PSYCHOLOGY 602A
CONCEPTS & METHODS IN CLINICAL PSYCHOLOGICAL SCIENCE 1: ASSESSMENT
Fall, 2026
Mondays, 1:00 P.M. – 4:00 P.M.
ROOM 323 PSYCHOLOGY

Instructor: John J.B. Allen, Ph.D.
Room 440 Psychology
621-4992
jallen@arizona.edu
Office Hours: Most Mondays 4:00 P.M. – 5:00 P.M.

Course Objectives and Learning Outcomes

The objective of this course is to provide students with a fundamental background in assessment and measurement, and to prepare students to function in clinical assessment settings. This course is the first in a sequence, with the assessment practicum (603A) offered in the spring. This didactic portion of the course sequence will cover those topics that will give students sufficient background, knowledge, and skills to function as an apprentice in an applied setting, to use assessment instruments in research settings, and to construct and evaluate assessment instruments and their application. Specifically, upon completion of the course, students should be able to:

- Make well-informed diagnoses and differential diagnoses using the DSM-5-TR;
- Conduct a differential diagnosis using the Structured Clinical Interview for DSM-5 (SCID);
- Understand dimensional and hybrid alternatives to categorical diagnosis;
- Understand the psychometric issues associated with inferring a diagnosis from interview, laboratory, or test data, including positive predictive value, negative predictive value, sensitivity, and specificity;
- Understand and be sensitive to cultural and many other individual differences in psychological assessment and diagnosis;
- Gain experience with unstructured clinical interviewing, assessment of suicide risk, and mental status;
- Understand and apply psychometric principles in assessment, test construction, and test theory, in order to evaluate the reliability and validity of assessment instruments;
- Understand ethical issues in diagnosis, testing, and assessment;
- Understand key concepts and controversies in the measurement of intelligence.

Useful Information

A tentative schedule of topics and readings appears at the end of the syllabus. We will use two books, both of which can be purchased online. The remaining readings will be available as pdf files, available at the class website: https://psychophyslab.arizona.edu/psy602A-clinical-assesment .

American Psychiatric Association (2022). *Diagnostic and statistical manual of mental disorders: Fifth Edition Text Revision (DSM-5-TR)*. Washington, D.C.: Author.

Kaplan, R.M., & Saccuzzo, D.P. (2018). *Psychological testing: Principles, applications, and issues, (9th Edition)*. Belmont, CA: Thompson Wadsworth.

The DSM-5-TR can be purchased online from several vendors at a fairly reasonable price. It is also available online for free through the UA library. Nonetheless, I recommend purchasing the DSM to have as a resource, as you will use it throughout your graduate and post-graduate career. The Kaplan and Saccuzzo book can be purchased online from several vendors at a reasonable price, or you can also purchase a used copy (any from the 6th edition on up is fine).

Course Structure and Format

Whereas some of the course periods will be predominated by lecture, my pedagogical stance is that learning is enhanced in a participative environment. To that end, each of the students in the class will take responsibility for presenting a synopsis of and leading the discussion concerning selected readings (indicated in the reading list by a bulleted arrow ➢) at various points throughout the semester.

To gain experience with the DSM-5-TR, a portion of this course will be using a "flipped format," whereby you will read about the disorders and their criteria in the assigned readings before class, and then we will spend time in class practicing interviewing for these disorders. The "flipped weeks" are those that include any set of disorders preceded by the ∞ symbol. These ∞ disorders will be among those where we will practice diagnostic interviewing. You should

come prepared to role-play, in either the capacity of a client portraying the disorder, or the interviewer who will be inquiring about symptoms, guided by the SCID modules for that section.

Requirements

Your grade will be determined by a combination of:

- Performance on two exams to cover lecture, discussion, and readings (60%, with 40% from Exam 1 and 20% from Exam 2).
- Performance on a Test Construction, Item Analysis, Reliability, and Validity Exercise (20%).
- Presentation of readings when asked (10%; if you are prepared when asked, you will get the 10%; if you are not prepared, you can lose up to 5% of the total points on each occasion this happens.)
- Being prepared and participating in SCID interviewing in class (10%; if you are prepared and give this good effort, you will receive the 10%; obvious failure to have prepared for a given set of disorders can result in a loss 5% of the total points on each occasion this may happen.)

Evaluation

Your letter grade will be determined in the following by using the highest total score attained by any student in the class as the reference score for grading. The student(s) with this highest total score will receive a grade of 100%. All other students will receive a percentage grade based upon this highest score, and the following scale will be applied: >88% = A, >77% = B, >66% = C, > 55% = D, ≤ 55% = E.

University Policies and Other Information

Diversity and Inclusion

Diversity unites and moves us forward. The diverse backgrounds, experiences and perspectives that each student brings to this class will be viewed as a resource, strength, and benefit. In this class, we have a unique and important opportunity to learn from the information and ideas shared by each other, and we also have a responsibility to do so with sensitivity and respect. Ideally, science would be objective. However, as you will learn, much of science is subjective and is historically built on a small subset of privileged voices. It is important to make note of this and to think about how significant research findings may be biased by their nature of being carried out on a typically small, non-representative sample of participants. Moreover, powerful bodies such as the American Psychiatric Association and American Psychological Association may utilize frameworks that have not always accounted for the experiences of people from historically disenfranchised groups and, as a result, systemic biases within these organizations may have unintentionally perpetuated inequities in access, representation, and treatment.

I would like to create a learning environment for my students that honors diverse identities (including race, ethnicity, gender, age, class, sexuality, nationality, religion, ability, etc.) and supports a diversity of experiences, thoughts, and perspectives. To learn more about the Psychology department's commitment to diversity and inclusion, please visit https://psychology.arizona.edu/psychology-for-all.

Preferred Name and Gender Pronouns

This course affirms people of all gender expressions and gender identities. If you would prefer that a different name from your legal one or the one that appears on the class roster be used, the university has established guidelines that allow students and employees to indicate their chosen or preferred first names. Please see the following link for more information: https://registrar.arizona.edu/sites/default/files/preferred-chosen_name_guidelines_v2_0.pdf. I want to be sure that I refer to you in your preferred way. If you prefer a name other than the one on the class roster, please let me know. I will try my best to remember your preferred names and pronouns, but please also feel free to give me a reminder. Also, students are able to update and edit their pronouns in UAccess. To change your listed pronoun on UAccess, navigate to the Student Self Service page, and go to the personal information section."

Accessibility and Accommodations

At the University of Arizona, we strive to make learning experiences as accessible as possible. If you anticipate or experience barriers based on disability or pregnancy, please contact the Disability Resource Center (520-621-3268, https://drc.arizona.edu) to establish reasonable accommodations.

Other University Classroom Policies that Apply to this Class

Please familiarize yourself with additional University Policies available here: https://catalog.arizona.edu/syllabus-policies . These include:

- Non-Discrimination and Anti-Harassment Policy
- Threatening Behavior Policy
- Code of Academic Integrity
- Safety on Campus and in the Classroom

Use of LLMs and Other AI Tools

Generative AI tools (Claude, ChatGPT, etc.) are now part of the environment in which you are training, and I'd rather work with you to use them well than pretend they don't exist. The governing principle for this course is simple: **these tools should help sharpen and refine your thinking, not replace it.** The whole point of this 602A course is to build your own diagnostic reasoning, your own mastery of psychometric arguments, and your own judgment about when an instrument or a decision rule can be trusted. That capacity must be yours. If you let a LLM do the reasoning for you, you'll pass the assignment and arrive at practicum having not actually learned the skills and knowledge the assignment was designed to teach you, and this will be obvious. If you are unsure about any use, just ask!

Proper uses include:

- Generating vignettes with specified symptom profiles for use in the roleplay interviews.
- Practicing your interviewing technique by having the LLM portray a patient.
- Having discussions with the LLM to help clarify concepts and test your knowledge (e.g., quizzing yourself on DSM-5-TR criteria or psychometric formulas).
- Helping you summarize knowledge you've also already read yourself; e.g., pulling out key points from an assigned article as a study aid, after you've done the reading.
- Getting a second read on your own writing for clarity or organization, once you've done the actual thinking and drafting.
- Getting coding or syntax help (R, SPSS, or similar) for the mechanics of the Test Construction/Item Analysis/Reliability/Validity exercise. The statistical logic and interpretation still need to be yours, and you'll also need to show your hand calculations where called for.

Improper uses include:

- Asking the LLM to do your work for you, including making the actual diagnostic or psychometric judgment call in place of your own reasoning.
- Accepting the LLM's output uncritically and without verification. Models confidently misstate diagnostic criteria, fabricate citations, and get psychometric reasoning wrong often enough that you cannot skip checking anything you intend to rely on.
- Although unlikely in this semester's class, I will mention this here as it is paramount. Do not enter any real client, patient, or research participant information. LLMs do not provide a HIPAA-compliant destination for protected health information. (For FERPA-compliant use, you may access the U of A GenAI tools).
- Using AI tools during exams, or in any way inconsistent with the exam format as given.

A disclosure norm: If you used an AI tool in a substantive way in preparing an assignment (beyond, say, a grammar check), say so briefly in a footnote or cover note, specifying what you used it for and how. This isn't a penalty; it's the same transparency we'd expect of you citing any other source or collaborator.

Classroom Behavior Policy and the Use of Electronic Gizmos Specifically

It is my intent, and I ask you to join me, in creating a positive learning environment that is free from distractions. Computers or tablets may be used for notetaking and downloading lecture notes. As such they can be useful, but alas, they can also be a potent distraction. Please do not use them for other purposes (e.g. social media, e-chatting/texting, shopping, catching up on email, organizing a flash mob, plotting mass insurrection). Please turn your phones to silent mode and do not use them during class or you will be asked to leave the classroom. If you have a situation where you need to monitor your phone on a particular day (e.g., expecting a call back from your kid's daycare, or from someone offering you a suspiciously large amount of money for absolutely no reason), please let me know at the start of class.

Changes in Course Content, Schedule, Requirements

The information contained in this syllabus, other than the grade and absence policies, may be subject to change with reasonable advance notice, as deemed appropriate by the instructor.

Graduate Student Resources

For resources, please visit the University of Arizona's Basic Needs Resources page: https://basicneeds.arizona.edu

Approximate Schedule of Topics and Readings

Class Date	Topics	Readings
31 August	DSM-5: History and Use of the Manual Schizophrenia and Psychotic Disorders Phenomenology of Psychosis Structured Clinical Interview for the DSM (SCID)	American Psychiatric Association (2022). *Diagnostic and statistical manual of mental disorders: Fifth Edition Text Revision (DSM-5-TR)*. Washington, D.C.: Author. pp. 5-20, 21-28, 101-138. Anonymous. (1955). An autobiography of a schizophrenic experience. *The Journal of Abnormal and Social Psychology, 51*(3), 677-689.
7 September	**Labor Day Holiday!**	
14 September	DSM-5: ∞ Depressive disorders ∞ Bipolar and Related Disorders Stigmata and Labeling Proliferation of Disorders and the DSM-5	DSM-5-TR, pp. 177-214, 139-176. ➢ Rosenhan, D.L. (1973). On being sane in insane places. *Science*, *179*, 250-258. ➢ Scull, A. (2023). Rosenhan revisited: successful scientific fraud. History of Psychiatry, 34(2), 180–195. First, M. B., Yousif, L. H., Clarke, D. E., Wang, P. S., Gogtay, N., & Appelbaum, P. S. (2022). DSM-5-TR: Overview of what's new and what's changed. *World Psychiatry, 21(2)*, 218–219. https://doi.org/10.1002/wps.20989 Widiger, T.A., & Crego, C. (2015). Process and Content of DSM-5. *Psychopathology Review, 2*, 162-176. *Optional* Regier, D.A., Narrow, W.E., Kuhl, E.A., & Kupfer, D.J. (2009). The conceptual development of DSM-V. *American Journal of Psychiatry*, *166*, 645-650. Frances, A. (2009). Whither DSM-V? *The British Journal of Psychiatry, 195,* 391-392.
21 September	DSM-5: ∞ Anxiety Disorders, ∞ Obsessive-Compulsive and Related Disorders Reliability of DSM-5 RDoC as an alternative to DSM Prevalence of Disorders	DSM-5-TR, pp. 215-262, 263-294. Freedman, R., Lewis, D.A., Michels, R., et al. (2013). The Initial Field Trials of DSM-5: New Blooms and Old Thorns. *American Journal of Psychiatry, 170,* 1-4. ➢ Oquendo, M. A., Abi-Dargham, A., Alpert, J. E., Benton, T. D., Clarke, D. E., Compton, W. M., Drexler, K., Fung, K. P., Kas, M. J. H., Malaspina, D., O'Keefe, V. M., Öngür, D., Wainberg, M. L., Yonkers, K. A., Yousif, L., & Gogtay, N. (2026). Initial Strategy for the Future of *DSM*. *American Journal of Psychiatry*, *183*(5), 292–300. ➢ Cuthbert, B.N. (2022). Research Domain Criteria (RDoC): Progress and potential. *Current Directions in Psychological Science*, 31(2), 107–114. *Optional* Kessler, R.C., Berglund, P, Demler, O., Jin, R., & Walters, E.E. (2005) Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication. *Archives of General Psychiatry, 62,* 593-602.
28 September	DSM-5: ∞ Trauma- and Stressor-Related Disorders Dissociative Disorders, Somatic Symptom and Related Disorders Disruptive, Impulse-Control, and Conduct Disorders HiTOP as an alternative to DSM Pros and Cons of RDoC	DSM-5-TR, pp. 295-328, 329-348, 349-370, 521-542. ➢ Cicero, D. C., et al. (2024). State of the Science: The Hierarchical Taxonomy of Psychopathology (HiTOP). *Behavior Therapy, Special Issue: State of the Science in Behavior Therapy: Taking Stock and Looking Forward*, *55*(6), 1114–1129. ➢ Morris, S.E., Sanislow, C.A., Pacheco, J., Vaidyanathan, U., Gordon, J.A., & Cuthbert, B.N. (2022). Revisiting the seven pillars of RDoC. *BMC Medicine*, 20, 220. *Optional* Michelini, G., Palumbo, I. M., DeYoung, C. G., Latzman, R. D., & Kotov, R. (2021). Linking RDoC and HiTOP: A new interface for advancing psychiatric nosology and neuroscience. *Clinical Psychology Review*, *86*, 102025.

Class Date	Topics	Readings
5 October	DSM-5: ∞ Substance-Related and Addictive Disorders Neurocognitive Disorders Neurodevelopmental Disorders Feeding and Eating Disorders Elimination Disorders Sleep-Wake Disorders (Insomnia) Conceptual and psychometric issues in diagnosis: The role of cultural and individual differences	DSM-5-TR: pp. 543-666 (skimming specific substances), 667-732, 35-100, 371-398, 399-406, 407-417 (Insomnia section). ➢ Shim, R.S. (2021). Dismantling structural racism in psychiatry: A path to mental health equity. *American Journal of Psychiatry*, *178*, 592-598. ➢ Paralikar V.P., Deshmukh, A., & Weiss, M.G. (2019). Qualitative analysis of cultural formulation interview: Findings and implications for revising the outline for cultural formulation. *Transcultural Psychiatry, 0,* 1-29 APA Council (2017). Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality. Read pages: 1-13 *Optional*: Clark, L.A., Cuthbert, B., Lewis-Fenández, R., Narrow, W.E., & Ward, G.M. (2017). Three Approaches to Understanding and Classifying Mental Disorder: ICD-11, DSM-5, and the National Institute of Mental Health's Research Domain Criteria (RDoC). *Psychological Science in the Public Interest*, *18*, 72-145.
12 October	DSM-5: ∞ Comorbidity Sexual Dysfunctions Gender Dysphoria Paraphilic Disorders Personality Disorders Conceptual and psychometric issues in diagnosis: Positive Predictive Power, Negative Predictive Power, impact of Base Rates, and related concepts;	DSM-5-TR: pp. 477-510, 511-520, 779-802, 733-778. ➢ Meehl, P.E., & Rosen, A. (1955). Antecedent probability and the efficacy of psychometric signs, patterns, or cutting scores. *Psychological Bulletin*, *52*, 194-216. Blashfield, R.K., Keeley, J.W., Flanagan,E.H., & Miles, S.r. (2014). The cycle of classification: DSM-I Through DSM-5. Annual Review of *Clinical Psychology. 10*, 25–51 *Optional* García, L. F., Gutiérrez, F., García, O., & Aluja, A. (2024). The Alternative Model of Personality Disorders: Assessment, Convergent and Discriminant Validity, and a Look to the Future. *Annual Review of Clinical Psychology*, *20*, 431–455.
19 October	Conceptual and psychometric issues in diagnosis: ROC curves	➢ Somoza, E., & Mossman, D. (1991). Neuropsychiatric decision making: making: Designing nonbinary diagnostic tests. *Journal of Neuropsychiatry*, *3*, 197-200. ➢ Mossman, D. & Somoza, E., (1991). ROC curves, test accuracy, and the description of diagnostic tests. *Journal of Neuropsychiatry*, *3*, 330-333. ➢ Somoza, E., & Mossman, D. (1991). ROC curves and the binormal assumption. *Journal of Neuropsychiatry*, *3*, 436-439.
26 October	**Exam #1**	

Class Date	Topics	Readings
2 November	The Mental Status Exam MMSE The unstructured interview Assessor qualifications Special Populations	Norris, D., Clark, M.S., & Shipley, S. (2016) The Mental Status Examination. *American Family Physician, 94,* 635-641. Turner, S.M., DeMers, S.T., Fox, H.R., & Reed, G.M. (2001). APA's guidelines for test user qualifications. *American Psychologist*, *56*, 1099-1113.
5 November (Room 321)	Measurement Concepts Item Analysis Suicide Assessment	➢ Mann, J.J., Apter, A., Bertolote, J., et al. (2005). Suicide prevention strategies: A systematic review. Journal of the American Medical Association, 294, 2064-2074. Swanson, J.W., Bonnie, R.J., & Appelbaum, P.S. (2015). Getting serious about reducing suicide: More "how" and less "why." *JAMA, 314,* 2229-2230. ➢ Meichenbaum (2005) "35 years of working with suicidal patients : Lessons learned" *Canadian Psychology, 46*, 64-72. ➢ McFall, R.M. (1991). Manifesto for a science of clinical psychology. *The Clinical Psychologist*, *44*, 75-88. Posner, K., Lucas, B.D., Gould, M., Stanley, B., Brown, G., Fisher, P, Zelazny, J., Burke, A., Oquendo, M., & Mann, J. (2009). *Columbia-Suicide Severity Rating Scale (C-SSRS) Baseline Version*. New York State Psychiatric Institute. And watch https://www.youtube.com/watch?v=Ted_gl-UXi8 *Optional*: Doupnik SK, Rudd B, Schmutte T, et al. (2020).Association of Suicide Prevention Interventions With Subsequent Suicide Attempts, Linkage to Follow-up Care, and Depression Symptoms for Acute Care Settings: A Systematic Review and Meta-analysis. *JAMA Psychiatry. 77*(10):1021–1030. doi:10.1001/jamapsychiatry.2020.1586 Richards, J.A., Cruz, M., Stewart, C., Lee, A.K., Ryan, T.C., Ahmedani, B.K., & Simon, G.E. (2024). Effectiveness of integrating suicide care in primary care: Secondary analysis of a stepped-wedge, cluster randomized implementation trial. *Annals of Internal Medicine, 177*, 1471-1482. doi:10.7326/M24-0024 Beck, J.G., Castonguay, L.G., Chronis-Tuscano, A., Klonsky, E.D., McGinn, L.K., & Youngstrom, E.A. (2014). Principles for training in evidence-based psychology: Recommendations for the graduate curricula in clinical psychology. *Clinical Psychology Science and Practice, 21,* 410-424.
9 November	More Measurement Concepts Item Response Theory, and application to test bias Reliability	Kaplan, R.M., ,& Saccuzzo, D.P. (2008). Psychological Testing. Chapters 1, 2, 3. Campbell, D.T., & Fiske, D.W. (1959). Convergent and discriminant validation by the multitrait-multimethod matrix. Psychological Bulletin, 56, 81-105. Sechrest, L. (2005). Validity of measures is no simple matter. Health Services Research, 1584-1604.
16 November	More Reliability Validity Issues in Assessment I	Kaplan, R.M., ,& Saccuzzo, D.P. Chapters 4 & 5. ➢ Forer, B.R. (1949). The fallacy of personal validation: A classroom demonstration of gullibility. Journal of Abnormal and Social Psychology, 44, 118-123. ➢ Okazaki, S., & Sue, S. (2016). Methodological issues in assessment research with ethnic minorities. In A. E. Kazdin (Ed.), Methodological Issues and Strategies in Clinical Research (4th ed., pp. 235–248). American Psychological Association American Psychological Association (2014). Standards for Educational and Psychological Testing. Washington, D.C.: Author. Chapter 9, 139-148.

Class Date	Topics	Readings
23 November	Test Theory Issues in Assessment II	Kaplan, R.M., ,& Saccuzzo, D.P. Chapter 6. ➢ Dawes, R.M., Faust, D., & Meehl, P.E.(1989). Clinical versus actuarial judgment. *Science*, *243*, 1668-1674. ➢ Dawes, R.M. (2005). The ethical implications of Paul Meehl's work on comparing clinical versus actuarial prediction methods. *Journal of Clinical Psychology, 61*, 1245-1255. *Skim*: Lilienfeld, S.O., Wood, J.M., & Garb, H.N. (2000). The scientific status of projective techniques. *Psychological Science in the Public Interest*, *1*, 27-66. *Optional*: Amhad, A.A. et al. (2020). Fairness in Machine Learning for Healthcare. KDD '20: Proceedings of the 26th ACM SIGKDD International Conference on Knowledge Discovery & Data Mining. August 2020, 3529–3530. Ægisdóttir, S., White, M. J., Spengler, P. M., Maugherman, A. S., Anderson, L. A., Cook, R. S., Nichols, C. N., Lampropoulos, G. K., Walker, B. S., Cohen, G., & Rush, J. D. (2006). The Meta-Analysis of Clinical Judgment Project: Fifty-Six Years of Accumulated Research on Clinical Versus Statistical Prediction. *The Counseling Psychologist*, *34*(3), 341-382.
30 November	Test Theory Issues in Assessment III	➢ Chapman, L.J., & Chapman, J.P. (1978). The measurement of differential deficit. *Journal of Psychiatric Research*, *14*, 303-311. ➢ Chapman, L.J., & Chapman, J.P. (1969). Illusory correlation as an obstacle to the use of valid psychodiagnostic signs. *Journal of Abnormal Psychology, 74,* 271-280.
7 December	Issues and Ethics in Intelligence Testing	➢ Jensen, A.R. (1980). Précis of "Bias in mental testing." *Behavior and Brain Sciences*, *3*, 325-333. (Not necessary to read commentary unless you wish) ➢ Devlin, B. Daniels, M., & Roeder, K. (1997). The heritability of IQ. Nature, 388, 468-471. ➢ Johnson, W. (2010). Understanding the Genetics of Intelligence: Can Height Help? Can Corn Oil? *Current Directions in Psychological Science, 19,* 177-182. ➢ Sternberg, R.J. (1995). For whom the Bell Curve Tolls: A review of "The Bell Curve." *Psychological Science*, *6*, 257-261. ➢ Tucker-Drob, E.M., & Bates, T.C.. (2015). Large Cross-National Differences in Gene x Socioeconomic Status Interaction on Intelligence. *Psychological Science, 27,* 138-149. ➢ Smedley, A., & Smedley, B.D. (2005). Race as Biology Is Fiction Racism as a Social Problem is Real. *American Psychologist, 60,* 16-26.
14 December	Final Exam (1:00-3:00 p.m.) Data Exercise Due	

Other rather useful information in the form of unsolicited advice for first-year students, in no particular order of importance, to be discussed after we discuss the syllabus:

- ✓ Useful Reference Materials to Obtain for Clinical Assessment
  - ✓ Medical Dictionary (download an Android or iPhone app: https://www.healthwriterhub.com/best-medical-dictionary-apps)
  - ✓ UpToDate Access free https://lib.arizona.edu/hsl/materials/uptodate (from campus computer, Library Proxy, or VPN)

- ✓ Use a reference manager (e.g., Zotero, Endnote, or Mendeley or similar)

- ✓ Join Professional Societies while a student (APA, APS, SSCP, Discipline Specific Organizations) and Attend Professional Meetings

- ✓ Start documenting clinical hours now, rather than waiting until right before the application deadline in your fourth year, when you'd have to reconstruct your first year by going back to reports (if you have them) or to loose scraps of paper with scribbles and circles and arrows and a paragraph on the back of each one explaining what each one was. Visit the APPIC website to see what is required, or use TimeToTrack tool to track your hours: https://time2track.com.

- ✓ Great resources for clinical graduate students: https://www.acadpsychclinicalscience.org/for-students.html

- ✓ Be sure to have (or develop) a hobby!