point scale by two committee members (the CV is required, but not evaluated). The outcome/score of any given *element* is determined based on the two ratings and is as follows:

> Adequate (Passed) (no ratings of 1)
> Undetermined* (one rating of 1)
> Fail (two ratings of 1)

* If *any* element has an Undetermined outcome, the entire Portfolio is forwarded to the HSP Director by the mentor. The HSP Director will determine a third HSP Faculty rater (ideally someone in the student's primary track designation). That rater will be provided the entire portfolio to be graded (with no indication of which element(s) are in question).
The third rater will provide the full set of ratings to the HSP Director. IMPORTANT: **only** the ratings of the element(s) in question will be considered for determination of passing criteria.

Outcomes when considering three ratings
Adequate
Ratings of: [1, 2, 2] OR [1, 2, 3] OR [1, 3, 3] will each be considered Adequate
Non-adequate
Ratings of: [1, 1, 3] will be deemed a "Non-adequate" answer
Fail
Ratings of: [1, 1, 2] will be deemed a Failing answer

Comprehensives Disposition Determination
Pass Comprehensives
Each of the five elements are deemed Adequate

Revisions needed:
   a) Four elements are passed and one is not (Non-Adequate or Fail)
   b) Three elements are passed and two elements are Non-Adequate

In the event of a "Revisions needed" determination, the student must submit the revised elements to the committee within *three months* of notification of Comprehensives Disposition

Failing Comprehensives
   a) Two+ elements are failed
   b) Three+ elements are not Adequate

In the event of a failing determination, the student may appeal to the full HSP faculty for the opportunity to submit a *new* Comprehensives Portfolio (all new elements/domains). The student appeal must be presented to the HSP GPD within two months of the determination. The appeal must be supported by the student's mentor and be accompanied by a proposed strategy for success that appropriately reflects the reason(s) for the initial outcome. If the appeal is supported by a simple majority of the full HSP faculty, the student will have 12 months following notification by the HSP GPD to submit the second Portfolio
(*note*: HSP meetings are not scheduled during winter and summer breaks, thus there may be a delay in HSP faculty *decision* depending on when the appeal is submitted).

NOTE: upon being informed of the outcome by their faculty mentor, the student has the right to request a full meeting of the entire Portfolio Committee to clarify expectations for the requested revisions. The meeting should be scheduled as soon after notification as possible; no longer than one month. If a clarification meeting is held, the three month window starts *after* the meeting with the full Portfolio Committee.

Note: The utilized rubrics will NOT typically include the descriptions/expectations within rubric (provided in italics in the example below)
Human Services Psychology Qualifying Examination Portfolio Grading Sheet (rev 9/2023)

Content Area: **Student:** _____   **Grader:** _____
_____Precis
_____Pre-proposal
_____Biopsychosocial Formulation
_____Scholarly Product (Clarify Type / Content): _____

Please rate the student's work product on the following dimensions, along with an overall score (1-3, whole number only). Where relevant, provide comments to explain the ratings. Note that the overall score is not necessarily an average of the specific ratings, as some dimensions may be more or less important to the overall score.

		PASS			
	Inadequate (1)	Expected (2)	Excellent (3)	NA	Comments
Addresses all key components	*Missing key component(s).*	*Touches on all elements, but one or more components are not fully addressed.*	*Addresses all key components.*		
Breadth & depth in content	*Coverage is too superficial or too limited. Relies on anecdotal data.*	*Generally appropriate coverage; some areas of over or under emphasis.*	*Excellent depth and breadth of coverage; information presented is necessary and sufficient for in-depth coverage of topic.*		
Demonstrates integration and critical thinking	*Critical thinking is missing. Analysis is based on opinion rather than theories/evidence.*	*Integrates findings across studies, rather than just reviewing individual studies.*	*Integrates across reviewed literature; demonstrates high level of independent analysis and/or critical thinking.*		
Logic of argument	*Significant portions are unclear/inaccurate. Ideas are not complete or are confusingly presented; ideas presented in disjointed, unrelated, disorganized fashion.*	*Ideas are expressed in a coherent fashion but some problems with clarity/accuracy. Paper is generally well organized.*	*Ideas are expressed clearly and accurately. Paper is well organized. Flow of ideas is logical within paragraphs and across paragraphs.*		

Writing mechanics	*Many spelling, grammar, and word use errors. Inappropriately casual language.*	*Minor spelling or grammatical errors that do not detract from the logic or flow of the writing. Language is appropriate and professional.*	*Minimal spelling or grammar errors. Compelling and persuasive prose.*		
Formatting and professional style	*Poorly follows the style guide; many formatting errors.*	*Minimal style and/or formatting errors.*	*Follows the appropriate professional style.*		

Overall Score _____**(1-3) (WHOLE number only).** *If the overall rating is a 1 (Inadequate), and this is the first submission, please identify things that should be addressed in a revision.*

Additional Comments:

G. 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 demonstrate the following:

    1) complete at least 30 credits of required coursework
    2) demonstrate research competency
    3) pass the HSP Comprehensives Portfolio (Comps) (or Quals, as relevant)

Passing Comps is sequentially the last step in the above requirements, though the student is typically working on the elements throughout their time in the program.

Students are expected to apply for candidacy as soon as they have met the above requirements; neglecting to do so may result in the student not being considering in good standing.

1. Graduate School Timeline requirements (candidacy and doctoral degree)

University guidelines require that students be *admitted to candidacy within five years* of admission to the doctoral program. All students must be in candidacy for at least two semesters before receiving the doctoral degree (including time on internship). Students must *complete all requirements for the doctoral degree* within **four years** after advancement to candidacy.

H. INTERNSHIP (CLINICAL TRACK OR CLINICAL DUAL TRACK ONLY)
The internship, extending over a full calendar year, is usually taken in the student's fifth or sixth year. Students must pass Comprehensives and successfully defend their **dissertation proposal** before they may apply for internship. To be eligible to apply for internship, the due date for successfully defending the dissertation proposal is **October 1st** of the application year.
Note that the DCT is required to affirm progress on dissertation as part of the recommendation; this is most typically done by indicating the passing outcome of the proposal defense.

Students in the Clinical track (traditional or any of the dual-track options specified above) are expected to complete a clinical psychology internship which is either accredited by the American Psychological Association or approved by the HSP Faculty. Students in the Community Psychology and Behavioral Medicine tracks are encouraged, but not required, to take an internship. Internships taken by students in the Behavioral Medicine and Community Psychology tracks will be determined by their particular career goals and the nature of the area in which they plan to specialize. Since internship application due dates are in the late fall for the next year, students should begin discussing their internship plans with their advisors and track directors in the spring and summer prior to the fall in which they plan to apply for internship

1. Graduate School forms pertaining to internship
Two forms available on the Graduate School's website pertain specifically to HSP students in the Clinical track (https://gradschool.umbc.edu/graduation/forms/). These are:
1) Certification of Completion of the Clinical Internship **and**
2) Permission to Participate in Commencement Ceremony Before Completing the Clinical Internship. *This form is often necessary as the majority of internships are not officially completed until after the due date to apply for graduation.*
Note: for May commencement the "participation" form is typically due March 15 and requires the dissertation to have been **successfully defended** *at time of submission.*

2. Maryland residency
Students are strongly encouraged (though not required) to declare Maryland residency. It is unknown what consequences (if any) will arise for any given student who does not declare residency. The most typical consequence pertains to tuition while on internship (**even if** the internship is located in the state of Maryland). In brief, students on internship are NOT considered funded students. Students who are not funded, and are not residents of Maryland, are charged the out-of-state tuition rate. This most typically applies to PSYC 899. It also pertains to students who are not funded and need to take courses at any point in the program.
(*See below for additional information regarding Maryland residency*)

I. COLLOQUIA AND JOB TALKS
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.

IV. Target Dates and Milestones (adopted June 26, 2018; revised May, 2021)

All students are assumed to be in good standing which means they are making expected progress in the program, performing adequately in performances and practica, and demonstrating appropriate professional behavioral in their roles of: 1) student, 2) practica, 3) research team responsibilities, and 4) Graduate Assistantship (be this RA or TA).

The following table presents the target dates by which students should pass each of the listed milestones in the program. The table does not list **all possible** milestones; please consult with your mentor or HSP GPD if you have questions.

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 dates (for 5-year on-campus plan)	To remain in good standing	Consequence	To regain good standing
Research Competency (existing research)	**Submit** research by October 1 of first year as HSP student	Approved by November 1 of first year as HSP student	If not submitted in time, or not approved, student will complete traditional master's or RC (original)	n/a
Master's proposal	Summer following 1st year	Before start of Spring semester of 2nd year	*Not in good standing.* May not apply for 3rd year externship until successful proposal	MA proposal successfully defended
Master's defense & submission of final thesis	In time for May graduation of 2nd year	In time for May graduation of 3rd year	*Not in good standing.* May not submit Comprehensives Portfolio until thesis defended	Successful defense and submission of final thesis to grad school. Note: Grad school allows maximum of 5 years for completion of MA
Pass Comprehensives Portfolio (if matriculated after 2020)	Summer of 3rd year (after defense of Master's)	Within 12 months of final defense of Master's Thesis *May appeal to HSP Faculty to extend due date*	*Not in good standing.* Not eligible to apply for Candidacy	Successfully pass Comprehensives

Milestone	Ideal target dates (for 5-year on-campus plan)	To remain in good standing	Consequence	To regain good standing
Apply for Candidacy	Fall of 3rd year	Within 2 weeks of notification of passing Comprehensives	*Not in good standing.*	Apply for candidacy
Dissertation proposal	Fall of 4th year	Within 2 years of declaring Candidacy	*Not in good standing.* Not eligible to apply for internship(s) until proposal defense	Successful dissertation proposal defense
Dissertation completion	Spring of 5th year	No more than 4 years from declaring Candidacy	*Not in good standing.* Not eligible for Dept. funding; termination from program.	Graduate School requires completion of all doctoral degree requirements within 4 years of filing for candidacy

Other concerns that will result in student being considered not in good standing:

Student Behavior	Consequence	Regaining good standing vs termination*
Grade of C+ or lower in any graduate class	*Not in good standing.* Remediation/repeating course	Completion of remediation plan, and Grade of B- or better on repeat
Failure to complete an Incomplete within 1 calendar year *unless otherwise specified*	*Not in good standing*	Completion of course requirements
Unethical behavior	*Not in good standing.* Remediation plan	Completion of remediation plan, and certification of ethical understanding/practice

Student Behavior	Consequence	Regaining good standing vs termination*
Unprofessional behavior	*Not in good standing.* Remediation plan	Completion of remediation plan, and demonstration of professional behavior
Failure to execute professional responsibilities (e.g., GA TA responsibilities)	*Not in good standing.* Probationary employment period, remediation plan	Adequate performance during probationary period and following
Repeated failure to execute professional responsibilities (e.g., GA TA responsibilities)	*Not in good standing.* Probationary employment period, remediation plan	Adequate performance during probationary period and following
Poor practicum performance (i.e., end of year supervisor evaluations of performance are below expected for the student's level of training)	*Not in good standing.* Remediation plan; supplemental training	Completion of remediation plan, and Adequate subsequent practicum performance in deficient areas

Note: For any behaviors requiring a remediation/probationary plan, the letter outlining the plan will also specify the time period for completion of the remediation plan/probationary period

General note: a student placed in "Not good standing" for **ANY** reason risks eligibility for departmental funding. This may include: loss of all funding, loss of tuition coverage, loss of fees (if relevant), only part-time funding, etc.

V. Evaluations

A. EVALUATION PROCESS
The progress and performance of all HSP students is formally evaluated by the faculty annually, at the conclusion of the spring semester. Evaluations include the following content areas:
   a) <u>GA evaluation</u> (TA/Teaching or RA/Research)
   b) <u>Academics:</u> Quality of academic achievement in coursework
   c) <u>Progress:</u> Timely progress toward the completion of a degree
   d) <u>Research:</u> Quality of research and scholarly skills and abilities as reflected through high quality work and participation in research activities
   e) <u>Practical Training:</u> Quality of skills (e.g. clinical) in assessment, diagnosis, therapy and/or consultation as reflected through practicum and internship experiences
   f) <u>Professionalism & Ethics:</u> Professional demeanor in interpersonal relations and professional activities with faculty, peers, and colleagues; Personal behaviors that reflect adherence to APA Code of Ethics.

Academic mentors 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 to identify any upper-level students who appear to be having barriers to success 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
   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. All decisions regarding termination from the program will be decided by the HSP faculty as a whole and reviewed by the Graduate Programs Committee.
6. Receiving a letter grade of D+ or F in any course is considered to be sufficient grounds for termination from the program without probation.

In addition to the evaluation of students' academic and research progress and performance, the faculty also considers students' professional development and interpersonal functioning, as specified by the APA guidelines for accreditation of training programs in professional psychology. *Professional development* includes: 1) compliance with the Ethical Principles of Psychologists and Code of Conduct (American Psychological Association, 2002),[4] 2) taking responsibility for the prompt and accurate preparation of clinical reports, and 3) 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 the evaluation of *interpersonal functioning*, concern will arise 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 their 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 their 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 faulty 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/or (c) their clinical preceptors and/or the DCT 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 (if any) 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; 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.
The following resources are available:

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

Title IX Coordinator
University of Maryland Baltimore County
Office of Equity & Civil Rights
Phone: (410) 455-1717
Email: oei@umbc.edu

Resources:
- Information about Non-Discrimination, Title IX/Sexual Misconduct, Disability
- Forms to file a complaint
- Conflict Resolution (Peers & Authority Figures)

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

LGBTQ Faculty and Staff Association
https://lgbtqfsa.umbc.edu/

Initiatives for Identity, Inclusion, & Belonging
The Mosaic
https://i3b.umbc.edu/spaces/the-mosaic/
Includes:
The Gathering Space for Spiritual Well-Being
Prayer, Meditation, and Reflection Spaces
The Pride Center
The Commons, room 336
Hours: 10:00AM – 6:00pm, Mon., Tues, Thur.; 10:00-8:00pm, Wed.; 10:00-5:00pm, Fri.
Phone: (410) 455-3014
i3b@umbc.edu

The Women's Center
https://womenscenter.umbc.edu/
The Commons, Ground Floor
Phone: (410) 455-2714
womenscenter@umbc.edu
Hours: Monday-Thursday 9:30-5:00pm

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 Programs Committee of the Department (GPC), which reviews the decision and the basis for the decision. Although the GPC does not serve as a grievance committee, when a decision to terminate a student is referred to the GPC, the student is informed of this and may submit an appeal or any information which the student believes relevant to the decision to the GPC. If the GPC 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.

VI. Forms
There are numerous forms you will need to complete throughout your tenure as a graduate
   student in the HSP Program.

1) Some of these forms are defined by *time* (e.g., annually) whereas others are defined by your
   individual progress through the program (e.g., master's thesis forms).

2) Forms may *apply to*: a) all graduate students at UMBC, b) all graduate students in the
   Psychology Department, c) all funded graduate students in the department, d) all graduate
   students in HSP, e) students within a specific track(s) of HSP, and/or f) forms that arise on an
   "as-needed" basis (e.g., waivers of course requirements).

3) In keeping with who needs to *complete* them, forms may be *required* at the:
   a) Graduate School level, b) department level, or c) program (HSP) level.

4) In keeping with who *requires* them, forms may be *obtained from* and/or *provided to you* by:
   a) Graduate School website, b) department website, or c) GPCs (Graduate Program
   Coordinators) and/or GPD (Graduate Program Director).

5) Form modality may be in: a) DocuSign (increasingly true), b) fillable documents (e.g., pdf or
   Word; often a step between c and a), and c) hard copy (phasing out)

IMPORTANT: Form requirements, including who requires them, who has them, who initiates
   them, due dates, and modality, can **CHANGE** over time. In combination with (2) and (3)
   above, it is quite possible your classmates will have differing form requirements than you
   do. Your classmates may not be the best information source regarding forms.

Single take away: One constant across forms is that the GPCs and GPD should be your **first**
   contact regarding forms if it is not otherwise clear from the Graduate School website. They
   will be able to provide you all necessary information and/or resources to move forward. This
   may be simple clarification, directing you to the appropriate person in the department (e.g.,
   with respect to questions about tuition coverage, fee reimbursement, travel) and/or at the
   Graduate School. **Most importantly**: if they do not know the answer, they will be able to
   track this down with the appropriate sources and provide it to you (as well as document this
   information for future graduate students).
Seriously. Questions about forms? Please contact the GPCs and GPD.
   Contact them first (it can save a lot of effort)

This Handbook is *NOT* the recommended resource to obtain forms.
The four main sources of/for forms for you will be:
1. Graduate School website (https://gradschool.umbc.edu/graduation/forms/)
2. Psychology Department website (https://psychology.umbc.edu/graduate-students/)
3. GPCs and/or GPD (typically a DocuSign link that the student partially completes)
4. "Via email" – if the form is DocuSign, but is NOT initiated by you (HSP Annual
   Evaluation), you will receive a DocuSign notification/email

Types of forms.
Below, the types of forms are listed/described. To a certain degree, the type of form (e.g., MA and Dissertation) is linked to the source of the form (Graduate School). There are MANY exceptions to this concept however; there is an attempt to note this below.

Master's and Dissertations (technically the degrees)
Listing and description of the "forms" for MA and PhD (there will be steps in which a 'form' is not submitted so much as an application is completed or a document uploaded).

The processes and flow provided below is current as of August, 2024. It is NOT expected to change, but it is also NOT guaranteed to remain as described.

Strongest recommendation: schedule an appointment with the GPCs to consider the process (a scheduled meeting is preferred to a drop-in meeting to ensure there is enough time). The ideal time for such a meeting is after you have confirmed your thesis committee (but *before* you have held the proposal defense). This affords plenty of time to address anything that arises (even including whether one or more committee members do not have Graduate Faculty status).

Though similar, there are enough distinct (and important) differences between the Master's degree and doctoral degree that the processes are provided independently

Master's Degree
The majority of forms pertain to the master's thesis (one required component of the degree). There is one form that should be completed on your behalf in your second semester if you have not waived research competency. This form will "enroll you" in the Master's (MA) program for HSP. Technically, students apply to (and are accepted to) the doctoral program. In order to earn the master's degree students need to be in the MA program. Note: it is the same form that will be utilized in the event that a student ever wishes to change their designated track(s).

The list below is in the suggested order of completion by the student.
1. Nomination of Committee Members
   DocuSign (GS; Graduate School forms page)
   Due date: at least **2 months** prior to **final** defense
   Requires signatures of student, mentor, and GPD
   Recommendation: file this AS SOON AS you know the committee
   FYI: it requests a proposed examination date. This is NOT EXPECTED to be correct. Just estimate something in the middle of the month/year you are hoping for. You do NOT need to complete an updated form if the date changes
   (More information about Committees (graduate faculty status, numbers, etc.) is provided elsewhere in this Handbook)

2. Proposal Defense Form (Psychology Department page)
   This is an internal (Departmental) form.
   This *begins* with a Google Forms document found in the Graduate Student Resources tab of the Psychology Department web site
   This will generate a DocuSign form for which the student is responsible for completing all of the form with the exception of the signatures (e.g., title, date of proposal defense, committee members, etc.).
   DocuSign will be directed to the mentor who initiates signing procedures following the defense (as relevant)
   Due date: At least two weeks *before* the scheduled proposal defense
   Recommendation: request this as soon as you schedule the proposal defense with committee. You can complete and provide to your mentor prior to defense date

3. Certification of Readiness to Defend form
   DocuSign (GS)
   Due date: *at least* two weeks prior to *final* defense
   The defense date on this document **must be correct** (i.e., scheduled defense date)
   Requires signatures of student, mentor, and GPD
   Recommendation: file this AS SOON AS you have scheduled the final defense
   FYI: your program code is HSPS
   IMPORTANT: Submission of this form is what "generates" the final defense paperwork (i.e., indication of whether the student passed). The student is only provided the final defense paperwork after all signatures are provided. Defenses have been CANCELLED because this paperwork was not submitted in time. Just follow recommendation above.

4. Approval sheet
   DocuSign (GS) (it *must* be submitted using DocuSign)
   Due date: consider this as one aspect of uploading your thesis to ProQuest
   Can be completed after final defense has been passed AND any revisions to the document have been approved (if relevant).
   Requires signatures of student and Chair (and Co-Chair, if relevant)
   Recommendation: file this right as (just before, same time, just after) you upload your thesis to ProQuest
   FYI: this is a required page of the submitted thesis.

5. Submit thesis (to ProQuest)
   Link to portal is from Graduate School website:
   (https://gradschool.umbc.edu/graduation/dissertations/submit/)
   Due date: see due dates on Graduate School pages (they vary by term). The due date is the same for the thesis and the approval sheet.
   FYI: if you do not meet the due date it will NOT impact whether you have (or have not) passed the thesis defense (within reason). It CAN (and has) impact your ability to graduate in a given term

6. Certification of Completion of Master's Degree Requirements
   Currently submitted in pdf (preferred) or doc (both are fillable) (GS)
   Due date: see due dates on Graduate School pages. It is generally the "last day of the term" but these dates change by term
   Requires signature of mentor and GPD
   Recommendation: complete this document and email to mentor at the same time you are submitting the approval sheet (this will be early; see below). **Include the GPCs on the email** so they are aware it is in process (this is actually quite beneficial)
   FYI: given this is a pdf-fillable document, please allow for additional time (for collecting the signatures AND for the GPC to submit to the Graduate School)

7. Apply to Graduate (aka apply for degree)
   Completed from your my.umbc portal
   Due date: see Graduate School website. These are EARLIER due dates than the thesis submission and/or certification of requirements forms above
   Instructions for application available on Graduate School website
   FYI: on the Graduate School webpage, this is currently referred to as "Online Application for Diploma" (which is obviously part of it)

Doctoral Degree (PhD)
Much of the below looks the same as above. There ARE differences, however. Please simply assume at least <something> has changed since your MA degree. ☺
The majority of forms pertain to the Dissertation thesis
The list below is in the suggested order of completion.

1. Nomination of Committee Members
   DocuSign (GS)
   Due date: at least **6 months** prior to **final** defense
   Form requires you to **identify two Readers** (neither Chair nor Co-Chair can be a Reader). Please work with your mentor(s) at determining the Readers. It is not required to submit the form, but it is **strongly recommended** you confirm the individuals are willing to be identified as the Reader
   Requires signatures of student, mentor, and GPD
   Recommendation: file this as soon as you know the committee AND have confirmed who will be the Readers
   FYI: same issue with proposed examination date (this is not expected to be correct). The Reader role is distinct and was partially addressed above
   The rules for Committee composition are NOT the same as for MA. Please see information about Committees elsewhere in this Handbook

2. Proposal Defense Form
   This is an internal (Departmental) form.
   This *begins* with a Google Forms document found in the Graduate Student Resources tab of the Psychology Department web site
   This will generate a DocuSign form for which the student is responsible for completing all of the form with the exception of the signatures (e.g., title, date of proposal defense, committee members, etc.).
   Due date: At least two weeks *before* the scheduled proposal defense
   Recommendation: request this as soon as you schedule the proposal defense with committee. You can complete and provide to your mentor prior to defense date

3. Certification of Readiness to Defend form
   DocuSign (GS)
   Due date: due to the Graduate School *at least* two weeks prior to final defense
   IMPORTANT: The Readers must ALSO sign off on this form in order for it to be completed. The Readers will ALSO need at least two weeks to read and indicate the dissertation is ready for defense. Therefore, the form should be initiated/created *at least four weeks* prior to defense.
   The defense date on this document **must be correct** (i.e., scheduled defense date)
   Requires signatures of student, mentor, **both readers**, and GPD
   Recommendation: file this at least four weeks in advance of defense date.
   FYI: As with the MA, submission of this form generates the final defense paperwork (i.e., indication of whether the student passed). The form can be incomplete if it is missing any of the above signatures (which is why the dissertation needs to be ready four weeks prior to defense; for the Readers).

4. Announcement of Defense
   DocuSign (GS)
   Due date: two weeks prior to final defense (presumably *after* the Readiness to Defend form has been completed)
   Does not require specific signatures, but must include dissertation abstract, title, date and location of defense
   Not submitting the form CAN result in the defense being cancelled.
   Recommendation: *prepare* this announcement at the same time the Readiness Form is submitted. When everyone signs the Readiness Form, the student is notified; at that time, the Announcement can simply be submitted
   FYI: the full announcement (title, abstract, date and location of defense, etc.) is made publicly available (linked from the Graduate School website)

5. Approval sheet
    DocuSign (GS) (must be DocuSign; cannot be a scanned pdf)
    Due date: consider this as one aspect of uploading your document to ProQuest
    Can be completed after final defense has been passed AND any revisions to the document
    have been approved (if relevant).
    Requires signatures of student and Chair (and Co-Chair, if relevant)
    Recommendation: file this right as (just before, same time, just after) you upload your
    thesis to ProQuest
    FYI: as with MA, this is a required page of your submitted thesis.

6. Submit thesis/dissertation (to ProQuest)
    Link to portal is from Graduate School website:
    (https://gradschool.umbc.edu/graduation/dissertations/submit/)
    Due date: see due dates on Graduate School pages (they vary by term). The due date is
    the same for the thesis and approval sheet.
    FYI: if you do not meet the due date it will NOT impact whether you have (or have not)
    passed the thesis defense (within reason). It CAN impact your ability to graduate in a
    given term.

*Following two forms are at the BOTTOM of Graduate School page and pertain only to HSP
students who are pursuing the Clinical track (alone or dual). One is required; the other is
optional, depending on whether the student wants to participate in graduation ceremonies*

7. Certification of Completion of the Clinical Internship
    DocuSign (or pdf); DocuSign is preferred (GS)
    Due date: when Internship has completed and by due date for "degree to be posted"
    Requires signature of mentor and DCT
    Recommendation: please review the pdf version to determine information that will be
    asked and plan on *submitting* using DocuSign (easier to keep track if there are issues)
    FYI: it is easy to miss this form given its location on the page

8. Permission to Participate in Commencement Before Internship Completed
    This is optional. It is typically used to allow participation in Spring ceremonies
    DocuSign (or pdf); DocuSign is preferred (GS)
    Student must have completed *everything else*. Coursework, 18+ credits of PSYC 899,
    uploaded dissertation thesis to ProQuest (i.e., passed final defense)
    Due date: Ideally the due date for the term in which the student wishes to participate
    Requires signature of mentor and GPD
    FYI: the due date for this form is not well publicized and should be considered about two
    weeks following the supplemental application (typically March 15). This form assumes
    the student has ***successfully defended*** the final dissertation. This due date creates a
    conundrum as it is quite possible that the student *will* have defended their dissertation in
    April, though *not* by March 15. The student should consult with their mentor on this
    decision, but the final disseration **MUST** be uploaded to ProQuest before May 1

9. Apply to Graduate (aka apply for degree)
   Completed from your my.umbc portal
   Due date: see Graduate School website. These dates are EARLIER than the thesis submission and/or certification of requirements forms above
   Instructions for application available on Graduate School website
   FYI: on the Graduate School webpage, this is currently referred to as "Online Application for Diploma" (which is obviously part of it)

Forms related to annual evaluation(s)
This may feel confusing at first; our apologies for that. The process used for HSP students is designed for simplicity and efficiency (aka only one form and the student typically only meets with the academic mentor(s) to discuss the form).

There are two other forms available from the Graduate School website that **WILL NOT** be completed/submitted for reasons to be defined.

Rationale for why forms will be ignored is appropriate and warranted
What are the forms?
- The forms in question pertain to funded graduate students.
- One is an annual evaluation of the GA in their role(s) (RA and/or TA). This is to be completed by the GA supervisor and, following a meeting, signed by both GA and supervisor.
- The other is supposed to be completed each semester and it is merely a signed attestation that the GA completed their duties that semester (not an evaluation). No meeting, but the form is signed by the GA and the supervisor of the assignment
  - The Graduate School specifically states these forms can be done once a year

Why should the forms be completed?
- The *information* on the forms should be regularly gathered to provide regular feedback to the funded GA on their performance.
- The department/program is responsible for storing (keeping) the evaluations
- In the unlikely event of a fiscal audit (e.g., given GAs may be federally funded; given TAs are "state" funded) such verification of performance and feedback is necessary.

*Why can the above **forms** be ignored?*
Because the *information* on the form is part of the annual evaluations required of all HSP students (regardless of whether they are funded). That is, the evaluation form that both the student and their mentor will sign (after meeting) addresses the above.
Important: the mentor does NOT need to be the student's GA supervisor given the approach in which annual evaluations are completed

Minor additional benefits of a single form: there was a great deal of confusion about who the supervisor is, who should sign, who should initiate the form, etc.
With a single form, HSP necessarily increases compliance of its students.

HSP Annual Evaluation
In (approximately) **late April/early May**, all HSP students are expected to submit the following two documents to their mentor:

- Up-to-date CV (curriculum vita) (Word or pdf)
- Up-to-date HSP Plan of Study (Excel file)

An example of the official CV format (at UMBC) AND a blank HSP Plan of Study will be provided to all students. These will be attached to the reminder email. It is expected that students in their second year and beyond will simply edit the relevant document(s).

Suggestion: before spending a lot of time on creating your CV (and/or reformatting the CV to look like the UMBC official format), consider reviewing your mentor's CV **and/or** scheduling a meeting with them to consider pros and cons of differing formats.

In (approximately) mid-June the entire HSP faculty meet to discuss all current HSP students (from the first year students through those completing internships).
Note: defining this as a discussion of each's student's: timely progress through the program, successes and professional growth, and upcoming opportunities would be appropriate.

Following the meeting, each faculty mentor creates a written evaluation for each student. The evaluation is shared with the student first and, subsequently the student and mentor meet to discuss. The student does have the opportunity to disagree with the evaluation (though this is rare). Both the student and faculty mentor DocuSign the evaluation which is subsequently placed in the student's folder.

The process is done in conjunction with DocuSign.

- After the mentor uploads the written evaluation, the student receives an email.
- The student SHOULD NOT sign the DocuSign at this point.
- The student SHOULD contact the mentor to schedule a meeting (if the mentor has not otherwise reached out to the student).
- Following the meeting, the student indicates whether they agree with the evaluation (including the meeting) and DocuSigns the evaluation. The student *can* provide additional information if they wish (presumably if they disagree with the evaluation)
- After the student DocuSigns, the mentor DocuSigns
- After the mentor DocuSigns, the GPD DocuSigns and a copy of the evaluation is placed in the student's folder
- As part of the GPD DocuSign, they confirm that duties were completed each semester and that GA performance was discussed (obviating the need for the other forms)

Note: information provided at each step in the process is static and cannot be changed. If incorrect information is provided, the process is voided (by the GPC and/or GPD) and the DocuSign process begins anew. Thus, it is not possible for information to be placed in the folder that both the student and mentor have not already seen and signed (with the exception of the GPD indicating the GA performed their duties)

Financial forms (funding and fee remission)
It is VERY PROBLEMATIC to consider the Handbook as the best source of information.

Below are *observations* regarding funding based on reported experiences of students.

- Funding packages make use of DocuSign. **Please check email regularly**
- Please make sure you understand information you are "selecting" with respect to health insurance
- Students pay for fees when they register.
- The amount that is paid is *reimbursed* by the department if the student is eligible. It is not easily possible to do this in other ways.
  - Pay attention to the information that is requested to substantiate the payment of fees. If the information is not in the correct format, it can delay the reimbursement of fees.
- Fully funded (20 hours) GAs are not allowed to take other funded positions at USM (University System of Maryland) without special permission. Even then, it is typically only allowed for an additional 5 hours a week
- Prompt attention to ALL requests pertaining to funding (from the mentor, the business manager, the GPD, the GPCs) is very important to make sure any/all issues are addressed well in advance.

VII. Organizational Plan and Rules of Procedure of the HSP Program

A. FACULTY

1. Faculty may affiliate with any of the three doctoral tracks and/or ABA track within HSP. Faculty may affiliate with anywhere from zero to four of the tracks. Specific requirements for Track affiliation are considered below (see **Tracks**).

2. Faculty who wish to mentor graduate students in the HSP program must be an actively participating member of the HSP program.
   a. Faculty are not required to be a member of the same track(s) their graduate student mentees follow
   b. Students pursuing the Clinical track who are mentored by non-Clinical track faculty often receive informal mentoring from a Clinical track faculty member; this is neither required nor formalized
   c. As appropriate, two (or more) faculty may serve as co-mentors of a graduate student in the program (see **HSP Students**)
   d. The HSP faculty have a collective commitment to facilitate the education of all program students by providing or arranging mentorship.

3. Active participation includes, though is not limited to, attendance at meetings, serving on HSP comprehensives committees, rating graduate applications, and interviewing applicants

B. HSP LEADERSHIP

1. The HSP Program shall be coordinated by the Director of the Human Services Psychology Program (Director)

2. The Director shall be responsible for representing the HSP Program to the UMBC Graduate School and to UMBC at large

3. In coordination with the Department Chair, the Director shall be responsible for overseeing the HSP Program including courses, evaluations, and graduate student funding

4. By virtue of appointment, the Director shall be a member of the Departmental Graduate Programs Committee (GPC).

5. By virtue of appointment, the Director shall be a member of the Graduate Program Directors; a University-wide committee

6. The Director shall be responsible for hearing and responding to HSP student concerns

7. The Director shall preside over meetings of the full HSP faculty

8. The Director shall maintain and update the HSP Handbook at least every two years

C. TRACKS

1. Three formal doctoral level training tracks exist within HSP as well as one informal doctoral level track and a Master's level track
   a. Behavioral Medicine
   b. Clinical Psychology
   c. Community Psychology
   d. Child-Clinical Psychology (informal track)
   e. Applied Behavior Analysis (ABA; Master's level track)

2. Each track shall determine its own track-director and criteria for membership in the track
   a. The Director of Clinical Training (DCT) shall serve as the Clinical track director
   b. It is assumed that members of the Clinical track are license eligible and expected that members devote at least 50% of their professional time to track-related activities.
   c. ABA has its own director, though Child-Clinical does not

3. Doctoral program track directors' responsibilities shall include:
   a. organizing and holding internal track meetings
   b. apprising the HSP Director of any possible changes to the track requirements
   c. proposing the track-specific courses that should be offered roughly 'two years' out

4. Curricular changes
   a. Any proposed changes to the degree requirements in a track (including courses, course sequencing, etc.) must be submitted to the HSP Director (by the track director) at least one month in advance of consideration
   b. All curricular changes are voted upon by the full HSP faculty prior to adoption
   c. Curricular changes that can be perceived as making the degree 'harder' to obtain only go into effect for the HSP students matriculating the immediate Fall after the change

D. HSP STUDENTS
1. All HSP students shall have a mentor (or co-mentor) who is an actively participating member of the HSP faculty
   a. The mentor must be present at HSP meetings to represent the student
   b. The mentor will convey information from the full HSP faculty to the student
   c. HSP students may have a co-mentor who is not affiliated with the HSP Program (assuming they hold the terminal degree in their field) only if they have an actively participating HSP faculty member who also serves as co-mentor

2. The HSP student body may have up to two HSP students who serve as student representatives to the HSP faculty and program (HSP Reps)
   a. Determination of the HSP Rep(s) is controlled by the HSP students
   b. HSP Rep(s) are expected to attend HSP meetings where they shall have voice on all topics other than student business
   c. HSP Rep(s) are excused for all consideration of student business
   d. HSP Rep(s) are also members of the GPC where they shall have voice and vote on items that are non-student related and voice only on curricular changes
   e. HSP Rep(s), in coordination with the Graduate Program Specialist, shall assist in recruitment activities related to Visit Day (aka Interview Weekend)

3. All HSP students shall receive written annual evaluations from the faculty mentor
   a. Where possible, evaluations will also be discussed in a formal meeting
   b. Evaluations will consider multiple dimensions (e.g., academics, progress, professional development) as described in the HSP Handbook
   c. HSP students may receive a mid-year evaluation if there are concerns with any of the evaluative dimensions and/or prior concerns have been resolved

E. MEETINGS
1. The full HSP faculty and HSP Reps (where relevant) shall hold regular meetings

2. Meetings will convened and presided by the HSP Director or Associate Director

3. There shall be at least five meetings in the academic year
   a. A meeting at the beginning of the fall to determine agenda for the year
   b. Two student evaluation meetings (mid-year and end of academic year)
   c. Two admissions meetings (interview and admission)
   d. Typically, the full HSP faculty meets monthly from August through May
   e. HSP Rep(s) do not participate in either the evaluation nor admissions meetings

F. SUB-COMMITTEES
1. Other than track committees, there are no other standing committees within the HSP program

2. Ad hoc committees may be formed as needed to consider curriculum changes, program requirements, admissions processes, recruitment, procedures, or other matters.

G. SELECTION AND SERVICE OF THE HSP DIRECTOR AND ASSOCIATE DIRECTOR
1. The term of the HSP Director shall be two years; there shall be no limit to the number of terms served

2. In the Spring semester of the Director's second year, the residing HSP Director will indicate whether they are willing to serve another term as well as asking for nominations of a new HSP Director (self-nominations or nominations of other faculty)
   a. If more than one faculty member (including the current Director) expresses interest in becoming HSP Director a vote shall be held at the last HSP meeting of Spring
   b. If the current Director is willing to continue serving as Director and no other HSP faculty express interest, there is no formal transition
   c. If the current Director is being replaced by a new Director, the transition of duties will take place on the last day of July of the given year
   d. If no faculty express interest in being Director, the residing Director will consult with the Chair, Associate Chair, and possibly Dean's Office

3. The Director may recruit an Associate Director of the Human Services Psychology Program. Duties and responsibilities of the Associate Director will be decided upon in conversations between the Director and Associate Director. Existing guidelines outlining responsibilities serve as the basis of responsibility, but can be negotiated to optimize individual strengths.

VIII. Student Records Policy
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.

The HSP Plan of Study (available from the graduate program directors) and CV are each maintained by the student and provided to their faculty mentor(s) each May. The Plan is basically an internal document whereas the CV is both internal and regularly used for other activities (e.g., it is provided with the submitted master's and dissertation theses, it is typically required when applying for externships, it may be used (in part) when applying for grants, etc.).

Students update both "milestone" and courses in the **HSP Plan of Study**. Milestones include: a) Master's thesis (proposal, final defense, submitted, and committee members); b) Comprehensives Portfolio (Committee members, portfolio submitted, portfolio passed); c) doctoral candidacy status; d) Dissertation (proposal, final defense, uploaded, and committee members); and e) applied experiences (e.g., externships) (site, supervisor(s), and any/all forms submitted). Courses are listed as a function of what track(s) the student is following. The form provides the ability to list if course requirements have been waived and on what basis.

CV (curriculum vita). The student is responsible for maintaining and updating their CV. It is strongly recommended that the student meet with their mentor(s) to see if there is a specific format they should follow. Otherwise, students should follow the approved UMBC format for CVs that faculty *should* follow (link above)

Other records maintained in the student directory pertain to Graduate School forms with respect to progress through the milestones and include: a) annual evaluation letters, b) master's and dissertation **defense forms** (proposal defense forms are internal; final defense forms are provided by the graduate school), c) master's and dissertation **committee creation forms** (required by graduate school), d) application to **candidacy**, and e) (for Clinical track or dual track students only) forms pertaining to Completion of Internship and participation in graduation ceremonies with only internship remaining.

Other records pertain to: a) funding (the annual contracts and summer contracts, if applicable), b) grants and fellowships, if applicable, and c) placement evaluations.

With respect to HSP forms, beyond the forms above, there may be ad hoc forms that might not even be present for some students such as: a) course waivers, b) research competency, and c) any records documenting problems in the program and how they were resolved. The Graduate School maintains records of transcripts. HSP records are stored in directory on Box 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 track has been accredited by the American Psychological Association (APA) since 1990. All students enrolled in the Clinical track, including those taking combined training in Clinical Psychology and another HSP track, 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 Track 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 Track and the HSP Community Psychology Track 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

UMBC values safety, cultural and ethnic diversity, social responsibility, lifelong learning, equity, and civic engagement. Consistent with these principles, UMBC (including the HSP Graduate Progra) 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, including a UMBC community member'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.

Below are some resources for someone experiencing discrimination:
- Accessibility Resources
- Anti-Racism Resources
- Campus Resources
- LGBTQIA+ Resources
- Pregnancy and Parenting Resources
- Student Support and Academic Accommodation and Resources
- Aging Community Resources

To file a complaint or make a confidential report/ referral related to hate, bias, discrimination, harassment, sexual misconduct, you may access ECR's private online report and referral form or contact our office directly:

Email us or call us:
Office of Equity and Civil Rights
ecr@umbc.edu
410.455.1717

Contact:
Leah Reynolds, Interim Title IX Coordinator and Director
lreynol1@umbc.edu

does not discriminate in offering equal access to its educational programs and activities
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

Sexual Assault, Sexual Harassment, and Gender Based Violence and Discrimination
UMBC Policy and Federal law (Title IX) prohibit discrimination and harassment on the basis of sex, sexual orientation, and gender identity in University programs and activities. Any student who is impacted by sexual harassment, sexual assault, domestic violence, dating violence, stalking, sexual exploitation, gender discrimination, pregnancy discrimination, gender-based harassment or retaliation should contact the University's Title IX Coordinator to make a report and/or access support and resources. The Title IX Coordinator can be reached at titleixcoordinator@umbc.edu or 410-455-1717.

You can access support and resources even if you do not want to take any further action. You will not be forced to file a formal complaint or police report. Please be aware that the University may take action on its own if essential to protect the safety of the community.
If you are interested in or thinking about making a report, please use the Online Reporting/Referral Form. Please note that, if you report anonymously, the University's ability to respond will be limited.

Notice that Faculty and Teaching Assistants are Responsible Employees with Mandatory Reporting Obligations:
All faculty members are considered *Responsible Employees*, per UMBC's Policy on Sexual Misconduct, Sexual Harassment, and Gender Discrimination. Faculty are therefore required to report any/ all available information regarding conduct falling under the Policy and violations of the Policy to the Title IX Coordinator, even if a student discloses an experience that occurred before attending UMBC and/or an incident that only involves people not affiliated with UMBC. Reports are required regardless of the amount of detail provided and even in instances where support has already been offered or received.

While faculty members want to encourage you to share information related to your life experiences through discussion and written work, students should understand that faculty are required to report *past and present* sexual assault, domestic and interpersonal violence, stalking, and gender discrimination that is shared with them to the Title IX Coordinator so that the University can inform students of their rights, resources and support. While you are encouraged to do so, you are not obligated to respond to outreach conducted as a result of a report to the Title IX Coordinator.

If you need to speak with someone in confidence, who does not have an obligation to report to the Title IX Coordinator, UMBC has a number of Confidential Resources available to support you:
Retriever Integrated Health (Main Campus): 410-455-2472; Monday – Friday 8:30 a.m. – 5 p.m.; For After-Hours Support, Call 988.
Center for Counseling and Well-Being (Shady Grove Campus): 301-738-6273; Monday-Thursday 10:00a.m. – 7:00 p.m. and Friday 10:00 a.m. – 2:00 p.m. (virtual) Online Appointment Request Form
Pastoral Counseling via The Gathering Space for Spiritual Well-Being: 410-455-6795; i3b@umbc.edu; Monday – Friday 8:00 a.m. – 10:00 p.m.

Other Resources:
Women's Center (open to students of all genders): 410-455-2714; womenscenter@umbc.edu;
Monday – Thursday 9:30 a.m. – 5:00 p.m. and Friday 10:00 a.m. – 4 p.m.

Child Abuse and Neglect:
Please note that Maryland law and UMBC policy require that faculty report all disclosures or
suspicions of child abuse or neglect to the Department of Social Services and/or the police even
if the person who experienced the abuse or neglect is now over 18.

Pregnant and Parenting Students:
UMBC's Policy on Sexual Misconduct, Sexual Harassment and Gender Discrimination
expressly prohibits all forms of discrimination and harassment on the basis of sex, including
pregnancy. Resources for pregnant, parenting and breastfeeding students are available through
the University's Office of Equity and Civil Rights. Pregnant and parenting students are
encouraged to contact the Title IX Coordinator to discuss plans and ensure ongoing access to
their academic program with respect to a leave of absence – returning following leave, or any
other accommodation that may be needed related to pregnancy, childbirth, adoption,
breastfeeding, and/or the early months of parenting.
In addition, students who are pregnant and have an impairment related to their pregnancy that
qualifies as disability under the ADA may be entitled to accommodations through the Office of
Student Disability Services.

Religious Observances & Accommodations
UMBC Policy provides that students should not be penalized because of observances of their
religious beliefs, and that students shall be given an opportunity, whenever feasible, to make up
within a reasonable time any academic assignment that is missed due to individual participation
in religious observances. It is the responsibility of the student to inform the instructor of any
intended absences or requested modifications for religious observances in advance, and as early
as possible. For questions or guidance regarding religious observance accommodations please
contact the Office of Equity and Civil Rights at ecr@umbc.edu.

Hate, Bias, Discrimination and Harassment
UMBC values safety, cultural and ethnic diversity, social responsibility, lifelong learning, equity,
and civic engagement.

Consistent with these principles, UMBC Policy prohibits discrimination and harassment in its
educational programs and activities or with respect to employment terms and conditions based
on 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.

Students (and faculty and staff) who experience discrimination, harassment, hate or bias or who
have such matters reported to them should use the online reporting/referral form to report
discrimination, hate or bias incidents. You may report incidents that happen to you anonymously.
Please note that, if you report anonymously, the University's ability to respond will be limited.

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 can be 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. Evidence suggests 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. 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.

5. 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.

6. Consider the source. Information regarding process, guidelines, policy is best obtained from faculty advisors, GPD, and/or GPCs. Whereas questions regarding budgeting, neighborhoods to live, attention to course work can be best addressed by classmates. Finally, insights on maintaining work-life balance can be students, staff, and/or faculty.

F. MANAGING DIFFICULT COURSE CONTENT

Some of your courses (e.g., Diversity and/or 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 GPD or the DCT.

G. GRADUATE SCHOOL REGISTRATION POLICIES

The Graduate School policy is that all graduate students must maintain continuous enrollment. The Graduate School indicates that failure to register for a single semester, without permission of the GPD in advance, is evidence that the student has terminated their enrollment in the program.

All graduate students who are receiving a GA (Graduate Assistantship) must be registered as full-time students (9 credits/semester); this is true regardless of whether the GA is full-time or part-time. Note: full-time registration is also necessary to defer interest on student loans.

Meeting full-time status is fairly straightforward in the first two years simply by registering for recommended courses. Full-time status is necessarily met when registering for PSYC 899 (dissertation research); this course is worth 9-credits and it, alone, constitutes full-time status.

Non-resident GAs (full-time or part-time) are charged tuition at in-state rates. This may affect out-of-state students who need to register for courses while on internship or out-of-state students who elect to forgo funding for any reason. See below on declaring residency.

1. GRAD 601, 600, and 603
For students who are GAs, who have **not** declared candidacy, and are intending on registering for fewer than 9 credits, there are GRAD 60*x* courses that students can consider. Note: these courses are only available for funded GAs. The rationale of these courses is that the duties and responsibilities associated with a GA are both a learning opportunity and a time commitment.

Consider these as "placeholder" courses that have no cost. Specifically, each course counts as a fixed number of credits toward full-time status. They will **be listed** as 0 credits on the *class schedule* but, for the given semester, they will count for a fixed number of credits. These courses will NOT be listed on the transcript at all. The specific course a student may register in depends on whether they are funded full- or part-time and whether they are attempting to maintain full-time status in the summer (not typical; see below). IMPORTANT: these coursed probably **do not** count toward full-time status with respect to student loans. *You must check*.

GRAD 601. This course is designed for full-time GAs (20 hours/week) and counts 5 credits toward full-time status. Thus, if a student had planned on registering for 6-credits (not full-time), if they **also** register for GRAD 601 they will be considered as full-time (11 credits). A GA is considered full-time if they are funded 20-hours from a single source (e.g., department) or if they are funded from different sources (e.g., 10 hours from a grant, 10 hours from the department).

GRAD 600. This course is designed for part-time GAs (10 hours/week) and counts 3 credits toward full-time status. Thus, if a student had planned on registering for 6-credits (not full-time), if they **also** register for GRAD 600 they will be considered as full-time (9 credits)

GRAD 603. This course is designed for GAs who are funded in the summer and wish to be consider full-time status; 603 counts 2 credits toward full-time status. To meet full-time status in the summer, a student must register for at least 3 credits. Thus, if a student wishes to meet full-time status in the summer, they would need to also register for at least 1 course credit. The primary reason students wish to be designated full-time in the summer is to retain the FICA-exemption with respect to their summer funding.

Summary (taken from website below)
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. Students must register for GA courses by class number.

2. PSYC 799, PSYC 899, and other courses to consider

Five other courses are defined here as the credit value and/or tuition rates are atypical. Three of these are "research" courses (e.g., master's research) and are associated with a reduced rate of tuition. The other two courses are used to maintain full-time status, but under different circumstances than the GRAD 60*x* courses. As well, students do NOT need to be GAs to register for these other courses, but DO need to either: a) be on internship or b) have completed internship. The course taken on internship has no tuition.

PSYC 799. Master's research. This is a variable credit course (2-6 credits) that is billed at 1/2 the rate of 'traditional' courses. Students need 6 credits of PSYC 799 in (or before) the semester of the final defense of their Master's thesis. More than 6 credits is NOT needed *unless explicitly recommended by the mentor* (e.g., a different thesis project) or to maintain full-time enrollment (typically not relevant at this phase). Students intending to defend their thesis in the spring of their second year typically begin registering for 2 credits of PSYC 799 in the second semester of their first year. An *exception* to this recommendation is for students who will serve as a TA in at least one summer prior to final defense of the master's thesis.

PSYC 898. Pre-candidacy dissertation research. This course is intended for students who: 1) have not declared candidacy and 2) need credits to maintain full-time status (beyond any GRAD 60*x* courses, as relevant). PSYC 898 is a variable credit course (3-9 credits) that is charged at 1/3 the rate of 'traditional' courses. This course is not required. As noted, it is used to maintain full-time status when the overall credit load is less than 9 credits. The course is predictably only needed for students who have not declared candidacy and are ALSO not taking any courses.

PSYC 899. Dissertation research. This is a fixed credit (9 credits) course intended for students who: 1) have declared candidacy and 2) are working on their dissertation. A minimum of 18 credits (two semesters) of PSYC 899 is required. Technically, students should register in PSYC 899 each semester following admission to candidacy. An exception to this requirement of continuous registration is made for Clinical track students on internship (see PSYC 900).

For each of the above courses students should register in the section corresponding to their faculty mentor. Permission to register is required by the mentor.

PSYC 900. Psychology Internship course. This is a **0-credit** course (that does not cost tuition nor fees) that serves to maintain continuous enrollment for the student (from the Graduate School's perspective). This course does NOT count as full-time status for purposes of financial aid, loan interest deferment, etc. This course can only be used if the student is on internship, has defended their dissertation, and has taken at least 18 credits of PSYC 899. Most students register in PSYC 900 each semester they are on internship. Summer registration is not required. The course technically assumes the student has successfully defended the dissertation.
For students on internship who have *not* defended their dissertation (but do have 18+ credits of PSYC 899), it is possible to take a two-semester leave (from UMBC); Graduate School approval for this is not needed, the student merely does not register for courses. It is ***important*** that the student confirm this approach with their research metnor

PSYC 8800. This is a 1-credit course designed for students who have completed all dissertation requirements **except for the final defense** (*including* the internship, if relevant). This course meets the requirement of continuous registration for the semester after internship ends and a short amount of time is needed for the final defense. 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). If dissertation research and writing are still being conducted, students should instead register for PSYC 899. Unless Maryland Residency has been previously officially established through the graduate school, this course will be billed at out-of-state tuition rates.

3. GRADUATE SCHOOL "MAXIMUM" CREDITS
The Graduate School has an internal policy that graduate students must receive special permission to register in excess of 10 credits. It is typically straightforward for credit excesses in the "11-15" credit range. Please see the department website (registering for > 10 credits) for the process (it is provided on a web page as the Graduate School has notably changed the process from semester to semester).

For purposes of the policy, a "credit" is a credit is a credit (even when considering GRAD 60*x*, PSYC 799, or PSYC 899). As such, the policy can credit some "odd" situations when also considering the requirement that full-time enrollment policy for funded GAs.
For example, assume a fully funded GA is registered for 8-credits (e.g., PSYC 623, PSYC 787, and two-credits of PSYC 799). As they are 20-hour funded, they are eligible to take GRAD 601. As GRAD 601 is "worth" 5 credits, this would put the student over the 10 credit maximum and they would need special permission. Alternatively, a fully-funded GA registers for two courses (e.g., PSYC 715 and PSYC 695) and is a PhD candidate (thus, they should register for PSYC 899). These courses would total to 15 credits and they would need to apply for permission.

Currently, only the Graduate School can grant permission and the *student* must initiate the request for permission of the Graduate School (i.e., we cannot request for you).

4. MARYLAND RESIDENCY
Students who need to register for credits while on internship (even if the internship is located in Maryland) and/or students who elect to forgo being a GA yet still register for credits will be billed at out-of-state tuition rates if they are not a Maryland resident.

- Though not required, it is strongly recommended that all students declare Maryland residency. We cannot be aware of all issues that might arise for students who are not Maryland residents (and it is what is assumed by the Graduate School)

- **Important:** 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**. Information on confirming residency and/or apply for residency is available at:
https://registrar.umbc.edu/services/residency/

- If you were not a Maryland resident at the time of your application to UMBC, but received in-state tuition benefits as a GA, you will automatically revert to out-of-state status when you are no longer a designated 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:
  https://registrar.umbc.edu/services/residency/

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 rates 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 (GEARS), at which there is typically 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"), was 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.

X. Faculty Research and Activities
As provided by HSP Faculty (August, 2024)
See individual faculty web pages for more extensive research information
(*In citations below, * indicates a student author*)

SANDRA BARRUECO (2003, University of Denver). Clinical psychology; Immigrants and migrants; Multilingualism; Children and families; Assessment; Prevention and early intervention; Research methods

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Website: https://barrueco.umbc.edu

Kaminiski, J., **Barrueco, S.,** Kelleher, K., Edwards, E. & Hoagwood, K.. (2023). School readiness as a core metric for early childhood health. *NAM Perspectives: National Academies of Medicine,* https://doi.org/10.31478/202306b

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JANELLE T. BILLINGSLEY (2022, University of Virginia). Healthy adolescent development; resilience processes; supportive intergenerational relationships; natural mentoring; sociocultural influences on youth development; African American youth and families.

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E-mail: ***brodsky@umbc.edu***

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SOPHIA H. J. HWANG (2021, New York University). Community Psychology. Social and emotional learning; supportive relationships and adolescent development; school-based interventions; implementation science in educational settings; research-practice partnerships (RPPs); prevention science; quantitative and mixed methods.

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TASNEEM KHAMBATY (2015, Indiana University-Purdue University Indianapolis, IUPUI). Clinical Psychology, Behavioral Medicine. Primary prevention and management of diabetes and related cardiometabolic conditions (metabolic syndrome, cardiovascular disease) that lead to accelerated aging; aging research and the identification of early cardiometabolic vulnerabilities to cognitive decline leveraging novel technology; racial/ethnic disparities in cardiometabolic risk; psychosocial/psychiatric and cognitive risk factors for, and biobehavioral mechanisms linking psychosocial factors, cardiometabolic disease and cognitive decline.

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NKIRU NNAWULEZI (2015; Michigan State University). Dr. Nnawulezi aims to improve the social and material conditions for survivors of gender-based violence who occupy multiply marginalized social identities. She also develops sustainable survivor-centered, community-based systems of support that can serve as alternatives to traditional social service systems. Her research program is guided by intersectionality and empowerment theories and actualized through transformative participatory research methods.

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Appendix A – Example* course plans (please work with your mentor)
* These are *examples*. It is likely that individual plans will differ both in timing and actual courses

Sample 6-year Clinical Course Plan (rev. 8-21-23)

Fall	Credits	Spring	Credits
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	0	Topics in Diversity	0
Billable credits	**10**	**Billable credits**	**12**
Year 2			
602 Biological, Cognitive and Developmental Bases of Behavior	4	603 Personal, Social, Community and Cultural Bases of Behavior	4
623 Clinical Intervention II	3	686 Ethics & Professional Issues	3
601 practicum	1	601 practicum	1
799 MA research	2 (1)	799 MA research	2 (1)
Billable credits	**9**	**Billable credits**	**9**
Year 3			
Approved Clinical Elective	3	621 Methods of Assessment II	3
Elective	3	608 Human Diversity	3
690 practicum	1	690 practicum	1
Billable credits	**7**	**Billable credits**	**7**
Year 4			
Methods of Inquiry course	3	Elective	3
899 PhD research	9 (2)	899 PhD Research	9 (2)
Billable credits	**5**	**Billable credits**	**5**
Year 5			
Cross-track Behavioral Medicine elective	3	Cross-track Community elective	3
899 PhD research	9 (2)	899 PhD Research	9 (2)
Billable credits	**5**	**Billable credits**	**5**
Year 6			
PSYC 900	0	PSYC 900	**0**
Clinical internship (Ideally students maintain ongoing registration at UMBC until graduation)		Clinical internship (Ideally students maintain ongoing registration at UMBC until graduation)	

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

Sample 4-year[1] Behavioral Medicine Course Plan (rev. 8-21-23)

Fall	Credits	Spring	Credits
Year 1			
611 Data Analytic Procedures I	4	710 Research methods	3
649 Intro to Behavioral Medicine	3	711 Data Analytic Procedures II	4
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	0	Topics in Diversity	0
Billable credits	**10**	**Billable credits**	**11**
Year 2			
602 Biological, Cognitive and Developmental Bases of Behavior	4	603 Personal, Social, Community and Cultural Bases of Behavior	4
Methods of Inquiry course	3	686 Ethics & Professional Issues	3
Behavioral Medicine elective	3	Epidemiology	3
690 practicum	1	690 practicum	1
799 MA research	2 (1)	799 MA research	2 (1)
Topics in B-med	0	Topics in B-med	0
Billable credits	**12**	**Billable credits**	**12**
Year 3			
Clinical Interventions III	3	Physiological Systems in B-Med	3
Cross-track Clinical elective	3	608 Human Diversity	3
690 practicum	1	690 practicum	1
899 PhD research	9 (2)	899 PhD research	9 (2)
Billable credits	**9**	**Billable credits**	**9**
Year 4			
Behavioral Medicine elective	3	899 PhD Research	9 (2)
899 PhD research	9 (2)		
Billable credits	**5**	**Billable credits**	**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-year[1] Course Plan (rev. 4-15-24)

Fall	Credits	Spring	Credits
Year 1			
611 Data Analytic Procedures I	4	710 Research methods	3
Primary Prevention	3	711 Data Analytic Procedures II	4
Cross-track Behavioral Medicine elective	3	Cross-track Clinical elective	3
		799 MA research	2 (1)
Topics in Community Psyc	0	Topics in Community Psyc	0
Topics in Diversity	0	Topics in Diversity	0
Billable credits	**10**	**Billable credits**	**11**
Year 2			
602 Biological, Cognitive and Developmental Bases of Behavior	4	603 Personal, Social, Community and Cultural Bases of Behavior	4
635 Community I*	3	686 Ethics & Professional Issues	3
Community-Based Participatory Research	3	Community II*	3
799 MA research	2 (1)	799 MA research	2 (1)
Topics in Community Psyc	0	Topics in Community Psyc	0
Billable credits	**11**	**Billable credits**	**11**
Year 3			
Program Evaluation	3	Public Policy	3
Methods of Inquiry course	3	608 Human Diversity	3
690 practicum	1	690 practicum	1
Billable credits	**7**	**Billable credits**	**7**
Year 4			
899 PhD research	9 (2)	899 PhD Research	9 (2)
Billable credits	**2**	**Billable credits**	**2**

Note: With the exception of Community I and Community II, required community courses 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., 2025-2026) as is Participatory Research. This sequence alternates with the Primary Prevention/Applied Psychology/Public Policy sequence typically offered in even academic years (e.g., 2024-2025)

Sample Clinical/Behavioral Medicine 6-year Course Plan (rev. 8-21-23)

Fall	Credits	Spring	Credits
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	0	Topics in B-med	0
Topics in Diversity	0	Topics in Diversity	0
Billable credits	**10**	**Billable credits**	**12**
Year 2			
602 Biological, Cognitive and Developmental Bases of Behavior	4	603 Personal, Social, Community and Cultural Bases of Behavior	4
623 Clinical Intervention II	3	686 Ethics & Professional Issues	3
601 practicum	1	601 practicum	1
799 MA research	2 (1)	799 MA research	2 (1)
Topics in B-med	0	Topics in B-med	0
Billable credits	**9**	**Billable credits**	**9**
Year 3			
649 Intro to Behavioral Medicine	3	608 Human Diversity	3
Behavioral Medicine elective	3	Physiological Systems in B-Med	3
690 practicum	1	690 practicum	1
Billable credits	**7**	**Billable credits**	**7**
Year 4			
Clinical Interventions III	3	Cross-track Community elective	3
Methods of Inquiry course	3	621 Methods of Assessment II	3
899 PhD research	9 (2)	899 PhD Research	9 (2)
Billable credits	**8**	**Billable credits**	**8**
Year 5			
Epidemiology	3	899 PhD Research	9 (2)
899 PhD Research	9 (2)		
Billable credits	**5**	**Billable credits**	**2**
Year 6			
PSYC 900	0	PSYC 900	0
Clinical internship (Ideally students maintain ongoing registration at UMBC until graduation)		Clinical internship (Ideally students maintain ongoing registration at UMBC until graduation)	

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. 4-15-24)

Fall	Credits	Spring	Credits
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)
Community Topics	0	Community Topics	0
Topics in Diversity	0	Topics in Diversity	0
Billable credits	**10**	**Billable credits**	**12**
Year 2			
602 Biological, Cognitive and Developmental Bases of Behavior	4	603 Personal, Social, Community and Cultural Bases of Behavior	4
623 Clinical Intervention II	3	686 Ethics & Professional Issues	3
635 Community I*	3	Community II*	3
601 practicum	1	601 practicum	1
799 MA research	2 (1)	799 MA research	2 (1)
Community Topics	0	Community Topics	0
Billable credits	**12**	**Billable credits**	**12**
Year 3			
Cross-track Behavioral Medicine elective	3	621 Methods of Assessment II	3
Methods of Inquiry course	3	608 Human Diversity	3
690 practicum	1	690 Practicum	1
Billable credits	**7**	**Billable credits**	**7**
Year 4			
Prog Eval, Prevention, Policy, or Participatory Research #1	3	Prog Eval, Prevention, Policy, or Participatory Research #2	3
899 PhD research	9(2)	899 PhD Research	9(2)
Billable credits	**5**	**Billable credits**	**5**
Year 5			
899 PhD research	9(2)	**899 PhD Research**	9(2)
Billable credits	**2**	**Billable credits**	**2**
Year 6			
PSYC 900	0	PSYC 900	0
Clinical internship (Ideally students maintain ongoing registration at UMBC until graduation)		Clinical internship (Ideally students maintain ongoing registration at UMBC until graduation)	

Note: Most electives and cross-track elective do not have to be taken in any specific order.

* The Community I and Community II sequence is typically offered in odd academic years (e.g., 2025-2026) as is Participatory Research. This sequence alternates with the Primary Prevention/Applied Psychology/Public Policy sequence typically offered in even academic years (e.g., 2024-2025); thus, there is flexibility in offerings in Years 4 and 5 above.

Sample Community/B-Med 4-year[1] Course Plan (rev. 4-15-24)

Fall	Credits	Spring	Credits
Year 1			
611 Data Analytic Procedures I	4	710 Research Methods	3
Physiological Systems in B-Med	3	711 Data Analytic Procedures II	4
Prog Eval, Prevention, Policy, or Participatory Research #1	3	Prog Eval, Prevention, Policy, or Participatory Research #2	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	0	Topics in Diversity	0
Billable credits	**10**	**Billable credits**	**11**
Year 2			
602 Biological, Cognitive and Developmental Bases of Behavior	4	603 Personal, Social, Community and Cultural Bases of Behavior	4
635 Community I*	3	686 Ethics & Professional Issues	3
		Community II*	3
690 practicum	1	690 Practicum	1
799 MA research	2 (1)	799 MA research	2 (1)
Community Topics	0	Community Topics	0
Topics in Behavioral Medicine	0	Topics in Behavioral Medicine	0
Billable credits	**9**	**Billable credits**	**12**
Year 3			
649 Intro to Behavioral Medicine	3	Cross-track Clinical elective	3
Behavioral Medicine elective	3	Epidemiology	3
Methods of Inquiry course	3	608 Human Diversity	3
690 practicum	1	690 practicum	1
Billable credits	**10**	**Billable credits**	**10**
Year 4			
695 Social Health Psychology	3		
899 PhD research	9 (2)	899 PhD research	9 (2)
Billable credits	**5**	**Billable credits**	**2**

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., 2025-2026) as is Participatory Research. This sequence alternates with the Primary Prevention/Applied Psychology/Public Policy sequence typically offered in even academic years (e.g., 2024-2025).

Sample 6-year Child Clinical Course Plan (rev. 8-21-23)

Fall	Credits	Spring	Credits
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	0	Topics in Diversity	0
Billable credits	**10**	**Billable credits**	**12**
Year 2			
602 Biological, Cognitive and Developmental Bases of Behavior	4	603 Personal, Social, Community and Cultural Bases of Behavior	4
623 Clinical Intervention II	3	686 Ethics & Professional Issues	3
601 practicum	1	601 practicum	1
799 MA research	2 (1)	799 MA research	2 (1)
Billable credits	**9**	**Billable credits**	**9**
Year 3			
Methods of Inquiry course	3	608 Human Diversity	3
650 Child Clinical	3	607 Developmental Psychopathology	3
690 practicum	1	690 practicum	1
Billable credits	**7**	**Billable credits**	**7**
Year 4			
742 Child Health (cross-track B-Med elective)	3	751 Couple & Family Therapies	3
Developmental Elective	3	Cross-track Community elective	3
899 PhD research	9 (2)	899 PhD Research	9 (2)
Billable credits	**8**	**Billable credits**	**8**
Year 5			
899 PhD research	9 (2)	899 PhD Research	9 (2)
Billable credits	**2**	**Billable credits**	**2**
Year 6			
PSYC 900	0	PSYC 900	0
Clinical internship (Ideally students maintain ongoing registration at UMBC until graduation)		Clinical internship (Ideally students maintain ongoing registration at UMBC until graduation)	

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.

Clinical Psychology Doctoral Program
Policy and Guidelines on Telesupervision & Telepsychology

Below are two sections related to telesupervision and telepsychology, including their definitions, program policies, local regulations, etc.

1. TELESUPERVISION

It is the program's view that an in-person, face-to-face, relationship is the best form of supervision. Benefits to in-person supervision include, but are not limited to, opportunities for professional socialization and assessment of trainee competence, which are essential aspects of professional development, ensuring quality services, and protecting the public.

The use of telesupervision will be exercised in compliance with Implementing Regulation (IR) C-13 D, Telesupervision, and any emergency guidance provided by APA as well as the relevant licensing boards.

Accordingly, telesupervision is defined as the "supervision of psychological services either through asynchronous methods (e.g., review of documentation with written feedback), or synchronous audio and video format where the supervisor is not in the same physical facility as the trainee" (APA, 2023b). Telesupervision is not the same as providing telepsychology services to clients, which is described in the next section.

Telesupervision is to be conducted in accordance with the same Guidelines and Principles, and Code of Ethics, set forth by the American Psychological Association for in-person supervision and training.

Students and their supervisors must:
1. Read this document in full;
2. **Read and follow local regulations overseeing telesupervision, attending to potential cross-jurisdiction concerns and laws.**
    1. Note that Virginia's regulations has included supervision in its *telepsychology* regulations and that DC regulations has referenced the APA Guidelines for *Telepsychology*. Students and supervisors must ensure that they are complying with the relevant regulations for telepsychology when considering telesupervision.
3. Read and follow APA's Guidelines for Telepsychology (2024), which describes supervision;
4. Follow the policies at the clinical placement; and
5. Document use of telesupervision (both in total amount of hours and percentage).
6. In order for the hours to count for internship application, APPIC guidelines for "face-to-face" supervision hours must be followed.

Rationale for Telesupervision
We use telesupervision as an alternative form of supervision when in-person supervision is not practical or safe. Telesupervision may be used in three scenarios:
    a) As a primary mode of supervision for training opportunities that would not otherwise be possible,
    b) As a secondary mode of supervision when either the trainee or supervisor is ill to prevent contagion or worsening of the illness,
    c) As an emergent mode of supervision when clinical emergencies arise that require more detailed consultation than is available through telephonic methods when the supervisor is not at the training site.

Telesupervision's Consistency with Program Aims and Training Outcomes
If telesupervision is used following the guidelines and limits described, then this form of supervision is regarded as consistent with our program's overall model of training in that it best approximates the in-person format of supervision and can ensure continuity in the supervisory experience.

In scenario a), telesupervision offers trainees experiences that would otherwise be unavailable to them and that allow trainees to provide services to expanded populations. In scenario b), telesupervision maintains the continuity of supervision during unexpected events that do not compromise a supervisor's or trainee's fitness to practice but that would impede meeting in person and providing continuous care to clients. In scenario c), telesupervision provides supervisors the ability to backstop trainees as they provide emergent care to clients.

How and When Telesupervision is Used in Clinical Training
Telesupervision is not allowed as a primary mode of supervision until students have completed their first year of supervised clinical training.

Students will be allowed to participate in telesupervision as a method of receiving supervision when telesupervision is a) indicated for service provision, b) reasonable as a secondary supervision modality, or c) required to address emergent client needs.

How Trainees are Determined Fit to Participate in Telesupervision
Trainees must demonstrate proficiency with using videoconferencing technology and exhibit participation in supervision with the ability to implement a supervisor's feedback with clients. They must exhibit the organizational skills needed to attend telesupervision, the responsibility to protect client privacy and confidentiality, and the clarity in communication necessary to convey relevant information about clients and their clinical care.

How Trainee-Supervisor Relationship is Established at Outset of Supervision
Before beginning telesupervision, the supervisor and trainee will engage in at least one virtual session to test out technology, verify the suitability of the trainee's environment for telesupervision, and work through screen sharing and other functions that may be required in telesupervision. Also, it is recommended that telesupervision should be only begin after the interpersonal supervisory relationship is well established.

Management of Non-Scheduled Consultation and Crisis Coverage
Supervisors are available by phone, text, or email outside of scheduled supervision times should trainees need consultation. Supervisors will maintain standing invitations to trainees' virtual sessions to provide backup for trainees. Telesupervision that must occur outside of scheduled sessions will be scheduled through email, text, or other means of communication without discussing client information.

Supervisors must make advance arrangements to ensure that any contingencies that arise while they are off-site will be handled in accord with all relevant legal regulations and ethical standards, including how to cover non-scheduled consultations and emergencies. Although the off-site supervisor generally maintains full professional responsibility for clinical cases, if a student is seeing clients while a supervisor is physically unavailable, it is incumbent upon that supervisor to designate a physically-available back-up in case of emergency. Students are provided with emergency contact information for these designated individuals and/or another identified back-up. Furthermore, supervisors must ensure that the local governing laws and regulations are being followed.

Maintenance of Client and Trainee Privacy and Confidentiality
During telesupervision, client material will not be discussed without using HIPAA-compliant technology. Both trainee and supervisor will also be in private locations during telesupervision where patient privacy and confidentiality will be assured, which may include using headphones or other in-ear technology and orienting computers or phones toward walls without windows.

Technology and Technology Training Used in Telesupervision
If utilizing telesupervision, the student trainee and supervisor must take steps to protect client and supervisee confidentiality and security. Arrangements to assure both privacy and confidentiality must include, but are not limited to, using HIPAA-compliant and FERPA-compliant secure telecommunication platforms (i.e., both the device and any software used must assure confidentiality of both client and student), and private viewing/conversation areas. The supervisor and student should seek relevant literature and training and/or consultation, or otherwise demonstrate expertise, in the use of technology-assisted devices and platforms, especially in the matter of client and supervisee confidentiality and security. Knowledge of the relevant policies and guidelines on the practice of telepsychology is essential for ensuring security measures are in place to protect information related to clients and trainees from unintended access or disclosure. Finally, telesupervision can only be viewed as a legitimate form of supervision if it is determined by both the supervisor and the student trainee that both the audio and video quality of the connection is adequate for the proper conduct of supervision, and a protocol has been established for how to proceed in the event of equipment failure (e.g., the trainee immediately phones the supervisor).

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2. TELEHEALTH/ TELEPSYCHOLOGY

The use of telepsychology will be exercised in compliance with APA regulations as well as the relevant licensing boards.

The provision of telepsychology services to clients is not the same as providing telesupervision, which is described above. As described by the APA Guidelines for Telepsychology (2024):

- "Telepsychology is defined for the purpose of these guidelines as the integration of telecommunication technologies with psychological practices."
- "Telecommunication technologies include, but are not limited to synchronous (i.e., live and real-time interaction, e.g., videoconferencing, audio-only telephone) and asynchronous (i.e., store-and forward, non-live; e.g., text, email, messaging program, data-tracking smartphone applications) methods of fostering healthcare-related communication and transmission of healthcare-related information. Transmitted information may include text, image, audio, interactive videoconferencing, remote patient monitoring, or other data related to patient care. Technologies may be used independently or in combination. Technologies may be used as a sole service delivery method, or to supplement or augment in-person practices for a hybrid service."

Students and their supervisors must:

1. Read this document in full;
2. **Read ALL of the local laws overseeing telepsychology <u>and</u> follow the relevant laws, attending to any <u>cross-jurisdiction</u> concerns and laws**;
3. Read and follow <u>APA's Guidelines for Telepsychology (2024)</u>,;
4. Follow the policies at the clinical placement;
5. Document use of telepsychology (both in total amount of hours and percentage).
6. In order for the hours to count for internship application, APPIC guidelines for "face-to-face" client hours must be followed.
7. Trainees should set up their service provision space appropriately for use.
8. Before providing telepsychology services, trainees must conduct a "check-out" with their supervisor via a video conference in which the supervisor can see the service provision space from the vantage point of clients. During that check-out, trainees must practice "eye contact" with their supervisor until the point of competency is attained.
9. To comply with competency regulations, trainees must provide documentation of training in this area. Your supervisor and/or site may offer didactics or recommend trainings in telepsychology.

UMBC Human Services Psychology Program
Clinical Practicum Early Termination Form

Please complete the first page of this form and send a copy to the UMBC HSP Director of Clinical Training before meeting regarding discussion of early termination of a practicum training agreement.

Student Information

Name:

HSP program advisor:

Site Information

Practicum training site:

Practicum training agreement end date:

Practicum training supervisor:

Early Termination Information
Reasons for considering early termination of practicum training:

Steps already taken to address relevant concerns or challenges:

Any additional information to share prior to meeting with the DCT:

UMBC Human Services Psychology Program
Clinical Practicum Early Termination Form

Please complete the second page of this form after meeting with the UMBC HSP Program DCT to document the success plan formulated during the meeting on this topic.

Meeting Information
Meeting date:

Meeting attendees:
- *Student:*
- *UMBC HSP DCT:*
- *Other Attendees:*

Student Success Plan
Factors/concerns to address:

Actions to address above factors/concerns:

Notes:

Student Affirmation and Signature

I confirm that I have discussed, formulated, and reviewed the above written student success plan in coordination with the UMBC HSP DCT on [meeting date]. I agree to implement this student success plan in my current practicum training placement prior to pursuing early termination of my training agreement.

If I still wish to request an early termination of my training agreement after this plan has been implemented, I will submit a written request to the UMBC HSP DCT to be reviewed by the clinical core faculty, who will make a program-level determination.

I acknowledge that if I terminate my practicum training agreement early, an externship supervisor evaluation will still be completed and filed in my HSP program practicum training record for the training period during which my practicum training placement was terminated (Spring, Summer, or Fall).

I also acknowledge that failure to follow the UMBC HSP program policy on practicum training early termination requests is cause for to be considered "not in good standing" in the HSP program.

_____	_____	_____
Name	Signature	Date

Director of Clinical Training Affirmation and Signature

I confirm that I have reviewed the above written student success plan in coordination with [student name] on [meeting date]. I will remain available as the UMBC HSP DCT to discuss further concerns regarding this student success plan as the need arises.

If [student name] formally requests an early termination of their practicum training agreement as per UMBC HSP program policy, I will relay this request for review by the UMBC HSP Clinical Track core faculty. Additionally, I (or, as needed, other UMBC HSP Clinical Track faculty) will meet with [student name]'s externship supervisor and/or training director.

_____	_____	_____
Name	Signature	Date

UMBC HSP Faculty Affirmation and Signature

I confirm that I have reviewed the information included in this written student success plan document.

UMBC HSP Program Advisor

_____	_____	_____
Name	Signature	Date

UMBC HSP Graduate Program Director

_____	_____	_____
Name	Signature	Date