



## **Clinical Psychology Training Program**

(an APA accredited program)\*

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# **Clinical Psychology Training Program**

## **Department of Psychology**

### **University of Nebraska–Lincoln**

The Clinical Psychology Training Program (CPTP) at the University of Nebraska–Lincoln is accredited by the American Psychological Association. The program exists within the Department of Psychology in the College of Arts and Sciences at the University of Nebraska–Lincoln. It is one of the oldest clinical training programs in the country, having had continuous accreditation since 1948. The program's historical roots and orientation to training through the years have been described in numerous professional articles (Cole & Magnussen, 1966; DiLillo & McChargue, 2007; Hansen, Nelson, DiLillo, & Hope, 2014; Hargrove, 1991; Hargrove & Howe, 1981; Hargrove & Spaulding, 1988; Hope, Hansen, & Cole, 1994; Howe, 1974; Howe & Neimeyer, 1979; Jones & Levine, 1963; Rivers, 1992; Rivers & Cole, 1976).

Historically, the University of Nebraska's Clinical Psychology Training Program was described as community-clinical. This description represents a fundamental alignment with clinical psychology's focus on understanding the troubled person while recognizing the importance of the community context on the lives of individuals, and the necessity for intervention at both the individual and community level. Our students are confronted (through therapy and assessment) with individuals who have problems coping with life. Our students also become involved with the social institutions and agencies that have a significant effect on these people, through practicum placement consultation, supervision, teaching, and/or program development. The program emphasizes research training, both applied and basic, that involves both clinical and community agencies or resources.

To accomplish our goal of training within this perspective, we emphasize individually supervised involvement by students in both research and professional activities. Formal courses and seminars supplement the student's research and professional development. This approach requires a one-to-one relationship between faculty and students. We also believe clinical psychologists must have their roots firmly established in the general principles of psychological science. Scientific competence requires progressively developed, hands-on research experience. Clinical competence requires intensive clinical training that emphasizes practice in a multicultural context with the flexibility to adapt to changes in the profession. A program oriented toward technological skills, survey knowledge of general psychology, limited professional exposure, or cursory training in research methodology cannot hope to produce students who can cope with the social and individual demands of psychology today and in the future. We expect students to develop the skills necessary to become the leaders and innovators in an ever-changing profession.

The CPTP follows the Boulder Model of clinical training and places responsibility for both research and professional training primarily within the doctoral program of studies. The certification and assurance of competencies in both areas remains a core responsibility of the faculty. The epistemological suppositions of understanding behavior within a multicultural social system, measurement principles, and conceptual and scientific views

of aberrant human conditions are incorporated into this process. Consequently both professional and research training are continuous processes within the program that are supervised and monitored by the faculty. Neither professional training nor research training is secondary or adjunctive to the other; rather both are interrelated and both are equal values of training. We believe a therapist should also be a scholar and vice versa.

The Department of Psychology, including the CPTP, follows a “junior colleague” training model. Graduate students are encouraged to become involved in the ongoing development of the program and students are viewed as colleagues in a common endeavor with the faculty. The Graduate Student Association (GSA) in the Department serves as a forum for student participation. Students elect peers to serve as voting members in Department faculty meetings, Department Committees, and the Clinical Faculty meetings. Department and CPTP policies are significantly influenced by student participation. Students are also involved in the overall evaluation of the program. Graduate students are expected to collaborate with faculty on research rather than being research assistants apprenticed to individual faculty.

We take pride in the collegiality among the students themselves and between students and faculty. A strength of this program has been the common pride in professional development among students and faculty, and the rapport and sense of relatedness that we share. We also take pride in our commitment to recruit and train a diverse student body. We believe that experience with diverse ethnic and cultural backgrounds and traditions are essential for clinical psychologists, and that the survival of psychology as a professional and scientific community depends on diverse representation among its membership. It is important to us that this atmosphere continues to be a significant characteristic of the Clinical Psychology Training Program at the University of Nebraska–Lincoln.

## **Is This Program for You?**

The Clinical Psychology Training Program at the University of Nebraska–Lincoln is well suited for the individual who is interested in a professional career that involves both the scientific understanding of people and the application of this knowledge to human problems in living. A number of programs currently emphasize clinical or professional training with research and scientific training comprising a limited, adjunctive or secondary part of the program. Alternatively, a number of programs in the country emphasize research training with comparatively less emphasis on clinical training. The Clinical Training Program at Nebraska emphasizes the development of both clinical and research skills.

If you are interested primarily or exclusively in a program that emphasizes clinical skills, then our program is probably not for you. If you are primarily interested in a research career in clinical psychology, our program may fit your needs. To best determine this, you should carefully evaluate current research interests of individual faculty for your consideration of collaborative relationships.

To be successful in our program, the graduate student must be serious about developing both research and professional skills. It is crucial that you have sound ethical sensitivity to the rights and welfare of others, because you will be involved with sensitive and serious human problems during your training. Academic skills are important, but just as important are the maturity and consistent dedication required by our demanding program. If you have strengths in the ability to relate to others effectively, and if you have maturity and persistence grounded in sound intellectual competence and high ethical standards to develop your potential as a scientist-practitioner, then our program may meet your needs. Indeed, we believe that with our current faculty, program, and students, we have one of the top clinical training programs in the country. We take pride in the morale of our program and the mutual support we receive from one another, faculty and students together, as we undertake the learning enterprise.

## **Program Requirements**

The CPTP provides a systematic, progressive, and individualized program of training. Although a master's degree is included in the sequence of training, the program is oriented towards the Ph.D. degree as the final certification of accomplishment. For most students, training will consist of four years of full time training followed by a full time, fifth year, predoctoral clinical internship. Students also seeking the Master of Legal Studies (MLS) degree should expect to add an additional year of predoctoral training given the additional requirements. Students who have received prior graduate training may accelerate their training if the faculty approves the adequacy of prior training. All clinical and academic training is normally completed before the predoctoral internship is undertaken. All students must have their dissertation proposals approved prior to applying for internship, and are encouraged to have their data collected before leaving for internship.

The pre-internship phase of training is divided roughly into 2 two-year segments. The first two years of the program emphasize a core curriculum in psychology and the development of entry-level research and clinical skills. Courses in the first year emphasize basic psychological knowledge, research methodology and psychometrics, an introduction to the area of clinical psychology, individual assessment, psychopathology, psychotherapy, and ethical principles in science and practice. During the first semester of the first year, students participate in faculty research groups and develop a research prospectus. In their second semester they work with a research advisor, develop a research proposal and initiate a master's equivalence research project. During the second year of the first phase of training, students work on their master's equivalence research project, begin their first supervised practicum (Clinical Intervention I & II) through the Psychological Consultation Center (the Clinical Psychology Training Program's clinic for research, training, and service), and complete their core curriculum. This second year of clinical training is postponed for MLS students who participate in legal studies at the UNL College of Law during this time. Other clinical training requirements are simply delayed for one year as a result.

At the end of this first phase of training (after the second semester of the second year), each student in good standing in the program takes an oral exam conducted by three clinical faculty members. The purpose of this exam is to demonstrate that the student can take an evidence-based approach to clinical practice and has entry level clinical skills in assessment and therapy. In effect, the clinical faculty then certifies these skills by conferring the master's degree upon successful completion of this exam and the first two years of professional and research training. This exam also serves as the first exam of the Ph.D. comprehensive examination process, which will be completed in the fourth year.

Phase two occurs during the third and fourth year in the program. This phase of training includes continued practicum training in the Psychological Consultation Center as well as placements in community-based research or clinical agencies. Clinical practica focus on improving basic assessment and therapeutic skills and providing training in specialized clinical areas. Current practicum sites include a variety of community agencies in Lincoln, including outpatient and residential settings for children, adolescents, and adults.

During the third year of training, students who have not already done so are finishing their master's equivalency research project and beginning to develop ideas for a dissertation proposal. At this level of training, students are also expected to disseminate the results of their research efforts in the form of local and national conferences and publications. By the fourth year of training, most students are primarily involved in their individually tailored research and professional training activities with most course curricula completed except for a few advanced seminars. During this phase, students develop and present their dissertation research proposals, and begin collecting dissertation data. Also in the fourth year, students complete the Ph.D. comprehensive exam requirement and, upon successful completion of all areas of training to date, the clinical faculty approves the student for a predoctoral internship.

## Course Requirements

The minimum course and credit hour requirements for the Clinical Psychology Training Program are as follows:

### Core Clinical Courses

Clinical Proseminar	3 hrs
Psychopathology Proseminar	3 hrs
Assessment I & II	6 hrs
Clinical Interviewing	3 hrs
Psychotherapy	3 hrs
Ethics in Clinical Psychology	3 hrs
Clinical Supervision and Consultation	<u>2 hrs</u>
Total hours for core clinical courses:	23 hrs

**Other Requires Courses**

3 Statistics and Research Design courses	9 hrs
Teaching Methods	1 hr
Clinical Intervention I & II	6 hrs
Diversity course	3 hrs
Practicum	12-24 hrs
Master's Equivalency Research	7 hrs
APA area courses (see below), area of emphasis, minors or elective courses	21-27 hrs
Dissertation	<u>18-24 hrs</u>
Total hours for other required courses:	77-101 hrs

**Total Program Hours Required: 100-124**

Included in the above minimum course requirements must be at least one course from each of the following areas:

- History and systems
- Biological bases of behavior
- Cognitive bases of behavior
- Affective bases of behavior
- Social bases of behavior
- Individual behavior
- Lifespan development

The Department of Psychology provides one or more seminars at the graduate level in each of these areas.

<b>SAMPLE PROGRAM</b>		
<b>Fall</b>	<b>Spring</b>	<b>Summer</b>
<b>First Year</b>		
Statistics/Methods Assessment I Clinical Proseminar Master's Equiv. (MERP) 2 cr Teaching Methods	Statistics/Methods Clinical Interviewing Psychopathology Master's Equiv. (MERP) 3 cr	Elective or Stats Modules
<b>Second Year</b>		
Clinical Intervention.I Assessment II Psychotherapy Master's Equiv. (MERP) 2 cr	APA content area course Clinical Intervention II History & Philosophy Elective	Clin. Intervention/Practicum Elective or Stats Modules
<b>Third Year</b>		
Practicum Dissertation/Research Ethics in Clinical Psych. Elective and remaining courses	Practicum Dissertation/Research Supervision/Consultation Electives and remaining courses	Practicum Dissertation/Research
<b>Fourth Year</b>		
Practicum Dissertation Electives	Practicum Dissertation Electives	Practicum Dissertation
<b>Fifth Year</b>		
One year predoctoral internship		

## Advising and the Supervisory Committee

When students arrive on campus for orientation, they are assigned faculty advisors to assist in registering for courses and to guide them in planning their program. Students who are entering the CPTP for the first time are expected to attend the Orientation Program, which is conducted during the week prior to the first semester of the first year. The Orientation Program provides practical guides to graduate training, an overview of training expectancies, and basic graduate training principles and philosophies.

During the second year of training, students who have successfully completed all requirements to that date (including an approved master's equivalency research proposal, two statistics courses, and three semesters in the program) form a Supervisory Committee. The Supervisory Committee comprise at least four faculty members, two of which must be members of the clinical faculty, one of which must be a faculty member in the department but outside the clinical faculty, and one of which must be from outside the Department.

The Chair of the Supervisory Committee functions as the advisor once the Committee is appointed by the Office of Graduate Studies. Additional advising is available from the

Director of the CPTP. In cooperation with their Supervisory Committees, students develop an individualized program of study that is filed with the University Graduate Office. The program of study officially specifies the coursework, practical experiences, research, and other training for which the Ph.D. is awarded. It must include all program requirements (e.g., core clinical courses, other required courses, dissertation, an APA approved internship, etc.) but also has significant flexibility for electives and specialization. Students use their electives to pursue additional coursework, clinical training, and/or research in a particular area(s).

## **Program of Study**

As previously noted, our primary goal is to prepare clinical psychologists capable of serving in a wide range of professional contexts. As such, we are dedicated to *broad and general training as the core* of our curriculum, so that students emerge with a broad foundation of clinical and research skills. Although there is a significant degree of breadth of training inherent in the general program requirements, students may additionally choose to focus their work in specific areas. While students vary in the extent to which they pursue focused experiences, we believe that the flexibility provided by this approach is the best preparation for future practice in a rapidly changing scientific and human services environment.

### **Areas of Emphasis**

Among the many options for individualizing training, the CPTP currently offers two formalized Areas of Emphasis. Students wishing to focus their training in clinical child or forensic psychology may complete an Emphasis in either CHILD AND FAMILY or FORENSIC psychology, which each have a distinct, organized set of expectations beyond the general program requirements. In completing an emphasis, students pursue structured, in depth opportunities for knowledge acquisition and practical experience in a specialty area. Child/family students take additional courses including child psychopathology and assessment, child therapy, and marriage and family therapy. Forensic students take forensic assessment, law and behavioral science, and mental health law. Each emphasis area also requires practicum experiences with relevant populations (see appendix for specific Area of Emphasis requirements).

### **Individualized Programs of Study**

In addition to the more formalized Areas of Emphasis, students may individualize their programs of study by choosing from a wide range of didactic coursework, research, and clinical practicum opportunities. Although the following examples do not fully capture the range of opportunities available to students in our program, they illustrate the types of experiences from which students may choose to become involved. The areas listed below each have course work, practica, and research opportunities associated with them.



a. Family and Relationship Violence

A number of students create individualized programs of study that emphasize family and relationship violence issues. Courses taught related to this topic include Family Violence, Marriage and Family Therapy, and occasional related developmental and clinical seminars. Research topics studied under this heading include risk factors for sexual assault, the intergenerational transmission of abuse hypothesis, the correlates and consequences of child abuse, intimate partner violence, and assessment and intervention with maltreated children and their families. Research opportunities have occurred in collaboration with community agencies, domestic violence shelters, the police department, and the Nebraska justice system. Family violence clients are seen at a number of our placement sites.

b. Mental Health Policy

An increasing number of students and faculty have become interested in and involved in mental health policy. Course work in this area would include the seminar in program evaluation as well as some of the topics covered in the mental health law courses. Practicum experiences include several placements with the Department of Health and Human Services both in the social services department and the mental health department.

c. Substance Abuse

A number of students receive specific training in substance abuse research and treatment. Coursework relevant to this area includes a course in clinical interviewing, which consists of a month of motivational interviewing training. There is also an independent summer reading course in evidence-based substance use treatment. Practicum experiences include brief motivational enhancement treatment for marijuana and alcohol abuse on campus, treatment of those recovering from substance dependence at a local halfway house and treatment of individuals with substance use disorders within state probation. Students have been trained in relapse prevention, social networking treatment, community reinforcement approaches and motivational interviewing. Students may also become involved in UNL's Substance Abuse Research Cluster (SARC), an interdisciplinary group of investigators studying substance abuse issues an multiple levels of analysis, from biological to policy perspectives.

## **Training in Clinical Psychology and Law**

The UNL Clinical Psychology Training Program collaborates with the UNL Law Psychology program to prepare students for careers in research and clinical practice that combine behavioral science, mental health, and legal scholarship. This may include earning the Master of Legal Studies (MLS) degree as well as the Ph.D. in clinical psychology. Areas of study within clinical psychology and law include mental health law and policy, therapeutic jurisprudence (using the law for therapeutic purposes) and forensic psychology. Students interested in forensic psychology should consider the Forensic

Psychology Training Program and forensic minor options. Students interested in mental health law, policy, therapeutic jurisprudence or other applications of law in clinical psychology should contact clinical faculty with interests similar to their own.

**The Master of Legal Studies Degree Program** is designed for individuals who are interested in developing a formal understanding of the law as it affects their research and practice in psychology. It is not for individuals preparing to practice law. Students enrolled in the program are required to complete 33 credit hours of coursework in the College of Law, including three hours of Legal Research and Writing and six hours of Contracts, Property, or Torts. The MLS degree is conferred upon the successful completion of the 33 credit hours and an oral final examination. More detailed information regarding the MLS degree is available at [http://www.unl.edu/psypage/grad/JD\\_PhD.pdf](http://www.unl.edu/psypage/grad/JD_PhD.pdf).

Clinical Ph.D./MLS applicants must apply to the College of Law for the MLS degree after admission to the Clinical Program.

Clinical Ph.D./MLS students should expect an extra year duration for their graduate training compared to other graduate students. Their law coursework will be completed in the second year of graduate school, although their involvement in law psychology research and practicum training extends throughout their Ph.D. program of studies. MLS students are required to participate in the Law/Psychology research seminar and other related activities. In addition, MLS students will be required to perform relevant psycholegal research related to Masters-level and Dissertation research projects.

**Training in Forensic Psychology at UNL** is designed to prepare students for careers in research and clinical practice related to forensic and legal processes. The program is operated jointly by the Clinical Psychology Training Program and the Law Psychology Program. Both programs strive to train scientist-practitioners who engage in legally sensitive clinical and research activity. This program best suits the applicant who desires to engage in active research and clinical activity. ***The Forensic Psychology Training Program is not intended for individuals who desire training in “behavioral profiling” or “criminal investigative analysis.”***

Consistent with the philosophy of the Department of Psychology, faculty strive to integrate research activity within multiple clinical and other applied contexts. Graduates who have obtained extensive forensic training have subsequently been employed in a wide range of settings, including forensic hospitals, academia, policy settings, federal law enforcement, and public sector mental health settings.

Forensic psychology training at the University of Nebraska–Lincoln includes the Ph.D. in clinical psychology and the Master of Legal Studies (MLS). Students completing the Ph.D. and MLS are admitted to both the Clinical and Law-Psychology Training Programs. The goal of training is specialization in forensic practice and research. Individuals with such training are expected to perform legally-informed research and clinical practice related to forensic mental health issues.

**The Forensic Psychology Emphasis** is designed for students who desire specialized forensic psychology training but choose not to complete the MLS. For a Forensic Minor, the following coursework is required in addition to the regular Clinical Training requirements (there may be some overlap of these requirements in some students' program of studies): Forensic Assessment, Mental Health Law, and Law & Behavioral Sciences Proseminar or Topics in Law and Psychology. In addition, students must take at least one of the following law courses for at least three credits: Criminal Law, Criminal Procedure, Family Law, Juvenile Law, or Torts.

Clinical training is an important component of the forensic minor. Forensic students receive at least 1000 hours of practicum experience involving assessment or services to legally-involved populations. Forensic students also have access to other practicum opportunities in the clinical psychology program. Students who choose to minor in forensic psychology have proved very competitive for prestigious internships, where solid clinical preparation is prerequisite. For more information on Clinical Psychology and Law training at UNL see: [http://www.unl.edu/psypage/grad/JD\\_PhD.pdf](http://www.unl.edu/psypage/grad/JD_PhD.pdf).

## **Training in Quantitative Methods and Diversity**

All students are required to take 9 hours of quantitative methods/statistics and 3 hours of a diversity course. However, additional training in both of these areas is available in the department as a whole. Graduate students in psychology, including clinical, may choose to complete an informal "quant minor" or "diversity concentration" that involve additional coursework inside and outside the department and a comprehensive exam. The specific courses for these concentrations are identified with the supervisory committee, in accord with established guidelines. The diversity concentration typically focuses on gender, race/ethnicity, or sexual minorities. Methodology training and the science of psychology is clearly reflected in all courses, practica and research experiences in the clinical program. Similarly, it should be noted that classes and practicum training clearly reflect the contemporary multicultural context in which we all live and practice psychology. However, we recognize that some students may wish to seek additional formalized training related to quantitative methods or diversity.

## **Prior Graduate Training**

Students who enter the CPTP who have had prior graduate training may, with individualized approval of the CPTP Faculty, accelerate their Ph.D. training program. Students who have a master's degree based upon an empirical thesis may substitute the master's thesis for the master's equivalency research project requirement of our program if the thesis has been read and approved by two UNL Department of Psychology faculty members. A student's Supervisory Committee has the option to review and approve prior graduate academic work as a substitute for program of study course requirements when that graduate work is academically equivalent to graduate coursework normally approved

by the Graduate Committee and is consistent with the overall program of courses. For students who do not yet have a Supervisory Committee, approval to substitute a prior course for a current course is granted by the professor who teaches that course in the Department and the student's advisor.

Students with prior clinical training may petition the Clinical Faculty to have that training substitute for existing CPTP clinical courses and practicum requirements. A review of prior training by the CPTP Faculty must demonstrate that the training is equivalent to the required stages of training in the CPTP. Included in this review must be some type of evaluation of the student's clinical training or experience from one or more qualified supervisors. For example, some students with prior practicum training and a master's degree may petition for a community practicum placement earlier than the normal third year in the program. The student must provide documented evidence that he/she has entry level clinical skills, a master's degree, and is in good standing in the CPTP before being placed in a community practicum placement. The Evidence-Based Interviewing and Clinical Intervention courses are required of all students in the CPTP.

## **Master's Degree**

Students are expected to obtain a master's degree as they progress toward the Ph.D. degree. The master's degree in the CPTP represents the successful completion of the first two years of training including the development of an approved master's equivalency research proposal, and completion of the clinical oral exam. The oral exam for this degree is given at the end of the second year and serves three functions:

1. It is the final exam for the two course Clinical Intervention I & II sequence.
2. It is the first exam of the Ph.D. comprehensive examination, which will be completed in the fourth year.
3. It is the oral exam for the master's degree.

In effect, the master's degree is the public assurance and certification by the clinical faculty that the student has entry-level clinical skills. Specifically, the student must demonstrate to the clinical faculty that she/he, under supervision, can sustain a productive therapeutic relationship with a client, apply scientific understanding to clinical activity, and write a meaningful statement assessing an individual problem.

The master's degree represents a midpoint in professional development as a student progresses toward the Ph.D. degree. It should be noted that the master's degree is considered to be part of the overall Ph.D. program of studies. Students are not accepted into the CPTP specifically to pursue the master's degree.

## Clinical Training

In recent years, the Clinical Psychology Training Program has systematically integrated the APA evidence-based practice model across all of our clinical training. The model has been referred to as a “three-legged stool” of integrating the best research evidence, clinical expertise, and client preference and characteristics. For example the report writing in our training clinic and the clinical oral examination explicitly use the evidence-based practice model as a framework. We believe this is an ideal model for a Boulder program because it explicitly guides developing psychologists to incorporate scientific evidence, their growing clinical expertise, and important personal and cultural factors for the client in psychological assessment and treatment. Although evidence-based practice does not imply a particular theoretical framework, the faculty conceptualize cases primarily from a cognitive behavioral or behavioral framework and this model guides much of the clinical training.

All students take core clinical coursework, including a year-long assessment sequence, a basic psychotherapy course, and specialty seminars that meet students training goals (e.g., child therapy, marriage and family therapy, psychopharmacology, etc.). Practicum training begins in the second year with a two-semester course called Clinical Intervention I & II that is conducted in the Psychological Consultation Clinic (PCC), our in-house clinic for research, training, and service. Students comprising the second-year class spend 8 hours in the clinic with a faculty member. Students receive intensive supervision via live observation and immediate feedback on their performance. When not seeing a client themselves, students join the faculty member in the observation room and observe their peers. Students give and receive feedback and participate in didactic activities throughout the day as well. Although the observation can be intimidating at first, students quickly adjust and rapidly build fundamental clinical skills through the immediate feedback and extensive modeling. The second year of training is capped by the clinical oral examination described earlier.

At the beginning of the third year, students are typically placed in community agencies that provide general and specialized clinical services. Placement supervision is typically conducted on-site by clinical psychologists. At least one placement in an outside community agency is required. Although a community placement is not required in the fourth year of training, most students take a second placement. (Other options include teaching and/or research assistantships). In addition to community placements, students are required to maintain a small caseload in the PCC in the third and fourth years. This allows students to continue general clinical training under faculty supervision, even if they are placed in a community agency that provides more narrowly focused, in-depth specialty training. For MLS students, the second year is devoted to legal training with other clinical training resuming in the third year.

The clinical faculty has the prerogative to decrease or increase the amount of practicum necessary for any student. Practicum progress is evaluated at the end of each semester, at the end of the second year with the oral examination, and during the final phases of the clinical comprehensive examination.

## **The Psychological Consultation Center**

The CPTP operates an on-campus clinic that provides hands-on training for the development of the student's core clinical skills. The PCC provides a variety of mental health services to the people in the surrounding communities of southeast Nebraska. Students receive psychotherapy and assessment training along with specialized intervention approaches. The PCC also serves as a center for applied research for the program. Supervision is provided by the clinical faculty or approved clinical associates located in the surrounding community. An adjunct faculty member serves as the PCC Director and an advanced student serves as clinic assistant director. Other students and faculty are involved in the development and administration of the PCC. The clinical faculty along with an elected student member serves as the PCC's Board of Directors, which determines PCC policy. Unlike many training clinics, the PCC is open year-around, allowing students the opportunity to see cases over many months, if appropriate.

## **Specialty Clinics**

Students may also receive training through a number of specialty clinics that are supervised by program faculty with expertise in particular areas. These clinics operate through the PCC and provide students with opportunities for supervised clinical experience with specific client populations. Current specialty clinical and faculty supervisors include: Anxiety Disorders Clinic (Dr. Hope), Family Interaction Skills Clinic (Drs. Hansen and Flood), Substance Abuse Specialty Clinic (Dr. McChargue), and Telehealth Clinic (Drs. Hope and Nelson). Specialty clinic teams are often vertical; that is, they consist of both new and advanced students who work together, sometimes as co-therapists, under the supervision of a faculty member. For more information about specialty clinics see faculty Webpages or contact faculty supervisors.

## **Internships**

Students in the CPTP are required to complete a one-year, predoctoral, full-time internship at a site accredited by the American Psychological Association. Obtaining an accredited internship is a competitive process in part because there are more applicants than available internships each year. However, our students have been very successful in gaining admittance to APA internships. Students must be approved by the Clinical Faculty as meeting minimal pre-doctoral and pre-internship training requirements before applying for an internship. Students typically complete their internships during their fifth year of study, although some elect to complete it in their sixth year. (See program website for full disclosure data on internship acceptance rates and average time to program completion.) Students who enter the program with approved training (e.g., a student with a master's degree and supervised clinical experience) may be permitted by the clinical faculty to go on internship at an earlier date.

## **Research Training**

The CPTP is designed to develop a continuous and progressive program of research for each student. Often this research is integrated with clinical training activity, so that both represent one continuous process. However, for some students, non-clinical research with non-clinical faculty may be developed independent of clinical training and can represent highly productive accomplishment and training for the student.

Students become involved in research their first week on campus by attending Research Teams. It is expected that students unsure of their specific research interests will attend a variety of research teams including non-clinical faculty research groups if they wish. Other students who may have already identified a particular area of interest may choose to focus immediately on a particular topic and work with one faculty member.

By the end of their first semester, students are required to produce a research prospectus under the supervision of a faculty member. During the second semester of the first year, students are required to develop a full proposal for their master's equivalency research project that is approved by two faculty members (the advisor and one other faculty member). Students are encouraged to complete the master's equivalency research project by the end of their second year.

Although students identify one faculty member as a primary research mentor, many students participate in more than one Research Team and have multiple research projects going at any given point in time. Both students and faculty frequently collaborate with peers resulting in rewarding cross-fertilization of ideas. Students are also expected to participate in the dissemination of research activity through scholarly publications and through participation in local and national conferences.

## Research Teams

To facilitate student research development, and to expose students to ongoing research activities, faculty members supervise research groups that meet on a regular basis to discuss, plan, and evaluate research activity and proposals in each particular faculty member's research area of interest. In the first semester, students are expected to rotate across research teams until they develop a research advisor relationship with a faculty member. Both clinical and nonclinical faculty members of the Department of Psychology are available for research advising and mentoring. A list of all faculty and their research interests can be found below and on the Departmental website.

## Student Evaluation

All clinical students are evaluated each semester in terms of academic, research, and professional development. At the end of each semester, the Department Graduate Executive Committee meets to evaluate students who have not been assigned Supervisory Committees. Evaluation is based on successful completion of course work, research progress, and performance of assistantship responsibilities (e.g., teaching and research assistantships). After Supervisory Committees are formed, the student's individual Supervisory Committee assumes responsibility for evaluating student progress towards the Ph.D. degree (note the section on Supervisory Committees).

The Clinical Faculty also meets each semester to evaluate student progress in the Clinical Program. When relevant, the Clinical Faculty makes recommendations to the Department Executive Graduate Committee or to the student's Supervisory Committee regarding progress in clinical training. The Clinical Faculty is responsible for evaluating clinical competency and potential professional ability among the clinical students.

***To remain in the clinical program, clinical students must demonstrate the potential to become competent clinicians, and they must show continuous progress in this area. In addition to intervention, assessment and consultation skills, our concept of clinical competency includes an ethical and sensitive awareness of the welfare and needs of others.***

Thus, it is important to recognize that there are two arenas of student evaluation. The traditional evaluation of academic and research progress is conducted primarily by the Graduate Executive Committee initially and then the student's Supervisory Committee. Clinical competence is evaluated by the Clinical Faculty and includes professional skills, as well as ethical sensitivity and interpersonal abilities.

In addition to semester evaluations, the second-year oral exam and the clinical comprehensive examination are utilized by the Clinical Faculty to evaluate students in the development of their competencies and to approve students' applications for internship. We accept into our program only the number of first-year students we feel we can train to Ph.D. level. All students are expected to be successful. Over the years, the vast majority of



students entering our program have successfully completed the first year of training and continued on in the program.

## **Student Participation in Program Policy**

Graduate students are encouraged to become involved in the ongoing development of the program. Successful students become colleagues in a common endeavor with the faculty. A Graduate Student Association (GSA) in the Department of Psychology serves as a forum for student participation. Students elect peers to serve as voting members of Department faculty meetings, Department committees, and the Clinical faculty meetings. Department and Clinical program policies are significantly influenced by student participation. Students are also involved in the overall evaluation of the program. We take pride in the collegiality that takes place among the students themselves and between students and faculty. We feel a strength of this program has been the common pride in professional development among students and faculty, and the rapport and sense of relatedness that we share together. It is important to us that this psychological atmosphere continues to be a significant characteristic of the Clinical Psychology Training Program.

## **Admissions**

In recent years the Clinical Psychology Training Program has admitted classes of 8 to 10 students from a pool of 150 to 250 applications. In making admissions decisions, match with a current faculty mentor is an important consideration. Applicants should mention in their essays specific faculty members with whom they share research interests. Emphasis is also placed on GPA, GRE scores, letters of recommendation, and previous research and clinical involvement. Applicants are encouraged to visit our website for full disclosure data showing the average GPAs and GRE scores of recently admitted classes. We do not use firm cut-offs for these scores; relative strengths in one area are sometimes viewed as compensating for relative weaknesses in another area. That being said, students with GPAs or GRE scores that are below the average of students admitted in recent years are at a competitive disadvantage. We do not require the Psychology subtest of the GRE. However, applicants needing to demonstrate basic knowledge in the field of psychology (e.g., those who did not major in psychology) are encouraged to submit Psychology subtest scores. The CPTP, as well as the Department, actively recruit a diversity of students and approximately 25% of the students in recent classes have identified themselves as ethnic minorities.

All of your application materials including letters of recommendation are to be submitted online by the early January deadline via our online Admissions system called GAMES. We recommend that applicants familiarize themselves with the admissions procedures as outlined on the Admissions website prior to the deadline. Questions about admissions should be directed to our Admissions Secretary, Jamie Longwell at (402) 472-3229, [jongwel@unlnotes.unl.edu](mailto:jongwel@unlnotes.unl.edu), or visit our website at: [www.unl.edu/psypage/](http://www.unl.edu/psypage/)

## Financial Support

Typically, all students, including first-year students, receive stipends from a variety of graduate assistantships, including teaching, research, and clinical assistantships. Financial support cannot be guaranteed for the entire graduate training period. However, in the past, we have been able to provide support for all clinical students in good standing in the program. Continuously appointed graduate assistants are eligible for full tuition waiver plus a portion of health insurance costs. Applicants to our doctoral program, who have a GPA of at least 3.5 in their previous degree program or who present evidence of other outstanding creative accomplishment, may be nominated by the department for one of several fellowships administered by the Office of Graduate Studies. These fellowships provide stipends ranging from \$1500 to \$8000 for up to three years, and are supplemental to the stipend provided by our regular teaching and research assistantships. Additional financial assistance information may be found on the Scholarships and Financial Aid website: <http://www.unl.edu/scholfaf/>.

## Core Clinical Faculty

**Rebecca Brock** received her Ph.D. in clinical psychology from the University of Iowa where she also worked as a postdoctoral scholar. She joined the faculty in 2015. Dr. Brock's program of research is aimed at understanding the development of psychopathology across the lifespan with a focus on the family context and its etiological significance. Her research includes the translational goal of developing interventions for preventing and treating individual psychopathology and comorbid family dysfunction. Dr. Brock will be teaching quantitative methods and serving as a statistical consultant in the department.

Brock, R. L., & Kochanska, G. (2015). Decline in quality of family relationships predicts escalation in children's internalizing symptoms from middle to late childhood. *Journal of Abnormal Child Psychology*. Advance online publication.

Brock, R. L., & Kochanska, G. (2015). Interparental conflict, children's security with parents, and long-term risk of internalizing problems: A longitudinal study from Age 2 to 10. *Development and Psychopathology*. Advance online publication.

Brock, R. L., Kochanska, G., O'Hara, M.W., & Grekin, R. (2015). Life satisfaction moderates the effectiveness of a play-based parenting intervention in low-income mothers and toddlers. *Journal of Abnormal Child Psychology*. Advance online publication.

Brock, R. L., O'Hara, M., Hart, K.J., McCabe, J.E., Williamson, J.A., Laplante, D.P., Yu, C., & King, S. (2014). Partner support and maternal depression in the context of the Iowa floods. *Journal of Family Psychology*, 28, 832-843.

Brock, R. L., & Lawrence, E. (2011). Marriage as a risk factor for internalizing disorders: Clarifying scope and specificity. *Journal of Consulting and Clinical Psychology*, 79, 577-589.

**David DiLillo** received his Ph.D. in clinical psychology from Oklahoma State University in 1997 and joined the UNL faculty in 2000 after completing a postdoctoral position at the University of Missouri—Columbia. His current research interests lie in the area of interpersonal violence, including child maltreatment, intimate partner violence, and sexual assault—from both the victim and perpetrator perspectives. He is also interested in understanding revictimization occurring during childhood/adolescence and again in adulthood, as well as the role of alcohol use as a risk factor for interpersonal violence. His research has been funded by NIMH and NICHD. Recent projects in his research team have focused on psychosocial mediators of revictimization, cognitive and emotional contributors to intimate partner violence, and the development of an intervention to reduce college dating violence. His teaching activities include psychotherapy and supervision of clinical practicum.

#### **Representative Publications:**

Maldonado, R. C., DiLillo, D., & Hoffman, L. (2015). Can college students use emotion regulation strategies to alter intimate partner aggression-risk behaviors? An examination using I3 theory. *Psychology of Violence*, 5, 46-55.

Watkins, L.E., DiLillo, D., Hoffman, L., & Templin, J. (2015). Do self-control depletion and negative emotion contribute to intimate partner aggression? A lab-based study. *Psychology of Violence*, 5, 35-45.

Tull, M.T., Bardeen, J. R., DiLillo, D., Messman-Moore, T. L., & Gratz, K.L. (2015). A prospective investigation of emotion dysregulation as a moderator of the relation between posttraumatic stress symptoms and substance use severity. *Journal of Anxiety Disorders*, 29, 52-60.

Cuadra, L. E., Jaffe, A. E., Thomas, R., & DiLillo, D. (2014). Child maltreatment and adult criminal behavior: Does criminal thinking explain the association? *Child Abuse & Neglect*, 38, 1399-1408.

Evans, S. E., DiLillo, D., & Steel, A. L. (2014). Childhood exposure to family violence and adult trauma symptoms: The importance of social support from a spouse. *Psychological Trauma: Theory, Research, Practice, and Policy*, 6, 527-536.

**David J. Hansen** received his Ph.D. in clinical psychology from the University of Mississippi in 1985 and joined the department in 1992. His primary research area is child maltreatment, including understanding the heterogeneous impact of sexual abuse and factors that influence outcomes, and developing and evaluating measures and treatments for sexual abuse victims and their families. Additional interests include research on prevention of maltreatment and improving mental health services in Head Start settings, and social-skills assessment and intervention with children and adolescents. Dr. Hansen is the Co-Director of the Family Interaction Skills Clinic (with Dr. Mary Fran Flood) and Director of Project SAFE, a clinical treatment program for sexually abused children and their families. His graduate teaching includes the clinical proseminar (for first year students), supervision of clinical practica, and a family violence readings course.

### **Representative Publications:**

Sawyer, G. K., & Hansen, D. J. (2014). Heterogeneous Symptom patterns of sexually abused youth in treatment: Understanding the complexity of the problem. *Journal of Child Sexual Abuse, 23*, 900-917.

Hubel, G. S., Campbell, C., West, T., Friedenberg, S., Schreier, A., Flood, M. F., & Hansen, D. J. (2014). Child Advocacy Center based group treatment for child sexual abuse: Initial symptom presentation, outcomes, and client satisfaction. *Journal of Child Sexual Abuse, 23*, 304-325.

Friedenberg, S. L., Hansen, D. J., & Flood, M. F. (2013). Epidemiology of child and adolescent sexual abuse. In D. S. Bromberg & W. T. O'Donohue (Eds.), *Handbook of child and adolescent sexuality: Developmental and forensic psychology* (pp. 303-324). New York: Elsevier.

Yancey, C. T., Naufel, K. Z., & Hansen, D. J. (2013). The relationship of personal, family, and abuse-specific factors to children's clinical presentation following childhood sexual abuse. *Journal of Family Violence, 28*, 31-42.

Hubel, G. S., Maldonado, R. C., Tavkar, P., Hansen, D. J., & Flood, M. F. (2011). Group treatment for a sexually abused child and a nonoffending caregiver: Case study and discussion. *Clinical Case Studies, 10*, 360-375.

Tavkar, P., & Hansen, D. J. (2011). Interventions for families victimized by child sexual abuse: Clinical issues and approaches for child advocacy center-based services. *Aggression and Violent Behavior, 16*, 188-199.

**Debra A. Hope** received her Ph.D. in clinical psychology from the University at Albany-State University of New York in 1990 and joined the department in the same year. Her current research interests include assessment and treatment of anxiety disorders (particularly social anxiety disorder). Dr. Hope is the director of the Anxiety Disorders Clinic, one of the specialty services within the Psychological Consultation Center. Her

work on psychopathology emphasizes information processing models that describe the role of attention and memory in social anxiety disorder and the impact of these cognitive processes on interpersonal functioning. She is also interested in gender effects in anxiety. Dr. Hope has ongoing research on both the outcome and process of psychotherapy. Research on psychotherapy outcome includes examining predictors of successful treatment, the mechanisms underlying cognitive-behavioral treatment for anxiety disorders, and dissemination of evidence-based practice in anxiety disorders. The current dissemination work is focused on telehealth provision of services. More recently, Dr. Hope's has started a new line of research on sexual minorities. She has ongoing research and clinical interests in the mental health impacts of discrimination.

### **Representative Publications:**

Weiss, B. J., & Hope, D. A. (2011). A preliminary investigation of worry content in sexual minorities. *Journal of Anxiety Disorders, 25*, 244-250.

Stoyanova, M., & Hope, D. A. (2012). Gender, gender roles, and anxiety: Perceived confirmability of self report, behavioral avoidance, and physiological reactivity. *Journal of Anxiety Disorders, 26*, 206-214.

Meidlinger, P. & Hope, D. A. (2014) Differentiating disclosure and concealment in measurement of outness for sexual minorities The Nebraska Outness Scale. *Journal of Sexual Orientation and Gender Diversity, 4*, 489-497.

Hope, D. A., & Chappell, C. (2015). Extending training in multicultural competencies to include individuals identifying as lesbian, gay and bisexual: Key choice points for clinical psychology training programs. *Clinical Psychology: Science and Practice, 22*, 105-115.

Singh, S., Capozzoli, M. Dodd, M. & Hope, D. A. (in press). The effects of social anxiety and state anxiety on visual attention: Testing the vigilance-avoidance hypothesis. *Cognitive Behaviour Therapy*.

**Dennis McChargue** received his Ph.D. in Clinical Psychology at Oklahoma State University in 1998. During the 7 years before joining the faculty in 2005, he finished his postdoctoral training in 2000 and transitioned into a Research Assistant Professor position at the University of Illinois at Chicago. Dr. McChargue is the Director of the Substance Abuse Specialty Clinic within the PCC. He is also an associate professor and the Co-Director of the Nebraska Internship Consortium in Professional Psychology. Dr. McChargue's research spans both adult and young adult samples. Among young adults, Dr. McChargue examines the effectiveness of brief motivational enhancement treatments that minimize harm (particularly sexual assault) related to binge drinking. He also examines co-occurring mental health (i.e., trauma and depression) and substance use issues. Among a community sample, he examines effective recovery-based treatment for those with substance use problems. In addition, he is interested in the influence of mental

health (e.g., trauma, depression, anxiety) among those recovering from substance use problems. Lastly, he utilizes diathesis-stress and emotion-regulation models that links biological substrates to treatment effectiveness in both adult and young adult populations.

### **Representative Publications:**

Wahlstrom, L. C., Panuzio Scott, J., Tuliao, A. P., DiLillo, D. & McChargue D. E. (accepted). Posttraumatic Stress Disorder Symptoms, Emotion Dysregulation, and Aggressive Behavior among Incarcerated Methamphetamine Users. *Journal of Dual Diagnosis*.

Tuliao A., Landoy, B. V., & McChargue, D. E. (in press). Factor Structure and Invariance Test of the Alcohol Use Disorder Identification Test (AUDIT): Comparison and Further Validation in a US and Philippines College Student Sample. *Journal of Ethnicity in Substance Abuse*.

King, S., & McChargue, D. E. (2014). Adolescent Substance Use Treatment: The Moderating Effects of Psychopathology on Treatment Outcomes. *Journal of Addictive Diseases*, 33, 366-375.

Oakland, A., & McChargue, D. E. (2014). The Impact of Social Anxiety and Polysubstance Use on the Length of Treatment for Alcohol Use Disorders for Men in a Residential Substance Use Treatment Program. *Journal of Dual Diagnosis*, 10, 3-8.

Tuliao, A. P., & McChargue, D. E. (2014). Severity of Alcohol Use and Sexual Aggression among Male College Students: Investigating the Moderating and Mediating Roles of Alcohol Outcome Expectancies. *American Journal on Addictions*, 23, 321-8.

Klanencky, A. K., & McChargue, D. E. (2013). Vulnerability to alcohol use disorders following early sexual abuse: The role of effortful control. *Addiction Research & Theory*, 21, 160-180.

**Timothy D. Nelson** received his Ph.D. in clinical child psychology from the University of Kansas in 2008 following a clinical internship at Cincinnati Children's Hospital Medical Center. He subsequently completed his post-doctoral fellowship in pediatric psychology in the Stanford University School of Medicine before joining the UNL faculty in 2009. Dr. Nelson's research interests are in pediatric psychology. Specifically, his work focuses on the intersection between health and behavior with an emphasis on health promotion in children and adolescents. He is interested in understanding the factors that influence pediatric health and key health behaviors (e.g., physical activity, diet, sleep) as well as interventions to improve health through behavior change. In his current work, he is pursuing these interests by studying a variety of pediatric populations (e.g., children who are overweight, adolescents with chronic daily headache, youth in residential treatment, rural adolescents) using a variety of methods (e.g., electronic daily diaries, momentary

assessment using smart phones, actigraphy, medical record review, biomarker analysis, surveys). Dr. Nelson's teaching interests are in clinical and clinical child psychology. He teaches courses in clinical assessment, child psychopathology, abnormal psychology, and child treatment.

**Representative Publications:**

- Nelson, T. D., Nelson, J. M., Kidwell, K. M., James, T. D., & Espy, K. A. (in press). Preschool sleep problems and differential associations with specific aspects of executive control in elementary school. *Developmental Neuropsychology*.
- Lundahl, A., & Nelson, T. D. (2015). Sleep and food intake: A multisystem review of mechanisms in children and adults. *Journal of Health Psychology, 20*, 794-805.
- Nelson, T. D., Lundahl, A., Molfese, D. L., Waford, R., Roman, A., Gozal, D., Molfese, V. J., & Ferguson, M. (2014). Estimating child sleep from parent report of time in bed: Development and evaluation of adjustment approaches. *Journal of Pediatric Psychology, 39*, 624-632.
- Lundahl, A., Kidwell, K. M., & Nelson, T. D. (2014). Parental underestimates of child weight: A meta-analysis. *Pediatrics, 133*, e689-703.
- Nelson, T. D., Kidwell, K. M., Armenta, B. E., Crockett, L. J., Carlo, G., & Whitbeck, L. B. (2014). Rural Latino health: Preliminary examination of health status and cultural correlates. *Journal of Health Psychology, 19*, 802-809.
- Nelson, T. D., Smith, T. R., Thompson, R. W., Epstein, M. H., Griffith, A. K., Duppong Hurley, K., & Tonniges, T. F. (2011). Prevalence of physical health problems among youth entering residential treatment. *Pediatrics, 128*, e1226-1232.

**Mario Scalora** received his Ph.D. in clinical and law-psychology from the University of Nebraska in 1989 and joined the faculty in 1997. His research interests primarily focus upon targeted violence (including threat assessment, sexual offending, workplace violence, threats to political officials, counterterrorism). In collaboration with local and federal law enforcement, Dr. Scalora's research is assessing the predictive risk factors of individuals who stalk and engage in threatening behavior toward political figures and institutions. Research involving the investigation of epidemiological risk factors related to a broad sample of workplace violence is also taking place. Dr. Scalora currently supervises graduate students performing clinical service and research within the state's Forensic Mental Health Service. His graduate teaching activity currently includes courses on forensic assessment and clinical intervention, and supervision of clinical practica.

**Representative Publications:**

- DeGue, S. DiLillo, D. & Scalora, M.J. (in press). Contrasting Risk Factors for Non-Physical Sexual Coercion and Physical Sexual Aggression. *Sexual Abuse: A Journal of Research and Treatment*.
- James, D. V., Mullen, P. E., Meloy, J. R., Pathé, M. T., Preston, L. F., Darnley, B., Farnham, F. R., Scalora, M. J., (in press). Stalkers and harassers of British royalty: An exploration of proxy behaviours for violence. *Behavioral Sciences and the Law*.
- Viljoen, J.L., Elkovitch, N., Scalora, M. J., & Ullman, D. (2009). Assessment of Reoffense Risk in Adolescents Who Have Committed Sexual Offenses: Predictive Validity of the ERASOR, PCL:YV, YLS/CMI, and Static-99. *Criminal Justice and Behavior*, 36, 981 - 1000.
- Oxley, D.R, Smith, K.B., Alford, J.R., Hibbing, M.V., Miller, J.L., Scalora, M. J., Hatemi, P.K., & Hibbing, J.R. (2008). Political Attitudes Vary with Physiological Traits. *Science*, 321, 1667-1670.
- Bader, S. M., Scalora, M. J., Casady, T. K., & Black, S. (2008). Female sexual abuse and criminal justice intervention: A comparison of child protective service and criminal justice samples. *Child Abuse & Neglect*, 32, 111-119.

**William D. Spaulding** received his Ph.D. from the University of Arizona in 1976 and completed a postdoctoral Fellowship in Mental Health Research and Teaching at the University of Rochester, 1976-1979. His research interests address various aspects of schizophrenia and other severe disorders, including clinical and experimental psychopathology, animal models of etiology and treatment, the effectiveness of treatment and rehabilitation, and service systems and social policy. Recent projects in his research group have included neuropsychological impairment in schizophrenia, cognitive and neuropsychological predictors of success in treatment and rehabilitation, neuroendocrine aspects of schizophrenia, assessment of stress and coping in rehabilitation, the effectiveness of cognitive treatment, and the impact of managed care and privatization on services for people with psychiatric disabilities. Dr. Spaulding also has general interests in psychopharmacology, the integration of psychopharmacological and psychological treatment, and ethics in clinical practice. He teaches graduate courses on psychopathology, psychopharmacology and ethics, and supervises clinical practica.

### **Representative Publications:**

- Choi, K. H., Liu, N. & Spaulding, W. (2012). Emotional context processing in severe mental illness: Scale development and preliminary construct validity. *Psychiatry Research*, 10.1016/j.psychres.2012.04.014.
- Spaulding, W. & Deogun, J. (2011). A pathway to personalization of integrated treatment: Informatics and decision science in psychiatric rehabilitation. *Schizophrenia Bulletin* 37 (supp. 2): S129-S137.



- Wykes, T. & Spaulding, W. (2011). Thinking about the future: Cognitive remediation therapy – what works and could we do better? *Schizophrenia Bulletin* 37 (supp. 2): S80-S90.
- Choi, K. H., Davidson, C. & Spaulding, W. (2011). Social Cognition Moderates the Influence of Child Physical Abuse On Inpatient Psychiatric Rehabilitation. *Journal of Nervous and Mental Disease*, 199: 465-470.
- Liu, N., Choi, K. H., Reddy, F. & Spaulding, W. (2011) Heterogeneity and the longitudinal recovery of functioning during inpatient psychiatric rehabilitation for treatment-refractory severe mental illness. *American Journal of Psychiatric Rehabilitation*, 14: 55-75.

### **PCC DIRECTOR**

**Corrie Davies** received her Ph.D. in clinical psychology from the University of Nebraska in 2005. She completed her postdoctoral fellowship at UNMC Munroe-Meyer Institute and Lincoln Medical Education Partnership's Family Medicine Program. Upon completion of her postdoctoral training, she headed the opening of a Psychology Clinic within Complete Children's Health, Lincoln's largest pediatric medical practice. Currently, Dr. Davies serves as the Director of the Psychological Consultation Center while continuing her clinical practice and managerial responsibilities at Complete Children's Health. Her clinical work focuses on the assessment and treatment of children and adolescents with a wide range of physical and psychological problems, with a special interest in the treatment of youth with anxiety and stress-related disorders, foster care and adoption adjustment, and behavioral problems in children with neurodevelopmental disorders and executive functioning deficits. Dr. Davies past research interests have been related to the psychological functioning of child witnesses of domestic violence. Additional interests include client engagement factors that contribute to successful treatment and effective models of psychological service delivery within integrated healthcare systems.

### **Representative Publications:**

- Evans, S. E., Davies, C. & DiLillo, D. (2008). Exposure to domestic violence: A meta-analysis of child and adolescent outcomes. *Aggression and Violent Behavior*, 13, 131-140.
- Davies, C. A., DiLillo, D. & Martinez, I. G. (2004). Isolating adult psychological correlates of witnessing parental violence: Findings from a predominately Latina sample. *Journal of Family Violence*, 19, 377-385.
- Hsu, E., Davies, C. A., & Hansen, D (2004). Understanding mental health needs of Southeast Asian refugees: Historical, cultural, and contextual challenges. *Clinical Psychology Review*, 24, 193-213.

Inderbitzen-Nolan, H., Davies, C. A., & McKeon, N. D. (2004). Investigating the construct validity of the SPAI-C: Comparing the sensitivity and specificity of the SPAI-C and the SAS-A. *Journal of Anxiety Disorders, 18*, 547-560.

### **OTHER FACULTY**

**Mary Fran Flood** received her Ph.D. in clinical psychology from the University of Nebraska in 1998. Dr. Flood served as the Director of the Psychological Consultation Center from 1999-2015 and continues to provide clinical and research supervision. Her clinical work focuses on assessment and intervention with young children, including infants and toddlers, and their families and child maltreatment (physical abuse, sexual abuse, and neglect). Her primary research interest is in the prevention of maltreatment and improving mental health services in Head Start settings. Additional interests include the heterogeneous impact of sexual abuse, factors that influence outcomes in sexual abuse, and developing and evaluating measures and treatments for sexual abuse victims and their families. Dr. Flood co-directs the Family Interaction Skills Clinic (with Dr. David Hansen) and directs a PCC-based mental health consultation and service project for the local Head Start and Early Head Start programs.

#### **Representative Publications:**

Theimer, K., Flood, M. F., & Hansen, D. J. (in press). Child physical abuse and neglect. In V. B. Van Hasselt & M. L. Bourke (Eds.), *Handbook of behavioral criminology: Contemporary strategies and issues*. New York, NY: Springer.

Friedenberg, S. L., Hansen, D. J., & Flood, M. F. (2013). Epidemiology of child and adolescent sexual abuse. In D. S. Bromberg & W. T. O'Donohue (Eds.), *Handbook of child and adolescent sexuality: Developmental and forensic psychology* (pp. 303-324). New York: Elsevier.

Hubel, G. S., Maldonado, R. C., Tavkar, P., Hansen, D. J., & Flood, M. F. (2011). Cognitive behavioral group treatment for a sexually abused child and a non-offending caregiver: Case study and discussion. *Clinical Case Studies, 10*, 36-375.

Hubel, G. S., Flood, M. F., & Hansen, D. J. (2010). Sexually and Physically Abused Children. In D.L. Segal and M. Hersen (Eds.), *Diagnostic Interviewing: Fourth Edition*, Springer Science.

Elkovitch, N., Lutzman, R. D., Hansen, D. J., & Flood, M. F. (2009). Understanding child sexual behavior problems: A developmental psychopathology framework. *Clinical Psychology Review, 29*, 586-598.

Asawa, L. E., Hansen, D. J., & Flood, M. F. (2008). Early childhood intervention programs: Opportunities and challenges for preventing child maltreatment. *Education and Treatment of Children, 31*, 73-110.

## References

- Cole, J. K., & Magnussen, M. G. (1966). Where the action is. *Journal of Consulting Psychology, 30*, 539–543.
- DiLillo, D., & McChargue, D. E. (2007). Implementing elements of evidence-based practice into scientist-practitioner training at the University of Nebraska-Lincoln. *Journal of Clinical Psychology, 63*, 671-684.
- Hansen, D. J., Nelson, T. D., DiLillo, D., & Hope, D. A. (2014). The Clinical Psychology Training Program at the University of Nebraska-Lincoln. *the Behavior Therapist, 37*, 196-198.
- Hargrove, D. S. (1991). Training Ph.D. psychologists for rural service: A report from Nebraska. *Community Mental Health Journal, 27*, 293–298.
- Hargrove, D. S., & Howe, H. E. (1981). Training in rural mental health delivery: A response to prioritized needs. *Professional Psychology, 12*, 722–731.
- Hargrove, D. S. & Spaulding, W. D. (1988). Training psychologists for work with the chronically mentally ill. *Community Mental Health Journal, 24*, 283–295.
- Hope, D. A., Hansen, D. J., & Cole, J. K. (1994). The Clinical Psychology Training Program at the University of Nebraska-Lincoln. *The Behavior Therapist, 17*, 73–74.
- Howe, H. E. (1974). An empirical description of a community-clinical training program. *Professional Psychology, 5*, 277–285.
- Howe, H. E., & Neimeyer, R. A. (1979). Empirical description of clinical training: A re-evaluation and validation. *Professional Psychology, 10*, 168–174.
- Jones, M. R., & Levine, D. (1963). Graduate training for community-clinical psychology. *American Psychologist, 18*, 219–223.
- Rivers, P. C. (1992). The Alcohol Training Specialty in community-clinical psychology: A twenty-year appraisal. Paper presented at the Southeastern Psychological Association.
- Rivers, P. C., & Cole, J. K. (1976). The Alcohol Training Specialty in community-clinical psychology. *Professional Psychology, 7*, 202–208.