University of Regina

DEPARTMENT OF PSYCHOLOGY

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Clinical Psychology
Program Manual

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1 Clinical Program Overview

Mission

The mission of the Clinical Psychology Program at the University of Regina is to train our students in the scientist-practitioner tradition so that they will be prepared to work as a researcher, teacher or practitioner or all of these within a variety of settings (academic, clinical, or research setting).

Philosophy

In keeping with the motto of the University of Regina as "One Who Serves" the philosophy of the Clinical Program in the Department of Psychology is characterized by a commitment to our responsibility to society and to our responsibility to the profession. In fulfilling these responsibilities, we endeavour to ensure that our students are not only knowledgeable and competent in both the delivery of services and in the conduct of creative research, but that they also endorse an ethic of care. Underlying these skills and attitude acquisitions is the principle of integrity in relationships, which, in turn, is characterized, by respect for the dignity and welfare of others.

The Clinical Psychology program at the University of Regina aims to prepare future psychologists to work effectively with all individuals. We expect students and faculty to treat all persons with respect and fairness, and we strive to foster appreciation, awareness, and knowledge of demographic and cultural diversity. As a program, we affirm students' rights to maintain their personal beliefs, faiths and customs. For students to cultivate the competencies necessary for practice as a professional practice psychologist, we also require students to develop both the knowledge and skills to work with individuals across the full spectrum of demographic and cultural variability.

Values

The following values are inherent in the Clinical Program's achievement of our mission:

- Excellence
- Scholarship
- Leadership
- Innovation & Creativity
- Integration of Science and Practice
- Generalist Training
- High Ethical Standards
- Responsiveness to Society
- Adherence to National Standards and Policies Concerning Training
- Compassion
- Diversity
- Respect & Integrity
- Professional Satisfaction
- Collegiality
- Collaboration
- Productivity & Effort
- Accountability

Clinical Areas/Theoretical Orientation

Students have opportunities through work with faculty or community supervisors to pursue various interests in clinical psychology, including clinical health psychology and neuropsychology. Opportunities exist to work with children, adults and seniors in a variety of settings such as mental health, psychiatric, acute care, rehabilitation, counselling or forensic settings. Exposure to a variety of theoretical orientations is possible, including cognitive-behavioural, humanistic, and interpersonal.

Professional & Research Interests

A rather broad range of interests is reflected in the professional and scholarly activities of the Clinical Psychology faculty members (see section on faculty interests in our brochure). Research expertise of faculty fall both within the quantitative as well as qualitative domain.

Goals & Objectives

Research Goals: The program strives to prepare students to have an understanding and respect for both basic and applied research. The faculty of the clinical program subscribe to the views that: (a) the clinical scientist, who is competently-trained in practice makes the most significant contributions to clinical research; and (b) the practitioner who is familiar with the body of basic and applied research, and who can critically evaluate research findings makes the soundest contributions to society and the profession.

Research Objectives: To meet the above goals, students take courses in research methods and statistics. They also obtain experience in program evaluation (e.g., through course work, completion of a program-sanctioned program evaluation, participation in the Canadian Evaluation Society Annual Case Competition or completion of a program evaluation proposal as part of comprehensive exams). Research is incorporated into clinical courses and is a component of reading required for clinical training. Furthermore, students complete both an M.Sc. and Ph.D. thesis and have the opportunity to participate in faculty research projects.

Clinical Practice Goals: Students become competent in: (a) assessment, (b) diagnosis, (c) evaluation; (d) consultation; and (e) intervention. In each area, students gain competency in the development and maintenance of interpersonal relationships, including competency in

working with diverse groups. Our program is generalist in nature, and we expect students to engage in a wide variety of diverse clinical experiences. It is recognized, however, that the field of clinical psychology is diverse and no single practitioner can master all areas. Students are taught to recognize the limits of their skills and, when appropriate, refer to colleagues who have the requisite skills.

Clinical Practice Objectives: Students complete course work in ethics, psychopathology, assessment and interventions. This course work exposes students to more than one theoretical orientation, with an emphasis on evidence-based approaches, and skills needed to work with adults, and children and diverse populations. Students carry out at least 2,700 hours of clinical training under supervision (at least 300 direct client hours; at least 150 hours of supervision prior to the predoctoral residency), including a four month internship, two Ph.D. clinical placements and a predoctoral residency. Students also complete an oral case presentation, an oral ethics exam and an exam covering broad topics in clinical psychology (i.e., comprehensive exams).

Knowledge Goals: Students gain a working understanding of biological, social, cognitive and affective bases of behaviour as well as individual differences, statistics and research methods. A more thorough knowledge of personality, psychopathology, assessment, diagnostics, intervention, ethics and professional behaviours is obtained. Several theoretical orientations are covered.

Knowledge Objectives: To gain the above knowledge students complete course work at the graduate level in the above areas. Further knowledge is gained through clinical experiences and comprehensive exams.

Ethics and Professional Conduct Goals: The program strives to prepare students to be ethical and professional in their research, clinical, and teaching activities. Moreover, the program strives to prepare students to be sensitive to issues of racial and cultural diversity and individual differences.

Ethical and Professional Objectives: To meet the above goals, students take a course in professional ethics that not only thoroughly covers the CPA code of ethics and ethical decision making process, but also legislation, standards of practice, and cultural issues. They are also trained in becoming competent and culturally sensitive in their interpersonal relationships. Students are exposed to diverse clients (over 2700 hours of clinical training), and diverse faculty mentors. Students also complete an oral ethics exam as part of the comprehensive examination process.

Leadership Goals: We encourage our graduates to: (a) disseminate their work through conference presentations and publications; (b) expand their knowledge by attending conferences or workshops and reading journals; (c) train others in psychology and other mental health fields; (d) educate the public; and (e) contribute to psychology as a discipline by holding leadership roles.

Leadership Objectives: To meet the leadership goals, students are encouraged to present and publish their work, to obtain experience as teaching assistants, to be involved in training junior students and to play an active role in the development of the discipline of psychology by being an active member of the Psychology Graduate Students Association and the Canadian Psychological Association. To encourage professional development, students complete a seminar series devoted to professional issues at the Ph.D. level. A major component of this seminar series is focused on development of skills in supervision and interprofessional relationships.

Full-time Program

During both the M.Sc. and Ph.D. Programs, students are expected to be enrolled as full-time students. Furthermore, although we have students complete a M.Sc., we expect that students who are admitted to the M.Sc. will apply for and carry on and complete their Ph.D. The program requires two years of full-time for the M.Sc. and four years full-time for the Ph.D. Unless completing clinical training outside of Regina, students are expected to be on campus at the University of Regina on a full-time basis.

Student-Goals

In Appendix A, students will find a list of goals they should be working towards. Goals vary for students in the M.Sc. and Ph.D. program. Along with the goals, timelines for the goals are also listed in the Appendix.

Director of Clinical Training

The Director of Clinical Training (DCT) is a tenured Clinical Faculty member, and registered doctoral psychologist. The DCT is provided with course reduction and is responsible for the following:

- general operation of the Program in compliance with FGSR requirements & CPA accreditation requirements
- preparation and submission of documentation to CPA to ensure compliance with CPA accreditation requirements including the submission of self studies for the site visit, scheduling and preparing site visits, submission of annual reports, maintaining written records of compliance, and informing CPA of changes in the Program
- responding to requests for information about the program from students, professionals and organizations.
- overseeing and reviewing requests for course exemption
- annual student evaluations and feedback to students
- handling of student difficulties, developing, implementing and monitoring remediation plans

- administering program satisfaction surveys to graduates and tabulating results on an annual basis
- annual program evaluation in which the program is reliably examined to ensure success in meeting goals and objectives
- annual examination of program in light of the evolving body of knowledge in psychology, current standards of best professional practice, local, regional and national psychological services, and jobs and career paths of graduates
- annual review and revision of Clinical Program Manual, Psychology Training Clinic Manual, and Program Brochure
- chairing the Clinical Graduate Student Selection Committee and welcoming and orienting new students to the program
- reviewing applications for various awards from Faculty of Graduate Studies and Research awards
- organization of comprehensive exams
- overseeing student applications to and progress during the predoctoral residency
- organizing additional learning workshops or inter-professional events for students
- operation of the Psychology Training Clinic monitoring, purchasing and advocating for Pro-gram resources
- chairing Clinical Committee Meetings and overseeing minutes of these meetings
- informing students, department, and community of Clinical Committee policy and activities (including preparation of the annual newsletter)
- involvement in University and Community commit-tees related to clinical training
- teaching the 900AB Seminar course

Clinical Placement Coordinator

The Clinical Placement Coordinator (CPC) must be a clinical faculty member and registered doctoral psychologist. The position results in one course reduction in teaching load. The CPC works closely with the DCT. The CPC is responsible for the following activities.

a) liaison with community clinical supervisors and students
b) orientation of new clinical graduate students to clinical training policies and sites
c) development and revision of policies and procedures for clinical placements consistent with University, FGSR and CPA (e.g., guidelines for placements, education of supervisors, evaluation forms, guidelines for communication among students, supervisors and the Program and dealing with student difficulties)
d) review of student requests for placements
e) assignment of students to placements distribution and review of placement agreements, midterm and final evaluations, tracking of hours forms, health and safety forms etc.
f) monitoring of student progress during placements
g) development and monitoring of remediation plans to deal with student difficulties experienced during clinical placements
h) coordination of the Clinical Seminar Series
i) coordination of Jillings Award selection and presentation
j) assisting in the revision of the Clinical Program Manual, especially with respect to clinical placements
k) advocating for appropriate funding and resources for student placements
l) participating in various university and community committees related to clinical placements

Supervisory Expectations

In Appendix B, students and faculty will find a list that describes what students can expect of their supervisors.

Accreditation

The Program is accredited by the Canadian Psychological Association. The most recent site visit took place in October, 2021 and the program was re-accredited until 2027-2028. Information regarding accreditation can be obtained from:

Accreditation Office
Canadian Psychological Association
141 Laurier Avenue West, Suite 702
Ottawa, ON K1P 5J3

Tel: (613) 237-2144 Ext. 328
Fax: (613) 237-1674
Toll Free: 1-888-472-0657

http://www.cpa.ca/

2 Faculty

Clinical Faculty

The Clinical Program is based in the Department of Psychology at the University of Regina. This department is a recognizable and coherent unit. The Department is made up of Psychology faculty employed by the University of Regina, as well as Psychology faculty members from Luther College and Campion College, which are federated with the University of Regina.

All decisions regarding issues dealing with the Clinical Program or students are made by the Clinical Committee. This Committee is a Standing Committee of the Department of Psychology and consists of all clinical faculty members, a faculty member from the EAP program, and a graduate student representative. Changes in Clinical Program requirements require departmental approval.

- Dr. Gordon Asmundson, Professor, Head, Department of Psychology
-
- Dr. Shadi Beshai, Associate Professor
- Dr. Nick Carlton, Professor
- Dr. Jennifer Gordon, Associate Professor,
- Dr. Heather Hadjistavropoulos, Professor
- Dr. Thomas Hadjistavropoulos, Professor
- Dr. Lynn Loutzenhiser, Professor, Director of Clinical Training
- Dr. Kristi Wright, Professor, Clinical Placement Coordinator
- Dr. Natasha Gallant, Assistant Professor

Faculty in Other Areas of Psychology

- Dr. Richard MacLennan, Professor
- Dr. Chris Oriet, Professor
- Dr. Tom Phenix, Associate Professor (Campion College)
- Dr. Katherine Robinson, Professor (Representative on Clinical Committee, Campion College)
- Dr. Donald Sharpe, Professor
- Dr. Laurie Sykes Tottenham, Associate Professor
- Dr. Kaila Bruer, Assistant Professor (Luther College)
- Dr. Sarah Sangster, Assistant Professor
- Dr. Austen Smith, Assistant Professor
- Dr. Susan Yamamoto, Assistant Professor (Campion College)
- Dr. Sarah Zanette, Assistant Professor (Luther College)

Associate Members of Psychology

- Dr. Kim Dorsch, Professor, Faculty of Kinesiology and Health Studies, University of Regina
- Dr. Justin Feeney, Assistant Professor, Faculty of Business Administration, University of Regina

Adjunct Professors

- Dr. Jody Burnett, (H. Morgan Traquair and Associates)
- Dr. Regan Hart, Saskatoon
- Dr. Heather Price, (Thompson River University), Associate Professor
- Dr. Michelle McCarron, SHA
- Dr. Katherine Owens, SHA
- Dr. Phillip Sevigny, (University of Alberta)
- Dr. Jennifer St. Onge, SHA
- Dr. William Smythe, Professor
- Dr. Jaime Williams

Professional Associates

- Dr. Amy Janzen Claude, Mental Health Services, SHA
- Dr. Kent Klippenstine, Gateway Alliance Health

3 Resources

Teaching Facilities

Small and large classrooms are available depending on the size of the class. Furthermore, it is possible to book equipment for multimedia presentations through Audio Visual (AV) Services (306-585-4476).

The department has one Teaching Assistant Office (for teaching assistants to hold office hours, meet students, and mark class materials). This room also has a computer that allows for computer scoring of tests.

Students completing a practicum in the Psychology Training Clinic have their own desk and computer to work at. Students can book a group room, individual therapy room or family room to see clients. All rooms can be viewed by a one-way mirror and are set up for both audio and video recording. Testing materials are also stored in the Psychology Training Clinic.

Library Facilities

Detailed information about the size and nature of the library collections and services at the U of R is available on the Library website: https://www.uregina.ca/library/

The Dr. John Archer Library is the largest library on the University of Regina campus. Library holdings include more than 644,000 print monograph (book) titles, 118,000 electronic monograph titles, 1,400 print and microform serial titles, 21,000 electronic serial titles, 35,000 serial titles in aggregator packages, 11,000 audio materials, and 1,800 film and video materials.

Also accessible to all University of Regina students are three federated college libraries. The collections of each are complementary to each other and to those of the Archer Library. The U of R has three federated college libraries (Campion College Library, Luther College Library, and First Nations University of Canada Library).

The Library currently subscribes to more than 400 database services in a wide range of subject disciplines. For psychology, there are more than 30 databases listed that provide access to indexes, abstracts, and full-text articles. These include PsycINFO, PsycArticles (full-text articles from journals published by the American Psychological Association and Canadian Psychological Association), PsycCRITIQUES (a searchable database of book reviews in psychology), and Journal Citation Reports (Science and Social Sciences editions).

The Archer Library provides seating for more than 740 readers. There are 104 computer workstations with full office productivity software for student in the main floor commons as well as a lab with 30 computers. Most of the electronic resources are available at workstation at the libraries as well as offices, computer labs, and other locations on campus. Off-campus access is also available for faculty, students, and staff.

Other services available include Interlibrary Loans/Document Delivery, which provides access to journal articles, books, and other resources that are not available at the Archer Library. Most articles that are needed by faculty and students can be obtained within a few days and can be requested online. Also available online is the Recommend a Book form, where students and faculty can suggest books to be added to our collection. Reference service is available at the Archer Library Information Desk, by phone, email, instant messaging, and by appointment. Instruction in using library resources, including searching databases, is available individually, for small groups, and classes.

More information about library collections and services is available on the Library website: https://www.uregina.ca/library/ or phone the Information Desk at 306-585-4495 or 306-585-4133.

Office Space

Graduate students within the department have secure office space located in the main department. Students who are carrying out a teaching assistant position also have access to the teaching assistant room. Most students also have access to space in their supervisor's labs. This is arranged with the individual supervisor. For students completing a clinical practicum in our Psychology Training Clinic, there is appropriate office space available.

Assessment Materials and Supplies

The psychology department maintains a testing library for use in assessment courses as well as the training clinic. For adults, the following tests are available:

Beck Depression Inventory-II
Beck Anxiety Inventory
Beck Suicide Inventory
Behavioural Health Inventory
Delis–Kaplan Executive Function System (used with children and adults)
Millon Clinical Multiaxial Inventory (*MCMI-III*)
NEO Personality Inventory-R
Personality Assessment Inventory
Rorschach
SCID-5-CV
Thematic Apperception Test
The Minnesota Multiphasic Personality Inventory - *MMPI-2*
Wechsler Adult Intelligence Scale – IV
Wechsler Memory Scale-III
The following tests are available for children:

Adaptive Behaviour Assessment (ABAS-3), 3rd Ed.
Autism Diagnostic Observation Schedule, Second Edition
Autism Diagnostic Interview-Revised
Behaviour Assessment System for Children, 2nd Edition
Behaviour Rating Inventory of Executive Function, 2nd edition
Conners-3
Differential Ability Scales-2nd Edition (preschool & school age)
Million Adolescent Clinical Inventory
Minnesota Multiphasic Personality Inventory-Adolescents
Personality Inventory for Children
The Wechsler Intelligence Scale for Children - Fifth Edition
Vineland Adaptive Behaviour Scales – 3rd Ed.
Wechsler Individual Achievement Test – III
Wechsler Preschool and Primary Scale of Intelligence (WPPSI-IV), 4th Ed.

Scoring of tests takes place by hand or is arranged through testing companies. We have not opted to purchase our own scoring at this time due to the desire to have students learn how tests are scored.

Computer Facilities

Most faculty members have computers available for students in their research labs. There are computers and a printer available in the Psychology Training Clinic. Graduate students also have access to a university computer laboratory that enables them to use the university's network. The network provides students with access to SPSS, Microsoft Office, and AMOS. This laboratory may be used by students at any time with exception of when it is booked for teaching purposes.

Recording Equipment

Recording equipment is available in the Psychology Training Clinic for recording of client-patient interactions. Recording equipment can also be booked for no charge through Audio Visual Services (306-585-4476).

Facilities to Enable Accommodations for Students

The Centre for Student Accessibility (CSA) upholds the University's commitment to a diverse and inclusive learning community by providing services and support to enable students with disabilities to approach their studies in an equal and effective manner. Students can request accommodations through their website https://www.uregina.ca/student/accessibility/

4 Financial Assistance & Awards

Financial Assistance

- Throughout the year, students are informed of various opportunities available for obtaining funding
- First and second year M.Sc.and Ph.D. Students who do not already hold Tri-Council funding are expected to apply for Tri-Council funding on an annual basis or equivalent.
- Our goal is to ensure students have minimum funding of $17, 500 in year 1 and 2 of the M.Sc. and to assist them in obtaining funding for years 1, 2 and 3 of the PhD. In the fourth year of the PhD, the student is expected to secure a paid predoctoral residency. Our ability to assist students in obtaining funding assumes the student is in good academic standing and is complying with Clinical Program policies. Furthermore, it assumes that the student is also taking an active role in applying for funding.
- Students can apply for Teaching Assistantships and Fellowships and Graduate Studies Scholarships as detailed on the Faculty of Graduate Studies and Research (FGSR) website. Graduate Teaching Assistantship Awards are valued at $2740 per semester for M.Sc. and $2,874 for Ph.D. students; Graduate Teaching Fellowships are paid in accordance with the CUPE 2419 collective agreement (current value $7,385.74); Graduate Students are eligible for funding from FGSR.
- Students are supported in their efforts to obtain external funding or other scholarships through FGSR. Scholarships are posted on the FGSR https://www.uregina.ca/gradstudies/current-students/scholarships/index.html. These vary in value. The following awards are examples of awards that graduate students in psychology have obtained in previous years:

- Vanier Tri-Council ($50,000)
- CIHR – CGS Master's Scholarship ($17,500)
- CIHR – Doctoral Research Award ($22,000)
- SSHRC CGS Master's Scholarship ($17,500)
- SSHRC Doctoral Award ($35,000/year for 3 years)
- Saskatchewan Innovation and Opportunity Graduate Scholarship ($17,500 or over)
- Verna Martin Memorial Scholarship in Doctoral Studies ($23,000)
- Alzheimer Society of Saskatchewan Scholarship ($5,000)
- Centennial 2011 Legacy Award ($4,150)
- Anne Rigney Graduate Scholarship ($7,200)
- Dr. E. C. Leslie Graduate Student Entrance (3 @ $5,850)
- University of Regina Alumni Association Leadership Award ($2,800)
- FGSR Indigenous Graduate Scholarship - kaskitomasowak ($5,000)
- FGSR Graduate Student Travel Award ($750)
- C. Jillings Award for Excellence in Clinical Psychology ($2,850)
- Psychology Graduate Entrance Scholarship ($1,950)
- Carillon Award ($1,500)
- Graduate Students' Association (GSA) Scholarship (2@$750 and 2 @ $1,250)
- John Spencer Middleton & Jack Spencer Gordon Scholarship (Variable)
- Saskatchewan Gerontology Association Bursary ($500)
- University of Regina Alumni Association Leadership Awards ($2,800)
- University of Regina Graduate Single Parent Bursary ($1,320)
- University of Regina Women's Centre Bursary for Women ($1,000)

- Faculty of Arts Teaching Assistant positions are also available to students. These involve 90 hours of work in a semester and are valued at approximately $2,055.60 for M.Sc. students and $2,155.50 for Ph.D. students. Students need to apply for these positions.
- Most students also seek additional support as research assistants through faculty members ($22.84 per hour for M.Sc. and $23.95 per hour for Ph.D.).

The Jillings Award Faculty of Graduate Studies & Research Terms of Reference

The Jillings Award is made annually to graduate students in clinical psychology who have demonstrated excellence during a four-month clinical internship.

Value: $2,850 one award

Eligibility: Candidates will be Clinical Psychology graduate students at the University of Regina who have completed a clinical internship as part of the graduate program at the University of Regina during the last 12 months.

Student Status: Full-time

Applications: Students must write an essay regarding their internship experience (not to exceed 1000 words). Students are also required to submit one letter of

reference from an internship supervisor in support of their application. The Clinical Placement Coordinator will form a committee to review applications. The individual who is nominated will be forwarded to the Head of the Department of Psychology who then presents this information to the Faculty of Graduate Studies & Research. Hard copies of all materials should be left with the departmental secretary.

Deadline: Applications are due on **the last working day in April.** The selection committee (consisting of at least two faculty members) will meet shortly thereafter and the Head of the Department of Psychology submits names of those selected for the award to FGSR by June 15th.

History of the Jillings Award

Chuck (Charles) Jillings came to the University of Regina from the Saskatchewan Government. He was Director of our Counselling Services, Director of our Clinical Program, taught clinical graduate courses, and supervised many M.Sc. students, both in their practica and in their research. He was also a pioneer in establishing the Saskatchewan Psychological Association which led to the development of a registration process for psychologists in Saskatchewan. He was very committed to the development of the Clinical Program. He is remembered for his commitment to students. Chuck was generous with his time, his expertise, his support, and his caring. His legacy, in the form of an award for internship performance held in trust by the University, ensures that his commitment to students continues to be felt.

Information for Students Applying for Award

Students who want to apply for this award should submit their essay and CV to the administrative assistant with the Department of Psychology, by the last working day in April of each year. The essay should be not exceed 1,000 words be on what they hope to get out of their Internship experiences. Students should not recite clinical experiences (e.g., "I saw 5 clients using interpersonal therapy for the treatment of depression"). Instead they should describe personal growth, and share observations and insight gained about the profession during this first experience as a clinician.

Also by the last working day in April, students should ask one of their supervisors from their internship to write them a letter of reference for this award. The supervisor should comment on whether they feel the student's performance on internship was exceptional and in what ways. This essay and reference letter along with the final evaluation and tracking of hours will be used to review applications for this award. The letter should be sent to the departmental secretary who will collate materials.

Terms of Reference for the Clinical Committee

The Jillings Award is made annually to a graduate student in clinical psychology who has demonstrated excellence during a four-month clinical internship. The student that is ranked the highest is nominated to FGSR for the Award. However, we are under no obligation to confer this award in any particular year.

In June of each year, a two person committee will be struck from the Clinical Committee members to adjudicate the applications and make a decision regarding the award. The individual selected is then forwarded to the Department Head who then informs FGSR of the award by June 30th (FGSR deadline).

Decisions are based on information from the students' internship supervisor, in the form of a reference letter, and the 1,000 word essay written by the students reflecting on their experiences and professional development. Also, the tracking of hours form and final evaluation form from the internship will be considered.

5 Policy on Employment

Outside Employment

In line with CPA standards for accreditation of doctoral programs in professional psychology, students cannot be employed for more than 20 hours a week. This ensures that students progress through the Program in a timely manner.

Students are required to report their hours of employment on an annual basis (spring each year). Students violating this policy will be reminded of the policy and asked to conform to the policy.

If the problem continues, the Clinical Committee would have no reasonable choice but to recommend to the Faculty of Graduate Studies and Research discontinuation of the student from the Clinical Program. The committee is of the opinion that the violation of this policy compromises student progress in the Program. It also compromises the accreditation of our Program which would have serious negative consequences both for the reputation of our department and for all clinical graduate students.

Students should note that when they accept awards, these awards may also come with requirements to limit employment.

6 Program Components

M.Sc. Requirements

- Psyc 801 Research Design and Methodology in Psychology
- Psyc 802 Applied Multivariate Statistics
- Psyc 806 Ethics and Standards of Professional Practice
- Psyc 832 Advanced Psychopathology
- Psyc 850 Psychological Assessment I
- Psyc 860 Psychological Interventions I
- Psyc 900AA Graduate Seminar
- Psyc 901 Thesis Research
- Psyc 876 Internship in Clinical Psychology (600 hours)

Note: *students are also permitted to take an elective at the M.Sc. level that can later be used towards meeting core competency requirements in the Ph.D. program with DCT permission.*

Ph.D. Requirements

- Psyc 800 History, Theory and Systems in Psychology (or equivalent, e.g., Psyc 824, 826)
- Psyc 803 Psychometrics
- Psyc 851 Psychological Assessment II
- Psyc 861 Psychological Interventions II
- One elective Psychology course
- Psyc 900AB Doctoral Seminar
- Psyc 870 Practica in Clinical Psychology (minimum 150 hours)
- Psyc 871 Practica in Clinical Psychology (minimum 150 hours)
- Psyc 865CL Comprehensive Examination in Psychology
- Psyc 880AB Pre-doctoral Residency in Clinical Psychology
- Psyc 901 Thesis Research

Demonstrated Competence:

Students must also demonstrate competence in several areas: biological, cognitive-affective and social bases of behaviour. Competence can be demonstrated by passing a graduate course in each of these areas. In addition, one of these could be used to fulfill the Ph.D. requirement for an elective psychology course)

- biological bases of behaviour (most often completed by taking Psyc 845 Theory, Research and Clinical Applications in Neuropsychology; under special circumstances can also be completed by taking a directed reading course);
- cognitive and affective bases of behaviour (most often completed by taking Psyc 881 Cognitive Psychology; under special circumstances can also be completed by taking a directed reading course); and
- social bases of behaviour (most often completed by taking Psyc 820 – Advanced Social Psychology; under special circumstances can also be completed by taking a directed reading course).

Students who have completed two senior undergraduate courses in one of the above areas may also request to use these two courses to meet the competency requirement. Students must have obtained at least a B (70 or higher) in the courses. This option, however, can only be used for one of the three areas of competence. Students must submit relevant course outlines to the DCT, who will then determine if the student should be approved to use these courses to meet the competency requirement. The DCT will consult with the Clinical Committee as needed. If approved to use two undergraduate courses to meet the competency requirement in one of the areas, the Clinical Committee, Department Head and FGSR will be informed of this exemption.

Optional Courses

Several courses are optional and are offered depending on student interest. The following courses have been offered in the past:

- Psyc 810 Advanced Developmental Psychology
- Psyc 822 Community Psychology
- Psyc 823 Program Development and Evaluation
- Psyc 862 Group Therapy

Research Requirements

Students are expected to be working on research throughout the M.Sc. and Ph.D. Programs. Students who do not make sufficient progress on their research as assessed by their research supervisor, will not be given credit for the thesis hours that they are enrolled in. There are several important benchmarks that students should be aware of.

M.Sc. Research Timelines

During the M.Sc. Program, students complete a M.Sc. thesis. Students are expected to have a first draft of their M.Sc. thesis proposal handed into their research supervisor by either: a) the end of the first spring/summer semester in the Program if they are going on internship in the fall or winter in their second year; or b) the end of the fall semester in year 2 of the M.Sc. if they complete the 4 month internship in the summer. Students who do not meet this expectation will not be given credit for the thesis hours they are enrolled in.

Students who do not defend their M.Sc. proposal by February of the second year they are in the M.Sc. Program (18 months into the Program), will normally not be

accepted into the Ph.D. Program. When offers of admission to the Ph.D. program are made, they are commonly contingent upon timely completion of the M.Sc. (e.g., within two years).

Ph.D. Research Timelines

During the Ph.D. Program, students are expected to complete a first draft of their Ph.D. proposal by end of the first spring/summer semester they are in the Program. This draft must be handed in to the supervisor and deemed to be sufficient progress for students to obtain credit for the thesis hours they are enrolled in. Within 16 months of admission to the Ph.D. program, students must have defended their Ph.D. proposal. Students who do not defend during this time period will be given a failing grade in 901 thesis credits. If this happens, the student is expected to defend the proposal in the next semester. Two failures require the student to discontinue from the program.

Students must have defended the Ph.D. proposal, obtained ethics approval and collected at least 25% of their data prior to applying for the one year predoctoral residency. The Ph.D. Committee will be asked to confirm student progress on the thesis prior to students applying for the predoctoral residency. Students are expected to make every effort to complete their dissertation prior to the residency. Students should not be working more than 20 hours a week until the dissertation has been sent to the external examiner.

Practicum & Internship Training

Students in the graduate program in clinical psychology complete a minimum of 900 hours of supervised practical experience consisting of a 600 hour internship (Psyc 876) at the M.Sc. level and a minimum of two additional 150 hour practica (Psyc 870-875) prior to the full-year pre-doctoral residency (Psyc 880) which is a requirement for the doctoral Program. To be competitive for residency, most students complete other clinical placements as a practicum or as program sanctioned hours. CPA requires students who apply for residency to have at least 300 direct hours of client contact and 150 hours of supervision.

Program Sanctioned Clinical Hours

When applying for the pre-doctoral residency, students are required to submit the number of hours they have spent in "program sanctioned clinical training experiences". Most commonly these hours are obtained during the required master's level internship and subsequent practica.

Following guidelines of The Association of Psychology Postdoctoral and Internship Centre (APPIC), the Clinical Committee, however, may decide that clinical research, certain work experiences, or clinical experiences involving fewer than 150 hours (as required to be registered in a practicum) may fall under "program sanctioned training experiences". Details on program sanctioned hours are highlighted in the chapter on clinical placements.

Clinical Seminars & Supplementary Experiences

Every year, we hold a clinical seminar series, with typically one clinical seminar offered each month. The purpose of these seminars is to offer a forum for all of our clinical psychology graduate students to interact and learn together regardless of year in the Program. All students in the Program who have not yet completed comprehensive exams are expected to attend. Faculty and community supervisors are invited and encouraged to attend. Advanced students in the Program are invited to give case presentations. Faculty members and community supervisors are invited to speak on special topics in clinical psychology.

Additional experiences are often offered to students each year (e.g., workshops, interprofessional seminars, tours of clinical sites, guest colloquia). Students are expected to attend these seminars whenever possible to supplement their training.

Sequence of Clinical Skill Development

Clinical skill development begins in the first year by taking courses in a wide array of areas, including psychopathology, assessment (focused on introduction to clinical interviewing, intelligence testing and personality testing with children and adults), interventions (focused on CBT), and ethics. Students are evaluated through a variety of means, most often including exams, presentations, papers and clinical supervision. M.Sc. students are provided the opportunity during the fall or winter semesters of their first year to observe Ph.D. students working with clients in the Psychology Training Clinic. This involves direct observation, as well as participation in supervision, and is designed to introduce M.Sc. students to clinical practice.

At the Ph.D. level, students take further clinical courses to expand on knowledge and skill development, such as assessment (focused on advanced clinical and diagnostic interviewing, integrated report writing, and further exposure to a broad array of evidenced based tests with children and adults), interventions (focused on ACT, interpersonal approaches). As above, students are evaluated through a variety of means.

In the first year of the MA, students begin to work on accumulating supervised clinical experiences in which they are exposed to assessing and treating clients under supervision. This usually begins with an observation practicum, followed by an 600-hour internship. In the PhD, students complete two 150-hour practica, and a full year pre-doctoral residency. Students are also encouraged to obtain additional clinical experiences that are program sanctioned. These clinical experiences are meant to supplement other clinical training, but do not involve 150 hours or are narrower in focus than typically provided in a clinical placement. Clinical skills are evaluated during each of these placements by clinical supervisors. The Clinical

Placement Coordinator monitors placements to ensure breadth in training and increasing complexity of cases.

Following completion of all the above requirements, with the exception of the pre-doctoral residency, students complete comprehensive exams that require an oral case presentation, a written exam, an ethics oral exam and demonstration of competency in program evaluation. Two clinical committee members, other than the research supervisor, evaluate performance. Comprehensive exams are expected to take place in the first or second semester after the completion of course work.

Courses in Related Fields

Students are encouraged to take directed reading courses or other graduate courses from faculty members in other departments or faculties (e.g., education, social work, kinesiology and health studies, population health). Students who have an interest in this are to approach the DCT and also the department/faculty that houses the course.

7 Core Course Descriptions

M.Sc. Program

Students are evaluated in each of the following courses:

Psychology 801 – Research Design and Methodology in Psychology

Program Timeline: first year M.Sc.
Credits: 3
Class Time: 3 hours per week for one semester
Calendar Course Description: A critical examination of issues involved in planning, conducting and evaluating research in psychology with emphasis on clinically-relevant areas.

Core Components:

1. Broaden student awareness of the full range of approaches to psychological research available to them.
2. Review/discussion of the following:
   a. Research process, paradigms, and politics;
   b. Research ethics;
   c. Sampling, measurement, analysis;
   d. Research orientations;
   e. Research techniques: observation, correlation, manipulation, interviews;
   f. Experimentation, surveys, meta-analysis;
   g. Archival research, narratives, oral histories, biographies, ethnographies, cases studies; and
   h. Program evaluation.
3. Hone students' critical skills as consumers of research.
4. Heighten student awareness of ethical issues in psychological research.
5. Provide students with practice and feedback on developing research proposals
6. Facilitate collaborative research efforts.
7. Enhance students' communication skills.

Psychology 802 – Applied Multivariate Statistics

Program Timeline: first year M.Sc.
Credits: 3
Class Time: 3 hours per week for one semester
Calendar Course Description: A survey of multivariate research methods in psychology.
Core Components:
Students gain an understanding of and practical skills in the following:

a. Correlation/ Regression
b. ANOVA (e.g. one way and multiple comparisons, factorial, repeated measures, mixed)
c. Multiple regression, ANOVA/ANCOVA
d. Logistic Regression MANOVA
e. Principal components and factor analysis
f. Causal Modeling & Path Analysis

Psychology 806 – Ethics and Standards of Professional Practice

Program Timeline: first year M.Sc.
Credits: 3
Class Time: 3 hours per week for one semester
Calendar Course Description: This course will provide an intensive examination of philosophical, legal and particularly ethical issues as these affect the practicing psychologist.

Core Components:

Critically discuss and examine the following topics:

a. Theoretical ethics
b. Professional Ethics
c. APA and CPA codes and ethical decision making
d. Informed consent, confidentiality and privilege
e. Licensure, record keeping, and privacy
f. Ethics in research, teaching and supervision
g. Ethical issues in therapy
h. Ethical issues with special populations
i. Ethnicity, culture and gender diversity
j. Competence, self-care and self-monitoring
k. Ethical issues in specialized settings (e.g., internet)
l. Relevant Legislation
m. Ethical decision making

The CPA code of ethics and companion manual will be utilized extensively in the above discussions

Psychology 832 – Advanced Psychopathology

Program Timeline: offered in first year M.Sc.
Credits: 3
Class time: 3 hours per week for one semester
Calendar Course Description: An examination of current theories and research concerning psychological disturbances of adults.

Core Components:

1. Have students become familiar with the DSM system of classification.
2. Expose students to controversies associated with the development and use of the DSM.
3. Explore in detail several of the "major" diagnostic categories presented in the DSM (e.g., neurodevelopmental disorders, depressive disorders, schizophrenia spectrum disorders, disorders, anxiety disorders, obsessive-compulsive and related disorders, personality disorders) emphasizing the features and associated features of the disorder, a history of how the diagnostic criteria were developed, etiology,

epidemiology, controversies, cross cultural issues, and a discussion of valid and reliable assessment tools.

Psychology 850 – Psychological Assessment I

Program Timeline: offered in first year M.Sc.
Credits: 3 credits
Class time: 3 hours per week for one semester
Calendar Course Description: Examination and practice of clinical psychological assessment with an emphasis on aptitude and abilities testing with adults and children.

Core Components:

1. Provide students with general background knowledge on psychological assessment that will prepare them for further training in a variety of settings.
2. Sensitize students to professional and ethical issues that are specifically involved in psychological assessment, including cross cultural issues in assessment.
3. Expose students to the practice of and issues surrounding interviewing, including practical experience in interviewing and use of interviewing information in report writing.
4. Provide students with experience that will allow them to attain skill in the use of the WAIS and WISC and at least one major personality test. In particular, students will:
   a. learn about the purpose, background, reliability, and validity of these tests;
   b. experience testing from the position of the test taker through role-playing;
   c. observe interviewing and administration of these tests; and
   d. attain skill in establishing rapport, administering and scoring tests, interpreting results, writing reports and providing feedback.
5. Provide students with opportunities to study several other commonly used intelligence and aptitude tests including study of the purpose, background, reliability, validity, scoring, interpretation, and write-up of tests.

Psychology 860 – Psychological Intervention I

Program Timeline: offered in first year M.Sc.
Credits: 3
Class time: 3 hours per week for one semester
Calendar Course Description: An introduction to theory, research and practice in the areas of individual adult, child and group psychotherapies.

Core Components:

1. Systematically examine and thoroughly instruct students in an empirically supported psychotherapy (e.g., cognitive-behavioural therapy).
2. Explore other therapy approaches as well, but in less detail.
3. Examine individual interventions, but also introduce students to group therapy.
4. Examine psychotherapy research methods and psychotherapy research
5. Sensitize students to professional and ethical issues that are specifically involved in psychological treatment.
6. Explore non-specific factors in psychotherapy (e.g., rapport, the therapeutic relationship).
7. Utilize a variety of teaching methods (e.g., review and discussion of research literature, review and discussion of commercially available videotapes, role play, class presentations).
8. Cross-cultural issues in therapy are also covered.

Ph.D. Program

Psychology 900 – Graduate Seminar

Program Timeline: offered in first year M.Sc.
Credits: 2
Class time: 1 hour per week for one semester
Calendar Course Description: A seminar devoted to the study of special topics, professional issues, and reports on research projects by graduate students, faculty and associates of the Department.

Core components:

1. Allow students the opportunity to share previous research experience and interests.
2. Expose students to variety of research interests and methods as well as professional issues of concern to faculty members and associates in the department.

Psychology 800 – History, Theory, and Systems in Psychology

Program Timeline: typically offered every second year so can be taken in the first or second year of the Ph.D.
Credits: 3
Class time: 3 hours per week for one semester
Calendar Course Description: A consideration of current theories and theory building. A review and examination of current advances in psychology. Integration of knowledge and research findings from various fields of psychology.

Core components:

1. Review and examine core theories and systems in psychology, such as introspectionism, structuralism, functionalism, behaviourism, gestalt psychology, psychoanalysis, psychodynamic theory, cognitivism, humanism, and social constructionism.
2. Emphasize critical thinking and integration of knowledge from various theories and systems.

Alternatives:

Psychology 824 – History of Psychology – review of origins of modern psychology

Psychology 826 – Systems of Psychology – review of theoretical approaches

Psychology 803 – Psychological Measurement

Program Timeline: typically offered every second year so can be taken in the first or second year of the Ph.D.
Credits: 3
Class time: 3 hours per week for one semester
Calendar Course Description: Psychometric theory and quantitative aspects of psychological testing. Topics may include scaling and norms, classical test theory, reliability, validity, factor analysis, extraneous response components, item response theory, subject operating characteristics curves, suppressor and moderator variables, modal profile analysis.

Core components:

1. Systematically examine psychometric theory of psychological testing.
2. Systematic coverage of psychometric properties of tests, such as scaling and norms, reliability and validity.
3. Systematic coverage of test development.

Psychology 851 – Psychological Assessment II

Program Timeline: typically offered every second year so can be taken in the first or second year of the Ph.D.
Credits: 3
Class time: 3 hours per week for one semester
Calendar Course Description: Introduction to theory of personality assessment with an emphasis on the administration and interpretation of common personality tests for children and adults

Core components:

1. Expose students to the rationale, background, psychometric properties, use, cross cultural issues, ethical issues, strengths and weaknesses behind structured and unstructured interview techniques, personality measures for usage in personality and diagnostic assessment with both adults and children.
2. Attain skill in both structured and unstructured interviews, and personality inventories including:
    a. Experiencing testing from the position of the test taker through role-playing;
    b. Interviewing clients or students taking the role of a client;
    c. Administering and scoring personality inventories;
    d. Writing reports and providing feedback with an emphasis on the integration of interview information and tests in the conceptualization of clinical problems.
3. The following are examples of the materials that maybe reviewed and used:
    a. The SCID-Clinical
    b. The Child Behaviour Checklist (CBCL) – The Behaviour Assessment Scale for Children
    c. The Personality Inventory for Children-Second Edition
    d. The MMPI-II, The MCMI-III
    e. The PAI
    f. The Rorschach

Psychology 861 – Psychological Interventions II

Program Timeline: typically offered every second year so can be taken in the first or second year of the Ph.D.
Credits: 3
Class time: 3 hours per week for one semester
Calendar Course Description: A more in-depth examination of selected methods of psychological intervention for individual adults and children.

Core Components:

1. Systematic coverage of a variety of psychological interventions for both adults and children.
2. Emphasis will be placed on narrative, humanistic, existential, and psychodynamic therapy.
3. Examine individual, family, and group interventions.
4. Emphasis on psychotherapy research and empirical support for these therapies as well as skills development.
5. Utilization of a variety of teaching methods (e.g., review and discussion of research literature, review and discussion of commercially available videotapes, role play, class presentations).
6. Examination of cross cultural issues.

Psychology 880AA – Predoctoral Residency in Clinical Psychology – Preparation and Application

Program Timeline: Students can register in Psyc 880AA if they are preparing or applying for the predoctoral residency. Students typically register in this course if they have completed all other Program requirements, including their 901 research hours. **Credits:** 1-3 (students can register in 880AA up to three semesters).

Psychology 880AB – Predoctoral Residency in Clinical Psychology

Program Timeline: Students register in Psyc 880AB the year they are completing their predoctoral residency.
Credits: 3

Psychology 900 – Doctoral Seminar

Program Timeline: typically offered every second year so can be taken in the first or second year of the Ph.D.
Credits: 1
Class time: 1-2 hours per week for one semester or concentrated workshop-length days
Calendar Course Description: A seminar devoted to the study of special topics, professional issues, and reports on projects by graduate students, faculty, and associates of the Department.

Core Components:

1. Gain experience in presenting a case in a professional manner.
2. Exposure to topical professional, clinical and ethical issues and, in particular to models of supervision and the importance of consultation in psychology as well as development of inter-professional relationships.

Elective Psychology Course

Program Timeline: typically offered every second year so can be taken in the first or second year of the Ph.D.
Credits: 3
Class time: 3 hours per week for one semester
Common elective courses:

Psychology 820 - Advanced Social Psychology

Psychology 846 - Neuropsychological Assessment

Psychology 881 - Advanced Human Information Processing

Typical Program Progression

	Fall Semester	**Winter Semester**	**Spring/Summer Semester**
1st Year	801 – Research Methods (3 CR) 802 – Statistics (3 CR) 832 – Psychopathology (3 CR) 900AA – Seminar (1 CR) **= 10 credit hours**	806 – Ethics (3 CR) 850 – Assessment I (3 CR) 860 – Interventions I (3 CR) 900AA – Seminar (1 CR) **= 10 credit hours** **Observation practicum**	876 – 600 hour Internship **= 1 credit hour (although only one credit; the student is still be considered full-time and does not need to register in 901 credits)**
2nd Year	M.Sc. thesis proposal must be defended by end of this term **901 (6 credits)** **= 6 credit hours**	M.Sc. thesis **901 (6 credits)** **= 6 credit hours**	M.Sc. thesis **901 (4 credits)** **= 4 credit hours (although only registered in 4 credit hours; the student will be considered full-time as only 16 credits of 901 are required)**
▪ Psyc 876 - The 600 hour internship is sometimes completed in Fall Year 2 or Winter Year 2. If this happens, the student would register in 6 credits of 901 in the Spring/Summer Year 1. ▪ The student is also allowed to take one 3 credit elective course in biological, cognitive or social bases of behaviour; this course is not required, but is optional. The course can later be used to demonstrate competency required for the PhD. ▪ Students will normally apply for admission into the Ph.D. program in Winter Semester Year 2, but only if they have completed the M.Sc. proposal and begun data collection. ▪ Students have a maximum of five years to complete the M.Sc. according to FGSR, but our program is designed to be completed within two years. Students who take longer than two years will not likely be admitted to the Ph.D. program. ▪ If students have not completed the program by the end of Year 2, students should register in GRST995AA to maintain candidacy.		
3rd Year	851 – Assessment II (3 CR) 881 – Cognitive (3 CR) 870 – Practica (1 CR; can be taken any time in 3rd or 4th year) **= 7 credit hours**	803 – Psychometrics (3 CR) 845 – Neuropsych (3 CR) **= 6 credit hours**	901 (6 CR) Ph.D. thesis proposal must be completed by end of term **= 6 credit hours**

4th Year	820 – Social Psychology (3CR) 861 – Interventions II (3CR) 871 – Practica (1 CR; can be taken any time in 3rd or 4th year) **= 7 credit hours**	800 – History (3 CR) 900AB– Ph.D. Seminar (1 CR) 901 (2 CR) **= 6 credit hours**	865 CL (1 CR) Comprehensive Exams 901 (5 CR) **=6 credit hours**
5th Year	Apply for Residency 872 – Practica (1 CR; highly recommended) 901 (6 CR) **= 6 credit hours**	Ph.D. thesis 901 (6 CR) **= 6 credit hours**	Ph.D. thesis 901 (6 CR) **= 6 credit hours**
6th Year	880AB – Predoctoral Residency (3 CR) 901 (3 CR) **= 6 credit hours**	880AB – Predoctoral Residency 901 (6 CR) **= 6 credit hours**	880AB – Predoctoral Residency 901 (4 CR) **= 4 credit hour**

NOTE:

- Courses taken in Year 3 and 4 are offered every second year, and, therefore, students alternate in terms of whether they take these courses in the 3rd or 4th year.
- Students have a maximum of six years to complete the Ph.D. according to FGSR, but the Ph.D. is designed to be completed within 4 years.
- Once students have completed all credit hours, they should register in GRST995AA to maintain candidacy.
- Students who exceed the time limits are required to discontinue from the program. Re-admission requires approval of the Clinical Committee. This may not be approved if course work is considered out of date.
- It is also possible for students to take Psychology 820, 845 & 881 while in the 2nd year of the M.Sc. since these courses are required at some point during graduate training not necessarily during the Ph.D.
- Only Psychology 870 and 871 are required practica. Most often students take additional practica to ensure that they are competitive for residency. The practica can be taken during any semester in the Ph.D. Program, prior to the predoctoral Residency.

  **Students can also obtain program sanctioned clinical hours.*

8 Research

Research is an important component of both the M.Sc. and Ph.D. clinical programs. Research goals for the M.Sc. and Ph.D. are described below.

Research Goals for M.Sc. students:

1) Complete the M.Sc. thesis within two years;
2) Present at a national conference at least once while an M.Sc. student;
3) Submit the M.Sc. thesis research for publication to a peer reviewed journal;
4) Apply for internal and external funding when eligible;
5) Participate in at least one additional research project.

The following information provides further information on the above research goals.

M.Sc. Thesis

Requirement	Actions	Target Dates
Prepare an M.Sc. proposal	• Request meetings with your supervisor to discuss your ideas; the frequency of these meetings will be up to you and your supervisor. • Review the literature in your area of interest • Review past theses to see the format that the thesis takes; seek advice from your supervisor on theses to review. • Apply information you learn in Research Methods Course to your proposal • Prepare a draft of your proposal for review by research supervisor. Note that FGSR recommends supervisors be given at least a month to provide feedback on your work. • You should design a study that can be completed within the two years.	• Fall and Winter First Year
Present Thesis at Proposal Meeting	• Once you have your supervisors' approval, seek feedback on your proposal from your committee member • Present your proposal to your committee	• Summer after First Year
Apply for Research Ethics	• Once your committee has approved your project, apply for research ethics approval	• Summer after First Year
Collect & Analyze Data	• Collect and analyze data • Meet as needed with your supervisor and committee members to discuss issues that may arise with data collection and data analysis	• Data should be collected and analyzed by February Year 2. Some projects may require longer data collection. It is unlikely that students can complete the thesis in two years if data collection extends past April.
Apply for PhD	• If students are on target with the above, students should apply to the Ph.D. program for entry in the fall. Students who have not begun data collection by this stage will not likely be considered for admission to the Ph.D. program. If students are offered admission to the Ph.D. Program, this admission will be commonly contingent upon timely completion of the M.Sc. thesis (e.g., within two years)	• January Year 2.

Write up Thesis	• Write up your thesis for review by your supervisor	• March – May Year 2
Defend Thesis	• With your supervisor's approval, you should send your complete thesis to your committee for approval • Incorporate changes suggested • Send thesis to external examiner	• June Year 2 • It takes considerable time to seek input from your committee and for your thesis to be reviewed and approved by your external examiner. We strongly recommend that you have a complete draft of your thesis ready to be submitted to your committee by June 1.
Write up thesis for publication & submit for presentation at a conference	• You should write up your thesis for publication and submit your work for presentation to a national conference. In accordance with APA guidelines, authorship is based on level of intellectual contribution to the research as determined by the research team. • Students have an ethical obligation to write up their thesis for publication in a timely manner.	• August 31 Year 2
Apply for funding	• Review the FGSR website regularly to see what funding you are eligible for • Discuss funding applications with your supervisor • Seek feedback from your supervisor and committee members on your applications • Seek letters of support as necessary	• Throughout the time you are a students in the program you should be applying for both internal and external funding
Additional Research Experience	• Discuss opportunities that are available in your supervisor's lab • If no opportunities exist in your supervisor's lab, discuss other opportunities that may be available to you with other faculty members. • Students should aim to be involved in at least one project in addition to their M.Sc. research • This additional research experience adds to your research knowledge and assists you in securing funding.	• Throughout the time you are a students in the program you should be aiming to participate in additional research

Additional Student Expectations

- Students are expected to be working full-time on their M.Sc. program while a student in the program;
- Students should not be working more than 20 hours a week at a job (if you hold funding, you should not be working more than 12 hours a week)
- Students should not be taking more than four weeks of vacation in the year.
- Students will notify the supervisor and DCT of any planned absences

Research Goals for Ph.D. Students

1. Complete the Ph.D. dissertation within four years
2. Apply for internal and external funding when eligible
3. Present at a national conference at least once while a Ph.D. student
4. Continue to work on publishing the M.Sc. thesis and disseminate findings to the community
5. Participate in at least one additional research project aiming to submit the project for publication in a peer reviewed journal OR participate in an applied project with benefits to the community.

6. Submit the Ph.D. thesis research for publication to a peer reviewed journal following completion and disseminate findings to the community

The following information provides further information on the above research goals.

Ph.D. Dissertation

Requirement	Actions	Target Dates
Prepare the dissertation proposal	• Request meetings with your supervisor to discuss your ideas; the frequency of these meetings will be up to you and your supervisor. • Review the literature in your area of interest • Review past dissertations to see the format that the dissertation takes; seek advice from your supervisor on dissertations to review. • Apply information you learn in Research Methods to your proposal • Prepare a draft of your proposal for review by research supervisor. Note that FGSR recommends supervisors be given at least a month to provide feedback on your work. • You should design a study that can be completed within three years – ideally prior to residency.	• Fall and Winter First Year Ph.D.
Present Thesis at Proposal Meeting	• Once you have your supervisors' approval, seek feedback on your proposal from your committee members • Present your proposal to your committee	• Must be complete within 16 months of being admitted to the Ph.D. program
Apply for Research Ethics	• Once your committee has approved your project, apply for research ethics approval	• Must be complete prior to predoctoral residency application; • Recommend completion within 20 months in program
Collect Data	• Collect and analyze data • Meet as needed with your supervisor and committee members to discuss issues that may arise with data collection and data analysis	• Data should be collected by the time you apply for your pre-doctoral residency – this is consistent with CCPPP guidelines • Students who do not have at least 25% of their data are not permitted to apply for the pre-doctoral residency
Analyze & Write up Dissertation	• Write up your thesis for review by your supervisor	• August Year 3 Ph.D.

Defend Thesis	• With your supervisor's approval, you should send your complete thesis to your committee for approval • Incorporate changes suggested • Send thesis to external examiner	• Fall Year 4 Ph.D.
Write up thesis for publication & if submit for presentation at a conference	• You should write up your thesis for a peer reviewed journal and submit your work for presentation to a national conference. In accordance with APA guidelines, authorship is based on level of intellectual contribution to the research as determined by the research team. Students have an ethical responsibility to write up their research for publication in a timely manner.	• Winter Year 4 Ph.D.
Apply for funding	• Review the FGSR website regularly to see what funding you are eligible for • Discuss funding applications with your supervisor • Seek feedback from your supervisor and committee members on your applications • Seek letters of support as necessary	• Throughout the time you are a students in the Ph.D. program you should be applying for both internal and external funding
Additional Research Experience	• Discuss opportunities that are available in your supervisor's lab • If no opportunities exist in your supervisor's lab, discuss other opportunities that may be available to you with other faculty members. • Students should aim to be involved in at least one project in addition to their dissertation; this should be submitted for publication to peer reviewed journal or be an applied project with benefit to the community • This additional research experience adds to your research knowledge and assists you in securing funding.	• Throughout the time you are a students in the Ph.D. program you should be aiming to participate in additional research

Additional Student Expectations

- Students are expected to be working full-time on their Ph.D. program while a student in the program;
- Students should not be working more than 20 hours a week at a job (if you hold funding, you should not be working more than 12 hours a week)
- Students should not be taking more than four weeks of vacation in the year.
- Students will notify the supervisor and DCT of any planned absences

Expectations of Research Supervisors

Goal of Supervision: The goal of research supervision is to assist the students with the development of research skills, writing skills, and critical thinking skills. We aim to provide fair, sensitive and timely feedback and when criticism is given to students to make sure that this is specific and constructive.

Supervisors in the Clinical Program agree to assist the student in the following ways.

- Will be available for regular consultation with the student to discuss the M.Sc. thesis, Ph.D. dissertation, additional research or funding – it is ultimately up to the student, however, to request meetings. Meetings will be scheduled within two weeks whenever possible.
- Will review drafts of research within at least four weeks, although feedback will be provided earlier whenever possible.
- Will provide additional research experiences to the student whenever possible.
- Will write letters of reference when requested unless the supervisor has significant concerns regarding the student, in which case these will be discussed with the student.
- Will provide the DCT with information for the annual evaluation of clinical students and decisions regarding admission to the Ph.D. Clinical program or letters of support for the pre-doctoral residency.
- Will inform students of planned absences.
- Will make arrangements for an alternate supervisor if will be unavailable for an extended period of time – more than four weeks.
- Will make arrangements for another supervisor with the DCT and Department Head, if relationship difficulties arise with the student that cannot be resolved.

Research Proposals

Prior to conducting their M.Sc. or dissertation research, students should prepare a research proposal. The research proposal will vary in length depending on the topic. Once the research supervisor has approved the proposal, the research supervisor will ask the student to send the proposal to the research committee. The FGSR website describes the composition of the M.Sc. and Ph.D. research committee.

The research committee may provide the student with initial feedback on the proposal and ask for revisions prior to holding a research proposal meeting. Alternatively, the committee may suggest that a meeting can be held immediately.

Once the research supervisor and committee feel the M.Sc. proposal/Ph.D. dissertation proposal is sufficiently developed, a proposal meeting should be held.

1. The research supervisor with the help of the departmental secretary should schedule the meeting.
2. The meeting will typically be 1.5 hours in length.
3. The student, research supervisor and committee should attend the meeting with the Head of the Department or designate as the chair.
4. The student should provide the Department with one copy of the proposal and ensure that the supervisor and committee members all have the most recent draft of the proposal.
5. The meeting should begin with the student a 15 minute (M.Sc.) or a 20 minute power point presentation for (Ph.D.).
6. Committee members should then each ask the students questions about the proposal.
7. The student will be asked to leave the room at the end of the meeting. The committee will then discuss any final matters and determine if the student is ready to proceed with the research.
8. The student will be called back in to the meeting and informed of any final changes and if the research can proceed or if another meeting needs to be held.
9. The Chair of the meeting typically takes notes and writes a memo to FGSR summarizing the outcome of the meeting. The Chair describes major changes that are required.

Defense

The FGSR website contains complete information on procedures to be followed for the MA/Ph.D. defense. Below we have outlined/clarified some of the steps that students commonly have questions about.

1. Once the thesis/dissertation has been approved by the committee, the student or supervisor should ask the departmental secretary to prepare the thesis/dissertation forms. They can provide the secretary with the committee and external examiner information. The student's name must be as it appears in Banner and the degree should be as it is listed on their transcript.

Example: Master of Arts - Clinical Psychology; Master of Arts - Experimental & Applied Psychology; Doctor of Philosophy - Clinical Psychology; & Doctor of Philosophy - Experimental & Applied Psychology.

External examiners who are not accredited by the U of R require a CV and complete mailing address with email and phone number. When choosing an external examiner make sure they know the timeline you are hoping to complete this in and ensure they will be available for the approximate week of defense.

The proper timeline allowance for M.Sc. is at least 6 weeks from the time we submit your thesis to the FGSR office to the date of the defense and a Ph.D. is 8 weeks. So ideally you should be in contact with the secretary 1 week before that. It is possible these timelines will be a lot shorter, but it shouldn't be the expectation. It is the student's responsibility to be ready to submit on time.

2. Once the forms are filled out and the secretary will proceed to arrange for signatures. It is fine if the student or supervisor wants to take the forms to the committee members to obtain signatures, but then the forms must be returned to the secretary.

3. The student should send the secretary an electronic copy of the thesis so that it can be checked for formatting before printing. Once that is done the student will have to print 3 copies of the thesis and bring them to the secretary. The student should also provide hard copies of their thesis when required to their supervisor and committee members. When going to defense the student needs to ensure that everyone there has the same current copy that is being defended.

4. Once the secretary has 3 copies of the thesis, all the forms filled out and signed, the secretary will take this information to FGSR. For the MA, we provide FGSR 1 copy of the thesis and keep 2. For a Ph.D., we provide FGSR with 2 copies of the thesis and keep 1. At this point the supervisor, student and committee members are not to have contact with the external examiner. Communication with the external is done by FGSR or the departmental secretary.

5. Providing FGSR approves the external, the department will provide the external with a copy of the M.Sc. thesis; FGSR will provide the external with a copy of the dissertation.

6. When the external indicates to FGSR that the thesis is acceptable for defense, the secretary will make the arrangements for M.Sc. defense, finding a time/date/location and chair for the M.Sc. defense. FGSR makes these arrangements for the Ph.D. defense.

7. Once the defense is done and the student has submitted their corrections, FGSR sends out an email indicating that the thesis has library approval. The student must again supply 2 hard copies of their corrected thesis with the library approval sheet to the departmental office for binding. The student is responsible for binding his/her own copy.

Library Procedure

The following is a general outline of the processing and preparation of Electronic Theses (ETD) for library access.

1. Once a graduate student's thesis is passed following the thesis defense, the student is to submit the final corrected copy electronically as a PDF document to the Faculty of Graduate Studies and Research (FGSR) at grad.thesis@uregina.ca
2. FGSR will then upload to the Archer Library's oURspace.
3. The Library holds the e-thesis until the student is awarded his/her degree at Executive of Council's monthly meetings.
4. The Library will then catalogue the thesis and approve for release on oURspace.
5. Library and Archives Canada's Thesis Portal harvests theses on oURspace.
6. FGSR will receive confirmation that the e-thesis has been uploaded to Archives Canada the Archer Library's Collection.

Binding of Thesis

Psychology graduate students are required to supply the Department of Psychology with one bound copy of their defended thesis and one copy for each of their supervisor(s). Students must have them bound through the University of Regina Printing Services Department so that they are bound in the U of R standard binding and colours. Electronic versions may be sent by e-mail to printing.services@uregina.ca or you can drop it off on a portable memory stick (USB). It is recommend that the file be supplied in PDF format in order to avoid font or formatting issues, but can be printed from other formats such as Word. Please ask for a quote, as prices are based on quantity. The title of the thesis and your name will appear on the front cover of the bound copies. The title will be placed on the spine only if it fits, otherwise, only your name will be placed on the spine. The book is bound in burgundy and the lettering is done in gold leaf.

This must be done within the same semester the student receives Library approval of their thesis or the following charges will be applied to their student account. The Department of Psychology will apply a fee of the actual cost of printing and binding one department copy and copies for the supervisor(s) of the thesis, plus a service fee of $50.

9 Clinical Placements

Introduction to Clinical Placements

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When possible, first year students are assigned to a supervisor in the Psychology Training Clinic for an observation practicum. This supervisor will invite the student to observe clinical work, and participate in supervision meetings. Depending on the placement, the student may also gain experience writing session notes or participating in other assessment/ therapy activities. At the end of this placement, the supervisor will write a memo describing the experiences the student obtained, the hours involved in the experience as well as brief evaluation of the student in this setting (e.g., knowledge of psychology, clinical skills, professionalism).

Clinical Placements

The Clinical Placement Coordinator (CPS) is responsible for arranging the M.Sc. and Ph.D. clinical placements. Accreditation by CPA requires that prior to the predoctoral residency students obtain 300 hours of direct experience with clients and 150 hours of supervision with at least 75% of these supervision hours being focused on the individual student.

In our program, students must complete a four-month internship (600 hours total) following the completion of their first year of M.Sc. classes. Two additional practica (minimum of 150 total hours each, although students often obtain more hours) are required during the PhD. Note, that depending on the placements that the student obtains, students may need to take additional practica to obtain the required number of direct client hours and supervision hours specified by CPA. Most commonly, students complete a total of three practica at the Ph.D. level to ensure they have sufficient hours and diversity in their experiences to be competitive for the pre-doctoral residency. A full-year pre-doctoral residency is required before the Ph.D. is granted.

Examining the last twenty-five students in our program applying for residency, we found that students reported obtaining 420 intervention hours, 160 assessment hours and 250 supervision hours along with 1019 hours engaged in supportive activities. To accumulate these hours, most students completed both the required placements and program sanctioned hours.

4 month Internship Requirements

1) It is the intention of the program to have all M.Sc. students complete their internships in the Psychology Training Clinic. These 600 hours may be completed in four full months (16 weeks) of closely supervised training under the direction of a clinical supervisor and his/her delegated assistants. A week is considered 40 hours (7.5 hours of working time + 1/2 hour for lunch per day). It may also be completed across an 8-month half-time (32 weeks, 20 hours per week) clinical placement.
2) During the four-month internship, students should attempt to spend 25% of their time in direct client contact (150 hours direct client hours). A direct hour is whenever the student is in face-to-face contact with a client and involved with the client in some way. The student is typically taking a primary role, but if the student takes a secondary role (e.g., co-interviewing, providing observations) this also counts as a direct hour. Observation with no interaction with the client does not count as a direct hour.
3) The primary clinical supervisor must be registered psychologist. Some supervision may also be provided by senior doctoral students, under the supervision of the primary clinical supervisor. Most supervision provided should be in the form of one-on-one supervision. The number of hours of supervision will be determined by the supervisor and student and will be dependent on a variety of factors (e.g., student experience, nature of responsibilities). Supervisors are ultimately responsible to protect clients from harm while promoting competency of the student. Overall, it is common for students to have a ½ hour of supervision or more for each hour of direct patient contact. In the four month internship, this often means obtaining 75 hours of individual supervision.
4) Content of the internship varies with the agency. In general, it is expected that the student will have an opportunity to develop further in the areas of assessment and intervention. Although the content of the internship varies depending on the clinical setting, internships are approved by the Clinical Committee if the setting provides the following: a) exposure to ethical and professional issues; b) exposure to a variety of human problems (that the student can gain experience in conceptualizing problems and gain an awareness of human diversity); c) experience with at least two of the following psychological assessment, intervention or consultation; and d) exposure to use of research to inform practice and vice versa.
5) Assigned readings and some research tasks are encouraged. The internship is designed to assist students in applying knowledge they have gained through course work.
6) All internship settings must be approved by the Clinical Placement Coordinator
7) Students must register in Psyc 876.

Practicum Requirements

1) A practicum will entail the placement of a student in an agency offering psychological services for a minimum of 150 hours, but often many more hours than this.
2) A practicum can be completed within one or two academic semesters.
3) Approximately 25% of the time should involve direct clinical contact with clients. A direct hour is whenever the student is in face-to-face contact with a client and involved with the client in some way. The student is typically taking a primary role, but if the student takes a secondary role (e.g., co-interviewing, providing observations) this also counts as a direct hour. Observation with no interaction with the client does not count as a direct hour.
4) The primary clinical supervisor must be a psychologist registered with the Saskatchewan College of Psychologists. Some supervision may also be provided by senior doctoral students, under the supervision of the primary clinical supervisor. Most supervision provided should be in the form of one-on-one supervision. The number of hours of supervision will be determined by the supervisor and student and will be dependent on a variety of factors (e.g., student experience, nature of responsibilities). Supervisors are ultimately responsible to protect clients from harm while promoting competency of the student. Overall, it is common for students to have a ½ hour or more of supervision for each hour of direct patient contact. In a 150 practicum, it is common to obtain 25 hours of individual supervision.
5) Content of the practicum varies with the agency. In general, it is expected that the student will have an opportunity to develop further in the areas of assessment and intervention. Assigned readings and other research tasks are encouraged. Although the content of the practicum varies depending on the clinical setting, practica are approved by the Clinical Committee if the setting provides the following: a) exposure to ethical and professional issues; b) exposure to a variety of human problems (that the student can gain experience in conceptualizing problems and gain an awareness of human diversity; c) experience with at least one of the following psychological assessment, intervention or consultation; and d) exposure to use of research to inform practice and vice versa. The practicum is designed to assist students in applying knowledge they have gained through course work.
6) All practicum settings must be approved by the Clinical Placement Coordinator
7) Students must register in Psyc 870-875.

4 Month Internship Assignment

All M.Sc. internship training will occur in the Psychology Training Clinic.

Practicum Assignment

Typically in January of each year, Ph.D. students will be informed of practica that will be available in the upcoming academic year. Hours for practica are typically gained across a 4-month period, but this period may be up to 8-months in length (e.g., from September to April). Sometimes announcements of a practicum come up at other times of the year as well. Students are to submit the following to the Clinical Placement Coordinator:

1. a summary of their clinical placement sites/ hours to date;
2. top four preferred clinical placements

For ALL in-province placements, the student must come to the Clinical Placement Coordinator first, who will then explore its suitability.

If a student wants to explore a Ph.D. practicum experience that is not currently offered, or outside of the Saskatchewan, then the student is responsible for doing the initial work to find out available site opportunities and providing the contact information to the Clinical Placement Coordinator who will then explore its suitability. If the placement is one that is new to the University of Regina, additional steps may be required before the placement can be approved by the Clinical Committee and/or FGSR. Typically, this involves submitting the CV of the proposed supervisor, as well as a completed Directed Readings Form, to the Clinical Placement Coordinator. However, students should check with the Clinical Placement Coordinator first before going ahead with these steps. For internship sites with a formalized application procedure, students must inform the Clinical Placement Coordinator of their intention to apply before they submit their applications. It is important to note that, for insurance purposes, students taking placements outside of Saskatchewan are required to complete additional forms. For many out-of-province settings, particularly hospital-based sites, we also require an affiliation agreement between the University of Regina and the internship site. These agreements are done at the level of senior management and take some time to complete, so students must let the Clinical Placement Coordinator know about these placements well in advance of the start dates.

The Clinical Placement Coordinator will evaluate training history and statement of intent to determine suitable placements. The Clinical Placement Coordinator will then seek feedback of the DCT and, if deemed necessary by the DCT, the Clinical Program Committee to determine a suitable placement.

A number of factors are taken into consideration in assigning students to placements:

1) Clinical placement coordinator's review of student's previous experiences and gaps in training;

2) Program-based needs (e.g., making up for shortages in hours in previous years, helping students applying for residency to be more competitive).
3) Clinical supervisor preference;
4) Student preference; and
5) Standing in the Program: marks, publications, and scholarships.

Clinical Placement Procedures

1) The student and primary clinical supervisor(s) must complete a "Directed Reading Form" (see Appendix A) at the beginning of a clinical placement outlining expectations of the student and supervision arrangements. This is required before students can register. Students must register before the clinical placement begins.
2) For all clinical placements in Saskatchewan, the student and supervisor must also complete a "Student Work Placement Health & Safety Checklist" and "Work-based Learning Consent and Agreement" form. For clinical placements outside of Saskatchewan, students do not complete these forms. Instead, they complete the Travel Authorization and Risk Assessment Forms, found on the University of Regina Human Resources website.
3) Students should note that some clinical placements require a criminal record check obtained at the Regina Police station. It is the student's responsibility to obtain the criminal record check and present it to the clinical supervisor prior to beginning the clinical placement.

   At this time, all SHA placements require a current criminal record check (i.e., no more than one year old) prior to the commencement of the placement.

   If the student is not a paid employee, the clinical placement is considered a "volunteer" activity and the criminal record check is likely to be completed at no cost.
4) A midterm and final evaluation form must be completed by the clinical supervisor and signed by the student. Supervisors provide feedback on character, clinical strengths and weaknesses. Evaluations should be submitted by the end of term. If this is not possible, paperwork must be completed to extend the placement.
5) At the end of the placement, students also need to complete a "tracking of hours" form and a student evaluation of placement form. It is the students' responsibility to review their evaluation of the placement with their clinical supervisor.
6) The Clinical Placement Coordinator will be responsible for maintaining liaison with the Clinical Supervisor, addressing any problems that may arise, and taking responsibility for the assignment of grades in consultation with the Clinical Supervisor.
7) Later on in their training, students are required to make a formal case presentation. They may or may not want to present a case that they worked on while on the practicum. In order to ensure that this will be feasible, information regarding the case presentation should be discussed with the supervisor during the practicum.

Program Sanctioned Clinical Hours

When applying for the pre-doctoral residency, students are required to submit the number of hours they have spent in clinical training experiences. Most commonly, these hours are obtained during the master's level internship and subsequent practica. It is possible that clinical experiences, however, that are not part of a formal clinical placement can be program-sanctioned.

There are two types of program-sanctioned hours. First, following guidelines of The Association of Psychology Postdoctoral and Internship Centre (APPIC), the Clinical Committee may decide that clinical research, certain work experiences, or clinical experiences involving fewer than 150 hours (as required to be registered in a practicum) may fall under Program sanctioned training experiences. The second type occurs when clinical research, work experiences or clinical experiences accumulate over a period of time. In this case, it is possible to obtain more than the 150 hours required for a practicum, but there is a cap on the number of direct client contact hours (includes assessment and intervention) that will be counted as program-sanctioned in a given setting. Thus, students may request program-sanctioned hours for up to 200 direct client contact hours only per setting. If they continue to gain hours in this setting, these hours can be counted under "other experiences" in the predoctoral residency application.

If students would like to have hours considered program-sanctioned, the student and supervisor must submit a request to the Clinical Placement Coordinator asking that these clinical experiences be deemed program-sanctioned. The experience is not meant to be a substitute for required clinical experiences, but may, with approval, be counted towards program-sanctioned hours when applying for residency. Most program sanctioned hours are obtained at the Ph.D. level. Program sanctioned hours in Internet-delivered cognitive behaviour therapy, however, can be obtained at both the M.Sc. and Ph.D. level.

The clinical research or work experience must involve activities that are tracked by APPIC, a registered psychologist must supervise the experience, and approximately 15% of the time should be devoted to supervision.

Approval needs to take place before the experience begins. For clinical experience to be considered program-sanctioned the following process should be followed:

The student and supervisor should submit a memo to the Clinical Placement Coordinator stating:

1) The specific nature of the activities. Please note that the experience needs to involve more than administering tests and include significant assessment (e.g., interviewing, testing, and report writing) and or therapy experience (e.g., more than one to two sessions).
2) The number of hours expected.
3) The supervisor of the experience (the supervisor must hold a degree equal to the degree the student is pursuing and be a registered psychologist).
4) Number of hours and nature of supervision. Most supervision provided should be in the form of one-on-one supervision. The number of hours of supervision will be determined by the supervisor and student and will be dependent on a variety of factors (e.g., student experience, nature of responsibilities). Supervisors are ultimately University Insurance Coverage responsible to protect clients from harm while promoting competency of the student. Overall, it is common for students to have a ½ hour or more of supervision for each hour of direct patient contact. In a 150 practicum, it is common to obtain 25 hours of individual supervision.
5) Anticipated start and end dates.
6) Required reading list.

The Clinical Placement Coordinator will make a decision about whether the hours will be considered program-sanctioned.

If the Coordinator determines that the experience is not to be considered program-sanctioned then these hours can count under "other experiences" in the predoctoral residency application.

If the request is approved by the Committee then the following materials will be required:

1) directed reading form
2) student work placement health & safety checklist
3) work-based learning consent & agreement
4) mid-term evaluation form
5) final evaluation form
6) student evaluation of placement
7) tracking of hours form

University Insurance Coverage

The University's insurance coverage is described on the web at https://www.uregina.ca/policy/browse-policy/policy-OPS-060-005.html

When students are performing any duty or taking part in any activity which is considered part of regular or extraordinary studies or recreational activities connected with the University, they are "additional insured" under the University's General Liability and Errors and Omissions Liability policies. This includes any student on a practicum or work placement which is part of their academic program.

When students operate vehicles during their placements or while involved in approved activities, they are considered to be acting as agents for the University and are thereby provided with the insurance coverage described in paragraph viii. above while operating vehicles.

The University self-administers the Student Accident Benefit Plan whereby when students are injured during their studies, the University will reimburse them for certain medical expenses over and above regular provincial medical insurance. This covers items such as dental work, ambulances, crutches, etc. (see university policy 90.20.40)

Students involved in travel authorized by the University are required to complete a "Travel Authorization Request Form." Once this form is completed, travel insurance is put into place. Students who are leaving the province for clinical placements must complete this form.

Students are not covered when they act without the faculty knowing about the activity such as in part time jobs or volunteer work which is not part of their program.

WCB Policy

Before beginning the practicum or internship, if students are staying in Saskatchewan, they need to complete two forms to ensure WCB coverage. The *Student Work Placement Health & Safety Checklist* (see Appendix A) needs to be completed by the student and the manager of Health & Safety at the training site. The checklist is meant to remind the workplace managers of their obligations to ensure worker health and safety and to notify the University and students of the safety systems in place at the workplace. The completed form should be returned to the Clinical Placement Coordinator so he or she can place it on file.

Students working in unpaid placements must also make application for Workers' Compensation Board (WCB) coverage at no cost to the students. The student needs to ensure that the *Work-Based Learning Consent and Agreement* (see Appendix A) form is completed. The original needs to be returned to the Office of the Registrar and a copy to the Clinical Placement Coordinator to be placed on file. These forms are mandatory and must be completed before beginning clinical placements. This is provincial coverage and only applies to students working at unpaid work placements in Saskatchewan.

When students complete clinical placement out of province, the facility where the student is training at may require the University of Regina to complete an "affiliation agreement". Students who are conducting these placements are asked to look into this, and have this completed before they begin the placement.

Out of Province Placements

The University of Regina has purchased insurance coverage for students who participate in **out-of-province** unpaid student placements. If you are participating in these types of placements, students are also required to complete the Travel Authorization and Risk Assessment forms.

Internship Placements

In the recent past, we have had our students complete the four-month internship at the following settings in Saskatchewan. Further details are available in the appendix C.

- Functional Rehabilitation Program, SHA
- Child and Youth Services, SHA
- Mental Health Services, SHA
- Saskatchewan Hospital, North Battleford

We have also had some success in placing students out of province in the following settings.

- Anxiety Disorders Unit, St. Joseph Hospital and McMaster University
- Alberta Health Services, Calgary
- Center for Addiction and Mental Health, Toronto
- Psychiatric Treatment Clinic, Dept of Psychiatry, Walter Mackenzie Health Sciences Centre, Edmonton
- Mendal and Associates, Calgary
- Nova Scotia Health Authority - Cole Harbour Community Mental Health, Cole Harbour
- Royal Ottawa Mental Health Centre, Ottawa
- Memorial University of Newfoundland Student Wellness and Counselling Centre, St. John's
- Child and Youth Integrated Service Delivery Team in Charlotte County, New Brunswick
- Rogers Behavioral Health Inc., Skokie, IL
- Centre for Autism Services of Alberta, Edmonton
- Psychological Service Centre, University of Manitoba, Winnipeg
- The SJ Psychology Centre, St. John
- Department of Clinical Health Psychology, Faculty of Medicine, Winnipeg
- Clinque Psycho-Optimale de Laval, Laval

Practicum Settings

The following settings in Regina have accepted students for a practicum in the recent past. Further details about the sites are available in the appendix.

- Functional Rehabilitation Program, SHA
- Children's Rehabilitation Program, SHA
- Child and Youth Services, SHA
- Mental Health Services, SHA
- Counselling Services, U of R
- SunLife Financial Psychology Training Clinic, U of R
- RCMP Mental Health Centre
- Clinical Assessment and Resource Services Program, Ranch Ehrlo Society

Some students have been able to arrange a placement in other cities as well. These sites include:

- Regional Psychiatric Centre, Saskatoon
- Aging Research & Memory Clinic, Saskatoon
- Anxiety Disorders Clinic or Mood Disorders Clinic, St. Joseph Hospital
- Center for Addiction and Mental Health, Toronto
- Edmonton Health Region
- Rogers Memorial Hospital, Oconomowoc, Wisconsin
- Yorkton Functional Rehabilitation Clinic
- Dr. Karen Litke Private Practice, Yorkton
- Stewart Psychological Services Inc., Edmonton
- Life Mark Health Centre, Calgary
- Carnate Centre Alberta Health, Calgary
- Ministry of Child and Family Development, Victoria
- Bruyere Memory Clinic, Ottawa
- Clinical Health Psychology, Faculty of Medicine, University of Manitoba, Winnipeg

Psychology Training Clinic

The Psychology Training Clinic operates under the direction of the Director of the Clinic, Dr. Nichole Faller. The Director of the Clinic, working closely with the DCT, devises and sets policies for the clinic in consultation with the Clinical Committee. These can be found in the policy and procedure handbook.

Clinic Practicum Supervisors are responsible for the intake and booking of new clients, as well as supervision of assessment and treatment services, including client contact and clinical records.

Students who receive training in the clinic under the supervision of a Clinic Practicum Supervisor carry out intake calls, book initial assessments, provide treatment, and create and maintain clinic records.

The Clinic is currently located in College West. Computers are available for report writing, and assessment materials, client records, and other reference materials are stored there.

Clients are seen in bookable clinic space, including individual rooms, child/family room and group rooms.

Supervision Practicum

Students who have completed at least two practica at the Ph.D. level may request to complete a supervision practicum. During this practicum, the student will be assigned to an experienced supervisor and will have the opportunity to assist with supervision of junior students. Students do not register in the supervision practicum, but instead record their hours which they can later report in their application for a pre-doctoral residency. Participation in a supervision practicum is subject to availability of a supervisor.

For this practicum the student and supervision should complete an agreement form (see Appendix). This form specifies: a) what the student will be required to do (e.g.,

observe students, participate in supervision meetings, read and comment on reports); b) readings that will be assigned; and c) weekly hours of experience.

When the practicum is complete the student will write a memo to the DCT that includes: a) a summary of the experience including a summary of supervision hours (direct and indirect); b) a reflection on the supervision experience. This will be two pages in length.

The supervisor of the experience will evaluate the student using the form provided in the appendix. This will be submitted to the DCT and placed on the student file.

In most cases, students would spend four hours on this experience a week and this would be completed in one semester (one preparing for supervision, one in direct 1-on-1 supervision, one in group supervision, and one hour reviewing students videos or reports).

Pre-doctoral Residency

Once students have completed their course work and comprehensive exams and have made sufficient progress on their Ph.D. dissertation (proposal defended with data collection 25% complete), students should apply for the one-year pre-doctoral residency. Students should apply in the fall prior to the year they wish to attend residency.

The Director of Clinical Training and the Clinical Placement Coordinator will meet with students applying for residency either as a group or individually in early September. The purpose of this meeting is to discuss the requirements for the residency, discuss readiness to apply and answer student questions about the application process.

Students are required to attend a residency that is accredited by CPA. This is in accordance with standards for accreditation of doctoral programs in professional psychology set by CPA. CPA specifies that the residency must be accredited or deemed to be equivalent to an accredited residency, and that students must go through the Association of Psychology Postdoctoral and Internship Centre (APPIC) matching process (www.appic.org).

To apply for the predoctoral residency, students submit an application online through APPIC. Applications deadlines vary to some extent, but are most commonly due on November 15th. Some programs, however, have earlier deadlines.

As part of their application, students must have their application verified by the DCT.

The DCT verification form needs to be submitted to the DCT by October 15th at the latest.

Prior to submitting this form, students need to submit the following information to the DCT.

1) Summary of settings the student has trained in. For each setting, specify the primary population you worked with, the primary assessment tools you used and or the primary therapeutic approach you used with clients (e.g., CBT, humanistic)
2) Summary of what you perceive to be your strengths as described by supervisors (e.g., building rapport, assessment, use of CBT skills, conscientiousness). Students are encouraged to include supervisor quotations regarding their strengths in this document.
3) Summary of other strengths you have demonstrated (e.g., publications, timely progress in the program, awards,
4) Areas where you would like to develop further on the residency
5) Any issues you want the DCT to consider in the letter to residencies
6) Current status of your dissertation – note that you must have 25% of your data collected in order to apply for residency
7) Summary of hours you will be submitting. Please use a table similar to the table below

Practicum Setting	**Intervention**	**Assessment**	**Supervision**	**Support**
North Battleford	119	20	62	417
Counseling Services	59	12	42	100
Assessment II Class	0	13	4	22
Kristi Practicum	0	41	27	179
Angie Practicum	19	10	27	83
Practicum Hours to be completed before October 1, but not yet officially on file				
DBT Practicum	61	0	0	0
Mental Health	41	6	16	51
Total	*299*	*102*	*178*	*852*

Hours Will Obtain After October 1	Intervention	Assessment	Supervision	Support
DBT Practicum	25	0	4	4
Mental Health	50	0	8	50
Total	*75*	*0*	*12*	*54*

As part of the application, students must also have referees provide them with letters of reference. It is strongly recommended that students give their referees ample time to provide these letters (at least a month). APPIC provides information on how references can complete the on-line reference forms.

After submitting applications, residency programs can review applications online. Students may then be invited to interview at various sites.

In early February, students are expected to rank order residencies. They are then matched by the matching service. The matching process provides an orderly process to help applicants obtain positions in pre-doctoral residencies of their choice, and to help programs obtain applicants of their choice. For both applicants and programs, it alleviates many of the factors that generate inequities, unfair pressures, and premature decisions in the making of offers by programs and the acceptance or rejection of offers by applicants. It also allows programs and applicants to evaluate each other fully before determining preferences.

The Matching Program is sponsored and supervised by APPIC and is administered by National Matching Services Inc. (NMS). The senior professional staff of NMS has extensive experience in the development, implementation, and operation of Matching Programs for professional recruitment. Using rank order information obtained from applicants and sites, APPIC matches students to sites.

In the event that students are not matched with a site, there is a second Match that students can participate in. Details regarding the match can be found online at www.appic.org.

10 Program Components

As outlined by FGSR, the position of Professional Associate is of particular applicability to the Department of Psychology. Individuals nominated as Professional Associates have valuable skills, education, and experience that benefit the clinical program.

Nomination Procedure

Professional Associates are nominated by the department by having the Head:

- Write a memo to the Dean of FGSR
- Attaching an up-to-date CV
- Including a statement/rationale of the benefits to the graduate affairs (supervision of internships/practicum) of the department/faculty.

Professional Associate appointments are normally for three to five years (July through June), and are renewable, subject to mutual agreement and ongoing eligibility.

Roles

Most commonly Professional Associates are individuals who work in the community as registered psychologists and are involved in providing clinical supervision to our graduate students.

Professional Associates may not be a supervisor or co-supervisor of graduate thesis research, but they are eligible to serve on graduate student supervisory and examining committees and to offer graduate courses when their qualifications are appropriate. In all cases, committee membership and the instruction of a graduate course requires separate approval by the Dean of FGSR.

Benefits

Professional Associates are:

- Invited to the departmental fall reception;
- Invited to clinical seminars and departmental colloquia;
- Invited to a supervisor training meetings;
- Invited to department-affiliated conferences and offered the same discount as offered to faculty;
- Offered a parking pass when they attend departmental meetings;
- Able to book the Sun Life Financial Psychology Training Clinic for training purposes;

Can request access to the library by making a request in writing and sending a copy of their letter of appointment from FGSR to the library.

11 Comprehensive Exams

Ph.D. Comprehensive Examination

The Ph.D. Comprehensive Examination covers broad aspects of clinical psychology, and consists of four parts:

1) An oral case presentation;
2) A written exam;
3) An ethics oral examination; and
4) A program evaluation proposal

The comprehensive examination is used as a means of judging whether or not the student has a mature and substantial grasp of the discipline and the ability to integrate theory, research and practice in the areas of psychopathology, assessment, treatment and ethics. The program evaluation proposal is used to ensure students have knowledge necessary in program evaluation. Students can apply to have certain aspects of comprehensive exams waived under rare circumstances. This process of exemption is described below.

Scheduling of Comprehensive Exams

Comprehensive exams are scheduled after the student has completed all degree requirements, with the exception of the doctoral dissertation and pre-doctoral residency. The student must complete comprehensive exams in the first or second semester after completion of all course work. It must be taken prior to applying for the pre-doctoral residency. Students must enroll in Psyc 865. If students must complete all four components of the exam, Psyc 865 should be scheduled over eight months. If only two or three components need to be completed in the case of an exemption, Psyc 865 should be scheduled over one academic semester. The order will depend on the student and the availability of the examination committee. Ideally, there will be two weeks between each component of the exam. The written exam is normally scheduled at the end of June.

Request to Complete Comprehensive Exams

Students **must** make their request in writing to the DCT by April 1 if completing comps in the spring-summer semester, December 1 if completing comps in the winter semester or August 1 if completing comps in the fall semester. Note that the written exam will only be held once a year in June. The notice is needed for a Chair of the examination committee to be appointed and for faculty to prepare and be available to mark the comprehensive exams.

The request should include the following information:

1) oral case presentation: proposed dates for the exam, supervisor/setting for the case, indication that supervisor approves the case for presentation, nature of client problem, nature of assessment (number of sessions, tools used in assessment) and nature of treatment (approach to treatment, number of sessions).
2) oral ethics exam: proposed dates for the exam
3) program evaluation: proposed due date of proposal
4) any requests for exemptions should be included in this memo along with the rationale for the exemption and supporting documentation.

Comprehensive Examination Committee

The Comprehensive Examination Committee is composed of two clinical faculty members. One member will act as Chair. The research supervisor cannot be a member of the committee. The supervisor of the case to be presented for the oral case presentation cannot be a member of the committee.

Pass or Fail

All parts of comprehensive exams must be passed in order to meet the comprehensive examination requirement. If the student fails any component of the comprehensive examination, he or she will obtain a grade of fail for 865. Following FGSR guidelines, students who fail a course will be allowed to retake Psyc 865, but must do so in the following semester. Students only need to complete those components of the exam that are failed. A second failure will normally result in the student being discontinued from the program. If this happens the Clinical Committee will meet to discuss the discontinuation of the student.

Oral Case Presentation

Purpose:

The purpose of the oral case presentation is to show that the student has achieved a level of proficiency in psychopathology, assessment and intervention that will qualify him or her to apply for the pre-doctoral residency. It also serves to demonstrate the student's ability to apply research knowledge to practice.

Case Requirements

- The case should be on a clinical concern that is not the topic of the student's dissertation (e.g., if the dissertation is focused on eating disorders, the case should focus on a different clinical concern).
- Students should select a case that involved both assessment and treatment and that they were the ***primary person*** that delivered services, although under supervision.

- The client should have been provided services during a previously completed practicum or internship or program sanctioned training experience (under special circumstances the Clinical Committee may permit presentation of a case carried out under other circumstances).

Process of Case Selection:

- The student should discuss his/her need to present a clinical case with the clinical supervisor. Such a discussion should take place as a matter of course at the beginning of each clinical placement. Supervisors should be made aware of the case presentation requirement and guidelines. Although agencies are not able to guarantee the availability of appropriate cases for this purpose, effort will be made by those involved in training to ensure that students gain appropriate clinical experiences.
- Decisions by clinical supervisors about the appropriateness of particular cases for use as part of the comprehensive examinations will be made on a case-by-case basis, in a manner consistent with the agency's policies concerning cases referred to practicum students, in general. Supervisors must approve the presentation of a case.
- Cases will only typically be presented after all involvement with the client is complete.
- We recommend that clients be asked for consent for their case to be presented as part of comprehensive exams. This should be done **following the termination** of therapy. The client has the option to refuse or to restrict certain information from being presented. A sample consent form that can be used for this purpose is included in the appendix.
- In certain circumstances when it is not possible to contact the client to obtain consent, the student will consult with the clinical supervisor, and the Clinical Committee to receive guidance on whether a case presentation can proceed without consent.

Presentation Process:

- Only the committee and student attend the case presentation.
- The student presents the case in a 45 minute period to the examination committee, with 45 minutes to one hour then allowed for discussion and questions.
- The student should carefully review the evaluation form so he or she understands what is expected and needs to be presented.
- This presentation is recorded (typically audio-recorded). The student is responsible for the recording.
- Students should be prepared to answer questions both during and after the presentation.

Ethical Considerations:

The student is responsible for ensuring that confidentiality and dignity are respected by:

- reviewing the Canadian Code of Ethics for Psychologists as it pertains to the case presentation.
- obtaining prior approval from the agency through which the client was served.
- disguising personal information to make it impossible to identify the client.
- ensuring that prior to the presentation, the clinical supervisor or an appropriate alternate, reviews the information to be presented as further protection of privacy and confidentiality.

***Evaluation*:**

- Following the presentation, the examination committee meets to decide whether the student's presentation should pass or fail (See evaluation form).
- The examiners then meet and provide the student with verbal feedback.
- The Chair of the Committee communicates the outcome in writing to the DCT (pass, fail), including strengths, weaknesses, and areas for improvement. In the case of a pass, the evaluation form can be handed in to the DCT. If a student fails, the student will be given a failing grade for Psyc 865 and will be required to register in Psyc 865 again and give another case presentation the following semester. In the case of a failure, a formal memo should be written to the DCT describing the strengths and limitations of the presentation. This feedback is critical as it will assist the student when he or she prepares for a second case presentation.

Recording:

- If the student passes the oral exam, the recording of the exam should be destroyed by the student.
- If the student fails the oral exam, the Chair should forward the recording of the exam to the DCT in the event that the student wants to appeal the decision of the committee.

Appeal:

- If the student fails the oral exam and wants to appeal the decision, the student should write a memo to the DCT requesting the appeal and providing a rational for the appeal. The DCT would then form a new committee to review the recording of the oral exam. The new committee would then meet with the DCT and student to share the outcome of the appeal.

Written Examination:

***Purpose*:**

As part of comprehensive exams, students will be required to complete a written exam to assess their knowledge of recent literature in the field of clinical psychology.

***Requirements*:**

Following a similar procedure to that used at the University of Calgary, students will be examined on the latest volume of the *Annual Review of Clinical Psychology*. The volume available four months prior to the exam is

considered the latest volume to allow students time to review the content. This journal covers research, theory, and the application of psychological principles to address recognized disorders, including schizophrenia, mood, anxiety, childhood, substance use, cognitive, and personality disorders. Articles also address broader issues cross-cutting the field, such as diagnosis, treatment, social policy, and cross-cultural and legal issues.

The written exam will include three integrative questions based upon articles reviewed in the latest volume of the *Annual Review of Clinical Psychology* (available online through the university library).

All questions will be developed by a Comprehensive Written Examination subcommittee of the Clinical Committee, comprised of two faculty members (or adjuncts or clinical supervisors). Clinical program faculty will be given the opportunity to provide feedback on the questions that are formulated prior to the exam. Membership on the Comprehensive Written Examination Committee is expected to rotate with each new round of examinations so that all Clinical Committee members participate in the process equally.

- The exam will be written on the same day by all students registered for comprehensive exams during the same semester. The exam will typically be scheduled for the end of June.
- The clinical program will identify designated computers in a designated room for students to write the exam.
- Students can have access to articles in the latest volume of the *Annual Review of Clinical Psychology.*
- Each question is expected to take one hour each; students, however, will be given a total of four hours for the exam (e.g., between 9:00 and 1:00 p.m. or 1:00 and 5:00 p.m.)

Evaluation:

This exam will be marked by the Comprehensive Written Examination Committee. Results will be communicated by a Chair of this committee to the DCT.

Two committee members will score each question out of 10. Students must obtain a mark of at least 7 on each question by each examiner. If there is a significant discrepancy between examiners (e.g., one gives a score above 7 and the other below 7) then a third faculty member will mark the question to resolve the discrepancy.

Those marking the exam should consider the quality and clarity of the writing, whether the student answered the question, and whether the student showed critical thinking in responding.

In the event that the student fails the exam, the student will be given a failing grade in Psyc 865. The student will be required to register in Psyc 865 the next semester and complete a second exam. If a student fails 865 again, he or she will be discontinued from the Clinical Program.

Oral Examination in Ethics and Professional Issues

Purpose:

The purpose of the ethics and professional exam is to ensure that students have the knowledge necessary to proceed to the pre-doctoral residency.

Process:

The ethics exam may last up to 90 minutes. Just prior to the exam, the committee will meet to agree on which questions will be asked. Committee members will then take turns asking the student questions. Committee members will use the evaluation form provided in the appendix to evaluate the student performance. Following the completion of the exam, the student will be asked to leave the room while the committee members review his/her performance. When they are asked to return, they will be provided with feedback based on the evaluation form.

Typically, a portion of the exam involves asking students to report on an ethical dilemma they have faced and how it was resolved. Alternatively, students can report on a dilemma that they could realistically anticipate facing given their expected area of clinical practice. This should take approximately 20 minutes. Students should not bring in notes to the exam or use Power Point. Students will be commonly asked questions consistent with those on the Saskatchewan College of Psychologists oral ethics exam.

Students will often be given vignettes to discuss. They should be thoroughly familiar with the Canadian Code of Ethics for Psychologists as well as the Practice Guidelines for Providers of Psychological Services. Students will be asked to demonstrate their understanding and good judgment concerning (a) clear delineation of the ethical dilemmas faced in the vignettes, (b) the principles underlying the Code, (c) the difference between ethical principles and rules of conduct, and (d) the process for resolving ethical dilemmas presented in the Companion Manual.

Recommended readings:

a) The Companion Manual (current edition) to the Canadian Code of Ethics for Psychologists, together with its bibliography.
b) The Saskatchewan College of Psychologists handbook for ethics exams (available from the college).
c) Ethics-related articles in Professional Psychology: Research and Practice (most recent five years), Canadian Psychology and Ethics and Behaviour.
d) Koocher, G. P., & Keith-Spiegel, P., (2008). Ethics in Psychology: Professional Standards and Cases. New York: Oxford University Press

Evaluation:

The exam will be recorded (the student is responsible for this). The examiners' recommendation will be expressed as a pass/fail decision. This will be communicated to the

student immediately, and relayed to the DCT by the Chair of the examination committee in writing within a week of the exam. In the event that the student passes the exam, the Chair can submit the evaluation form.

In the event that the student's oral examination performance is not deemed acceptable, the student will be given a grade of fail in Psyc 865. The Chair should write to the DCT and student and provide the student with feedback on their strengths and weaknesses during the exam so that he or she can increase the chance of success the following semester. If the student fails the oral ethics exam, they should enroll in Psyc 865 the following semester and take the ethics exam again. A second failure will result in the student being discontinued from the Clinical Program.

Recording:

- If the student passes the oral exam, the recording of the exam should be destroyed by the student.
- If the student fails the oral exam, the Chair should forward the recording of the exam to the DCT in the event that the student wants to appeal the decision of the committee.

Appeal:

- If the student fails the oral exam and wants to appeal the decision, the student should write a memo to the DCT requesting the appeal and providing a rationale for the appeal. The DCT would then form a new committee to review the recording of the oral exam. The new committee would then meet with the DCT and student to share the outcome of the appeal.

Program Evaluation Proposal

Purpose:

Students must submit an original Program Evaluation proposal as part of the comprehensive examination process. The purpose of this component of the exam is to ensure that students have sufficient grasp of program evaluation that would allow them to undertake or participate meaningfully in a program evaluation in the future. There are several ways that students can have this requirement waived and students are urged to read the section on exemptions below.

Format:

The proposal should be related to the practice of psychology. Students can speak with psychologists at the university or in the community to generate relevant evaluation questions related to clinical psychology. Students can also generate an idea by exploring cases used in the Canadian Evaluation Society annual case competition (http://competition.evaluationcanada.ca/). The evaluation topic needs to be approved by the Clinical Committee prior to proceeding. This is important to ensure that the topic is of relevance to Clinical Psychology and also of appropriate scope, being neither too narrow nor too broad. Students will also be assigned a faculty member to provide them with advice in planning their Program evaluation.

Resources:

Posavac, E. & Carey, R. (2002). Program Evaluation: Methods and Case Studies (6th edition)

Frechtling. J. (2007). Logic modeling methods in program evaluation. San Francisco: Jossey-Bass.

Greene, M. M. (2003). Program evaluation. In J. C. Thomas & M. Hersen. (Eds.). Understanding research in clinical and counselling psychology. Mahwah, NJ: Lawrence Erlbaum Associates.

Rossi, P.H. Lipsey, M.W. & Freeman, H.E. (2004). Evaluation: A systematic approach (7th Ed.) Thousand Oaks, CA: Sage.

Outline

The proposal should not exceed 25 pages (excluding title page, executive summary, references, and appendices), and should include the following:

1) Title Page (evaluation title, date, name)
2) Table of contents
3) Executive summary
4) The purpose and scope of the evaluation (e.g., what decisions are being aided by the findings of the evaluation?)
5) The audience – key stakeholders (e.g., who wants the report and will make decisions based on the report?)
6) Background about Organization/Program/Service being evaluated (e.g., organization history, goals, activities, resources, and staffing)
7) The evaluation questions or problem statement
8) The type of evaluation (e.g., goals, needs, process, outcome) and evaluation design
9) Data collection plan (e.g., what type of information, from what sources, how collected and when)
10) Resources required for evaluation (e.g., staffing, estimated timeline for evaluation)
11) Ethical issues involved in evaluation
12) Strengths and weaknesses of the evaluation
13) Data analysis plan
14) Potential recommendations that might be anticipated as a result of the evaluation
15) Evaluation dissemination plans
16) References

Evaluation:

Two members of the comprehensive examination committee will mark the Program Evaluation proposal (see form in the Appendix). In some cases, if the Clinical committee members feel they do not have the necessary background to evaluate the Program Evaluation proposal, an alternate committee member may be found to mark the proposal.

The Chair of the Committee should submit the evaluation form to the DCT. In the event that the student's Program Evaluation proposal does not pass, students will be given a failing grade in Psyc 865. They also will be given feedback on their proposal. The next semester, students will be required to take Psyc 865 again and complete a second Program Evaluation proposal. If students fail Psyc 865 again, they will be discontinued from the Clinical Program.

Exemption

Students who take and pass a graduate course in Program Evaluation (offered either as a regular course or as a directed reading through the Department of Psychology or through other departments/faculties [e.g., public policy, education] within the university) or participate in the Canadian Evaluation Society Case Competition at least once prior to comprehensive exams (http://competition.evaluationcanada.ca/) may be given an exemption on the Program Evaluation proposal. In some years, clinical faculty may provide program evaluation experience for students outside of the Canadian Evaluation Society Case Competition. This will be approved by the clinical committee on a case by case basis.

For those students who participate in the Canadian Evaluation Society Case Competition, their exemption from completing the Program Evaluation proposal will be contingent on regular and full participation in the competition (including completion of readings), as evaluated by the Case Competition coordinator. Participation will primarily take place during the course of one semester and typically consist of readings and weekly meetings with other students also participating in the competition. During these meetings, students will work on planning program evaluations with support provided by a faculty member.

Resources:

Posavac, E. & Carey, R. (2002). *Program Evaluation: Methods and Case Studies* (6th edition)

Frechtling. J. (2007). *Logic modeling methods in program evaluation.*

San Francisco: Jossey-Bass.

Greene, M. M. (2003). *Program evaluation.* In J. C.

Thomas & M. Hersen. (Eds.). *Understanding research in clinical and counselling psychology*. Mahwah, NJ: Lawrence Erlb*aum Associates.*

Rossi, P.H. Lipsey, M.W. & Freeman, H.E. (2004). *Evaluation: A systematic approach* (7th Ed.) Thousand Oaks, CA: Sage.

12 Monitoring of Student Progress

Course Evaluation

Consistent with University of Regina regulations, students are provided with a written course outline within the first six hours of class meeting time, which informs students of the ways in which they will be evaluated. At least 75% of the mark must be based on material that is written, taped or otherwise in a form that can be reassessed if that becomes necessary. Students are provided with marks as they complete different aspects of the class and with the final mark at the end of the semester.

Practicum Evaluation

When students undergo clinical training placements, supervisors are required to complete standardized evaluations on students at the mid-point and the end of the experience. Students are aware of the evaluation forms and when they will be completed. Once the evaluations are complete, students are informed of their evaluations in writing and are required to sign their evaluation forms.

Comprehensive Exams

Comprehensive exams consist of four components, an oral case presentation, a written exam, an oral ethics exam and a program evaluation proposal (see chapter 9).All components are evaluated by two clinical committee members. The candidate is given a mark of Pass or Fail immediately after the committee deliberates. If the student receives a mark of Fail the student is also provided with written feedback. If there is disagreement about whether the student should pass the component of the exam, a third committee member will be asked to review the relevant material (e.g., recording, proposal, exam). Students, who fail, any component of comprehensive exams, will obtain a failing grade in Psyc 865. They are allowed to take Psyc 865 the following semester, but a second failure will result in termination from the program. Only those components that are failed the first time must be repeated.

University Policy

Students registered at the University of Regina are expected to behave responsibly and with propriety and are expected to abide by the policies and regulations of the University of Regina. When students fail to meet these expectations, the University reserves the right, under the University of Regina Act, to take whatever action it deems warranted by the students' misconduct.

Annual Monitoring

Student progress (academic, research, clinical and interpersonal) in the Program is reviewed on a yearly basis by the DCT. Students complete an annual survey via Qualtrics, which is reviewed by the DCT. Student progress is reported to the Clinical Committee and students receive a formal letter from the DCT that highlights student accomplishments, but also may bring areas of concern to the students' attention.

13 Resolution of Student Difficulties

Monitoring of Student Progress and Annual Review

In the spring/summer semester of each year, students complete a Qualtrics Survey to provide information on their progress in their program. The DCT uses the information from these surveys to complete each student's individual annual review letter. The Clinical Commiittee meets in June to review each student's progress in the program, based on the annual review letters. Supervisors are asked to review the letters of their students before this meeting, and provide any additional information. Once the Clinical Committee has approved the letters, students and supervisors receive a copy of the letter. If problems with student progress have been identified during the review, they will be indicated on the annual review letter. If the problems are such that a remediation plan is necessary (see information under Remediation Plan below), this plan will be developed by the Clinical Committee. Students are made aware of the difficulties at the time of review or when an issue emerges by either the DCT or their research supervisor, and are able to provide input and feedback to the remediation plan.

Remediation Plan

When problems become apparent, the CPC or DCT, the student and the instructor/supervisor in question are responsible for developing a remediation plan that identifies: 1) the problem; 2) the goals of the remediation plan, 3) the means of meeting the goals of the remediation plan; and 4) the criteria and timeline for successful completion of the plan. When unusual or major issues arise, the issue is brought to the attention of the Clinical Committee and a plan is discussed at this level. For example, a student who is described as having difficulties with clinical work may be required to conduct additional clinical training with close monitoring.

The plan is documented in writing by the CPC or DCT and placed in the student's file. The CPC or DCT monitors the plan and the outcome. If the remediation plan extends over more than one semester a progress report is completed and placed on the students file. A final report on success in meeting the goals of the remediation plan is documented in writing and maintained in the student's file. The CPA code of ethics ethical decision-making code is used if an ethical conflict emerges.

If the goals of the remediation plan are not being met, the Clinical Committee and DCT can renew or revise the remediation plan. Renewals are typically possible only once – at the end of which time, the student if not successful, the Department Head and at times the Dean of the FGSR will be consulted about options, including alternate remediation plans or in extreme cases termination of the Program.

Termination of the Program is a last resort and only suggested when remediation plans fail. Students can appeal decisions related to remediation plans including the need for the plan, the nature of the plan or the outcome of the plan, just like they can appeal grades or other Program decisions. Appeal procedures are outlined in the FGSR handbook.

Resolving conflict

Conflicts can arise during the course of the graduate program. Depending on the type of conflict and the issues involved, there are different mechanisms that can be used to resolve the conflict. In the Clinical psychology Program manual, students are urged to follow the CPA code of ethics in bringing forward a complaint, grieving an action or appealing a decision or evaluation, including first discussing the matter with the individual involved, seeking consultation, and then if necessary taking more formal steps to lodge a complaint. Students who believe they have a human rights complaint may, at any time, consult the University's Harassment and Discrimination Prevention Office Respectful University | Policy, University of Regina (uregina.ca)

Interpersonal Conflict between the student and the research supervisor

If the student is experiencing difficulties with their research supervisor, the student is encouraged to first speak to their supervisor about their concerns. If the situation is not resolved through this step, the student is encouraged to speak to the DCT. In the situation where the DCT is also the research supervisor, the student is encouraged to speak to the Department Head. If the situation is not resolved at the level of the DCT, the student is encouraged to speak to the Department Head. If the situation is not resolved at the Departmental Level, the student is encouraged to speak to the Associate Dean of Arts (Research and Graduate). If the situation is not resolved at the Faculty of Arts level, the student is encouraged to speak to the Dean of the Faculty of Graduate Studies and Research.

Concerns about progress evaluation, in course work or clinical experiences

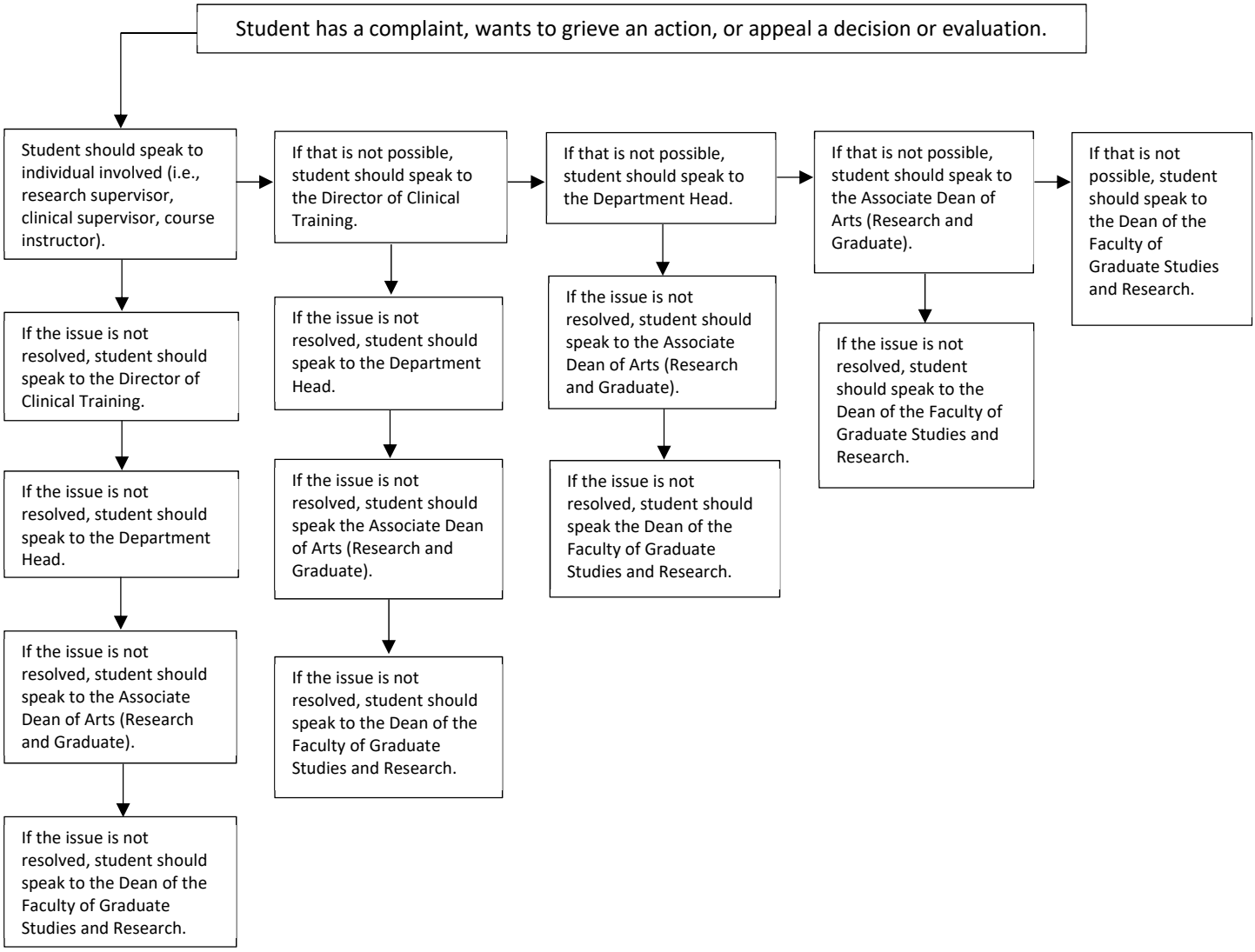
If a student disagrees with their grades or other types of evaluation from a course instructors or clinical supervisor, they are encouraged to speak to the instructor first about their concerns. If this does not lead to a satisfactory outcome with respect to the course, the student is

encouraged to speak to the Department Head. In the case of a course being taught by the DCT, students are encouraged to speak to the Department Head instead. If the course is a clinical placement, students are encouraged to speak to the CPC as the next step in the resolution process. As sometimes the clinical supervisor is the CPC, students in this situation are asked to speak with the Department Head about this clinical course. If the situation is not resolved at the Departmental Level, the student is encouraged to speak to the Associate Dean of Arts (Research and Graduate). If the situation is not resolved at the Faculty of Arts level, the student is encouraged to speak to the Dean of the Faculty of Graduate Studies and Research.

Lodging a Complaint/Appeal

In the Clinical psychology Program manual, students are urged to follow the CPA code of ethics in bringing forward a complaint, grieving an action or appealing a decision or evaluation, including first discussing the matter with the individual involved, seeking consultation, and then if necessary, following formal appeal processes.

Prior to making a formal appeal it is expected that students will have exhausted all of the above informal means of resolving the difference of opinion. Information on how to request a formal reassessment of a grade can be found on the FGSR website: Appeals Guide for Students | Graduate Studies, University of Regina (uregina.ca.



14 Program Evaluation

Program Evaluation

Every year the Clinical Committee reviews goals, objectives and outcomes of the Program. The following information is compiled for each goal of the Program.

Research

1) average grades in research methods and statistics
2) percentage of students with at least one conference presentation
3) percentage students with at least one peer-reviewed publication
4) percentage of students who held an RA position in past year
5) percentage of students with external/internal funding in past year

Clinical

1) average grades in psychopathology, assessment I and II, and interventions I and II
2) success in obtaining pre-doctoral residency

Knowledge

1) average grades in nonclinical courses, including psychometrics, neuropsychology, information processing, and social psychology

Ethics & Professional Issues

1) average grade in ethics
2) supervised clinical hours prior to internship including direct hours and supervision hours

Leadership

1) percentage of students with conference presentations
2) percentage of students with publications
3) percentage of students teaching or holding TA positions
4) percentage of students with membership in professional organizations
5) percentage of students who attended workshops/conferences in past year
6) listing of jobs of graduates

Graduate Survey

Results of a survey of graduates from the Ph.D. program will be reviewed by the Clinical Committee Students will rate:

1) their training as scientist practitioners;
2) overall quality of training;
3) preparation for conducting clinical assessments;
4) preparation for clinical interventions,
5) preparation for consultation ;
6) preparation for conducting research;
7) preparation for teaching;
8) preparation for supervision of clinical work;
9) preparation for managing ethical issues; and
10) preparation for working with diverse clients;
11) overall satisfaction.

Notable strengths and areas for development will also be reported.

Funding

The average income of students will be reported along with number below $10,000, between $10,000 and $19,999, between $20,000 and $29,999, between $30,000 and $39,999, and above $40,000.

Percentage of students with funding from the following sources will be summarized:

1) major external funding,
2) FGSR funding;
3) sessional or TA funding;
4) RA funding,
5) outside employment; and
6) Saskatchewan bursaries.

Survey of Graduates

All Ph.D. students who graduate from our Program will be sent a link to a Qualtrics survey asking for their anonymous feedback on our Program. Students will be asked to identify both strengths and weaknesses of our Program. They will be asked to rate the overall quality of the training they received as well as training in assessment, interventions, consultation, research, teaching, supervision, ethics and diversity issues.

Avenues for student feedback to program

Students are encouraged to provide feedback to the Clinical Program. Avenues for anonymous feedback are provided at the Department and Program levels. Feedback regarding individual courses is elicited by the Department through the use of universal teaching evaluations that are provided to students at the end of each course, The results of these teaching evaluations are reviewed by the instructors for the course as well as the Department Head.

The Psychology Graduate Student's Association (PGSA) has representatives who attend Department of Psychology meetings as well as Clinical Committee Meetings. Students can speak to either of these representatives about their concerns. In addition, there are faculty member liaisons who meet regularly with the PGSA. The PGSA can provide anonymous feedback to the program through these liaisons as well. At this time, the DCT is working with the PGSA to develop additional avenues for the provision of anonymous feedback to the program.

Program Improvement

On an annual basis the Clinical Committee will examine whether there is a need to make changes in the Program in light of:

1) the Program evaluation and feedback
2) feedback from CPA (from annual review, site visits)
3) the evolving body of scientific knowledge
4) current standards of best professional practice
5) local, regional and national needs and
6) job and career paths attained by Program graduates

Appendix A

Graduate Selection Process

Membership of Graduate Selection Committee

The committee consists of the DCT and two other clinical members. Members volunteer for the committee, with members each serving a 3-year term. A vote is held if more than two members volunteer for the same position.

Review of applications

A. Preparation of applicant evaluation form (administrative assistant & committee members):
Each year, an applicant evaluation form is created including columns for name of the applicant, requested supervisor, area of interest, notable research/clinical experience, references, GPA, and GRE scores. The departmental administrative assistant completes several columns of information on the form, including name of applicant, supervisor, grades and GRE scores.

B. Faculty:
All faculty members are invited to review the applications, and determine if there are any students that they would be interested in supervising. Faculty have permission to interview prospective applicants via Skype/Zoom or telephone before the admissions committee meets, with the caveat that the students have not yet been reviewed by the admissions committee. Alternatively, they may interview "A" ranked students once the admissions committee has met and identified this group.

C. Committee:
All committee members read the letters of intent from all applicants. Applicants that are selected are sent to FGSR for approval. FGSR writes the offers of the admission and funding letters for each approved student, in consultation with the DCT. Letters are then sent to the students by FGSR. The DCT monitors acceptance and rejections and recommends additional students from the waitlist to FGSR.

Students receiving offers are given until April 15th and thereafter 2 weeks to respond to the letter from the date of written offer. Students are asked to contact the department secretary directly by e-mail or letter to indicate whether they accept.

Selection criteria (weighted in this order):

1. **GPA:** minimum requirement is 80% average in last 2 years of undergraduate program. Exceptions will be considered in unusual circumstances.
2. **Fit:** match between interests of supervisor & student, and program & student, as expressed in the letter of intent.
3. **Experience:** research experience and volunteer or work experience with attention to confirmation in letters of reference
4. **GRE:** minimum combined General scores over the 40th percentile (verbal and quantitative); minimum analytic writing score of 2.5. GRE subject test is optional. Exceptions are considered in unusual circumstances. GRE scores were waived for fall 2021 and 2022 admission due to the pandemic.
5. If two students are demonstrably equal as defined by the criteria identified by the graduate admissions committee, we offer admission to the student who self identifies as a member of one or more of the groups designated by the Saskatchewan Human Rights Commission.

Numbers of students:

Clinical program: 10students are admitted to the clinical Master's program each year. Unless there are unusual circumstances, no more than 6 students are admitted to the Ph.D. Program each year.

Selection process:

1) Prior to the first committee meeting, committee members receive the completed applicant evaluation form, and assign each applicant to a category (A, AB, B, X).
2) At the meeting each applicant is discussed, with the DCT leading the discussion.
3) Committee members reach consensus on an overall assignment of each applicant to 4 categories (A, AB, B, X) based on the selection criteria and faculty preferences.
4) The list of names of "A" ranked students is provided to all Clinical Faculty who are interested in supervising a student. The Clinical Faculty decide on which students of this group they are interested in supervising and, if they have not already, interview these students. They notify the Committee if they would like to make an offer to the student.
5) Faculty supervisors who are interested in making an offer to an "A" ranked student complete an admissions recommendation form and a funding offer form. The admissions recommendation form is signed by the DCT, and the funding offer form is signed by the supervisor and the Head of the Department of Psychology. These forms are submitted for FGSR approval. Once they receive

approval from FGSR, the student is notified of their acceptance via correspondence from FGSR.

6) If an applicant whom the committee has categorized as 'A' has not been selected by the faculty, the designated committee member discusses the applicant with relevant supervisors. However, if no one is willing to supervise the student, the applicant will not be accepted into the program.
7) Once we have filled our positions, all remaining candidates receive rejection letters from FGSR. The "X" candidates receive rejection letters shortly after the committee's first meeting.
8) The DCT or designate keeps track of acceptances and rejections by approved candidates. If positions become open, the DCT informs potential supervisors. If there are no more "A" candidates, supervisors may consider the "AB" candidates at this time.

Timelines:

January 15: (application deadline). The administrative assistant charts GPA and GRE scores. Administrative assistant completes separate lists for M.A Clinical and Ph.D. Clinical students.

February 1: Faculty preferences are submitted, and completed applicant evaluation forms distributed to committee members.

~February 15: The committee meets to review applicants and faculty preferences. First offers are sent following this meeting, and continue until adequate numbers of students are admitted to the respective programs.

A formal announcement of entering graduate students is made to the faculty after all positions have been filled (i.e., after all offers have been made and acceptances received). Informally, prospective supervisors are informed when offers are made to, or acceptances received by their prospective students.

Appendix B

1. Directed Reading Form
2. Student Work Placement Health and Safety Checklist
3. Schedule “B”
4. Initial Supervision Check-List
5. Internship/Practicum Midterm Evaluation
6. Internship/Practicum Final Progress Report
7. Student Evaluation of Clinical Placement
8. Tracking of Hours Form
9. Student Work Placement Health and Safety Checklist
10. Work Based Learning Consent and Agreement
11. Supervision Practicum Student – Supervisor Agreement
12. Evaluation of Student Supervisor

University of Regina

FACULTY OF GRADUATE STUDIES AND RESEARCH

Practicum/Internship Agreement

Student Information

Student's name: Telephone Number :

Graduate Level and Year in Program: Placement Number: ***87***___

M.Sc. Year ___ M.Sc. # _____

Ph.D. Year ___ Ph.D. # _____

Supervisor/ Site Information

1. Name of instructor or supervisor (Faculty Coordinator): ***Dr. Kristi Wright***
2. Agency (Clinical Supervisor):
3. Brief title of class (or topic): ***Practicum in Psychology***
4. Brief topical outline of class content or requirements:
5. Primary references to be used (or nature of practical work, also specify author, publisher, date):
6. Intended frequency and duration of meetings for discussion of student's work:

   Example: The student will meet with the supervisor at least one hour for every six hours of experience. Experience includes both direct and indirect experience with clients. More meetings may be scheduled earlier on in the practicum.

7. Number and nature of activities assigned (e.g., essays, examinations, problems, seminars, practica, etc.):

   Example: The internship will consist of at least 150 hours, including direct client contact, support activities, and supervision.

   The practicum will take place between X and X.

   The student is likely to be involved in the assessment of X client and the treatment of X clients. The study will also ….

8. Method of grade determination (3/4 of the final grade should be of such a nature as could be re-evaluated by an independent examiner): **PASS/FAIL**

9. Other contributing information:

Faculty acceptance indicated by signature of Dean of Graduate Studies and Research or Designate

Signatures:

Date:

_____

Student

_____

Dean of Graduate Studies and. Research or Designate

_____

Clinical Supervisor

_____

University Coordinator

_____

Date

_____

Head of Academic Unit

_____

Associate Dean of Arts (Research and Graduate)

University of Regina

Student Work Placement Health & Safety Checklist

Regina believes that the health and safety of all students, faculty and staff is vital to achieving our academic and research mission. We therefore would appreciate your response to the following questions pertaining to your organization's health and safety program.

Student Name: _____

Work Placement Organization: _____

Address: _____

Contact information for your organization's health and safety program:

Name: _____

Position: _____

Phone: _____ Email: _____

(check as appropriate)

	Yes	No
1. Do you have a written health & safety policy?	☐	☐
2. Do you have an occupational health & safety committee, or occupational health and safety representative?	☐	☐
3. Will you ensure health & safety related training is provided for the students working in your undertaking, including use of vehicles, plant, hazardous products, and equipment?	☐	☐
4. Is your organization registered with your Province's applicable Workers' Compensation Board?	☐	☐
Risk Assessment		
5. Have you carried out risk assessments of your work practices to identify possible hazards?	☐	☐
6. Are hazard assessments regularly reviewed?	☐	☐
7. Are the mitigation measures identified during risk assessments implemented and monitored?	☐	☐
8. Have you implemented your province's COVID-19 health and safety workplace requirements? (social distancing, disinfection, self-monitoring, personal protective equipment use)	☐	☐
Incidents		
9. Is there a formal procedure for reporting and recording incidents and near misses?	☐	☐
10. Are emergency procedures (e.g. fire, evacuation) developed and training provided for our students working in your undertaking?	☐	☐
11. Will you report to the university all incidents involving Work- Placement students? (You can report all incidents to U of R Health and Safety by calling 306-337-2370)	☐	☐
12. Will you report to the university any sickness involving Work-Placement students, which may be attributable to their work with your undertaking? (You can report all incidents to U of R Health and Safety by calling 306-337-2370)	☐	☐

Signature: _____ Date: _____

Position: _____

Thank you for completing the checklist.

Please return it to:

HUMAN RESOURCES
Health, Safety & Wellness
Ad Hum Building, Rm 435
3737 Wascana Parkway
Regina, SK, Canada S4S 0A2
E-mail: health.safety@uregina.ca

Schedule "B"

Work-Based Learning Consent and Agreement

INTRODUCTION: Work-based learning is a program where a student/participant is placed with a local employer as part of a school course. Students/participants are not paid.

The Workers' Compensation Board (the Board) has signed a memorandum with Saskatchewan Ministry of Advanced Education and has passed a policy under authority of *The Workers' Compensation Act, 1979* (the Act) with a view to ensuring that a student/participant participating in Saskatchewan in a program and for whom the following consents and agreement are completed, is eligible for worker's compensation and is subject to legal rights, benefits, obligations and restrictions while placed with a local employer, as if the student/participant was a worker in the course of employment. Workers' compensation is a collective liability no-fault protection plan for workers injured or killed by a chance event. Benefits (including long-term benefits) may include some compensation for medical expenses, lost future wages, permanent functional impairment and death.

The Act provides that neither a (student/participant) worker nor the (student/participant) worker's dependants may sue any employer or another worker covered by workers' compensation, with respect to an injury sustained by the (student/participant) worker in the course of employment. Information for obtaining a copy of the Act, the Board policy and the memorandum which more particularly detail the rights and obligations of student/participants, may be obtained by phoning the Co-ordinator at the Ministry of Advanced Education (Regina information 306-787-5748).

CONSENTS AND AGREEMENT:

The student/participant and (if the student/participant is a minor) **the student's/participant's parent/guardian:**

(a) **consent to the student/participant participating** in a work-based learning assignment associated with the course described as_____ while placed with

_____ (the local employer);

(b) **consent to the Minister having applied on behalf of the student/participant** to the Board for an order that the student/participant be brought within the scope of the Act as a worker; and

(c) **agree** (in consideration of receiving workers' compensation coverage at no cost to the

(d) student/participant) with the local employer and workers covered by the Act, the relevant school, post-secondary institution, or community-based organization and with the Ministry of Advanced Education and the Board, **to be subject to the legal rights,** benefits, obligations and restrictions while placed with the local employer, **more particularly described in the above introduction.**

Dated at _____, Saskatchewan this _____day of _____ , 20___ .

_____	_____
Signature of Student/Participant	Signature of Parent/Guardian (of student/ participant under 18) or Witness (for a student/ participant 18 or older)
_____	_____
Print name of student/participant	Student/Participant University of Regina Student ID Number

Please return the completed form as soon as possible to your Faculty office.

Initial Supervision Check-List		
The following checklist was created to assist supervisors and students in the beginning of a clinical placement. The checklist is designed to remind supervisors and students of important points that should be discussed at the beginning of a placement. It is designed to be used as a guideline recognizing that there may be some points of divergence across settings.		
Suggested Information for Discussion	**Information Shared**	
Supervisor background (academic degrees, certifications, speciality, theoretical orientation)	yes	no
Supervisee background (academic degrees, clinical experiences, courses)	yes	no
Duration of placement and days and hours of placement	yes	no
Supervisory methods (audiotapes, videotapes, observation, discussion, clinical record review)	yes	no
Schedule of supervision	yes	no
Supervisee professional development goals	yes	no
Supervisee expectations for assessment & treatment of clients	yes	no
Supervisee expectation to seek supervision for the following: • Session planning • Departures from planned session • Challenges in assessment and impasses in therapy • Suspected clinical errors • Mental health emergencies or clients at high risk of emergencies • Reporting of abuse • Disputes with clients • Allegations of unethical behaviour on part of supervisee • Contact with client outside of treatment	yes	no
Informed consent procedures for setting	yes	no
Procedures in the event of client crisis	yes	no
Report writing and documentation expectations	yes	no
Limits to confidentiality of information regarding supervisee (e.g., inform supervisees that information about their performance is shared with the Clinical Program)	yes	no
Documentation of Supervision (e.g., inform supervisees of how information regarding supervision will be documented)	yes	no
Risks of supervision (e.g., supervision can result in emotional discomfort when supervisees are evaluated; evaluations may have negative consequences)	yes	no
Benefits of supervision (e.g., increase understanding of self and clinical skills)	yes	no
Midterm evaluation –review nature of mid-term evaluation	yes	no
Final evaluation – review nature of final evaluation	yes	no
Procedures for resolving concerns about supervision	yes	no
Likely process for remediation if supervisee problems arise	yes	no
Risk of discontinuation - the following circumstances could result in discontinuation of the clinical placement before completion: • Repeated noncompliance with supervisory directions • Concealment or misrepresentation of information • Violations of ethical standards or law • Frequent tardiness or absences • Unacceptable level of skill resulting in concerns about patient safety	yes	no

University of Regina - Psychology Department

INTERNSHIP/PRACTICUM MIDTERM EVALUATION

STUDENT: _____

FACILITY/AGENCY: _____

CLINICAL (AGENCY) SUPERVISOR: _____

1) Please give your general impression of the student's proficiency, initiative and readiness to learn (e.g., clinical skill level, using assigned readings, preparing for and contributing to supervision sessions, carrying an appropriate caseload, etc.).

2) At this point in the practicum/internship, do you perceive deficiencies in the student's performance as a training psychologist (clinical and/or personal skills) that need to be addressed? Please specify.

3) What course(s) of action would you recommend to address these areas of deficiency over the remainder of the training experience?

_____ _____

SUPERVISOR STUDENT

_____ _____

DATE DATE

University of Regina

Psychology Department
Clinical Programme

INTERNSHIP/PRACTICUM FINAL PROGRESS REPORT

(Please note: comments in this evaluation should reflect supervisor's thoughts on the progress of the student only. If supervisors have any additional feedback regarding aspects of the clinical training program, please contact the Director of Clinical Training directly.)

STUDENT: _____

DEGREE PROGRAM: ☐ M.Sc. ☐ Ph.D. Year _____

AGENCY: _____

AGENCY CLINICAL SUPERVISOR:_____

DATE:_____

Please complete the following by checking off the appropriate statement in each section, answering "yes" or "no" to the question following each section, and providing additional comments if necessary.

A. Knowledge and Skills

1. Knowledge of psychological theory and clinical research:

- Not observed/not applicable
- Shows inadequate knowledge and little effort to acquire that knowledge
- Shows less than minimal amount of knowledge related to clients' problems
- Shows adequate comprehension and relates theory and research to client's problems
- Show's above average knowledge and displays insight in relating this knowledge to clients
- Demonstrates superior comprehension of theory and research and integrates these into clinical work

This student possesses the theoretical/academic foundation necessary for effective clinical work at this level of training.

Yes _____ No_____

Additional comments

_____

_____

_____

2. Clinical assessment and testing skills:

- Not observed/not applicable
- Unable to perform basic assessment skills without assistance
- Demonstrates basic assessment skills; needs frequent assistance
- Demonstrates basic assessment skills; occasionally requires assistance
- Demonstrates a variety of assessment skills; occasionally requires assistance
- Demonstrates a variety of high level assessment skills (from interviewing to testing to diagnosis and case conceptualization), with minimal assistance

This student possesses the assessment skills necessary for translating theory into clinical practice at this level of training.

Yes _____ No_____

Additional comments

_____

_____

_____

3. Diagnostic Skill:

- Not observed/not applicable
- Has significant deficits in understanding the psychiatric classification system and/or ability to use DSM-IV criteria to develop a diagnostic conceptualization
- Understands basic diagnostic nomenclature and is able to accurately diagnose many psychiatric problems. May miss relevant patient data when making a diagnosis. Requires supervisory input on most complex diagnostic decision-making
- Has a good working knowledge of psychiatric diagnoses. Is thorough in consideration of relevant patient data, and diagnostic accuracy is typically good. Uses supervision well in more complicated cases involving multiple or more unusual diagnoses
- Demonstrates a thorough knowledge of psychiatric classification, including multiaxial diagnoses and relevant diagnostic criteria to develop an accurate diagnostic formulation autonomously

This student possesses the diagnostic skills necessary for effective clinical work at this level of training.

Yes _____ No_____

Additional comments

_____

_____

_____

4. Report Writing:

- Inaccurate conclusions or grammar interfere with communication. Reports are poorly organized and require major rewrites
- Uses supervision effectively for assistance in determining important points to highlight
- Report covers essential points without serious error, may need polish in cohesiveness and organization. Readily completes assessments with minimal supervisory input, makes useful and relevant recommendations
- Report is clear and thorough, follows a coherent outline, is an effective summary of major relevant issues. Relevant test results are woven into the report as supportive evidence. Recommendations are related to referral questions

This student possesses the report writing skills necessary for effective clinical work at this level of training.

Yes _____ No_____

Additional comments

_____

_____

_____

5. Therapeutic intervention:

- Not observed/not applicable
- Unable to implement basic interventions without assistance
- Demonstrates basic intervention skills; needs frequent assistance
- Demonstrates basic intervention skills; occasionally requires assistance
- Demonstrates a variety of intervention skills; occasionally requires assistance
- Demonstrates a variety of high level intervention skills with minimal assistance (from developing and maintaining a working alliance to undertaking interventions consistent with theoretical formulation)

This student possesses the therapeutic intervention skills with individual clients necessary for effective clinical work at this level of training.

Yes _____ No_____

Additional comments

_____

_____

_____

6. Understands and addresses clinical process issues:

- Not observed/not applicable
- Unable to understand clinical process issues (e.g., cannot understand client nonverbal and metaphorical communication, does not recognizes therapeutic impasses, does not understand variables potentiating change, no comprehension of personal emotional responses to clients and how to handle these)
- Has a poor understanding of clinical process issues; needs frequent assistance with this
- Demonstrates some understanding of clinical process issues; occasionally requires assistance
- Has a high degree of understanding of clinical process issues; seeks supervision as necessary (e.g., can understand client nonverbal and metaphorical communication, recognizes and responds appropriately to therapeutic impasses, understands variables potentiating change, comprehends and knows how to respond to personal emotional responses to clients)

This student understands and addresses clinical process issues in a manner sufficient for effective clinical work at this level of training.

Yes _____ No_____

Additional comments

_____

_____

_____

7. Professional ethics:

- Not observed/not applicable
- Always fails to consider ethical concerns; disregards supervisory input on ethics
- Often fails to consider ethical concerns
- Occasionally fails to consider ethical concerns
- Reliably considers ethical concerns; asks for supervisory input
- Consistently arrives at good ethical decisions even on highly complex matters. Good judgment about need for supervision

This student demonstrated awareness of, and practices according to, the current ethical guidelines for psychologists appropriate for this level of training.

Yes _____ No _____

Additional comments

_____

_____

_____

8. Knowledge of limits of competence:

- Not observed/not applicable
- Regularly fails to consider own limits of competence in work with clients or other professionals
- Often fails to consider own limits of competence in work with clients or other professionals
- Occasionally fails to consider own limits of competence in work with clients or other professionals
- Reliably considers own limits of competence in work with clients or other professionals; consults with supervisor for the most part on an appropriate basis
- Demonstrates an excellent understanding of limits of competence, consults when necessary, and makes referrals when appropriate

This student understands his/her limits of competence in a manner sufficient for effective clinical work at this level of training.

Yes _____ No_____

Additional comments

_____

_____

_____

12. Risk Management (e.g., dangerousness, child maltreatment, suicide):

- Not observed/not applicable
- Regularly fails to assess for risk in work with clients. Makes inadequate assessment or plan, and does not appropriately consult with supervisor
- Delays or forgets to ask about important safety issues. Does not document risk appropriately. Does seek some level of supervision. Does not remember to address confidentiality issues, needs frequent prompting. Fear may overwhelm abilities in patient crises
- Recognizes potentially problematic cases, but needs guidance regarding evaluation of patient risk. Supervision is needed to cope with safety issues; afterwards trainee handles them well. Can be trusted to seek consultation immediately if needed. Needs to refine crisis plans in collaboration with supervisor. Needs input regarding documentation of risk. Occasionally needs prompting to discuss confidentiality issues with patient
- Aware of how to cope with safety issues, continues to need occasional reassurance in supervision. Asks for input regarding documentation of risk as needed. Sometimes can initiate appropriate actions to manage patient risk, sometimes needs input of supervisor first. May occasionally forget to discuss confidentiality issues promptly
- Assesses and documents all risk situations fully prior to leaving the worksite for the day. Appropriate actions taken to manage patient risk situations (e.g. escorting patient to ER) are initiated immediately. Appropriate consultation and confirmation of supervisor is sought. Establishes appropriate short-term crisis plans with patients. Demonstrates excellent skills in assessing for, managing and documenting risk as well as appropriately seeking timely supervision

This student is able to manage risk at a level sufficient for effective clinical work at this level of training.

Yes _____ No_____

Additional comments

_____

_____

_____

B) Personal Qualities

1. Initiative/Motivation/ use of time (Supervisor: include clinical, teaching and research opportunities):

- Not observed/not applicable
- Not motivated at all**,** unproductive; avoids "doing" when possible
- Shows poor motivation, does work only when instructed to but frequently fails to follow through
- Just getting by; does work when instructed and is able to follow through
- Carries his/her share of the work load; does work without requiring instruction or reminder, and attends to tasks satisfactorily
- Exceeds workload expectations, volunteers or seeks out extra tasks, and attends to them satisfactorily

This student has the personal qualities necessary for effective clinical work at this level of training.

Yes _____ No_____

Additional comments

_____

_____

_____

2. Response to Conflict:

- Consistently withdrawn, overly confrontational, insensitive or may have had hostile interactions with supervisor
- On occasion, withdrawn, overly confrontational, insensitive or may have had hostile interactions with supervisor
- Mostly has smooth working relationships, handles differences openly, tactfully and effectively
- Always has smooth working relationships, handles differences openly, tactfully and effectively

This student's response to conflict is appropriate for effective clinical work at this level of training.

Yes _____ No_____

Additional comments

_____

_____

_____

3. Supervision/feedback utilization:

- Not observed/not applicable
- Is not receptive to feedback; resists important and necessary feedback; no evidence of feedback implementation
- Is receptive to and shows some implementation of feedback
- Is receptive to and implements feedback effectively
- Seeks feedback, is receptive to and implements feedback
- Seeks feedback, generates constructive self correction, aware of strengths and weaknesses, and is receptive to and implements feedback.

This student demonstrates the capacity to participate in supervision constructively and can modify his/her behavior in response to feedback at this level of training.

Yes_____ No _____

Additional comments

_____

_____

_____

4. Self-Awareness of Interpersonal Impact (impact on clients / supervisors / colleagues):

- Not observed/not applicable
- Consistently shows no awareness of how his/her behaviour impacts others
- Frequently appears to not consider the impact of own behaviour on others
- Mostly aware of impact of behaviour on supervisor and colleagues, but on occasion unknowingly acts in a way that negatively impacts others
- Reliably monitors how own behaviour impacts others and makes amends when necessary
- Shows an exceptional awareness of interpersonal impact on others and ability to engage in self-correction

This student demonstrates the self-awareness of interpersonal impact (impact on supervisors and colleagues) appropriate for this level of training.

Yes_____ No _____

Additional comments

_____

_____

_____

5. Ability to work effectively with multiple demands:

- Not observed/not applicable
- Consistently appears unable to adequately balance, organize and prioritize the multiple demands of the profession
- Often appears unable to adequately balance, organize and prioritize the multiple demands of the profession
- Occasionally appears unable to adequately balance, organize and prioritize the multiple demands of the profession
- Rarely appears to have a problem with balancing, organizing and prioritizing the multiple demands of the profession
- Consistently demonstrates excellent organizational and prioritizing abilities

This student demonstrates the ability to work effectively with multiple demands appropriate for this level of training.

Yes_____ No _____

Additional comments

_____

_____

_____

C) Interpersonal Functioning

1. Relationships with clients:

- Not observed/not applicable
- Unable to establish appropriate rapport and alliance with clients; alienates patients; shows little ability to understand client
- Fair rapport established; sometimes seemed to be a lack of communication
- Good rapport and alliance; listened and communicates concern for patient's problems
- Not only listens and communicates well but instills confidence in ability; can handle anxiety provoking and awkward situations
- Warm, genuine, empathic, professional attitude; facilitates self-disclosure; puts clients at ease; establishes working alliance; can identify challenging patients and seek supervision

This student demonstrates the ability to develop and manage relationships with clients appropriate for this level of training.

Yes_____ No _____

Additional comments

_____

_____

_____

2. Sensitivity to human diversity (e.g., gender, sexual orientation, racial and ethnic identity, disabilities, age):

- Not observed/not applicable
- Consistently behaves in ways that could be considered offensive to clients with diverse backgrounds; does not recognize own belief system and impact on client
- Often appears unaware and unappreciative of differences related to diverse backgrounds
- Occasionally appears unaware of how own behaviour may be interpreted by clients from diverse backgrounds
- Often demonstrates a good awareness and sensitivity to human diversity; recognizes limits and seeks supervision
- Consistently demonstrates an excellent awareness and sensitivity to human diversity; has knowledge of human diversity and impact on client's presentation; can discuss issues with clients as appropriate; seeks out additional information when needed; has skills necessary to work with diverse clients

This student demonstrates sensitivity to human diversity appropriate for this level of training.

Yes_____ No _____

Additional comments

_____

_____

_____

4. Relationships with team, co-worker, and / or practicum students:

- Not observed/not applicable
- Consistently fails to show good collaboration and/or collegiality with other practicum students
- Sometimes shows good collaboration and/or collegiality with other practicum students
- Often shows good collaboration and/or collegiality with other practicum students
- Consistently shows good collaboration and/or collegiality with other practicum students

- Behaviour exemplifies an ideal colleague who is regularly sought out by other practicum students due to abilities, knowledge, and willingness to share without reservation

This student demonstrates the ability to work effectively with other practicum students appropriate for this level of training.

Yes_____ No _____

Additional comments

_____

_____

_____

FINAL COMMENTS:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Overall, please rate this student's performance during the clinical placement

Unsatisfactory	- student has not mastered clinical and professional skills to the level expected
Satisfactory-Good	- student has mastered clinical and professional skills to the level expected
Very good	- student exceeded expectations in mastering clinical and professional skills
Excellent	- student clinical and professional skills are exceptional

NOTE: I understand that the student may make a copy of this assessment.

SIGNED:_____ DATE:_____

(Clinical/Agency Supervisor)

SIGNED:_____ DATE:_____

(Student)

Psychology Department
Clinical Programme

STUDENT EVALUATION OF CLINICAL PLACEMENT[1]

Intern: _____ Supervisor: _____

Training Setting: _____ Date:_____

Please review each of the categories and rate the areas using the scale provided. Not every area will be relevant to your setting; you can circle "Not applicable" as needed. After you rate the specific items for each category, there is space for general comments. Include any suggestions for change or additional clinical experiences in your comments, even if things went well. Also, please note that there is an open-ended item at the end for you to provide descriptions. In the feedback, it is helpful to give specific examples if you have concerns or suggestions for change. It is also helpful to give clear examples of what you think the supervisor does well.

Please also indicate below what modalities you have experienced in your work with this supervisor. Check off all that are applicable:

___ Supervisor reviewed audiotapes ___ Supervisor reviewed videotapes

___ Supervisor did direct, live observation ___ Student observed supervisor in sessions

___ Reviewed written material ___ Co-therapy (student and supervisor)

___ Other: _____

Supervisor facilitates the establishment and maintenance of a collaborative supervisory relationship.
1 – Always 2 – Mostly 3 – Occasionally 4 – Never N/A
Provide comments considering the following examples: ○ Clearly discusses expectations regarding the supervisory relationship. ○ Openly invites comments about the quality of the supervisory relationship on an ongoing basis. ○ Responds to your feedback in a non-defensive manner. ○ Supervisor is physically and emotionally available for supervision.

[1] Adapted (with permission) from, Psychology Internship Training Program (116B), Veterans Affairs, Palo Alto Health Care System, Palo Alto, CA, USA.

Supervisor demonstrates empathy, respect, and understanding of supervisee's experiences.

1 – Always 2 – Mostly 3 – Occasionally 4 – Never N/A

Provide comments considering the following examples:

- Understands your stated needs in an open manner, despite the limitations of the setting.
- Respects your boundaries/privacy.
- Demonstrates empathic understanding of personal and interpersonal struggles.
- Demonstrates sensitivity and respect regardless of the supervisee's cultural background.

Supervisor is amenable to working through conflicts, disagreements, or differences in opinions with supervisee.

1 – Always 2 – Mostly 3 – Occasionally 4 – Never N/A

Provide comments considering the following examples:

- Supervisor openly addresses conflicts or problems in a constructive manner.
- When conceptual disagreements arise, supervisor negotiates them in a non-judgmental way.
- If an impasse occurs, supervisor arranges for mediation to facilitate conflict resolution.

Supervisor works with you to reach the training goals in your clinical setting.

1 – Always 2 – Mostly 3 – Occasionally 4 – Never N/A

Provide comments considering the following examples:

- Provides clear expectations for your role and performance.
- Helps you identify your own training needs and goals for the rotation.
- Assists in meeting your training goals.

Supervisor provides feedback on your performance that helps you to develop your clinical skills.

1 – Always 2 – Mostly 3 – Occasionally 4 – Never N/A

Provide comments considering the following examples:

- Feedback on your performance and written work is constructive and specific.
- Provides opportunities for direct supervision of your clinical work.
- Facilitates your accurate self-assessment (e.g., skill level, limits of competence, need for consultation, interpersonal interactions, diversity issues, other "blind spots").

Supervisor provides supervision and guidance in all stages of the treatment process.

1 – Always 2 – Mostly 3 – Occasionally 4 – Never N/A

Provide comments considering the following examples:

- Helps prepare you for various types of patients, clinical problems, and staff relationships
- Helps you with case conceptualization, treatment planning, and working through clinical impasses
- Helps you see emotional responses and personal issues that may interfere with clinical effectiveness.
- Helps you to understand and address termination issues.
- Discusses legal and ethical standards in clinical work and helps you to apply this knowledge

Supervisor helps you to integrate and apply theory and research literature in your clinical work.

1 – Always 2 – Mostly 3 – Occasionally 4 – Never N/A

Provide comments considering the following examples:

- Directs you to consider theory and research literature to enrich your clinical understanding.
- Facilitates discussion and integration of theoretical perspective(s) in your clinical understanding.
- Is open to discussing theoretical perspectives that differ from her/his own.
- Challenges you to demonstrate your knowledge of interventions and clinical situations.

Supervisor enhances development of your professional identity.

1 – Always 2 – Mostly 3 – Occasionally 4 – Never N/A

Provide comments considering the following examples:

- Encourages development of your own professional identity and style.
- Encourages you to develop independence and self-confidence as a professional.
- Assists in clarifying your readiness (skill level, emotional readiness) to pursue your career goals.

The supervisor models professional behavior.

1 – Always 2 – Mostly 3 – Occasionally 4 – Never N/A

Provide comments considering the following examples:

- The supervisor provides opportunities for the supervisee to observe him/her in professional work.
- The supervisor acts ethically and facilitates discussion of ethical issues.
- The supervisor problem-solves effectively in the immediate work setting and healthcare system.
- The supervisor collaborates constructively with referral sources
- The supervisor communicates a coherent, well-integrated model of intervention/assessment

The supervisor exhibits knowledge of and respect for cultural and individual diversity in clinical intervention and research.

1 – Always 2 – Mostly 3 – Occasionally 4 – Never N/A

Provide comments considering the following examples:

- The supervisor has respect for diversity and awareness of providing culturally competent services.
- The supervisor is aware of his/her limitations of knowledge of cultural and individual diversity.
- The supervisor is helpful in seeking out additional information about diverse groups
- The supervisor is aware of own struggles with persons of different backgrounds.
- The supervisor is aware of his/her own cultural identity, world view, and value system

The supervisor facilitates the intern's understanding of the team's functioning and interpersonal interactions.
1 – Always 2 – Mostly 3 – Occasionally 4 – Never N/A
Provide comments considering the following examples: ○ The supervisor helps the intern understand the role of psychology within the context of the team. ○ The supervisor helps the intern learn about the role of team members from other professions. ○ The supervisor can describe the development of the team and/or team interactions in a way that is beneficial for the intern in working with team members.

Strengths and limitations with regard to your particular training experience:

Strengths and limitations with regard to your particular training site:

DEPARTMENT OF PSYCHOLOGY

Tracking of practicum/internship hour form

You will need to keep track of your practicum/internship hours. In order to be consistent with APPIC guidelines, please complete the attached excel sheet and list of administered assessment instruments for each of your placements. You can also total these up across placements using the excel sheet. This excel sheet was taken from http://education.uky.edu/EDP/content/counseling-psych-practicum-guidelines. There is also a brief article about it if you want more information on its development:

Owen, G. & Stilwell, W. (2002). Recording practicum hours: Help for Psychology Graduate Students Seeking internships. *The Behaviour Therapist, 25*(10), 198.

Information on this excel document and how to complete it can be found below or on the website above:

You can use the excel sheet or you may use the time 2 track program to record your hours.

University of Regina

DEPARTMENT OF PSYCHOLOGY

Tracking of administration of assessment instruments

Adult Assessment Instruments

Symptom Inventories	***# Clinically Administered/Scored***	***# Clinical Reports Written with this Measure***	***# Administered as Part of a Research Project***
Beck Depression Inventory			
Hamilton Depression Scale			
Beck Anxiety Inventory			
Adult Manifest Anxiety Scale			
Other Measures			
If "Other Measures", please specify:			
Diagnostic Interview Protocols	***# Clinically Administered/Score***	***# Clinical Reports Written with this Measure***	***# Administered as Part of a Research Project***
SADS			
SCID			
DIS			
If "Other Measures", please specify:			
General Cognitive Assessment	***# Clinically Administered/Score***	***# Clinical Reports Written with this Measure***	***# Administered as Part of a Research Project***
Stanford-Binet 3			
TONI-3			
WAIS III and WAIS IV			
If "Other Measures", please specify:			
Visual-Motor Assessment	***# Clinically Administered/Score***	***# Clinical Reports Written with this Measure***	***# Administered as Part of a Research Project***
Bender Gestalt			
Other Visual-Motor Assessment Measures			
If "Other Measures", please specify:			
Commonly Used Neuropsychological Assessment Measures	***# Clinically Administered/Score***	***# Clinical Reports Written with this Measure***	***# Administered as Part of a Research Project***
Boston Diagnostic Aphasia Exam			
Brief Rating Scale of Executive Function (BRIEF)			
Dementia Rating Scale - II			
California Verbal learning Test Specify Version:			
Continuous Performance Test Specify Version:			
Delis Kaplan Executive Function System			
Finger Tapping			
Grooved Pegboard			
Rey-Osterrieth Complex Figure			
Trailmaking Test A & B			
Wechsler Memory Scale III			
Wisconsin Card Sorting Test			
If "Other Measures", please specify:			

Commonly Used Measures of Academic Functioning	***# Clinically Administered/Score***	***# Clinical Reports Written with this Measure***	***# Administered as Part of a Research Project***
Strong Interest Inventory			
Wechsler Individual Achievement Test (WIAT)			
Wide Range Assessment of Memory and Learning Specify Version:			
WRAT-4			
If "Other Measures", please specify:			
Behavioral/Personality Inventories	***# Clinically Administered/Score***	***# Clinical Reports Written with this Measure***	***# Administered as Part of a Research Project***
Millon Clinical Multi-Axial III (MCMI)			
Minnesota Multiphasic Personality Inventory II			
Myers-Briggs Type Indicator			
Personality Assessment Inventory			
If "Other Inventories", please specify:			
Measures of Malingering	***# Clinically Administered/Score***	***# Clinical Reports Written with this Measure***	***# Administered as Part of a Research Project***
Structured Interview of Reported Symptoms (SIRS)			
Miller Forensic Assessment of Symptoms Test (M-FAST)			
Rey 15-Item Test			
Test of Memory Malingering (TOMM)			
If "Other Measures", please specify:			
Forensic/Risk Assessment	***# Clinically Administered/Score***	***# Clinical Reports Written with this Measure***	***# Administered as Part of a Research Project***
Psychopathy Checklist-Revised (PCL-R); Static 99			
Violence Risk Assessment Guide (VRAG)			
History-Clinical-Risk 20 (HCR-20)			
Validity Indicator Profile			
If "Other Measures", please specify:			
Projective Assessment	***# Clinically Administered/Score***	***# Clinical Reports Written with this Measure***	***# Administered as Part of a Research Project***
Human Figure Drawing			
Kinetic Family Drawing			
Sentence Completion			
Thematic Apperception Test			
Rorschach			
Rorschach Scoring System:			

Child and Adolescent Measures

	# Clinically Administered/ Scored	***# Clinical Reports Written with this Measure***	***# Administered as Part of a Research Project***
ADI-R			
ADOS			
Barkley-Murphy Checklist ADHD			
Bayley Scaler of Infant Development 3			
BASC			
BRIEF			
Bender Gestalt			
Children's Memory Scale			
Connor's Scales			
Continuous Performance Test (specify version)			
DAS-3			
Delis Kaplan Executive Function System			
Diagnostic Interviews (e.g., DISC, Kiddie-SADS)			
Human Figure Drawing			
Kinetic Family Drawing			
MAPI			
Parent Report Measures (e.g. CBCL)			
Peabody Picture Vocabulary Test			
Roberts Apperception Test for Children			
WISC-IV			
WPPSI-III			
Other Tests (specify)			

Practicum Site Hours	Cumulative Site Practicum Hrs
1. Intervention Experience	
a. Individual Therapy	
Older Adults (65+)	
Adults (18-64)	0
Adolescents (13-17)	0
School-Age (6-12)	0
Pre-School Age (3-5)	0
Infants/Toddlers (0-2)	0
b. Career Counseling	0
Adults	0
Adolescents	0
c. Group Counseling	0
Adults	0
Adolescents (13-17)	0
Children (12 and under)	0
d. Family Therapy	0
e. Couples Therapy	0
f. School Counseling Interventions	0
1. Consultation	0
2. Direct Intervention	0
3. Other	0
g. Other Psychological Interventions	0
1. Sports Psych/Perf. Enhancement	0
2. Medical/Health-Related	0
3. Intake Interview/Structured Interview	0
4. Substance Abuse Interventions	0
5. Consultation	0
6. Other Interventions (e.g., tx planning w/ patient)	0
h. Other Psych Experience with Students and/or Organ.	0
1. Supervision of other students	0
2. Program Development/Outreach Programming	0
3. Outcome Assessment of programs or projects	0
4. Systems Interv./Org. Consult/Perf. Improvement	0
5. Other (specify:)	0
TOTAL INTERVENTION HOURS 1(a-h)	0

2. Psychological Assessment Experience	0
1. Psychodiagnostic test administration	0
2. Neuropsych Assessment	0
3. Other (specify: _____)	0
TOTAL ASSESSMENT HOURS	0
3. Supervision Received	0
a. Individual Supervision by Licensed Psychologist	0
b. Group Supervision by Licensed Psychologist	0
c. Indiv. Sup. by Licensed Allied Ment. Health Professional	0
d. Group Sup. by Licensed Allied Ment. Health Professional	0
e. Other Superv. (e.g., advanced grad student) - Indiv.	0
f. Other Superv. (e.g., advanced grad student) - Group	0
TOTAL SUPERVISION HOURS - INDIVIDUAL	0
TOTAL SUPERVISION HOURS - GROUP	0
4. Support Activities**	
TOTAL SUPPORT ACTIVITIES	0

** includes case conferences; case management; consultation; didactice training/seminars; progress notes;

chart review; psych assessment scoring, interpretation, and report-writing; video/audio recording review

Supervision Practicum
Student – Supervisor Agreement

1. Student's name:
2. Student Phone Number:
3. Begin and End Date:
4. Name of Supervisor:
5. Agency (Clinical Supervisor):
6. Brief outline of practicum
7. Primary references to be recommended for student:
8. Intended frequency and duration of meetings for discussion of student's work:
9. Number and nature of activities assigned:

Student _____

Clinical Supervisor _____

University Coordinator _____

EVALUATION OF STUDENT SUPERVISORY SKILLS

Student Supervisor: _____ Faculty Supervisor: _____

Training Setting: _____ Date: _____

Please review each of the categories and rate the areas using the scale provided. Not every area will be relevant to your setting; you can circle "Not applicable" as needed. After you rate the specific items for each category, there is space for general comments. Include any suggestions for change or additional clinical experiences in your comments, even if things went well. Also, please note that there is an open-ended item at the end for you to provide descriptions. In the feedback, it is helpful to give specific examples if you have concerns or suggestions for change. It is also helpful to give clear examples of what you think the student supervisor does well.

Please also indicate below what modalities you used to review student supervisory skills. Check off all that are applicable:

___ reviewed audiotapes of student supervisor ___ reviewed videotapes of student supervisor

___ direct, live observation ___ reviewed written material

___ Other: _____

Student supervisor facilitates the establishment and maintenance of a collaborative student supervisory relationship.
1 – Always 2 – Mostly 3 – Occasionally 4 – Never N/A
Provide comments considering the following examples: ○ Clearly discusses expectations regarding the student supervisory relationship. ○ Openly invites comments about the quality of the student supervisory relationship on an ongoing basis. ○ Responds to feedback in a non-defensive manner. ○ Student supervisor is physically and emotionally available for supervision.

Student supervisor demonstrates empathy, respect, and understanding of supervisee's experiences.

1 – Always 2 – Mostly 3 – Occasionally 4 – Never N/A

Provide comments considering the following examples:

- Understands student needs in an open manner, despite the limitations of the setting.
- Respects boundaries/privacy.
- Demonstrates empathic understanding of personal and interpersonal struggles.
- Demonstrates sensitivity and respect regardless of the supervisee's cultural background.

Student supervisor is amenable to working through conflicts, disagreements, or differences in opinions with supervisee.

1 – Always 2 – Mostly 3 – Occasionally 4 – Never N/A

Provide comments considering the following examples:

- Student supervisor openly addresses conflicts or problems in a constructive manner.
- When conceptual disagreements arise, student supervisor negotiates them in a non-judgmental way.
- If an impasse occurs, student supervisor arranges for mediation to facilitate conflict resolution.

Student supervisor works with students to reach the training goals in your clinical setting.

1 – Always 2 – Mostly 3 – Occasionally 4 – Never N/A

Provide comments considering the following examples:

- Provides clear expectations of students under supervision.
- Helps you identify training needs and goals for the rotation.
- Assists in meeting student training goals.

Student supervisor provides feedback on student performance that helps student to develop clinical skills.

1 – Always 2 – Mostly 3 – Occasionally 4 – Never N/A

Provide comments considering the following examples:

- Feedback on performance and written work is constructive and specific.
- Provides opportunities for direct supervision of clinical work.
- Facilitates your accurate self-assessment (e.g., skill level, limits of competence, need for consultation, interpersonal interactions, diversity issues, other "blind spots").

Student supervisor provides supervision and guidance in all stages of the treatment process.

1 – Always 2 – Mostly 3 – Occasionally 4 – Never N/A

Provide comments considering the following examples:

- Helps prepare students for various types of patients, clinical problems, and staff relationships
- Helps students with case conceptualization, treatment planning, and working through clinical impasses
- Helps students see emotional responses and personal issues that may interfere with clinical effectiveness.
- Helps students understand and address termination issues.
- Discusses legal and ethical standards in clinical work and helps students apply this knowledge

Student supervisor helps student integrate and apply theory and research literature in clinical work.

1 – Always 2 – Mostly 3 – Occasionally 4 – Never N/A

Provide comments considering the following examples:

- Directs students to consider theory and research literature to enrich clinical understanding.
- Facilitates discussion and integration of theoretical perspective(s).
- Is open to discussing theoretical perspectives that differ from her/his own.
- Challenges students to demonstrate knowledge of interventions and clinical situations.

Student supervisor enhances development of student professional identity.

1 – Always 2 – Mostly 3 – Occasionally 4 – Never N/A

Provide comments considering the following examples:

- Encourages development of your student professional identity and style.
- Encourages students to develop independence and self-confidence as a professional.
- Assists in clarifying student readiness (skill level, emotional readiness) to pursue career goals.

The student supervisor models professional behavior.

1 – Always 2 – Mostly 3 – Occasionally 4 – Never N/A

Provide comments considering the following examples:

- The student supervisor provides opportunities for the supervisee to observe him/her in professional work.
- The student supervisor acts ethically and facilitates discussion of ethical issues.
- The student supervisor problem-solves effectively in the immediate work setting and healthcare system.
- The student supervisor collaborates constructively with referral sources
- The student supervisor communicates a coherent, well-integrated model of intervention/assessment

The student supervisor exhibits knowledge of and respect for cultural and individual diversity in clinical intervention and research.

1 – Always 2 – Mostly 3 – Occasionally 4 – Never N/A

Provide comments considering the following examples:

- The student supervisor has respect for diversity and awareness of providing culturally competent services.
- The student supervisor is aware of his/her limitations of knowledge of cultural and individual diversity.
- The student supervisor is helpful in seeking out additional information about diverse groups
- The student supervisor is aware of own struggles with persons of different backgrounds.
- The student supervisor is aware of his/her own cultural identity, world view, and value system

The student supervisor facilitates student understanding of the team's functioning and interpersonal interactions.
1 – Always 2 – Mostly 3 – Occasionally 4 – Never N/A
Provide comments considering the following examples: ○ The student supervisor helps the trainee understand the role of psychology within the context of the team. ○ The student supervisor helps the trainee learn about the role of team members from other professions. ○ The student supervisor can describe the development of the team and/or team interactions in a way that is beneficial to the trainee in working with team members.

Overall strengths of student supervisor

Challenges faced by student supervisor

Appendix C

Saskatchewan Sites

Child & Youth Mental Health Services, Regina

Children's Rehabilitation Program, Wascana Rehabilitation Centre, Regina

Functional Rehabilitation Program, Wascana Rehabilitation Centre, Regina

North Battleford, Prairie North Regional Health Authority: Battlefords Mental Health Centre & Saskatchewan Hospital, North Battleford

RCMP Mental Health Center

Regina Mental Health Clinic, Regina

University of Regina Psychology Training Clinic, Regina

Child and Youth Mental Health Services, SHA (M.Sc. Internship and Ph.D. Practicum Site)

Location:

Child and Youth Mental Health Services
1680 Albert St
Regina, SK
S4P 2S6

Supervisors:

Dr. Kirstie Walker
Dr. Shawna Scott
Dr. Liz Brass

Linda Thauburger, M.Ed.
Linda.Thauberger@saskhealthauthority.ca
306-766-6700

Site Description:

Child & Youth Services offers a clinical internship placement to Master's degree candidates, approved for such a placement by the University of Regina Psychology Department's clinical program, who have completed their course requirements and who are seeking clinical experience in the assessment, diagnosis and treatment of children and adolescents, ages 0 - 18 years. The internship is structured to give the student exposure to the various practices of psychologists across all age groups and programs provided by Regina Child & Youth Services. This service currently has 15 psychology positions across the programs provided on site: Child Team; Youth Team; Young Offender Services; and the Cognitive Disabilities Program, and in its adjunct and affiliate programs; the Randall Kinship Centre and 'Kids First'.

Children's Rehabilitation Program, SHA (Ph.D. Practicum Site)

Locations:

Wascana Rehabilitation Centre
Children's Program
2180 – 23rd Ave
Regina, SK
S4S 0A5

Developmental Assessment Clinic (DAC)
Regina General Hospital

Contact Supervisor:

Dr. Heather Switzer
Heather.Switzer@saskhealthauthority.ca
(306) 766-5446
Monday, Tuesday, Thursday – Children's Program
Wednesday - DAC

Site Description:

Theoretical Orientation

Primarily CBT, also some Narrative, Family and Interpersonal therapy.

Population

Children, birth to 21 years

Training Experiences

This setting is focused on providing psychological services to children and adolescents with physical and intellectual disabilities including: assessment, diagnosis, intervention, school programming, advocacy, parent training and supportive counseling.

Functional Rehabilitation Program, SHA (M.Sc. Internship and Ph.D. Practicum Site)

Location:

Wascana Rehabilitation Centre
Functional Rehabilitation Program
2180 – 23rd Ave
Regina, SK S4S 0A5
306-766-5790

Contact Supervisor:

Dr. Tom Robinson
Tom.Robinson@saskhealthauthority.ca
306-766-5412

Supervisors:

Dr. Shahlo Mustafaeva
Shahlo.Mustafaeva@saskhealthauthority.ca

Dr. Dave West-Johnson
dave.westjohnson@saskhealthauthority.ca

Site Description:

The Functional Rehabilitation Program (FRP), operating at Wascana Rehabilitation Centre near Wascana Park, provides assessment and treatment services for clients who have sustained injuries in motor vehicle or industrial accidents. It is part of the Regina Qu'Appelle Health Region, an accredited rehabilitation hospital. Most clients in FRP are funded by third-party insurers. Staffs include interdisciplinary teams consisting of Physicians, Nurses, Psychologists, Physical Therapists, Occupational Therapists, and Exercise Therapists, as well as Recreation Therapy and Dietician services. The Psychology Intern/Practicum student may encounter a wide range of presenting problems, although pain management issues, anxiety and mood disorders are common. Typically, there are opportunities to conduct psychological screening assessments, vocational assessments, and to provide psychotherapy to individuals or groups. Interns are provided with office space and weekly supervision.

The Extended Care/Veterans Program provides long-term care services to approximately 259 residents and veterans who require 24-hour supportive care on seven units at the Wascana Rehabilitation Centre (WRC). WRC is designated to manage the most medically complex clients who are in need of long-term care services. The primary role of psychology within the Extended Care Program is to provide clinical and consultation services to residents. The psychologist conducts psychological assessments for diagnostic purposes and/or to assist in the development of recommendations with regard to the treatment and management of mental health concerns among residents (e.g., mood disorders, dementia, behavioural problems, difficulty adjusting to placement a long-term care placement). Therapeutic services are also provided to address mental health concerns if deemed appropriate based on the results of a psychological assessment. Conducting education sessions for health care providers regarding mental health concerns and strategies that can be used to effectively manage these conditions is another component of the position. Psychology works in collaboration with and serves as a resource to physicians, unit managers, resident care coordinators, therapists, social workers, nursing staff, and other health care providers in the Extended Care Program. Further, psychology collaborates with the consultant psychiatrist(s) to assist in the coordination of mental health services and management/treatment of mental health concerns. Practicum students can expect to be involved in various components of the psychologist's duties within the Extended Care Program during their placement.

North Battleford, Prairie North Regional Health Authority: Battlefords Mental Health Centre & Saskatchewan Hospital (M.Sc. Internship Site)

Location:

Department of Psychology
Saskatchewan Hospital
PO Box 39
North Battleford, SK S9A 2X8

Battlefords Mental Health Centre
1092 – 107 Street
North Battleford, SK S9A 1Z1

Contact Supervisor:

TBA

Site Description:

Our clinical training program in psychology is designed as a city-wide program. The Prairie North Health Authority provides an extraordinary breadth of opportunity for clinical and research practice and includes Adult Community Services, Psychiatric Rehabilitation Services, Forensic Services, Psychiatric Services, and Organic Mental Disorders Services. Following CPA standards, the training program is broadly based across these areas. We do not accept interns into the internship program for area specialization.

The Battlefords have an acute Mental Health Centre and extensive outpatient services for individual, couples, family, and group therapy. Child and Youth Services also have extensive involvement in the community and provide services to the schools as well. The Health Authority also includes The Saskatchewan Hospital, which is the Province's only psychiatric rehabilitation hospital. The Province's only Forensic Unit is located at The Saskatchewan Hospital. The internship at Saskatchewan Hospital is typically split between the Psychiatric Rehabilitation Program and the Forensics Program.

Interns involved in the Psychiatric Rehabilitation Program will, as a minimum, complete two psychological assessments, provide individual psychotherapy to two individuals and co-facilitate two groups. Depending on the clientele that are presently in the program the groups may include any of the following: The Schizophrenia Group, The Borderline Coping Skills Group, The Meditation Group, or The Depression Group.

The Schizophrenia Group is a psychoeducational group that attempts to teach and facilitate our clients with schizophrenia to reduce the likelihood of them having relapses of their psychotic disorder. As such, we encourage our clients to monitor their symptoms and get help at the first sign of relapse, to develop good social supports, live a low stress lifestyle, and stay on a low dose of one of the newer antipsychotics. This group can be an interest to interns in that they are able to hear firsthand how hearing voices and having unusual beliefs can affect our client's lives. This group can be a frustration to interns to the extent that schizophrenia can result in considerable confusion in out clients, and some of them are not functioning cognitively at a level that makes group work easy.

The Borderline Skills Group is a therapy group. In the first half of each session, the clients discuss difficult events in their lives, how they are coping with them, and their attempts to use skills in the group. In the second half of the session coping skills are presented. The skills presented are mindfulness (ability to identify feelings, focus one's attention in the moment, reduce impulsivity), interpersonal effectiveness (assertiveness and nurturing relationships), emotional control (creating mastery and self-care in one's life), and distress tolerance (short-term techniques to help when clients feel like cutting or killing themselves such as distraction, self-soothing, imagery, etc.). This group can provide interns an opportunity to experience a more process-oriented group that is based as much on trying to understand the client phenomologically as teaching specific skills. The frustration of this group is that often the urges clients with borderline personality disorder have to self-harm can be very intense and after periods of great success they may end up slashing or attempting to kill themselves. The Schizophrenia group and The Borderline Group almost always are running and it is almost inevitable that interns will be involved with these two groups. The next two groups run more intermittently depending on the clientele at the time.

The Meditation Group is also based on four concepts: mindfulness, introspection, compassion, and transience. Typically through breathing exercises clients practice focusing their attention on the present moment as opposed to focusing on compulsive or intrusive thoughts. When clients do notice these thoughts they are encouraged to realize they are "not who they really are." These thoughts tend to be automatic, unbidden thoughts that are not consciously formulated, and that they can be discarded as not true or no longer useful. Compassion is more an understanding that the clients live in a community, and for their lives to work they need to show some caring for their fellow clients and staff so that we can all work together as opposed to having confrontational relationships with each other. Finally, transience includes helping out clients recognize that everything, including their emotional states do not last indefinitely. In fact, it can be a great comfort when difficult emotions emerge to say things such as "My depressive episodes typically last only two weeks. I have made it through these in the past, and I can make it through this one." This group tends to be an informal group in which the interns get to know the clients very well, but it is presented only when fairly high functioning clients are newly admitted.

Finally, the Depression Group has a strong cognitive component. The four ideas behind this group is that people with depression may be able to benefit from noticing and refuting their unrealistic negative thoughts, pampering themselves during particularly difficult periods, building their social supports, and taking time to do tasks that give them a sense of pride and mastery. This can be an interesting group for interns who already have some experience with Beck's conception of the treatment of depression.

The intern's experience with individual therapy depends a great deal on who is admitted during the period of the internship. Often interns are able to provide help to clients with borderline personality disorder or a mood disorder. For those individuals with borderline personality disorder, the intern is asked to follow loosely Linehan's conception of therapy for these clients which involves a great deal of validating the client's experiences, encouraging contact when the client has thoughts of self-harm (but temporarily discouraging contact if they do self-harm without making alternative attempts at coping), and some use of behavioural and cognitive techniques. Individual sessions are ideally videotaped and some of these tapes will be watched with your supervisor.

The intern's experience with assessment again varies depending on the clientele at the time, but most interns will administer and interpret the WAIS-III, MCMI-III, and brief neurological screens. Then depending on the referral questions, a Beck Depression Inventory, a structured interview for psychosis (SCI-PANNS), WMS-III, or other tests may be administered and interpreted. Because of staffing in the Psychiatric Rehabilitation Program, interns are required to do the social history on their clients. Because of the length of time most clients will stay at our program (approximate median length of stay is two years) we tend to use a domain style, lengthy narrative report (many reports are seven to nine pages).

In general, the time spent working in the Psychiatric Rehabilitation Program provides the intern with some exposure to individuals with the most serious of mental health problems. They have an opportunity to learn about some of the more commonly used forms of treatment for serious mental illness, an opportunity to see a team approach to assisting clients, and a chance to use and interpret some of the more commonly used assessment tools.

Our training program is based in the Battlefords and is open to graduate students in clinical psychology at any university. So far, we have accepted graduate students from the University of Regina and the University of Saskatchewan.

RCMP Health Services (Practicum Site)

Location:

Medical Treatment Centre
RCMP "Depot"
5600 – 11th Ave.
Regina, SK
S4Y 1A7

Contact Supervisor:

Dr. Michelle Bourgault-Fagnou
mdbourgault@gmail.com

Description:

Population/model:

Adult Regular Members and Civilian Members of the RCMP constitute the vast majority of the population we work with. The role of the Psychologist(s) is that of occupational health consultant.

Setting:

The Medical Treatment Centre employs a staff of Nurses and Physicians with whom the Division Psychologist collaborates in addition to Benefits Staff who administer health care benefits for employees. There is also collaboration with the Chaplins and the peer-support/referral agents of the Member and Family Assistance Program.

Work Experiences:

Assessments comprise the majority of clinical work conducted by the psychologist. This includes screening of applicants prior to entry to the RCMP training academy, evaluations of psychological stability and durability in Members being posted to isolated detachments, disability evaluations for Members off work for protracted durations with psychiatric conditions and the assessment of Members applying for special sections (e.g., Integrated Child Exploitation Team, Emergency Response Team, UN missions for international policing). Case management of employees on sick leave for psychiatric conditions is also a primary role for the psychologist. Provision of psycho-educational seminars is common. These range from the general (Healthy Ways of Coping with Change) to unit-specific (Maintaining Professional Distance for Dispatch Operators). There may also be opportunities for experience with interventions in cases of acute distress. These tend to arise in two forms: (i) self-identified members seeking brief intervention and referral to appropriate community resources and (ii) group interventions following a critical incident.

Regina Mental Health Clinic (M.Sc. Internship Site and Ph.D. Practicum Site)

Location:

Regina Mental Health Clinic
2110 Hamilton Street
Regina, SK
S4P 2E3

Contact Supervisors:

Dr. Amy Janzen Claude
Amy.JanzenClaude@saskhealthauthority.ca
306-766-7800

Other Supervisors:

Dr. Meghan Woods
Dr. Dufton Lewis

Site Description:

Theoretical Approach
Primarily CBT, DBT, Interpersonal

Training

M.Sc. Internships and Doctoral Student Practicum

Client Population

General adult mental health populations with specialized programming for domestic violence and sexual offending.

Setting

Counselors have professional degrees in Social Work, Psychology, Psychiatry, and Nursing. ***Experiences*:** Students can be involved in assessment and treatment for individuals and groups. Clients typically present with broad spectrum of acute and chronic mental health issues. As staffing permits, opportunities exist to work across settings (inpatient, community clinic) and program areas (Adult, Rehabilitation, Addictions), as well as participate in clinical outcomes research.

Description of clients treated by facility (including main age and diagnostic categories)

Clients treated at the RPC are primarily federal offenders (i.e. those serving sentences of two years or more) from the Prairie Region. A few clients are remand cases sent from Saskatchewan courts for psychiatric assessment, voluntary treatment cases from other federal regions and Saskatchewan institutions, or special cases from the Prairie Region who require comprehensive physical care due to a disabling or terminal illness. A few patients are certified under the Mental Health Act of Saskatchewan; all other admissions are voluntary. Offenders are referred to the RPC if their mental health issues preclude their benefiting from structured programs in the regular penitentiaries. Thus, patients at the RPC tend to be diagnosed with Axis I or severe Axis II disorders. A cognitive-behavioural, relapse prevention model, designed for the comprehension of low functioning individuals, is the basis of the treatment philosophy on the five treatment units. The RPC houses a maximum of 206 clients distributed as follows - Bow Unit: 100, Churchill Unit: 12, Clearwater Unit: 48, McKenzie/Assiniboine Units: 46 (includes a 10-bed regional hospital for physical health impairments, and a 10-bed aboriginal culture program).

Description of services provided by facility (i.e., forms of assessment, therapy and consultation services)

Psychologists on all RPC units provide structured treatment, assessment, consultation, program evaluation and research services. Treatment programs include both individual and group interventions, typically based on a cognitive-behavioural model, responsivity issues, and an understanding of criminogenic factors. The RPC owns an extensive library of test materials and employs student psychometrists from the University of Saskatchewan on a casual basis. Virtually any area of psychological functioning may be assessed along with risk to recidivate. Since all units operate with multi-disciplinary treatment teams, unit psychologists frequently act as consultants to nurses, social workers, psychiatrists, occupational therapists, and correctional staff. Unit psychologists may also work with the RPC's research department to evaluate treatment programs and collaborate on research studies. All research conducted at the RPC must be approved by the RPC Research Review Committee.

Bow Unit offers the full range of traditional psychiatric rehabilitative services (e.g. Liberman Social and Independent Living Skills modules, art therapy, etc.) and provides specialized forms of correctional programs for its one hundred patients. On Bow Unit, patients are grouped according to their various stages of psychological stability from acute to chronic. There are an integrated work program, a group home setting, and community integration services within the unit. To a much lesser extent, patients are also grouped according to their level of abilities on the other units.

Learning experiences available to a practicum/summer student at the agency that will facilitate the development of the six important capacities outlined in the CPA/APA accreditation statement

To some extent, learning experiences available to students at the RPC depend on the program unit and the psychologist offering the placement. Structured psycho-educational groups led by various members of multi-disciplinary teams are offered on all units. Students working with sex offenders (Clearwater Unit) and violent offenders (McKenzie & Assiniboine Units) typically spend a major portion of their time in these groups as well as disclosure groups which include a number of unit staff. Students working with mentally ill offenders (Bow Unit) and female offenders (Churchill Unit) tend to spend a greater proportion of their time on individual treatment and assessment services.

University of Regina Counselling Services (Ph.D. Practicum Site)

Location:

Counselling Services
University of Regina
Riddell Centre Room 251
3737 Wascana Parkway
Regina, SK
S4S 0A2

Contact Supervisor:

Dr. Jenny Keller
Jenny.Keller@uregina.ca

306-585-4497

Supervisors:

Ian MacAusland-Berg, M.Sc.
Ian.MacAusland-Berg@uregina.ca

Site Description:

Practica at Counselling Services are typically completed during the fall and winter semesters. Our clients are university students or prospective students, primarily in their late teens and twenties. Some of our clients are international students. Presenting problems tend to be stress-related with a fair sampling of anxiety and depressive disorders. Occasionally, clients present with suicidal and other acting-out tendencies and with psychological disorders related to past abuse. Couples counselling is provided at the centre.

Usually, practicum students co-facilitate a structured psychoeducational group such as assertiveness training and provide personal counselling on an individual basis. Clients may also request counselling related to study skill deficits.

Supervision consists of a one-hour weekly face-to-face meeting during which audiotapes of sessions are often reviewed. As well, students attend a two-hour team meeting each week during which cases are presented and discussed.

The supervisor's orientation derives from humanistic, existential, and psychodynamic approaches. There is a strong focus on understanding the therapeutic relationship and on the use of empathy as a generic skill in psychotherapy. The supervisor also has an interest in biofeedback.

Assessments, for the most part, are interview based. Instruments assessing personality types, eating disorders, coping styles, etc. are available for use.

University of Regina Psychology Training Clinic (Ph.D. Practicum Site)

Location:

Psychology Training Clinic
University of Regina
College West Room 125
3737 Wascana Parkway
Regina, SK
S4S 0A2

Contact Supervisor:

Dr. Lynn Loutzenhiser
Lynn.Loutzenhiser@uregina.ca
306-585-4078

Other Supervisors:

Dr. Kristi Wright
Kristi.Wright@uregina.ca

Dr. Heather Hadjistavropoulos
Heather.Hadjistavropoulos@uregina.ca

Site Description:

The Psychology Training Clinic is at the University of Regina. Typically four to six students work in the clinic each semester.

Theoretical Orientation
Varies depending on supervisor.

Client Population
Children, adolescents, and adults with mild to moderate psychological concerns.

Training Experience
Training experiences may vary depending on the expertise of the supervisors but include:

- Assessment
- Individual treatment for adults focused on cognitive-behavioural therapy, interpersonal psychotherapy and emotion-focused therapy for anxiety, depression, health-concerns, family or marital problems.
- Family-based assistance for children and adolescents experiencing a variety of mental health difficulties.
- Psychoeducational group seminars offered in the community on topics such as depression, anxiety, or stress.

Appendix D

1) Sample Consent Form for Case Presentation
2) Oral Case Examination Evaluation Instructions
3) Oral Case Examination Evaluation Form
4) Ethics Oral Examination
5) Ethics Oral Examination Instructions
6) Ethics Examination – Evaluation Form
7) Written Exam - Evaluation Form
8) Program Evaluation Instructions
9) Proposal Evaluation Form
10) Logistics Related to Comps

Sample Consent Form for Case Presentation

Purpose and Nature of Case Presentation:

As part of my training at the University of Regina I am required to make a case presentation. This involves summarizing my experiences working with a client, including summarizing the assessment and treatment process. The purpose of this presentation is to show that I have obtained a level of expertise and am ready to proceed with further training. The presentation is made to three experienced faculty members in clinical psychology and if appropriate other graduate students who may learn from the case presentation. The focus of the presentation is to evaluate my ability as a clinician and not to evaluate the client. At this time, I would like to request your permission to present information from our sessions together.

Voluntary Participation

- You can choose not to have me present information from your case. Refusing to allow me to present this case will not result in any negative consequences for you.

Confidentiality

- In doing this presentation, I will disguise personal information to ensure that the material presented is confidential and you will not be identified in anyway. Furthermore, I will consult with a clinical supervisor about the information I am presenting as further protection of privacy and confidentiality.

Copy of Consent and Offer to Answer Questions

- You are entitled to receive a copy of this consent form for your own personal records.
- If you have questions regarding this case presentation you can either ask me or the Director of Training of the Clinical Program, Dr. Heather Hadjistavropoulos at the University of Regina at 585-5133.

By signing this consent form, I am indicating that I give voluntary verbal and written consent to have my case presented by _____ as part of the clinical training Program. Moreover, I acknowledge that I have a copy of this form for my own personal records.

_____

CLIENT NAME (please print) SIGNATURE DATE

ORAL CASE EXAMINATION INSTRUCTIONS

Time & Recording: The examination will last approximately 2 hours and will be recorded (e.g., audio-taped, video-taped). The student is responsible for the recording. If the student passes the exam, the student is responsible for erasing the recording. If the student fails the exam, the Chair should retain the recording in case the student appeals the committee decision.

Committee: There will be two committee members. The research supervisor or clinical supervisor for the case cannot be on the Comprehensive Examination Committee. In the event, that the two committee members that are present are in disagreement about whether the student should pass, a member of the Clinical Committee should review the recording in order to assist with rendering a decision.

Process: During the first part of the examination, the student will give a presentation regarding his or her case. This should take 45 minutes and no more than 1 hour. During the second part of the examination, students will respond to questions posed by the committee members. Each committee member will be given the opportunity to ask questions.

Questions: Students should be asked if they are comfortable with questions being asked during the presentation. Students can request that questions be saved until after the presentation is complete if they feel that questions will disrupt the flow of the presentation or that the question is likely to be addressed later in their presentation. Committee members should ask questions of the student in the same manner that they would ask other professionals a question in a presentation. The atmosphere of the examination should be supportive and allow students to do their very best.

Deliberation & Feedback: The Comprehensive Examination Committee will deliberate following the examination and then provide verbal feedback to the candidate. The Chair of the committee should complete this evaluation form and return it to the DCT by August 26th.

Failing of Exam: In the event that the student's performance is not deemed acceptable, the student will be given a failing grade in 865 and will be required to enroll in 865 the following semester. The student will then need to complete a different oral case presentation. A new Comprehensive Examination Committee will be formed potentially consisting of some of the same committee members. A second failure will result in the student being discontinued from the program.

ORAL CASE PRESENTATION EVALUATION FORM

STUDENT:

DATE:

CHAIR:

COMMITTEE MEMBER:

A mark of Pass or Fail will be given and based on consideration of the following:

The Student:	***Comments:***
• Addresses theory related to the case (typically with emphasis on one theory).	
• Describes relevant recent research (related to case, assessment and intervention) and any differences between clinical practice and the research.	
• Presents sufficient detail of assessment (should not be overly detailed).	
• Provides a case conceptualization (communicates unique characteristics of the client and the context of the client concerns). Typically includes: a) symptoms/problems; b) precipitating stressors; c) predisposing factors; and d) hypothesized explanatory mechanisms.	
• Presents sufficient detail of intervention including perceptions of the important mechanisms of change.	
• Describes the therapeutic relationship including how it evolved and strengths and challenges in forming this relationship.	
• Describes important therapeutic process/moments.	
• Gives appropriate attention to ethical considerations (e.g., respectful of client, appropriately disguises identifying information).	
• Discusses how responded to ethical issues if these were apparent in the case.	
• Is aware of limitations in assessment (usually involves reference to research).	

• Communicates ideas about how could improve assessment.	
• Is aware of limitations of treatment (usually involves reference to research).	
• Communicates ideas about how could improve treatment.	
• Indicates how determined outcome (e.g., measures, self report, behaviour).	
• Indicates how could have improved assessment of outcome.	
• Identifies areas where further research is needed.	
• Uses theory and research to respond to questions when appropriate.	
• Describes role of supervision in assessment and treatment (amount, type, value, key moments).	
• Communicates information in a clear, organized professional manner.	
• Is receptive to questions and comments.	
• Is well prepared for questions – readily has case material and research literature available to answer questions.	
• Responds to questions in articulate manner.	
• Demonstrates professional behaviour during the presentation (e.g., does not cry, become angry or defensive).	

ORAL-CASE PRESENTATION RECOMMENDATION: **Please circle**

Unsatisfactory-Fail	- student performance was unacceptable
Satisfactory-Pass	- student performance was satisfactory and met expectations
Very good	- student performance exceeded expectations
Excellent	- student performance was exceptional

Strengths:

Weaknesses/ Recommendations for Improvement:

CHAIR TO COMPLETE FORM AND RETURN TO THE DIRECTOR OF CLINICAL TRAINING BY AUGUST 26TH

ETHICS ORAL EXAMINATION INSTRUCTIONS

Committee Structure: The committee will consist of two members; the research supervisor cannot be a member of this committee. In the event, that the two committee members that are present are in disagreement about whether the student should pass, a member of the Clinical Committee should be identified and asked to review the recording in order to assist with rendering a decision.

Timing and Recording: The examination will last approximately one hour and will be recorded (e.g., audio-tape or video-tape). The student is responsible for the recording of the exam. If the student passes the exam, the student should arrange for the recording to be erased. If the student fails the exam, the Chair should retain the recording in case the student appeals the committee decision.

Format: Committee members will take turns asking the student questions. Committee members should come prepared to ask five questions each with questions spanning the areas identified in the evaluation form. Prior to the exam, the committee should review the questions to ensure that questions are comprehensive and will allow for evaluation of the student as described below.

Note the first portion of the exam will involve asking students to report on an ethical dilemma they have faced or anticipate they could have or will realistically face in the future given their intended area of clinical practice. The student should briefly describe how the CPA ethical decision making process can be used to resolve the dilemma. Students should not bring in notes during the exam and should not use power point. This should take no more than 10 minutes to describe.

Students should be given vignettes to discuss and should also be asked about recent professional issues and legislation. Students should also be asked questions that are part of the Saskatchewan College of Psychologists ethics exam (see attached questions that are asked as part of the Saskatchewan College of Psychologist's Oral Examination).

Deliberation & Feedback: The committee should deliberate following the examination and then provide verbal feedback to the candidate. The Chair should complete this form and return it to the DCT by August 26th.

Failing of Exam: In the event that the student's performance is not deemed acceptable, the student will be given a failing grade in 865 and will be required to enroll in 865 the following semester. The student will then need to take the ethics exam again. A new Comprehensive Examination Committee will be formed potentially consisting of some of the same committee members. A second failure will result in the student being discontinued from the program.

ETHICS EXAMINATION - EVALUATION FORM

STUDENT:

DATE:

CHAIR:

COMMITTEE:

The following should be taken into consideration in determining whether a mark of pass or fail is assigned:

The Student:	***Comment***
• Demonstrates adequate knowledge of the Canadian Code of Ethics for Psychologists.	
• Demonstrates adequate knowledge of the Practice Guidelines for Providers of Psychological Services.	
• Identifies ethical principles of concern when presented with clinical vignettes	
• Can resolve ethical dilemmas using ethical decision making process proposed by CPA	
• Understands difference between ethical principles and rules of conduct	
• Understands the development and rational behind the CPA Code of Ethics & can discuss how the CPA code is unique	
• Understands theoretical issues related to ethics	
• Has adequate knowledge of professional issues of relevance to psychologists	
• Has adequate knowledge of legislation	
• Uses ethics related articles in journals such as Professional Psychology: Research and Practice (most recent five years), Canadian Psychology and Ethics and Behaviour to answer questions as appropriate.	
• Is articulate during exam	
• Remains composed and professional during exam	
• Acknowledges limitations in knowledge and practice	
• Recognizes value and importance of consultation/supervision	
• Other (please specify)	

ORAL ETHICS EXAMINATION RECOMMENDATION: **Please circle**

Unsatisfactory-Fail	- student performance was unacceptable
Satisfactory-Pass	- student performance was satisfactory and met expectations
Very good	- student performance exceeded expectations
Excellent	- student performance was exceptional

Strengths:

Weaknesses/ Recommendations for Improvement:

CHAIR TO COMPLETE AND RETURN FORM TO THE DIRECTOR OF CLINICAL TRAINING BY AUGUST 26TH

Saskatchewan College of Psychologist's Standardized Examination Questions

Examiners may decide to ask students some of the standardized questions that are asked during the Saskatchewan College of Psychologist's Oral Ethics Exam. Questions are listed below.

- What is the role of the Saskatchewan College of Psychologists under professional legislation?
- Identify some of the more important ethical or legal dilemmas you anticipate facing in clinical practice, and describe how you would manage them.
- Describe the four key principles of the Canadian Code of Ethics and the implications for practice.
- Describe the ethical decision-making process described in the Canadian Code of Ethics for Psychologists.
- Identify the legal statutes relevant to the area that you are planning to practice, and explain their relevance to your area(s) of practice.
- What does "duty to protect" and "duty to report" mean?
- What would you do if you thought a client required involuntary confinement?
- What are the requirements for informed consent for services and how do you practice/ implement these?
- What are the requirements and limits for maintaining client confidentiality?
- What special issues related to consent and confidentiality are there in working with minors and other dependants?
- What are the implications for confidentiality when there is a third party referral and/or payment?
- What implications are there for confidentiality when you are dealing with multiple clients?
- What are the requirements for record keeping as a psychologist?
- What are your clients' rights of access to files kept on them?
- What personal limitations do you have which may affect the type or quality of psychological service you provide? How do you handle this?
- What is an Authorized Practice Endorsement in Saskatchewan?

WRITTEN EXAM – EVALUATION FORM

STUDENT:

DATE:

CHAIR:

COMMITTEE:

INADEQUATE ***MARK BELOW 7***	***ADEQUATE*** ***MARK OF 7 OR 8***	***EXCEPTIONAL*** ***MARK OF 9 OR 10***
• Does not answer question • Does not adequately draw on material available in *Annual Review of Clinical Psychology* • No evidence of critical examination of material read in journal • Poorly written • Poorly organized • Unclear language	• Mostly answers question • Adequately draws on material available in *Annual Review of Clinical Psychology* • Adequate evidence of critical examination of material read in journal • Well written • Well organized • Clear language	• Fully answers question • Draws on all possible material available in *Annual Review of Clinical Psychology* • Critical examination of material read in journal • Exceptionally Well written • Exceptionally well organized • Exceptional clarity

QUESTION 1:
MARK EXAMINER 1:
MARK EXAMINER 2:
MARK EXAMINER 3 (IF NECESSARY):
DECISION: PASS/FAIL
QUESTION 2:
MARK EXAMINER 1:
MARK EXAMINER 2:
MARK EXAMINER 3 (IF NECESSARY):
DECISION: PASS/FAIL
QUESTION 3:
MARK EXAMINER 1:
MARK EXAMINER 2:
MARK EXAMINER 3 (IF NECESSARY):
DECISION: PASS/FAIL

CHAIR TO COMPLETE FORM AND RETURN TO DCT BY AUGUST 26TH

PROGRAM EVALUATION – INSTRUCTIONS

Review Committee: The proposal must be evaluated by two members of the Comprehensive Examination Committee. The research supervisor will not be a part of this committee. A third member will be asked to review the proposal in the event that there is disagreement between the first two reviewers in order to reach consensus on whether the proposal should pass.

Feedback: The appointed Chair of the Comprehensive Examination Committee should obtain feedback from committee members. The Chair should then complete the attached form and return to the DCT by August 26th.

Failing of Review Paper: In the event that the student's performance on the proposal is not deemed acceptable, the student should be given a failing grade in 865. The student will then be required to enroll in 865 the following semester. The student will then need to either write a second proposal or revise the initial proposal (based on the judgment of the committee). A second failure will result in the student being discontinued from the program.

PROGRAM EVALUATION PROPOSAL –EVALUATION FORM

STUDENT:

EVALUATION TITLE:

DATE:

COMMITTEE:

CHAIR:

Evaluation: The following form should be used to evaluate the proposal.

Consider the following in marking the proposal	
• Title Page (evaluation title, date, name)	
• Table of contents	
• Executive summary	
• The purpose and scope of the evaluation – what decisions are being aided by the findings of the evaluation?	
• The audience – key stakeholders (e.g., who wants the report and will make decisions based on the report?)	
• Provides necessary background about Organization/Program/Service being evaluated such as organization history, goals, activities, resources, and staffing	
• Importance and appropriateness of evaluation question	
• Clarity of the evaluation questions or problem statement	
• Identification of key stakeholders	
• Innovation of methods or design	
• Appropriateness of the type of evaluation (e.g., goals, needs, process, outcome) and match between evaluation questions and design	
• Appropriateness and clarity of data collection plan (e.g., what type of information, from what sources, how collected and when)	
• Identification of resources required for evaluation and estimated timeline for evaluation	
• Identification of ethical issues involved in evaluation	
• Identification of strengths and weaknesses of the evaluation	
• Appropriateness and clarity of data analysis plan	
• Anticipation of potential recommendations that might be anticipated as a result of the evaluation	
• Comprehensiveness and cost efficiency of dissemination plans	
• References – APA style	
• Concise scholarly writing free of grammatical, spelling and formatting errors	
• No more than 25 pages	

PROGRAM EVALUATION RECOMMENDATION: **Please circle**

Unsatisfactory-Fail	- proposal was unacceptable
Satisfactory-Pass	- proposal was satisfactory and met expectations
Very good	- proposal exceeded expectations
Excellent	- proposal was exceptional

Strengths:

Weaknesses/ Recommendations for Improvement:

CHAIR TO COMPLETE AND RETURN FORM TO THE DIRECTOR OF CLINICAL TRAINING BY AUGUST 26TH

Logistics Related to Comprehensive Exams

Director of Clinical Training:

1. Bring student requests to complete Comprehensive to the Clinical Committee for discussion of: a) student readiness to complete exams, b) committee members; and c) timing of exams, taking into account student and committee preferences.
2. Write memos to the students confirming: a) approval to complete exams: b) committee members; and c) timing of the exams.
3. Distribute evaluation forms to committee members.
4. Collate forms for the student's file and enter grade of pass or fail.

Administrative Staff:

1. The oral case presentation and ethics exam should take place in a small meeting room.
2. For the oral case presentation, equipment for a power point presentation is needed.
3. The oral case presentation should be booked for 3 hours.
4. The ethics exam should be booked for 2 hours.

Student Responsibilities:

Both the oral case presentation and ethics exam need to be recorded (audio or video). The student is responsible for making arrangements. If the student passes the exam, the recordings should be erased by the student. If the student fails the exams, then the recordings should be given to the DCT.

Responsibilities of Chair of the Comprehensive Examination Committee

1) Answer any questions the student may have about the examination process.
2) Working with the departmental secretary, ensure that dates are set, committee members can attend and rooms and equipment are booked. Follow the timelines set by the Clinical Committee as closely as possible.
3) Should a committee member not be able to fulfill his or her responsibilities, find an alternate committee member if necessary. Note exams must have two committee members, with a third committee member reviewing the recording if necessary in the event that the two committee members do not agree on whether the student should pass.
4) **Case presentation:**
   a) Introduce the candidate.
   b) Record the examination (equipment provided by student). Ask the student to erase the recording if the student passes; if the student appeals, provide the DCT with the recording.
   c) Time the exam.
   d) Monitor the oral presentation time. Stop the exam after1 hour for the presentation. Allow for 45 minutes to 1 hour for questions with some flexibility to allow for variability in the performance of the candidate and preferences of the examination committee.
   e) Ask committee members to take turns asking questions. Remind them that they should ask questions in a supportive manner and should not ask leading questions.
   f) If necessary, ask committee members to move on from one line of questioning to ensure that other important areas can be examined.
   g) Aim to cover the areas on the evaluation form.
   h) If any concerns emerge in student behaviour or committee member behaviour, suggest that a short break be taken. If a problem arises in student behaviour (e.g., crying) discuss the problem behaviour with the student privately allowing the student to correct the behaviour and resume the exam. If a problem arises with committee behaviour (e.g., harsh questioning) discuss the problem with the committee member privately and resume the exam.
   i) Have the student leave the room after the question period. Lead the discussion of the candidate using the evaluation form. This should take ~ 15 minutes.
   j) Provide feedback to the student on his or her performance.
   k) Complete the evaluation form and return the form to the DCT by the end of the term.
   l) If the student fails, the student will arrange to take 865 again the next semester completing all components that are failed. The DCT will form a new committee (potentially consisting of the same committee members) and the student will have to present a second oral case presentation if this component of the exam is failed. A second failure of 865 will result in the student being discontinued from the program.

5) **Ethics Exam:**
   a) Introduce the candidate,
   b) Record the examination (recording materials provided by student). If the student passes, the students should erase the recording. If the student fails, the recording should be provided to the DCT.
   c) Ask committee members to prepare ~ five questions to bring to the exam.
   d) Prior to beginning the exam, review questions that will be asked by committee members – aiming to cover areas on the evaluation form. Add any additional questions as necessary or delete questions from those provided.
   e) Have committee members take turns asking questions; avoid follow-up questions that lead the student to the answer.
   f) Time the exam. After 1 hour, have the student leave the room and lead the discussion of performance.
   g) Provide the student with verbal feedback.
   h) Complete the form and forward this to the DCT by the end of term.
   i) If the student fails the exam, the student will then be given a grade of fail for 865 and will need to take 865 the following semester completing all components that are failed. The DCT will form a new committee (with potentially some of the same committee members) and set up a second ethics exam if this component is failed. A second failure of 865 will result in the student being discontinued from the program.

6) **Program Evaluation Proposal**:
   a) Answer any questions the student may have about the proposal.
   b) The proposal must be marked within two weeks of receiving the proposal or earlier if a grade is needed by end of term.
   c) Discuss the paper with the other committee member. If committee members disagree whether the student should pass, ask a third member to read the proposal.
   d) Complete the evaluation form and return to the DCT by the end of term.
   Students who fail will be given a failing grade in 865 and be required to enrol in 865 the following semester. Depending on performance, the student may be asked to write a new proposal or revise the existing proposal. A new committee will be formed – potentially consisting of members of the original committee. A second failure of the program evaluation proposal would result in the student being discontinued from the clinical Program.

7) **Written Exam**
   a) With the help of the departmental secretary, find a room that students can use to complete the written exam.
   b) Along with the other committee member, generate three written questions.
   c) Invite clinical committee members to review and comment on these questions being careful to keep examination questions secure.
   d) On the day of the exam, meet the students in the designated room and provide them with the questions
   e) Invigilate the exam. Students can bring in copies of the articles but no other materials. Students can leave for washroom breaks; students are not permitted access to the Internet. Students should not discuss the questions with each other.
   f) Have the students print two copies of their responses to each question; give a copy of the answers to the other clinical committee member marking the exam.
   g) Meet with the other clinical committee member marking the exam to discuss student responses to the questions.
   h) If there is disagreement on whether the study passes or fails then arrange for another clinical committee member to mark the questions.
   i) Complete the evaluation form and submit to the DCT.
   j) Students who fail will be given a failing grade in 865 and be required to enrol in 865 the following semester. A new committee will be formed – potentially consisting of members of the original committee and the exam will be taken again. A second failure of the exam would result in the student being discontinued from the Clinical Program.

Appendix E

1. Annual Student Review
2. M.Sc. Program Summary Form
3. Ph.D. Program Summary Form

THIS FORM IS AN EXAMPLE OF THE TYPE THAT IS ADMINISTERED USING SURVEY SOFTWARE AND TYPICALLY DISTRIBUTED IN MAY OF EACH YEAR

NAME: **DATE:**

Please provide information for the September – August recognizing that you will need to report on activities that are planned for spring/summer.

Courses Completed for Past Year (please list):
Thesis Progress During Past Year:
Thesis Title:
Committee:
Current Status (e.g., preparation of proposal, data collection):
Other Research Experience For Past Year Only (e.g., Research Assistant):
Journal or Chapter Publications for past year
Presentations for past year:
Practica/Internships (specify setting and number of hours during last year):
Other Clinical Activities (specify nature and number of hours during last year):

Teaching Activities (specify nature and amount of time during last year only):
Administrative Activities (e.g., PGSA) during last year only:
Membership in Professional Organizations during last year only:
Additional Educational Activities (specify nature and amount of time during last year):
Other Experiences not listed above during last year:
Funding: This information is used to estimate amount of income for students over the year; please ensure this information is as complete and as accurate as possible.

	Sept-Dec	**Jan-April**	**May-Aug**
FGSR – (name of award & amount)			
Federal Scholarship (name [e.g., NSERC, SSHRC, CIHR] &amount)			
Other Scholarship (name and amount)			
Teaching Assistant (hours and amount for semester)			
Sessional (hours and amount for semester)			
Research Assistant (employer, hours and amount for semester)			
Other Employment (employer, hours and amount)			

Total Income for Year (please ensure all amounts in boxes above add up to your total income for the year):

_____

PERSONAL AND PROGRAM PLANS FOR NEXT ACADEMIC YEAR

	September -August
Courses:	
Additional Educational Activities:	
Thesis:	
Additional Research Experience:	
Practica/Internships:	
Additional Clinical Experiences:	
Teaching Activities:	
Administrative Activities:	
Total Planned Employment (should no exceed 20 hours per week):	

Please note any difficulties that you have faced that you feel may have interfered in meeting Program and personal goals.
Please note any concerns that you would like to be brought to the attention of the DCT or the Clinical Committee regarding Program and personal goals.

To assist in keeping records for CPA please complete the following table. You may need to estimate to ensure that you capture the full year. I realize that this information may be captured elsewhere, but completing this table assists with entry of information for the CPA progress report.

	Please circle or fill in blank
Are you a member or affiliate in a professional or research society?	Yes No
Did you attend a workshop this past year, OUTSIDE OF COURSES?	Yes No
Have you ever been an author or co-author of articles in referred journals (published or in press)? How many times have you been an author or co-author of an article in a referred journal?	Yes No _____
Have you ever been an author or co-author of an article in a non-referred journal, a chapter in a book or technical report (published or in press)? How many times have you been an author or co-author of an article in a non-referred journal, chapter in a book or technical report?	Yes No _____
Have you ever been an author or co-author of a paper/poster presented at scientific or professional meetings? How many times have you been an author or co-author of a paper/poster presented at scientific or professional meetings?	Yes No _____
Did you work as a TA this year? How many courses did you TA during the time period?	Yes No _____
Did you teach a course this year? How many courses did you teach during this time period?	Yes No _____
Did you work as an RA this year?	Yes No
Did you complete a 4 month internship this year? Did you complete a practicum THIS YEAR? Did you complete supplementary Program sanctioned clinical training this year? Did you go on your 1 year predoctoral residency this year?	Yes No Yes No Yes No Yes No
Did you have funding from FGSR (scholarship, TAship, RAship) this year?	Yes No
Do you hold a major external scholarship (SSHRC, CIHR, NSRC) this year?	Yes No
Have you obtained other scholarships this year other than those reported above? Who did you receive the scholarships from? _____	Yes No
Were you employed outside of the University? Please specify:	Yes No
Did your total employment hours (inside or outside the University) exceed 20 hours a week?	Yes No

CLINICAL PSYCHOLOGY MASTERS PROGRAM SUMMARY FORM

SECTION I: GENERAL INFORMATION

Name:	

SECTION II: SUMMARY OF MASTER OF ARTS PROGRAM

M.Sc. Admission Date:
M.Sc. Expected Completion Date:
Supervisor:

Required Courses:

Course #	**Title**	**Credits**	**Grade**	**Semester Completed**
PSYC 801	Research Design & Methodology	3		
PSYC 802	Applied Multivariate Statistics	3		
PSYC 806	Ethics	3		
PSYC 832	Advanced Psychopathology	3		
PSYC 850	Psychological Assessment I	3		
PSYC 860	Psychological Interventions I	3		
PSYC 900	Graduate Seminar	2		
PSYC 901	Thesis Research	16		
PSYC 876	Internship in Clinical Psychology	1		
Internship site:				
Electives:				

Please make note of any deviations in Program from above:

CLINICAL PSYCHOLOGY PH.D. PROGRAM SUMMARY FORM

FOR STUDENTS TRANSFERRING INTO THE PH.D. PROGRAM, WE REALIZE THE COURSES ARE TAKEN IN A DIFFERENT ORDER OR THAT YOU MAY HAVE AN EQUIVALENT COURSE WITH DIFFERENT COURSE NUMBER. PLEASE MAKE NOTE OF ANY DEVIATIONS FROM THE PROGRAM ON THE FORM.

SECTION I: GENERAL INFORMATION

Name:	
Ph.D. Admission Date:	
Expected Ph.D. Completion Date:	
Supervisor:	

SECTION II: PH.D. PROGRAM

REQUIRED COURSES				
	Title	**Credits**	**Grade**	**Semester Completed**
PSYC 800	History	3		
PSYC 803	Psychometrics	3		
PSYC 851	Psychological Assessment II	3		
PSYC 861	Psychological Interventions II	3		
PSYC 8**	One elective psychology course	3		
PSYC 900	Doctoral Seminar	1		
PSYC 901	Dissertation Research	44		

COMPETENCY AREAS			
Specify which course or if comprehensive exam:	**Course (grade)**	**Exam (P/F)**	**Semester Completed**
Biological:			
Cognitive:			
Social:			

SUPERVISED CLINICAL EXPERIENCE:				
Course #	**Title**	**Credits**	**Semester Completed**	**Setting**
PSYC 870	Practicum in Clinical Psychology (Required)	1		
PSYC 871	Practicum in Clinical Psychology (Required)	1		
PSYC 872	Practicum in Clinical Psychology (Optional)	1		
PSYC 873	Practicum in Clinical Psychology (Optional)	1		
PSYC 874	Practicum in Clinical Psychology (Optional)	1		
PSYC 875	Practicum in Clinical Psychology (Optional)	1		
PSYC 880	Residency in Clinical Psychology	3		

COMPREHENSIVE EXAMINATION IN CLINICAL PSYCHOLOGY	
PSYC 865CL (1 credit)	Semester Completed or note if received an exemption
Case Presentation	
Written Exam	
Oral Ethics Exam	
Program Evaluation	

IF YOU DID NOT OBTAIN YOUR M.Sc.IN CLINICAL PSYCHOLOGY FROM OUR PROGRAM, PLEASE LIST ANY ADDITIONAL REQUIREMENTS YOU HAVE TAKEN OR ANY CHANGES TO THE ABOVE:

Course #	**Title**	**Credits**	**Grade**	**Semester Completed**

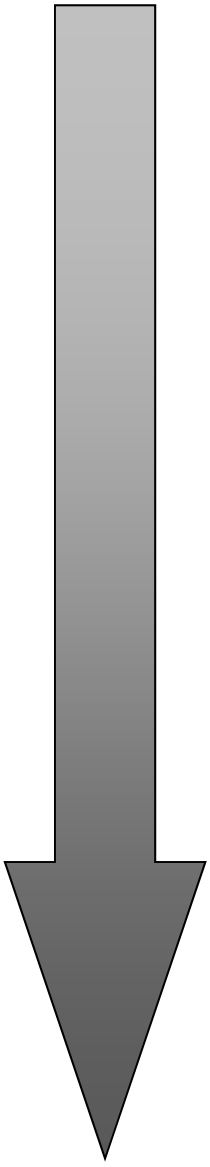
Appendix F

1. Thesis Timelines for M.Sc.
2. Thesis Timelines for Ph.D.
3. Important Deadlines

Clinical Program: Typical Master's Thesis Defense Timeline

Students need to be aware that it takes considerable time to actually defend one's thesis. See below for estimated timeline after thesis is approved by one's supervisor.

Suggested Timelines	Time Period*	Procedure
	▪ 4 weeks	**Following multiple drafts and approval by supervisor the thesis is sent to committee members to read over and offer suggested revisions.**
	▪ 4 weeks	**Thesis with all required revisions given to supervisor for final assessment regarding approval for distribution.**
	▪ 4 weeks	**Final copies of thesis sent to committee members and head of department for approval for defense.** ▪ Committee to read and approve thesis to be sent to external examiner
	● 4 weeks	**Thesis release form and copy of thesis sent to FGSR.** ▪ FGSR takes time to review thesis and approve external. External typically has 14 days to read and respond in writing regarding acceptability for defense; time is then needed to schedule the meeting.



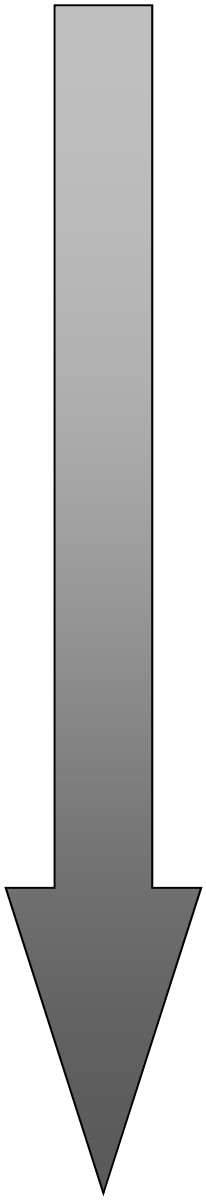
Thesis Defense

* It is important to note that supervisors and committee members may take up to 1 month to provide feedback

Clinical Program: Typical Ph.D. Dissertation Defense Timeline

Students need to be aware that it takes considerable time to actually defend one's thesis. See below for estimated timeline after thesis is approved by one's supervisor.

Suggested Timelines	Time Period*	Procedure
	▪ 4 weeks	**Following multiple drafts and approval by supervisor the dissertation is sent to committee members to read over and offer suggested revisions.**
	▪ 4 weeks	**Dissertation with all required revisions given to supervisor for final assessment regarding approval for distribution.**
	▪ 4 weeks	**Final copies of dissertation sent to committee members and head of department for approval for defense.** ▪ Committee to read and approve dissertation to be sent to external examiner
	• 6 weeks	**Dissertation release form and copy of dissertation sent to FGSR.** ▪ FGSR takes some time to review thesis and approve external before release to external. External has 4 weeks to read and respond in writing regarding acceptability for defense



Dissertation Defense

* It is important to note that supervisors and committee members may take up to 1 month to provide feedback to a student.

Appendix G

1. Survey Request Letter
2. Survey

Dear Clinical Psychology Graduate:

I am hoping you will consider completing this brief survey in order to help us understand how we are doing as a program and also assist us in providing CPA with up to date statistics concerning our graduates. The information obtained will be reported for the last 10 graduates. Most commonly this information is summarized in the annual program review.

Your feedback is very valuable to us. Please feel free to leave questions blank if you prefer. Any feedback you provide will be helpful.

Thank you in advance for taking five to ten minutes to provide us with feedback.

Sincerely,

Lynn Loutzenhiser, Ph.D., R. D. Psych
Professor & Director of Clinical Training

PROGRAM FEEDBACK

a) One of the goals of the program is to prepare graduates to use the scientist-practitioner model. To what extent did the program achieve this goal in your opinion?

Completely Mostly Somewhat Minimally Not at all

b) How would you rate the overall quality of the training you received?

Excellent Good Fair Poor

c) At the time you completed your PhD, how competent did you feel in:

Conducting clinical assessments	poor	fair	good	great	NA
Conducting clinical interventions	poor	fair	good	great	NA
Consulting with other professionals	poor	fair	good	great	NA
Conducting research	poor	fair	good	great	NA
Reviewing and understanding research	poor	fair	good	great	NA
Developing new programs	poor	fair	good	great	NA
Teaching	poor	fair	good	great	NA
Supervising clinical work	poor	fair	good	great	NA
Dealing with ethical issues	poor	fair	good	great	NA
Working with diverse clients	poor	fair	good	great	NA

d) In an overall sense, how satisfied are you with the training you received?

very satisfied mostly satisfied indifferent mildly dissatisfied quite dissatisfied

e) If a friend of yours was interested in attending graduate school, would you recommend our program?

No, definitely not No, I don't think so Yes, I think so Yes, definitely

LICENSING

EPPP exam successfully completed YES / NO

Are you currently registered YES / NO

- Full or Provisional
- Province/state: _____

Please identify what you perceive as areas of strength of our program.

Please identify areas that you feel we should improve upon.

Please provide any additional feedback you would like to share.

Thank you so much for taking the time to provide this feedback. We hope you will stay in touch.
We always enjoy hearing from our graduates.

Lynn Loutzenhiser
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