



Department of
Psychology

Information for Prospective Graduate Students



 FACULTY *of* ARTS

Realize. **Your** future.

Letter from the Head, Department of Psychology (2020-2021)

Dear Graduate School Applicant:

Thank you for your interest in our graduate programs in psychology at the University of Regina. We offer a fully accredited program leading to the Ph.D. in Clinical Psychology, as well as an M.A. and a Ph.D. program in Experimental and Applied Psychology. Our graduate programs are described in the following pages.

We look forward to receiving your application.

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Living in Saskatchewan

Residents of Saskatchewan enjoy a high standard of living. Saskatchewan is rich with cultural heritage, has an excellent network of national and provincial parks, and has clean air that is smog free. The landscape varies tremendously from the vast wheat fields in the South to the dense trees and thousands of lakes that make up the Northern Forest.

Saskatchewan has been a leader in health care for over 60 years. Saskatchewan pioneered universal hospital care insurance in the 1940's and comprehensive coverage in the 1960's. The province is now concentrating on a wellness model that promotes preventive care and innovative service delivery. Regina is home to three major healthcare facilities: The Regina General Hospital, Pasqua Hospital and the Wascana Rehabilitation Centre.

The climate is relatively diverse across four distinct seasons and residents enjoy more hours of sunlight than most other places in North America. The temperature shows considerable fluctuation over the course of the year. The average temperature is -11 degrees Celsius for the winter and +23 degrees Celsius for the summer.

The City of Regina

Regina, the capital of Saskatchewan, is located in south central Saskatchewan, midway between Calgary, Alberta and Winnipeg, Manitoba. Regina is well known as one of the sunniest places in Canada with a metropolitan area population of approximately 261,284 (2019 statistic).

Regina is home to the beautiful Legislative Building, and residents benefit from an abundance of parks, pathways, cultural events, organised sports, and excellent sporting facilities. Regina's park system features over 100 parks and is crowned by the Wascana Centre, a 930-hectare park that includes a lake, a picnic island, a marina, and waterfowl park and display ponds. Wascana Centre is one of the largest urban parks in North America and has no counterpart in Canada. Major annual events include: the Regina Dragon Boat Festival, the Regina Folk Music Festival and the intercultural celebration, Mosaic. Winter sports are also popular including, for example, curling, hockey, and skiing. Regina is also home to several theatre groups, the longest continually running symphony in Canada and many fine as well as ethnically diverse restaurants.

The cost of living in Regina is very reasonable compared to other major Canadian cities. Affordable arrangements for student accommodations include a variety of student housing options that are available on campus. As of September 2020 cost of on campus accommodations ranges between approximately \$3,276 (single room with private washroom) and \$4,580 (deluxe studio) per semester depending on the nature of the accommodation and the options selected. College West has newly renovated 2 to 7 bedroom apartments with their rooms ranging from \$3,884 to \$3,202 per semester. Dorm rooms with shared washrooms are available at a lower cost. Off-campus unfurnished one bedroom apartments near the University start at approximately \$950 per month. Less expensive rental accommodations are available throughout Regina. For additional information about on-campus housing, go to: <http://www.uregina.ca/arts/english/graduate-studies/prospective-students/student-housing.html>.



The University of Regina is a young and dynamic institution. Although we achieved independence only in 1974, we have grown to ten faculties and many departments, which have established reputations for excellence and innovative programs leading to Bachelor's, Master's, and Doctoral degrees. As well, a variety research centres and institutes on campus enhance teaching and research opportunities.

Our main campus is located in the heart of Wascana Centre, a unique 930-hectare development dedicated to education, recreation, culture, and the seat of government. The new Campus and our historic 'old' campus provide an attractive work and study environment for our students, faculty, and staff.

The University of Regina has grown rapidly over the past few years. The annual operating budget is approximately \$238 million. Enrollment has exceeded 16,000 full and part-time students with over 1,700 faculty and staff. Over the last decade, the University has achieved dramatic increases in its research revenues from external sources. Research efforts cover an impressive array of topics such as health (including anxiety, stress and pain as well as issues related to health equity), social justice & community safety, informatics, and water, environment & clean energy.

In recent years, the University has enjoyed renewed physical growth. This consisted of the addition of several new buildings including the multi-million dollar a new 600 bed residence with indoor parkade, a two-storey addition and renovation to the Education Building, an impressive home for the First Nations University of Canada, two new residences, a state of the art Kinesiology and Health Studies complex, a major laboratory building addition and new Regina Research Park buildings that have led to synergies and research partnerships with industry and government. The University's College Avenue campus, located a 5-10 minute drive away from the main campus, has undergone a major multi-million dollar upgrade and renovation to better serve the needs of the University and the community.

Much of this information is derived from the University of Regina's official website at www.uregina.ca.

Psychology Department

The Department of Psychology offers M.A. and Ph.D. degrees in Clinical Psychology as well as Experimental and Applied Psychology (EAP). The Master's degree programs offered in the Department are considered as preparatory for further work at the doctoral level. In all cases, the graduate programs offered in the Department of Psychology are subject to the general regulations of the Faculty of Graduate Studies and Research.

For a relatively small Department, a rather broad range of interests is reflected in the scholarly activities of psychology faculty members (see section on faculty interests); and an even broader range of research activities is reflected in the products of our graduate students (see list of recent faculty publications and student theses). The size of the program allows students to receive a great deal of individual attention from faculty. At the undergraduate level, the Department of Psychology has the largest number of majors in the university. Our current complement of graduate students stands at 36 clinical and 14 EAP students.

Admission Requirements

Fully qualified acceptance into the M.A. program requires an Honours degree or its equivalent in psychology. Applicants with an Honours degree (or its equivalent) in related disciplines may also be considered for admission into the M.A. program. Admission to the Ph.D. program is traditionally contingent upon a Master's degree in Psychology. Fully qualified acceptance into either stream of doctoral studies requires previous academic preparation equivalent to that comprising the Master's degree programs offered in the Department.

Financial Support

The department strives to ensure that all of its graduate students have access to a satisfactory level of funding support. This is typically achieved through a combination of sources of support described in this section. During 2019-2020 the average levels of funding (over 12 months) obtained by students in the Clinical program were \$25,717 at the Master's level and \$29,947 at the doctoral level prior to pre-doctoral residency. These levels of average funding have been relatively stable in recent years. Students in the EAP program are also funded through a combination of sources with most students receiving funding from supervisors' grants. A high proportion of our graduate students are funded through national scholarships.

A number of department-managed internal scholarships (variable value) are available. In addition teaching assistantships for 2020 - \$1,903.59 [MA]; \$1,997.06 [PhD] per semester including vacation pay, and teaching

fellowships \$6,842.04 per semester including vacation pay. are available through the Faculty of Graduate Studies and Research (FGSR). Highly-qualified applicants may be offered additional entrance awards through FGSR and the Faculty of Arts. Fully-qualified students (see Faculty of Graduate Studies and Research Calendar) are eligible for University scholarships, assistantships, and fellowships. Some additional teaching assistantships are available from the Faculty of Arts, and individual faculty members often also support their own graduate students with research assistantships from their grants. A variety of other internally administered scholarships and fellowships are also available and students are encouraged to review these through the Faculty of Graduate Studies and Research website at www.uregina.ca/gradstudies/scholarships/index.html.

Students are strongly encouraged to seek additional funding from external sources. There are several national granting agencies that support graduate research through scholarships such as the Social Sciences and Humanities Research Council (SSHRC), the Natural Sciences and Engineering Research Council (NSERC), and the Canadian Institutes of Health Research (CIHR), among others. The Faculty of Graduate Studies and Research (FGSR) has offered financial enhancement packages for students who hold CIHR,

NSERC and SSHRC awards. For more information on these enhancement packages please review the FGSR website www.uregina.ca/gradstudies/about-us/index.html. Both EAP and Clinical students have achieved a great deal of success earning prestigious national scholarships. These awards have ranged in value from approximately \$17,000 to \$50,000 per year. Our students have also been highly successful in winning institutional scholarships and other awards such as the Governor General's Medal for best graduate thesis at the University of Regina.

Application Procedures

If what we have to offer appears to mesh with your goals, you can obtain the application or apply online <https://www.uregina.ca/gradstudies/future-students/Application/index.html>. There is a non-refundable application fee of \$100.00 for all applicants; please note that if your file is not complete by January 15th you cannot be considered for the fall of that year.

A complete file consists of:

- a) a completed application form
- b) your transcripts
- c) your GRE scores (verbal, quantitative, analytical are required; the Psychology subject test is optional)
- d) two letters of reference

e) an application statement detailing your background, goals, and research interests including faculty members whom you would be interested in having as research supervisors.

Over the past several years, most students admitted into our clinical programs, on average, have had combined GRE scores (verbal, quantitative, analytical) above the 71st percentile and an average grade of ~ 86%. It is unusual for students to be accepted into the program with GRE scores (verbal, quantitative, analytical, and psychology) below the 40th percentile or with an academic average lower than 80%.

With respect to the letter of intent, you must provide a short written statement detailing your background, your interests and why you think that our program is suited to your goals. A form letter designed to provide general information to a number of graduate schools may well be inadequate for our purposes. After you have reviewed faculty members' interests you should contact a faculty member who shares your interest and discuss potential supervision.

Applications must be complete and received in the Faculty of Graduate Studies and Research office, North Tower Residence Room 110.2, University of Regina, Regina, Saskatchewan, S4S 0A2. Tel: (306) 585-4161 by January 15th.

The department values diversity and encourages applications from all qualified women and men, including aboriginal peoples, persons with disabilities, and members of visible minorities.

We hope that the information we have provided in this package will help you to make an informed decision and we thank you for your initial interest in our Department.

Other Student Services

The University of Regina, Department of Counselling Services offers confidential counselling services to any University of Regina student. For more information contact Counselling Services at:

Room 251, 2nd Floor, Riddell Centre,
University of Regina

Regina, Saskatchewan S4S 0A2

Telephone: (306) 585-4491 Fax: (306) 585-5172

<http://www.uregina.ca/student/counselling/>

Instructional areas used by the Department of Psychology are wheelchair accessible. Assistance can be arranged with parking, special arrangements with instructors and technologies to assist students. Other services are also available. For more information please contact the University's Centre for Student Accessibility, <https://www.uregina.ca/student/accessibility/>, (306 585-4631), or Room 229, Dr. William Riddell Centre.



Graduate Programs Clinical Psychology Program

Accreditation

The Ph.D. program in Clinical Psychology has been fully accredited by the Canadian Psychological Association (CPA) since the 2003-2004 academic year. During our February 2015 CPA site-visit, our program was re-accredited for seven years; until 2021-2022. Information regarding CPA accreditation can be obtained by contacting the CPA Accreditation Office at:

Accreditation Office

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

CPA website: www.cpa.ca

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 either a researcher, teacher or practitioner or all of these within a variety of settings (academic, clinical, or research setting).

Philosophy/Principles

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 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.

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 and Effort
- Accountability

Theoretical Orientations

Students have opportunities through work with faculty or community supervisors to pursue various interests in clinical psychology including clinical health psychology. Opportunities exist to work with children, adults or 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 (CBT), and Acceptance and Commitment Therapy (ACT). Exposure to neuropsychology is also available.

Professional and 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). 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 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.A. and Ph.D. thesis and have the opportunity to participate in faculty research projects.

Clinical Practice Goals: Students will be competent in: (a) assessment, (b) diagnosis, (c) evaluation; (d) consultation; and (e) intervention. In each area, students will gain competency in the development and maintenance of interpersonal relationships, including competency in working with diverse groups. It is recognized, however, that the field of clinical psychology is diverse and no single practitioner can master all areas. Students will be taught to recognize 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 exposing students to more than one theoretical orientation and skills needed to work with both 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 PhD 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.

Knowledge Goals: Students will 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 will be 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 Objectives: To meet the above goals of our program, 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 effective 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 publishing papers; (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 PhD level. A major component of this seminar series is focused on development of skills in supervision and inter-professional relationships.

Evaluation of Outcomes

The program evaluates its outcomes on an annual basis. Our annual program evaluation is available on the departmental website and is included as an Appendix of this brochure.

Academic and Practical Functions for which the Students will be Prepared

Students from our program will be prepared to pursue a variety of careers, including primarily research, clinical, or teaching positions, or a combination of these activities. We recognize and value that students have varying career aspirations. The program strives to prepare students to be well grounded in research, the provision of clinical services, and teaching.

Recent Practica and Four Month Internship Settings

Beyond course work, clinical psychology students have a variety of training opportunities in Regina, other areas of Saskatchewan and elsewhere. Examples of four month internship and practica training sites include:

- Counselling Services, University of Regina
- Psychology Training Clinic (Child-Family Clinic & Adult Clinic), University of Regina
- Child and Youth Services, Regina Qu'Appelle Health Region
- Mental Health Services, Regina Qu'Appelle Health Region
- Wascana Rehabilitation Centre (Adult Rehab Program; Functional Rehab Program; Children's Program; Extended Care/Veterans Program), Regina Qu'Appelle Health Region
- Saskatchewan Hospital (Inpatient Unit; Forensic Unit), North Battleford, SK
- Yorkton Mental Health Centre, Yorkton, SK
- Yorkton Functional Rehabilitation Clinic, Yorkton, SK
- Cypress Health Region, Swift Current, SK
- Centre for Addiction and Mental Health, Toronto
- St. Joseph's Hospital, Anxiety Treatment and Research Centre, and Mood Disorder Program, Hamilton, ON
- Carnat Centre, Alberta Health Services, Calgary, AB
- Alberta Health Services, Calgary, AB
- Cross Cancer Institute & Department of Psychology, University of Alberta Hospital, Edmonton, AB
- Life Mark Health, Calgary, AB
- Mandel and Associates, Calgary, AB
- Saanich Child and Youth Mental Health, Victoria, BC
- Rogers Memorial Hospital, Oconomowoc, WI

These placements offer graduate students clinical experience in assessment, individual therapy, and or group therapy. Ph.D. level psychologists supervise from a variety of theoretical perspectives. Individuals who have an interest in seeking placements in other provinces can explore this option with the Clinical Placement Coordinator. This has been feasible in several instances in the past. Students who are accepted into our program should be prepared to seek some of their clinical training outside of Regina.

Sun Life Financial Psychology Training Clinic

Many students receive training in the Sun Life Financial Psychology Training Clinic with supervision provided by registered doctoral clinical psychologists. Clients or community providers can refer to the clinic. Students are involved in the assessment and treatment of clients

under supervision. Clients present with a variety of mental health conditions and gain experience in diagnostic assessment of mental health conditions. Individual, group and family therapy is used. Students working in the clinic can book a clinic computer and desk to complete reports, and book a group room (2), individual assessment/therapy room (4 rooms) or family room (2 rooms) to see clients. All therapy rooms can be viewed by a one-way mirror and both audio and video recording are available.

Predoctoral Residency

As part of training, doctoral students must complete a 1-year predoctoral residency at a CPA accredited site or equivalent. Our students have had a high degree of success in obtaining residences to their liking. Predoctoral residences are normally completed outside Regina. Sites since 2001 include:

- Annapolis Valley Health - Valley Regional Hospital, Kentville, NS (3 students)
- British Columbia Mental Health and Addiction Services, Vancouver, BC
- Calgary Consortium in Clinical Psychology, Calgary, AB (5 students)
- Central California Psychology Internship Consortium (CCPIC), California (2 students)
- Centre of Addictions and Mental Health, Toronto, ON (3 students)
- Clinical Health Psychology, University of Manitoba, Winnipeg, MB (8 students)
- Edmonton Consortium Clinical Psychology Residency, Edmonton, AB (2 students)
- Hospital for Sick Children, Toronto, ON
- Kingston Internship Consortium (2 students)
- London Clinical Psychology Consortium, London, ON (4 students)
- Millard Health Centre, Edmonton, AB
- Northern Ontario Psychological Consortium, Thunder Bay, ON (3 students)
- Nova Scotia Capital District Mental Health, Dartmouth, NS
- Ongwanada: Kingston Internship Consortium
- Ottawa Hospital, Ottawa, ON (4 students)
- Queen Elizabeth II Health Science Centre, Halifax, N.S. (4 students)
- River Valley Health, Fredericton, N.B.
- Royal Ottawa Health Care Group, Ottawa, ON (7 students)
- Saskatchewan Health Authority, Regina (12 students)
- Saskatchewan Health Authority, Saskatoon (9 students)
- St. Joseph's Hospital, Hamilton, ON

- University of Arizona, College of Medicine
- University of British Columbia, Counselling Services
- University of Ottawa, Centre for Psychological Services
- Waterloo Psychology Consortium
- University of Washington School of Medicine, Seattle, WA
- Vancouver Coastal Health, Vancouver, BC (4 students)

Clinical Program Facts

- We received 49 applications to our MA Program for September 2020 admission.
- Each year, we extend approximately seven to nine offers to MA applicants and enrol five to seven new students.
- The majority of students accepted into our PhD program have completed their MA program at the University of Regina. However, we do consider applicants from other MA programs.
- Students who were admitted in the last five years had an average grade of approximately 86%. Average graduate record examination (GRE) percentile scores over the last 5 years were as follows: Verbal 81%, Quantitative 52%, Analytical 79%.
- Attrition rates (i.e., leaving the department before the completion of a degree) are approximately 3% for the M.A. program and 3% for the PhD program in the last 15 years.
- The student body currently is comprised of 36 MA and PhD students, with 34 female and 2 male students.
- 6 of these students are from Saskatchewan, 29 are from other Canadian provinces, and 1 is an international student.
- The average age of our graduate students is 29 years and ranges from 23-47 years.
- Eleven percent of our students self-identify as Indigenous and/or a member of visible minority groups.

At present, we have no students who have self-identified as having a disability enrolled in our graduate programs; however, we encourage applications from qualified persons with special needs. All university buildings are wheel chair accessible and specific assistance and equipment for students can be arranged through the Centre for Student Accessibility (306-585-4631).

Our Graduates

Graduates from our program have been highly successful in obtaining employment in clinical settings (e.g., hospitals, mental health clinics) and research settings (e.g., universities). All of our doctoral clinical program graduates have been successful in becoming registered, licensed or certified (or, in the case of very recent graduates, are in the process of becoming registered, licensed or certified) as psychologists in the jurisdiction of their choice.

Clinical Degree Programs

The degree programs in Clinical Psychology offered in the Department are based on a scientist-practitioner model of training and emphasise clinical, research, and professional skill development.

The M.A. program in Clinical Psychology is intended to provide students with a solid grasp of basic academic and practical skills. The Ph.D. program in Clinical Psychology builds upon the M.A. program and provides an opportunity for advanced research, study, and clinical skills acquisition. In line with the current emphasis of many programs and jurisdictions in North America with respect to academic training and credentialing in Psychology, students pursuing graduate education and training in Clinical Psychology are strongly encouraged to do so at the doctoral level. As such, all students completing the M.A. are expected to apply to the Ph.D. program. Students who are enrolled in our clinical program are expected to maintain full-time student status.

M.A.

Psyc 801 Research Design and Methodology in Psychology	(3 credit hours)
Psyc 802 Applied Multivariate Statistics	(3 credit hours)
Psyc 806 Ethics and Standards of Professional Practice	(3 credit hours)
Psyc 832 Advanced Psychopathology	(3 credit hours)
Psyc 850 Psychological Assessment I	(3 credit hours)
Psyc 860 Psychological Interventions I	(3 credit hours)
Psyc 876 Internship in Clinical Psychology	(1 credit hour)
Psyc 900 Graduate Seminar	(2 credit hours)
Psyc 901 Thesis Research	<u>(16 credit hours)</u>

Total Credit Hours: 37 credit hours

All course work is taken in the first academic year. The second academic year is used to complete research and usually the four month internship. Students in this program will normally apply for admission to the Ph.D. program in Clinical Psychology in January of their second year in the program. At this time of application to the PhD, all required course work and the clinical internship should be complete and data collection for the MA well underway. The likelihood of being accepted into the PhD program decreases if students do not meet these timelines.

Ph.D.

Psyc 800 History, Theory and System in Psychology (or equivalent, e.g., Psyc 824, 826)	(3 credit hours)
Psyc 803 Psychometrics	(3 credit hours)
Psyc 851 Psychological Assessment II	(3 credit hours)
Psyc 861 Psychological Interventions II	(3 credit hours)
One elective Psychology course	(3 credit hours)
Psyc 865 Comprehensive Exams	(1 credit hour)
Psyc 870 Practica in Clinical Psychology	(1 credit hour)
Psyc 871 Practica in Clinical Psychology	(1 credit hour)
Psyc 880AB Residency in Clinical Psychology	(3 credit hours)
Psyc 900 Doctoral Seminar	(1 credit hour)
Psyc 901 Thesis Research	<u>(44 credit hours)</u>

Total Credit Hours: 66 credit hours

Ph.D. courses are typically offered every 2nd year. In addition to the above, students must demonstrate competence in: (a) biological bases of behaviour (e.g., physiological, comparative, neuropsychology, psychopharmacology); (b) cognitive and affective bases of behaviour (e.g., learning, sensation, perception, cognition, motivation, emotion); and (c) social bases of behaviour (e.g., social, cultural, ethnic, and group processes, sex roles, theories relating to organisations and systems). This can be accomplished either by taking a graduate course in each of these areas (one of which could be used to fulfil the Ph.D. elective course requirement), or by completing all-inclusive qualifying examinations (for students who demonstrate significant prior experience in an area, qualified faculty will co-ordinate the relevant reading lists and exam). A combination of graduate courses and examinations may also be used to fulfil the

requirements. Moreover, students can demonstrate competence (subject to approval by the clinical committee) in a maximum of one cognate area (i.e., biological, cognitive or social) if they have completed a minimum of two advanced undergraduate courses in any one of the three cognate areas. Courses in these cognate areas may be taken at any point during the student's graduate training with departmental approval. In addition, students are encouraged to take courses in other areas such as program development/evaluation.

The program requires two years of full-time residency for the M.A. and four years full-time for the Ph.D. At least three years of the Ph.D. training are spent on campus and one year is spent on the predoctoral residency

Clinical Training

Students in the graduate program in Clinical Psychology complete a minimum of 900 hours of supervised practical experience consisting of a 600 hour four month internship in Clinical Psychology (Psyc 876) and a minimum of two additional 150 hour Practica in Clinical Psychology (Psyc 870-875) prior to the full-year Pre-doctoral Residency in Clinical Psychology (Psyc 880AB). No more than 600 hours of the required supervised clinical experience can be undertaken for academic credit by students enrolled in the M.A. program in Clinical Psychology. For the full-year pre-doctoral residency, students are expected to apply to CPA accredited sites or equivalent and to go through the Association of Psychology Postdoctoral and Internship Centers (APPIC) matching process (www.appic.org). Students will receive at least 300 hours of direct contact with clients prior to the pre-doctoral residency and at least 150 hours of supervision.

Comprehensive Examination

The Ph.D. Comprehensive Examination (Psyc 865-CL) covers broad aspects of clinical psychology, and consists of four parts:

- 1) A case presentation (~2 hours in length for presentation and questions) in which students are required to summarize a case that they have assessed and treated during a previously completed practicum or internship. In the presentation, the student must cover and integrate theory, research, assessment, and intervention in relation to the clinical case.
- 2) A written exam testing students on recent literature published in the *Annals of Clinical Psychology*
- 3) An ethics oral examination (~1-1/2 hours in length) during which students are asked questions that are designed to assess their understanding of ethical and professional issues and their ability to resolve ethical dilemmas.
- 4) A program evaluation proposal. The following students are exempt from this component: a) Students who successfully completed a graduate course in program evaluation; b) students who participated in the Canadian Evaluation Society Annual Case Competition; and c) students who completed substantial supervised work (as determined by the clinical committee) in the area of program evaluation including a written program evaluation report.

The comprehensive examination process is typically completed over a four-month time span during spring/summer and 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.

This examination is scheduled after the student has completed all degree requirements, with the exception of the doctoral dissertation and pre-doctoral residency. It must be taken prior to applying for the pre-doctoral residency.

All parts must be passed in order to meet the comprehensive examination requirement. Unsuccessful candidates for the comprehensive examination may repeat each component of the examination once. A second failure will result in the student being discontinued from the Clinical Program.

Program Manual

More details on the Clinical Psychology Program can be obtained by downloading the Clinical Psychology Program Manual (<http://www.uregina.ca/arts/psychology>).

Experimental and Applied Psychology (EAP) Degree Program

The Experimental and Applied Psychology (EAP) program is designed to prepare students for careers in either academic settings or as researchers in industry or the public sector. Recent graduates of the doctoral program have accepted faculty appointments in Canada and abroad, and research positions with the Saskatchewan government, RCMP, and the Saskatchewan Health Authority.

The EAP program focuses on training students to become independent researchers who are capable of carrying out high quality, high impact research. Faculty in the EAP program have research interests that address both basic questions of global importance and applied problems that impact our community, our province, and our country. To this end, student training takes place in traditional laboratory settings as well as in non-academic community settings, such as in hospitals, schools, and law enforcement agencies. A key component of the EAP program is strong mentorship, with students working closely with their supervisors at every stage of the development and implementation of research projects. Students also have opportunities to work with researchers in areas outside of their immediate area of specialization, and collaboration is encouraged. As part of their training, students are encouraged to present their findings at research conferences both at the University of Regina and around the globe. To this end, the Faculty of Graduate Studies provides travel awards on a competitive basis, in three competitions each year.

Research Areas

Our faculty carry out high quality research in a wide variety of areas, published in high-calibre, peer-reviewed journals. Students interested in applying to our program are encouraged to consult the list of active research topics below when preparing their applicant's statement.

Faculty research in cognitive psychology focuses on questions of interest in both basic areas (including attention and perception, memory, learning, mathematical cognition, and reasoning/decision making) and applied areas (such as goal pursuit, with application to pro-environmental and conservation behaviour; visuospatial attention, with application to driving; face recognition, with application to policing and security; investigative interviewing, with application to the law; and reasoning and decision-

making, with application to the spread of misinformation, understanding religious belief, and use of technology).

Our faculty specialized in developmental psychology conduct research on how children learn and become skilled in academic domains such as arithmetic, the development of action perception and understanding of action goals, how social cognition develops in infancy and early childhood, and developmental differences in children's memory.

Faculty research interests in forensic psychology include the psychology of policing, reliability of eyewitness testimony, the role of children in the justice system, assessment of instruments used in forensic settings, and factors affecting decisions made by law enforcement officials in the field.

Our research in neuroscience explores the neural correlates of the expression and interpretation of emotion; sex differences in cognitive and visuomotor skills; attention and visuospatial biases and the effects of differential prenatal exposure to hormones on behaviour later in life.

Faculty research in **social psychology** examines decision-making in police investigators, judges, and jurors; perceptions of credibility; experiences with the reproductive health care system and informed reproductive decision-making; and, ethical practices such as debriefing in social psychology research.

Program Structure

Students in the EAP program complete courses in research methods, statistics, ethics, and courses relevant to their thesis research, as well as courses in other areas of interest to the student. Both M.A. and Ph.D. candidates complete thesis research, developed in consultation with the student's supervisor and a thesis committee. Following acceptance of a thesis by the student's thesis committee, an oral examination (defense) will be held. Doctoral candidates are also required to complete a comprehensive examination. The format of the comprehensive examination is flexible, with students able to choose from among several options including writing a mock research grant proposal, completing a research practicum with a community partner, or developing a new course, as best meets the career objectives of the student. M.A. students typically complete their program of study in two years; Ph.D. students typically complete their program of study in three years.

The courses required for the M.A. and Ph.D. degrees are as follows.

M.A.

PSYC 801 Research Design and Methodology in Psychology	(3 credit hours)
PSYC 802 Applied Multivariate Statistics or	
PSYC 805 Experimental Design and Analysis of Variance	(3 credit hours)
PSYC 807 Research and Applied Ethics	(3 credit hours)
One additional PSYC course	(3 credit hours)
PSYC 900 Graduate Seminar in Psychology	(2 credit hours)
PSYC 901 Thesis Research	<u>(16 credit hours)</u>
Total: 30 credit hours	

Ph.D.

PSYC 800 History, Theory and System in Psychology	(3 credit hours)
PSYC 865-EA Comprehensive Examination	(1 credit hour)
Three additional PSYC courses	(9 credit hours)
PSYC 901 Thesis Research	<u>(48 credit hours)</u>
Total: 61 credit hours	

For more information: Please visit: <https://www.uregina.ca/gradstudies/future-students/programs/psychology.html> for current degree requirements and course descriptions.

Answers to questions about applying to the program and admissions can be found here: <https://www.uregina.ca/arts/psychology/programs/graduate-programs/FAQs/index.html>

Suggested timelines for completing degree requirements can be found here:

M.A.: <https://www.uregina.ca/arts/psychology/assets/docs/pdf/EAP-MA%20Timelines.pdf>

Ph.D.: <https://www.uregina.ca/arts/psychology/assets/docs/pdf/EAP-PhD%20Timelines.pdf>

Faculty Research Interests, Primary Departmental Area Affiliation and Selected Publications

CLINICAL PSYCHOLOGY AREA FACULTY



Gordon J. Asmundson, Ph.D., FRSC (Manitoba), Professor

Research and clinical interests involve understanding the basic mechanisms of the anxiety disorders, health anxiety, acute and chronic pain, and the association of these with disability and behavior change as well as related assessment and treatment issues.

Email: Gordon.Asmundson@uregina.ca

Asmundson, G. J. G., & Afifi, T. O. (2019). Adverse childhood experiences (ACEs): Using evidence to advance research, practice, policy and prevention. Academic Press.

Asmundson, G. J. G., *Thorisdottir, A. S., Roden-Foreman, J. W., Baird, S. O., Witcraft, S. M., Stein, A. T., Smits, J. A. J., & Powers, M. B. (2019). A meta-analytic review of cognitive processing therapy for posttraumatic stress disorder in adults. *Cognitive Behaviour Therapy*, 48, 1-14.

Paluszek, M. M., Landry, C. A., Taylor, S., & Asmundson, G. J. G. (in press). The psychological sequelae of the COVID-19 pandemic: Psychological processes, current research ventures, and preparing for a post-pandemic world. *the Behavior Therapist*, 00, 000-000.



Shadi Beshai, Ph.D. (Calgary) Associate Professor

Dr. Beshai is the director of the **Depression Cognition and Culture (DCC) Lab**. His research is focused on improving access to and promotion of evidenced-based psychological treatments for adult depression and anxiety. Specifically, Dr. Beshai has published several peer-reviewed scientific articles on the cultural adaptation of cognitive-behavioral and mindfulness-based interventions. He has also published extensively on improving public literacy about such interventions and ways to disseminate them more widely. Dr. Beshai's research is funded by the Canadian Institute of Health Research (CIHR), and the Saskatchewan Health Research Foundation (SHRF).

Email: Shadi.Beshai@uregina.ca

Beshai, S., Prentice, J. L., & Huang, V. (2018). Building blocks of emotional flexibility: Trait mindfulness and self-compassion are associated with positive and negative mood shifts. *Mindfulness*, 9(3), 939-948.

Beshai, S., McAlpine, L., Weare, K., Kuyken, W. (2016). A Non-Randomised Feasibility Study Assessing the Efficacy of the Foundation Course: A Mindfulness Intervention to Reduce Stress and Improve Well-Being for Teachers. *Mindfulness*, 7, 198-208.

Beshai, S., Dobson, K. S., Adel, A., & Hanna, N. (2016). A cross-cultural study of the cognitive model of depression: cognitive experiences converge between Egypt and Canada. *PLoS one*, 11(3), e0150699.



R. Nicholas Carleton, Ph.D. (Regina), Professor

Recently admitted as a Member, College of the Royal Society of Canada. Research interests include public safety personnel and the biopsychosocial measurement, assessment, and treatments of anxiety, traumatic stress, chronic pain, mood, and somatic disorders, focusing on transdiagnostics, fundamental cognitions (i.e., lower-order factors such as intolerance of uncertainty), and shared emergent properties (i.e., higher-order factors such as extraversion). Representative Projects include: researching mental health with public safety personnel; the RCMP Longitudinal Project (<https://www.rcmpstudy.ca>); the public safety personnel ICBT project (<https://www.pspnet.ca>); the Canadian Institute for Public Safety Research and Treatment (<https://www.cipsrt-icrtsp.ca>); psychometrics; intolerance of uncertainty.

Email: Nick.Carleton@uregina.ca

Carleton, R. N., Afifi, T. O., Taillieu, T., Turner, S., Mason, J. E., Ricciardelli, R., McCreary, D. R., Vaughan, A., Anderson, G. S., Krakauer, R., Donnelly, E. A., Camp, R. D. II., Groll, D., Cramm, H. A., MacPhee, R. S., & Griffiths, C. T. (2020). Assessing the Relative Impact of Diverse Stressors Among Public Safety Personnel. *International Journal of Environmental Research and Public Health*, 17. doi: 10.3390/ijerph17041234

Carleton, R. N., Afifi, T. O., Turner, S., Taillieu, T., Vaughan, A. D., Anderson, G. S., Ricciardelli, R., MacPhee, R. S., Cramm, H. A., Czarnuch, S., Hozempa, K., & Camp, R. D. II. (2019). Mental Health Training, Attitudes Towards Support, and Screening Positive for Mental Disorders. *Cognitive Behaviour Therapy*, 43, 374-386. doi: 10.1080/16506073.2019.1575900

Carleton, R. N. (2016). Fear of the unknown: One fear to rule them all? *Journal of Anxiety Disorders*, 41, 5-21. doi: 10.1016/j.janxdis.2016.03.011



Natasha Gallant, M.A. (Regina), Assistant Professor

Current research interests include (1) the influence of psychosocial factors in the experience of chronic diseases; (2) the role of adversity & resilience in the aging process; and (3) the development of policy recommendations aimed at improving the lived experiences of aging populations. Using cognitive-behavioural and mindfulness-based approaches, clinical interests include psychological assessments and interventions for adults living with chronic diseases or acute illnesses.

Email: Natasha.Gallant@uregina.ca

Zahid, M., Gallant, N. L., Hadjistavropoulos, T., & Stroulia, E. (2020). Behavioral pain assessment implementation in long-term care using a tablet app: Case series and quasi experimental design. *Journal of Medical Internet Research mHealth and uHealth*, 8(4), e17108.

Gallant, N. L. (2020). Key barriers faced by older adults staying in the workforce or returning to the workforce once they have exited. Fredericton, New Brunswick: AGE-WELL National Innovation Hub—Advancing Policies & Practices in Technology & Aging. Retrieved from <https://bit.ly/3jjVTNi>

Gallant, N. L. & Hadjistavropoulos, T. (2017). Experiencing pain alone and in the presence of others: A laboratory experiment of older adults. *The Journal of Pain*, 18(4), 456-467.



Jennifer Gordon, Ph.D. (McGill), Associate Professor, Director of the Women's Mental Health Research Unit, CIHR Canada Research Chair in Women's Mental Health, SHRF Patient-Oriented Research Leader

Current research interests involve 1) understanding the ways in which hormonal and psychological factors interact to influence mood and wellbeing across the female lifespan and 2) testing the efficacy of hormonal and behavioural interventions for the treatment and prevention of mood disorders tied to reproductive events (e.g. postpartum depression, depression related to infertility, perimenopausal depression).

Email: Jennifer.Gordon@uregina.ca

Gordon JL, Rubinow DR, Eisenlohr-Moul TA, Xia K, Schmidt PJ, Girdler S.S. (2018). Transdermal estradiol and micronized progesterone in the prevention of depressive symptoms in the menopause transition: a randomized clinical trial. *JAMA Psychiatry*, 75(2), 149-157.

Gordon JL, Rubinow DR, Eisenlohr-Moul TA, Leserman J, Girdler SS. (2016). Estradiol variability, stressful life events and the emergence of depressive symptomatology during the menopause transition. *Menopause*. 23(3), 257-266.

Gordon JL, Girdler SS, Meltzer-Brody S, Stika CS, Thurston RC, Clark CT, Prairie BA, Moses-Kolko E, Joffe H, Wisner KL. (2015). Ovarian hormone fluctuation, neurosteroids and HPA axis dysregulation in perimenopausal depression: a novel heuristic model. *American Journal of Psychiatry*. 172(3), 227-236.



Heather Hadjistavropoulos, Ph.D. (British Columbia), Professor

Current research is focussed on improving wellbeing among individuals who experience anxiety, depression, and or alcohol misuse problems with or without comorbid concerns (e.g., chronic pain, chronic health conditions, spinal cord injury, sleep). My research aims to improve the wellbeing of individuals experiencing psychological difficulties via innovative psychological interventions, specifically focussing on: 1) developing, evaluating, and optimizing innovative psychological interventions and therapeutic processes; 2) enhancing engagement in internet-delivered psychological interventions; 3) facilitating implementation of internet-delivered psychological interventions in routine care (e.g., therapist training). Clinical interests focus on the assessment and treatment of adults with anxiety and depression, especially among those with medical conditions.

Email: Heather.Hadjistavropoulos@uregina.ca

Hadjistavropoulos, H.D., Gullickson, K. M., Schneider, L. H., Dear, B. F., & Titov, N. (2019). Development of the Internet-delivered cognitive behaviour therapy undesirable therapist behaviours scale (ICBT-UTBS). *Internet Interventions*, 18, 1-9. <https://doi.org/10.1016/j.invent.2019.100255>

Hadjistavropoulos, H.D., Schneider, L. H., Mehta, S., Karin, E., Dear, B. F. & Titov, N. (2019). Preference trial of Internet-delivered cognitive behaviour therapy comparing standard weekly versus optional weekly therapist support. *Journal of Anxiety Disorders*, 63, 51-60. <https://doi.org/10.1016/j.janxdis.2019.02.002>

Hadjistavropoulos, H. D., Schneider, L., Klassen, K., Dear, B.F. & Titov, N. (2018). Development and evaluation of a therapist-assisted Internet-delivered cognitive behavior therapy fidelity rating scale. *Cognitive Behaviour Therapy*, <https://doi.org/10.1080/16506073.2018.1457079>



Thomas Hadjistavropoulos, Ph.D., ABPP, FCAHS (Saskatchewan) Professor, Research
Current research interests include the following: a) Clinical psychology; b) health psychology; b) social influences on pain; c) aging; d) fear and anxiety in older persons; and d) ethics and professional issues in clinical psychology. Clinical interests fall within the areas of adult Cognitive Behaviour Therapy and adult clinical assessment.

Email: Thomas.Hadjistavropoulos@uregina.ca

Hadjistavropoulos, T. & Hadjistavropoulos, H. (Editors) (2019). *Pain management for older adults: A self-help guide*. Philadelphia: Wolters Kluwer.

Hadjistavropoulos, T. & Hadjistavropoulos, H. (Editors) (2019). *Fundamentals of health psychology*. Toronto: Oxford University Press.

Hadjistavropoulos, T., Browne, M.E., Prkachin, K.M., Taati, B., Ashraf, A. and Mihailidis, A. (2018). Pain in severe dementia: A comparison of a fine-grained assessment approach to an observational checklist designed for clinical settings. *European Journal of Pain*, 22, 915-925.



Bridget Klest, Ph.D. (Oregon), Associate Professor

Research interests focus on interrelations among trauma/negative event exposure, social context (including interpersonal relationships and institutional affiliations of perpetrators), and well-being. Current projects are focused on institutional responses to trauma exposure, negative healthcare experiences, overt discrimination, and microaggressions.

Email: Bridget.Klest@uregina.ca

Tamaian, A., & Klest, B. (2018). Institutional betrayal in the Canadian medical system: Reliability and validity of a self-report questionnaire. *Journal of Aggression, Maltreatment & Trauma*, 27(7), 703-719.

Klest, B., Tamaian, A., & Boughner, E. (2019). A model exploring the relationship between betrayal trauma and health: The roles of mental health, attachment, trust in healthcare systems, and nonadherence to treatment. *Psychological trauma: theory, research, practice, and policy*. 11(6), 656-662.

Lett, K., Tamaian, A., & Klest, B. (2019). Impact of ableist microaggressions on university students with self-identified disabilities. *Disability & Society*, 1-16.



Lynn Loutzenhiser, Ph.D. (Saskatchewan), Professor, Director of Clinical Training

Research interests include parenting and health, and on-line interventions for parents of anxious children. Clinical interests include the assessment and treatment of childhood disorders, particularly Autism Spectrum Disorders.

Email: Lynn.Loutzenhiser@uregina.ca

McCall, H.*, Hadjistavropoulos, H.D. & Loutzenhiser, L. (2019). Reconsidering the Ethics of Exclusion Criteria in Research on Digital Mental Health Interventions. *Ethics and Behaviour*. doi: [10.1080/10508422.2019.1684295](https://doi.org/10.1080/10508422.2019.1684295)

Berard, N.,* Loutzenhiser, L., Sevigny, P.R. *, Alfano, D. (2017). Executive Function, Social Emotional Learning, and Social Competence in School-Aged Boys with Autism Spectrum Disorder. *Canadian Journal of Psychology*, 32, 265-281.

Loutzenhiser, L., McAuslan, P. and Sharpe, D. P. (2015). The trajectory of maternal and paternal fatigue and factors associated with fatigue across the transition to parenthood. *Clinical Psychologist*, 19: 15–27. doi: 10.1111/cp.12048



Sarah Sangster, Ph.D. Candidate (Saskatchewan)

Research interests include: Experiences in the reproductive health care system and informed reproductive decision making in the contexts of fertility control and infertility, prenatal screening and diagnostic testing, pregnancy and birth, pregnancy termination, and the transition to parenting.

Email: sarahsangster@gmail.com

Sangster, S., & Bayly, M. (2016). “Anarchists”, “naturalists”, “hippies”, and “artists”: Beliefs about midwifery care and those who choose it. *The Canadian Journal of Midwifery Research and Practice*, 15(2), 38-46.

Couture, J., Sangster, S., Williamson, L., & Lawson, K. (2016). Endorsement of abortion: The differential impact of social perspective on women and men. *Journal of Reproductive and Infant Psychology*, 34(2) 210-220. doi:10.1080/02646838.2015.1124071

Sangster, S., & Lawson, K. (2015). Is any press good press? The impact of media portrayals of infertility on young adults' perceptions of infertility. *Journal of Obstetrics and Gynaecology Canada: JOGC*, 37(12), 1072-1078. doi: 10.1016/S1701-2163(16)30072-X



Kristi Wright, Ph.D. (Dalhousie), Professor

Current research interests include: childhood psychopathology; health anxiety, preoperative anxiety, and health behaviours.

Email: Kristi.Wright@uregina.ca

Wright, K. D., Kim, J.,* Ratcliffe, C. R. D., Sharpe, D., Wilson, S., O'Brien, J., & Raazi, M. (2020). Internet-Delivered, preoperative, preparation program (I-PPP): The effect of the timing of delivery on anxiety in children undergoing day surgery procedures. *Children's Health Care*, 49, 303-319. doi: 10.1080/02739615.2020.1734459

Kim, J.,* Chiesa, N.,* Wright, K. D., & Raazi, M. (2019). A systematic review of technology-based preoperative preparation interventions for child and parent anxiety. *Canadian Journal of Anesthesia*, 66, 966–986. doi: 10.1007/s12630-019-01387-8

Oliver, A. M.,* Wright, K. D., Kakadekar, A., Pharis, S., Pockett, C., Bradley, T. J., Tomczak, C. R., & Erlandson, M. (2018). Health anxiety and associated constructs in children and adolescents with congenital heart disease: A CHAMPS cohort study. *Journal of Health Psychology*. Epub ahead of print doi: 10.1177/1359105318755263

Experimental and Applied Psychology Area Faculty



Katherine D. Arbuthnott, Ph.D. (Saskatchewan), Professor (Campion College, University Of Regina)

Cognitive psychology: Current research focuses on processes that facilitate goal-pursuit and self-control with particular application to pro-environmental behaviour.

Email: Katherine.Arbuthnott@uregina.ca

Brooks, A.M., Ottley, K.M., Arbuthnott, K.D., & Sevigny, P. (2017). Nature-related mood effects: Season and type of nature contact. *Journal of Environmental Psychology*, 54, 91-102. Doi: 10.1016/j.jenvp.2017.10.004

Arbuthnott, K.D., & Scerbe, A. (2016). Goal framing in public issue and action decisions. *Analyses of Social Issues and Public Policy*, doi: 10.1111/asap.12119

Arbuthnott, K. D., & Devoe, D. (2014). Understanding of biodiversity among western Canadian university students. *Human Ecology*, 42, 147-158.



Kaila Bruer, Ph.D. (Regina) Assistant Professor

Dr. Bruer's research area is applied experimental forensic psychology and is largely motivated by addressing existing problems in the legal system—with a goal of developing evidence-based methods to facilitate legal practitioners (i.e., police, lawyers, judges) who work with victims and witnesses. Current research includes topics such as: children as witnesses; children's honesty; recognition and recall memory; eyewitness identification; reliability of witness testimony.

Email: Kaila.bruer@uregina.ca

Bruer, K. C., Fitzgerald, R. J., Price, H. L., & Sauer, J. D. (2017). How sure are you that this is the man you saw? Using confidence judgments to identify a target with child eyewitnesses. *Law and Human Behavior*, 41(6), 541-555. doi: 10.1037/lhb0000260

Price, H. L., Bruer, K. C., Adkins, M. (2020). Using an interactive simultaneous lineup procedure can identify looking behaviour that predicts accuracy in children and adult eyewitnesses. *Law and Human Behavior*. Advance online publication. <https://doi.org/10.1037/lhb0000364>

Bruer, K. C., Zanette, S., Ding, X., Lyon, T. D., & Lee, K. (2019). Identifying Liars Through Automatic Decoding of Children's Facial Expressions. Forthcoming in *Child Development*; doi: 10.1111/cdev.13336; USC CLASS Research Paper No. CLASS19-30; USC Law Legal Studies Paper No. 19-30. Available at SSRN: <https://ssrn.com/abstract=3449383>



Jeff Loucks, Ph.D. (Oregon), Associate Professor

Broad research interests include cognitive development. More specific current interests include infant, child, and adult action perception, and infants' and children's conceptualization of animals.

Email: Jeff.Loucks@uregina.ca

Loucks, J., Verrett, K., & Reise, B. (in press). Animates engender robust memory representations in adults and young children. *Cognition*.

Loucks, J. & Price, H. L. (2019). Memory for temporal order in action is slow developing, sensitive to deviant input, and supported by foundational cognitive processes. *Developmental Psychology*, 55, 263-273.

Loucks, J., & Sommerville, J. A. (2018). Developmental change in infants' action perception: Is motor experience the cause? *Infancy*, 1-19.



Richard N. MacLennan, Ph.D. (Western), Professor & Academic Director, Statistics Canada Regina Research Data Centre

Psychological measurement and statistics. Also interested in the application of psychological testing to practical problems in industrial-organizational, police, and military psychology. Cochrane reviews (meta-analysis) and analysing complex surveys/samples.

Email: Richard.Maclennan@uregina.ca

Knoll, A. & MacLennan, R. (2017). Depression in Canada: An Analysis of the Canadian Community Health Survey. *Canadian Psychology*, 58(2), 116–123

MacLennan, R. & Switzer, H. (March 28, 2016). Review of Search and Rescue (SAR) Services in Saskatchewan. *Collaborative Centre for Justice & Security*.

Funding: "A Review of Search and Rescue (SAR) Services in Saskatchewan". With Heather Switzer, PhD. RCMP and Collaborative Centre for Justice and Security (CCJS) \$37,850.80, 2013-2016



Chris Oriet, Ph.D. (Waterloo), Professor

Interests focus primarily on the effects of attention and experience on perception and memory, as well as limitations in the allocation of attention across time and space. Current research interests include: 1) statistical summary representations of sets, 2) the relationship between attention and awareness, 3) attentional biases, and 4) methodological issues in eyewitness memory.

Email: Chris.Oriet@uregina.ca

Oriet, C., Giesinger, C.*, & Stewart, K.* (2020). Can change detection succeed when localization fails? *Journal of Experimental and Applied Psychology: Human Perception and Performance*.

Oriet, C., & Fitzgerald, R. F. (2018). The single lineup paradigm: A new way to manipulate target presence in eyewitness identification experiments. *Law and Human Behavior*, 42, 1 – 12.

Oriet, C., Pandey, M., & Kawahara, J.-I. (2017). Attention capture without awareness in a non-spatial selection task. *Consciousness and Cognition*, 48, 117 – 128.



Tom Phenix, Ph.D. (Saskatchewan), Associate Professor (Campion College, University of Regina)
Mathematical cognition; retrieval-induced forgetting; math anxiety

Email: Tom.Phenix@uregina.ca

Bruer, K. Price, H. & Phenix T. (2016). The 'magical' effect of integration on event memory. *Applied Cognitive Psychology*, 30, 591 - 599.

Price, H. L. & Phenix, T L. (2015). True (but not false) memories are subject to retrieval-induced forgetting in children. *Journal of Experimental Child Psychology*, 133, 1-15.

Phenix, T. L. & Price, H. L. (2012). Applying retrieval-induced forgetting to children's testimony. *Applied Cognitive Psychology*, 26, 796-801.

Katherine Robinson, Ph.D. (Alberta), Professor (Campion College, University of Regina), Mathematical Cognition Lab and IMPACT Lab.

My primary area is mathematical cognition research with both adults and children. Most of this research focuses on conceptual knowledge of arithmetic. I also conduct collaborative and interdisciplinary research on how poetics and aesthetics affect cognitive processing and on how eye trackers can be used to create artwork for individuals with mobility limitations. My research is funded by NSERC and SSHRC. My labs are equipped with mobile data collection devices including laptops, video cameras, iPads, and portable eye trackers, as well as a Tobii eye-tracker located in the CFI-funded IMPACT (Interactive Media, Poetics, Aesthetics, Cognition, and Technology) Lab.

Email: Katherine.Robinson@uregina.ca

Robinson, K.M., Osana, H.P., & Kotsopoulos, D. (2019). Mathematical learning and cognition in early childhood: Integrating interdisciplinary research into practice. Springer.

Robinson, K.M., Price, J.A.B., & Demyen, B. (2018). Understanding arithmetic concepts: Does operation matter? *Journal of Experimental Child Psychology*, 166, 421-436.

Riegel, C., Robinson, K.M., & Herman, A. (2017). Harnessing quantitative eye tracking data to create art: Interdisciplinary collaboration and data visualization. *Body, Space, and Technology Journal*, 16.



Donald A. Sharpe, Ph.D. (Manitoba), Professor

Current research interests include applications of quantitative approaches (e.g. meta-analysis; structural equation modeling), research methodology, and research ethics.

Email: sharped@uregina.ca

Sharpe, D., & Poets, S. (2017). Canadian psychology department participant pools: Closing for the season? *Canadian Psychology*, 58, 168-177.

Sharpe, D., & Whelton, W. J. (2016). Frightened by an old scarecrow: The remarkable resilience of demand characteristics. *Review of General Psychology*, 20, 349-368.

Sharpe, D. (2013). Why the resistance to statistical innovations? Bridging the communication gap. *Psychological Methods*, 18, 572-558.



Austen Smith, Ph.D. (Saskatchewan), Assistant Professor

Visuospatial attention, cerebral lateralization, aesthetics and art, driving and navigation, perceptual asymmetries, multisensory integration, eye tracking.

Email: austen.smith@uregina.ca

Smith, A.K., Duerksen, K.N., Gutwin, C., & Elias, L.J. (2020). Lateral biases in aesthetic and spatial location judgments: differences between tasks and native reading directions. *Laterality*, 25(1), 5-21.

10.1080/1357650X.2019.1577433

Flath, M.E., Smith, A.K., & Elias, L.J. (2019). Cultural differences in lateral biases on aesthetic judgments: The effect of native reading direction. *Cult. Brain*, 7, 57–66. <https://doi.org/10.1007/s40167-018-0062-6>

Smith, A. K., & Elias, L. J. (2019). Native reading direction modulates eye movements during aesthetic preference and brightness judgments. *Psychology of Aesthetics, Creativity, and the Arts*, 13(4), 482-488. <http://dx.doi.org/10.1037/aca0000184>



Laurie Sykes Tottenham, Ph.D. (Saskatchewan), Associate Professor, *Department Head*

My research examines individual differences in emotional and spatial abilities from a neuropsychological perspective. Areas of focus include: laterality, influences of task characteristics, and steroid hormones. Research techniques include salivary enzyme immunoassays (conducted on-site, to assess circulating hormone concentrations) and behavioural testing.

Email: Laurie.SykesTottenham@uregina.ca

Hatin, B., & Sykes Tottenham, L. (2016). The relationship between line bisection performance and emotion processing: Where do you draw the line? *Laterality: Asymmetries of Body, Brain and Cognition*, 1-23.

Hatin, B., & Sykes Tottenham, L. (2016). What's in a line? Verbal, facial, and emotional influences on the line bisection task. *Laterality: Asymmetries of Body, Brain and Cognition*, 1-20.

Hatin, B., Sykes Tottenham, L., & Oriet, C. (2012). The relationship between collisions and pseudoneglect: Is it right? *Cortex*, 48(8), 997-1008.

ADJUNCT FACULTY

Jody L. Burnett, Ph.D. (H. Morgan Traquair and Associates)

Email: jjburnett@sasktel.net

Burnett, J., Ruddell, R., & O'Sullivan, S. & Bernier, C. (2019). Releasing the names of homicide victim: Understanding the issues. Saskatoon, SK: Community Safety Knowledge Alliance.

Burnett, J., Ruddell, R., & Wyatt, R. (2018). An examinations of Saskatchewan's bail verification reports. Saskatoon, SK: Community Safety Knowledge Alliance.

Burnett, J., & Jones, No. (2018). Understanding the effects of impaired driving in Saskatchewan: Perspectives of family members of victims killed by an impaired driver. Saskatoon, SK: Community Safety Knowledge Alliance.

Regan Hart, Ph.D. (Saskatoon)

Heather Price, Ph.D. (Thompson Rivers University)

Current research interests include: Children as witnesses; autobiographical and event memory; alibi witnesses; effects of stress/emotional arousal on memory; forensic interviewing.

Email: hprice@tru.ca

Fitzgerald, R. J. & Price, H. L. (2015). Eyewitness identification across the lifespan: A meta-analysis of age differences. *Psychological Bulletin*, 141, 1228-1265.

Fitzgerald, R. J., Price, H. L., & Valentine, T. (2018). Eyewitness identification: Live, photo, and video lineups. *Psychology, Public Policy, and Law*, 24, 307-325.

Price, H. L., Connolly, D. A., & Gordon, H. M. (2016). Children who experienced a repeated event only appear less accurate in a second interview than those who experienced a unique event. *Law and Human Behavior*, 40, 362-373.

Michelle C.E. McCarron, Ph.D. (Saskatchewan Health Authority)

Current research interests include: qualitative research methodology, with a focus on conceptual development as a method of data analysis; health care research (including mental health, palliative care, nephrology, and transplant); research ethics; bioethics; and professional mentoring.

Email: Michelle.McCarron@uregina.ca or Michelle.McCarron@saskhealthauthority.ca

Novotna, G., Johner, R., McCarron, M., Novik, N., Jeffery, B., Taylor, M., & Jones, M. (2017). Assessment and treatment for persons with coexisting ability and substance use issues: A review and analysis of the literature. *Journal of Social Work in Disability & Rehabilitation*, 16(2). Advance online publication. doi: 10.1080/1536710X.2017.1299662

McCarron, M. C. E. (2013). Negotiating responsibility for navigating ethical issues in qualitative research: A review of Miller, Birch, Mauthner, and Jessop's (2012) *Ethics in qualitative research, second edition* [Book review]. *The Qualitative Report*, 18, Review 29, 1-4. Retrieved from <http://www.nova.edu/ssss/QR/QR18/mccarron29.pdf>

Paluck, E., McCarron, M. C. E., Pandey, M., & Banka, D. (in press). An innovative service collaboration to reduce criminal recidivism for inmates with severe addictions. *Journal of Community Safety and Well-Being*.

Katherine Owens, Ph.D. (Saskatchewan Health Authority, The Owens Group Psychology Prof Corp)

Current interests include: Cognitive Behavioural Therapy, neuropsychological / mental health assessment, internet-delivered CBT, anxiety, depression, clinical supervision / training, post-disaster / conflict zone volunteering.

Mehta, S., Janzen, S., Cotoi, A., Rice, D., Owens, K., & Teasell, R. (2018). Screening Tools for Substance Abuse post Brain Injury: A Review. *Brain Injury*.

Owens, K. M. B., & Antony, M.M. (2011). *Overcoming health anxiety: Letting go of your fear of illness*. Oakland, CA: New Harbinger Publications, Inc.

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Phillip R. Sevigny, Ph.D. (Department of Educational Psychology, University of Alberta)

Email: psevigny@ualberta.ca

Brooks, A. M., Ottley, K. M., Arbuthnott, K.D., & Sevigny, P. R. (2017). Nature-related mood effects: Season and type of nature contact. *Journal of Environmental Psychology*, 54, 91-102. Doi:10.1016/j.jenvp.2017.10.004.

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Jennifer St. Onge, Ph.D. (Regina Qu'Appelle Health Region)

Current research interests include: cognitive impairment and rehabilitation, multiple sclerosis, pediatric brain injury, decision making, early cancer detection, neuroanatomy, neurochemistry

Email: stonge2j@gmail.com

St.Onge, J.R., Stephenson, R., Senthil Kumar, B. (2016). Validation of the FRIENDS anxiety prevention program for children in Canada. *Canadian Journal of Community Mental Health*, 35 (3): 1-24.

Verma, A., St. Onge, J. R., Dhillon, K., Chorneyko, A. (2014). PSA density improves prediction of prostate cancer. *Canadian Journal of Urology*, 21(3), 7312-7321.

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Jaime Williams, Ph.D.

Email: Jaime.Williams@uregina.ca

Williams, J., Hadjistavropoulos, T., Ghandehari, O. O., Malloy, D. C., Hunter, P. V., Martin, R. R. (2016). Resilience and organizational empowerment among long-term care nurses: Effects on patient care and absenteeism. *Journal of Nursing Management*, 24, 300-308.

Williams, J. & Richmond, C. (2015). Cross-cultural issues in health psychology (pp.296-314). In T. Hadjistavropoulos & H. Hadjistavropoulos (Eds.), *Fundamentals of health psychology*. Don Mills, Ontario: Oxford University Press.

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Associate Members

Kim Dorsch, Ph.D. (Kinesiology and Health Studies, University of Regina)

Gordon Pennycook, Ph.D. (Hill/Levene Schools of Business, University of Regina)

Justin Feeney, Ph.D. (Hill/Levene Schools of Business, University of Regina)

Professional Associates

Amy Janzen Claude, Ph.D. (Mental Health Services, Regina Qu'Appelle Health Region)

Kent Klippenstein, Psy.D. (Private Practice, Regina)

Professors Emeritus

Dennis P. Alfano, Ph.D.

Siu Chow, Ph.D.

Robert Moore, Ph.D.

Joan Roy, Ph.D.

William E. Smythe, Ph.D.

William Wynn, Ph.D.

Recent Graduate Theses and Dissertations

Ph.D.

Welch, P. G. (2019). Investigating the effects of task characteristics and educational interventions on intuitive statistical biases.

Thorisdottir, A. (2019). Internet-delivered Cognitive Processing Therapy for Individuals with a History of Bullying Victimization: A Randomized Controlled Trial.

Teale Sapach, M. (2019). Self-compassion training for individuals with social anxiety disorder: A randomized controlled trail.

Tamaian, A. (2019). Individual factors and patient appraisal of betrayal in the medical system.

Schneider, L. H. (2019). Efficacy of internet-delivered cognitive behavioural therapy following an acute coronary event: A randomized controlled trial.

Price, J. A. B. (2019). Children's mathematics anxiety and their arithmetic fluency: How do teachers and parents pay a role in their development?

Barefoot, C. (2018). A Meta-Analysis of Neuropsychological Outcomes of the Frontal Lobe Following Chemotherapy.

Dirkse, D.A. (2018). A Randomized Non-inferiority Trial of Technician-Guided and Self-Guided Transdiagnostic Internet Delivered Cognitive Behaviour Therapy for Cancer Survivors: Making Treatment Scalable

Ghandehari, O. G. (2018). Exploring the Relationship Between Pain and Emotion Regulation in Older Adults.

Hampton, A.J.D. (2018). Contextual Influences in Decoding Pain Expressions: Effects of Patient Age, Informational Priming, and Observer Characteristics.

Reiser, Sarah. (2018). Examining Health Anxiety and Anxiety About Fetal Health During Pregnancy.

Bruer, K.C. (2017). A Repeated Forced-choice Lineup Procedure: Examining the Impact on Child and Adult Eyewitnesses.

Duranceau, S. (2017). Mental Health Care Seeking in the Canadian Armed Forces Post-Afghanistan: Can Social Support and Paraprofessional Initiatives Help Increase Access to Care?

Hatin, B.D.M. (2017). That's Just Your Point of View: How Visuospatial Biases and Functional Lateralization Influence the Way We Perceive the World.

Horswill, S.C. (2017). Exploring Police Officers' Susceptibility to Posttraumatic Stress and Growth After Trauma.

LeBouthillier, D.M. (2017). The Efficacy of Aerobic Exercise and Resistance Training for Anxiety-Related Disorders and Constructs: A randomized Controlled Trial.

Parkerson, H. (2017). A Pilot Test of an Internet-Based Smoking Cessation Intervention: Outcomes Across Chronic Pain and Pain-Free.

Walker, K. (2017). Randomized Control Trial on the Efficacy of Parent-Directed Presurgery Shaping and Exposure to Anesthetic Mask for Prevention of Preoperative Anxiety in Children.

Delparte, C.A. (2016). Development and Effectiveness of a Brief Dialectical Behavior Therapy skills training group for Bariatric Patients.

Drost, C. (2016). Exploring Therapist Behaviours in Therapist-Assisted Internet-Delivered Cognitive Behavioural Therapy for Generalized Anxiety Disorder: A Mixed Methods Analysis.

Gagnon, M. (2016). Pain Communication in Couples with Chronic Pain.

Kratzig, G.P. (2016). Skill retention: A test of the effects of overlearning and skill retention interval on maintenance of infrequently used complex skills.

Mustafaeva, S. (2016). The Cultural Shaping of Depression: A Qualitative Investigation into Afghan Women's Perspectives on Depression.

McMillan, K. (2016). Comorbidity of Posttraumatic Stress Disorder and Social Anxiety Disorder: Implications for Diagnosis and Treatment.

Zorn, K. (2016). The Impact of Intimate Partner Stalking on Women Targets: A Narrative Inquiry Analysis.

Dhillon, J. (2015). Stereotypes and Perceptions of Child Witness Credibility

Friesen, L.N. (2015). A Randomized Controlled Trial of Internet-Delivered Cognitive Behaviour Therapy for Individuals with Fibromyalgia.

Gelinas, B.L. (2015). Recovery from Deliberate Self-Harm Perspectives from Those Who Have Survived and From Those Who Have Helped.

Abrams, M.P. (2014). Clarifying the Nature of Pain-Related Anxiety: Implications for Assessment and Treatment of Chronic Musculoskeletal Pain

Alberts, N.M. (2014). Transdiagnostic Internet-Delivered Cognitive-Behaviour Therapy for Recent Cancer Survivors: A Feasibility Trial and Examination of Clinician Perspectives.

Eritz, H.S. (2014). Life History, Nurse Empathy, and Aggressive Behaviours in Individuals with Dementia.

Fitzgerald, R.J. (2014). Lineup Composition Effects on Eyewitness Identification.

Jones, S.L. (2014). An Efficacy Trial of Therapist-Assisted Internet-Delivered Cognitive-Behaviour Therapy for Older Adults with Generalized Anxiety.

Makelki, M.C. (2014). Long-term Neuropsychological and Psychosocial Consequences of Pediatric Mild Traumatic Brain Injury.

Berard, N.C.M. (2013). Executive Function, Social Emotional Learning, and Social Competence in Autism Spectrum Disorder.

Chan, S. (2013). Evidence-based Development and Initial Validation of the pain assessment checklist for Seniors with Limited Ability to Communicate-II (PACSLAC-II).

Dever Fitzgerald, T.G. (2013). The Impact of Patient Assessments on Nurse Fears, Patient Falls, and Functional Ability in Seniors with Dementia.

Fetzner, M.G. (2013). Investigating the Anxiolytic Effects of Aerobic Exercise for the Treatment of Posttraumatic Stress Disorder.

Kehler, M. (2013). Emotional Adjustment to Multiple Sclerosis: Evaluation of a Stress and Coping Model and a Cognitive Adaptation Model.

Lewis, J. (2013). Mental Health Services in Canada: Building a Model of Mental Health Care Utilization.

Pandey, M. (2013). Can Meaning Associated with Perceptual Grouping Modulate Attention?

Pugh, N.E. (2013). A Randomized Controlled Trial of a Therapist-Assisted Internet Cognitive Behaviour Therapy Program for Women with Postpartum Depression.

Sevigny, P. (2013). Understanding Parental Self-Efficacy in Fathers.

Thibodeau, M.A. (2013). Development of Scales that Measure Disorder-Specific Intolerance of Uncertainty.

Woods, M. (2013). Sleep and Health Service Use in Survivors of Intimate Partner Violence: A Longitudinal Feminist Analysis.

Bovell, C. (2012). Randomized Controlled Feasibility Trial of a Self-Help Book for Health Anxiety.

Dubé, A. (2012). Conceptually-Based Strategy Use: Investigating Underlying Mechanisms and Development Across Adolescence and into Early Adulthood. Hunter, P. (2012). An Empirical Study of Health Professionals' Beliefs about Personhood in Dementia and Their Influence on Intended Patient Care.

McKay-McNabb, K. (2012). Life Experiences of Aboriginal Women and HIV/AIDS: A Qualitative Inquiry.

Peluso, D. (2012). Cognitions in Non Life-Threatening Traumatic Events.

Shujah, A. (2012). A Workshop to Improve Experienced Therapists' Capacity to Integrate a Client's Cultural and Spiritual Identity.

Collimore, K. (2011). Responses to Interoceptive Exposure in Social Anxiety Disorder: Further Exploration of the Relationship Between Anxiety Sensitivity and Social Anxiety.

Janzen Claude, J. (2011). An Application of Health Behaviour Models to Diabetic Treatment Adherence: A Comparison of Protection Motivation Theory and the Theory of Planned Behaviour.

Tuttle, M. (2011). A Modified Dialectical Behaviour Therapy Skills Group for Multi-diagnostic Suicidal Adolescents with Symptoms of BPD.

M.A.

Wuth, A.A. (2019). From the Distal to the Proximate: Exploring Social Cognitions in Risk-Taking.

Stopyn, R. (2019). Facial Cues of Pain in Older Adults: Predicting the Accuracy of Observer Pain Ratings.

Refaie, N. (2019). Experimentally Testing The Three-Factor Structure of Socio-Emotional Comparisons.

Power, H.A. (2019). Informing the Development of An Internet-Delivered Mental Health Program for Youth With Cystic Fibrosis: A Qualitative Study.

MacIntyre, A.A. (2019). A Pain Self-Management Program for Older Adults: Online vs. Workbook Delivery.

Krakauer, R.L. (2019). Does Exercise Prevent Exacerbation of Anxiety-Related Vulnerability Factors Following An Analogue Stressor: A Randomized Controlled Trial.

Iskric, A.J. (2019). The Impact of Cognitive Distortions on Negative Social Comparisons and Depressive Symptoms: Six-Month Longitudinal Study.

Hahn, I. (2019). Are you Certain it is that bad? Examining the Role of Intolerance of Uncertainty in the Experience of Pain.

Peynenburg, V.A. (2019). Perceptions of and Preference for Internet-Delivered Cognitive Behaviour Therapy Among Post-Secondary Students.

Edmonds, M.R. (2018). Can Patient Characteristics at Intake Predict Patient Response to Therapist-Assisted, Transdiagnostic Internet-delivered Cognitive Behavioural Therapy?

Ethier, A.E. (2018). The Influence of Hormonal Fluctuation on Stress-Induced Smoking Cravings in Women.

Gonzales, J.D. (2018). Strategic Risk-Taking in the National Football League: a Multi-Level Model Analysis of the Relative State Model.

Owens, V. (2018). Examining Change in Health Anxiety Symptoms Resulting from Transdiagnostic, Internet-Delivered Cognitive Behaviour Therapy: The Impact of Therapist Support.

Mason, J. (2018). A Single Bout of Sprint Interval Training or Continuous Moderate Intensity Training for Reducing Anxiety Sensitivity: A Randomized Controlled Trial

Novakowski, D. (2018). Embodied Capital, Envy, and Relative Deprivation.

Vig, K.D. (2018). An Investigation of the Associations Between Intolerance of Uncertainty, Attentional Network Functioning, and Attentional Bias for Uncertainty.

Yu, K.T. (2018). Cross-Cultural Examination of the Cognitive Theory of Depression Among Individuals of Chinese.

Faller, Y.N. (2017). Qualitative Examination of Mental Health Disclosure in the Workplace.

Mazenc, K. (2017). Internet-Delivered Exposure Therapy Training for Parents of Children with Anxiety: Therapist and Parent Perceptions of Usability.

Ammaturo, D. (2016). Use of the Pain Assessment Checklist for Seniors with Limited Ability to Communicate-II (Pacslac-II) by People Who are not health professionals

D'Ambrosio C. (2016). The Therapeutic Benefit of Expressive Writing for Posttraumatic Symptoms: A Randomized Controlled Trial of Emotional Moderators and Writing Modality.

Gallant, N. (2016). Experiencing Pain Alone and in the Presence of Others: A Study of Older Adults.

Ivens, S. (2016). Fatigue In Parents Of Children With Autism Spectrum Disorder: The Role of Parental and Child Factors for Mothers and Fathers.

Kokokyi, S. (2016). A Qualitative Exploration of Doctor-Patient Relationship Experiences in Trauma Survivors and Primary Care Physicians.

Price, J. (2016). Children's Mathematics Anxiety and its Effect on Their Conceptual Understanding of Arithmetic and their Arithmetic.

Soltani, S. (2016). The Impact of Intolerance of Uncertainty and Social Threat on Decision-Making in Socially Anxious Individuals.

Soucy, J. (2016). Treatment Acceptability and Preference among Primary Care Patients Experiencing Severe Health Anxiety: The Role of Internet-Delivered Cognitive Behaviour Therapy.

Summerfield, T. (2016). Police Decision-Making: The Impact of Choice on Use-of-Force Decisions.

Wallace, J. (2016). Beliefs about the Healthfulness of Common Foods.

Hembroff, C.C. (2015). Framing Effects in Officer Use-of-Force Decision-Making.

Price, J.A.B. (2015). Children's Mathematics Anxiety and its effect on their conceptual understanding of arithmetic and their arithmetic fluency.

Tamaian, A. (2015). Institutional Betrayal in the Medical System: Development, Reliability, and Validity of a Self-Report Questionnaire.

Teale Sapach, M.J.N. (2015). Exploring the Relationship between Negative Social Experiences and Social Anxiety.

Viklund, A.K. (2015). Walking the walk: Exploring the Utility of a Computerized Gait Method in Feigned Symptom Detection.

Wuerch, M. (2015). Support-Seeking and Quality of Life in Female Survivors of Intimate Partner Violence.

Dirske, D.A. (2014). Linguistic Analysis of Communication in a Therapist-Assisted Internet-Based Cognitive Behaviour Therapy Program for Individuals with Generalized Anxiety Disorder.

Duranceau, S. (2014). An Examination of Attentional Bias for Threat in Motor Vehicle Accident Survivors with Posttraumatic Stress Disorder.

Hampton, A.J.D. (2014). The Effect of Emotion Regulation Strategies on the Pain Experience.

LeBouthillier, D.M. (2014). Can a Single Bout of Aerobic Exercise Reduce Anxiety Sensitivity? A Randomized Controlled Trial.

Walker, K. (2014). Snap® for Schools: Impact on Internalizing Symptoms.

Kossick, E.G. (2013). Prenatal Testosterone, Empathy, Emotion Recognition, and Facial Mimicry in Women.

Horswill, S.C. (2013). Risk and Resilience Variables as Predictors of Posttraumatic Stress and Growth: A Longitudinal Media-Based Study.

Parkerson, H. (2013). Smoking to Cope with Pain: The Motivating Effects of Pain Induction on Smoking Urge and Behaviour.

Reiser, S. (2013). Childhood Abuse and Health Anxiety: The Roles of Attachment and Emotion Regulation

Schneider, L. (2013). Initial Perceptions of Internet-Based Cognitive-Behaviour Therapy for Chronic Pain Among Potential Users: Examining Interest, Perceived Barriers, and Strengths.

Whiting, B.F. (2013). Quality over Quantity: An Experimental Evaluation of Interview Containing a Practice Narrative.

Zorn, K. (2013). Posttraumatic Stress Disorder in Survivors of Intimate Partner Violence

APPENDIX

Clinical Psychology Program
Department of Psychology
University of Regina

September 2019 to August 2020 Program Review

Lynn Loutzenhiser, Ph.D., R. D. Psych

Director of Clinical Training

Overview of Review

CPA encourages us to evaluate our program on a regular basis. The purpose of this report is to review the goals, objectives and outcomes of the Clinical Psychology Program. Please send comments and feedback to lynn.loutzenhisert@uregina.ca.

Research

Research Goals: We strive to prepare students to have an understanding and respect for both basic and applied research. We subscribe to the views that the clinical scientist, who is competently trained in practice, makes the most significant contributions to clinical research; and 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: 1) take courses in research methods and statistics and gain experience in program evaluation; 2) take clinical courses that incorporate research literature; 3) complete an M.A. thesis and Ph.D. dissertation; and 4) participate in faculty research projects.

Outcomes: The following are some indicators that represent how we are doing in this area:

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Research Methods course average	91%	94%	90%	88%	88%	90%	91%	91%	90%
Statistics course average	88%	90%	89%	88%	90%	92%	93%	90%	87%
Students with at least one conference presentation	92%	100%	100%	100%	100%	86%	75%	80%	53%
Students with at least one refereed publication	69%	82%	89%	64%	70%	66%	56%	62%	63%
Students holding RA positions*	73%	59%	57%	64%	56%	53%	36%	31%	47%
Students with major external funding*, **	63%	56%	64%	39%	37%	47%	42%	40%	50%
Students with Faculty of Graduate Studies & Research (FGSR) funding*	69%	74%	64%	69%	97%	93%	75%	66%	73%

* excludes students who are on or have completed the predoctoral residency

**includes both tri-council funding and other major external funding

Clinical Practice

Clinical Practice Goals: Students will be trained to be competent in assessment, diagnosis, and intervention. In each area, students will gain competency in the development and maintenance of interpersonal relationships, including competency in working with diverse groups. It is recognized, however, that the field of clinical psychology is diverse and no single practitioner can master all areas. Students will be taught to recognize their skills and when appropriate refer to colleagues who have the requisite skills.

Clinical Practice Objectives: Students will meet the clinical goals by: 1) completing course work in psychopathology, assessment and interventions exposing students to more than one theoretical orientation and skills for working with both adults and children and diverse populations; 2) carrying out at least 2700 hours of clinical training under supervision; and 3) completing comprehensive exams that require an oral case presentation, a review paper on a clinical topic, and an ethics oral exam.

Outcomes: Some indicators of our success in this area are:

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Psychopathology	87%	87%	91%	87%	87%	86%	87%	88%	91%
Assessment I	87%	89%	87%	86%	87%	88%	90%	88%	-
Assessment II	88%	-	90%	-	88%	-	-	89%	90%
Interventions I	86%	87%	85%	84%	87%	84%	88%	88%	84%
Interventions II		87%	-	89%	-	91%	91%	93%	-
Percentage Students Matched (includes those matched through Phase II)	80% (73% of Canadian Students matched by APPIC)	100% (84% of Canadian students matched by APPIC)	100% (86% of Canadian students matched by APPIC)	100% (84% of Canadian students matched by APPIC)	100% (94% of Canadian students matched by APPIC)	100% (95% of Canadian students matched by APPIC)	100% (85% of Canadian students matched by APPIC)	100% (92% of Canadian students matched by APPIC)	100% (86% of Canadian students matched by APPIC)

Predoctoral Residency Sites	
2020-2021	<input type="checkbox"/> Northern Ontario Psychology Internship Consortium Thunder Bay, ON <input type="checkbox"/> Vancouver Coastal Health Vancouver, BC <input type="checkbox"/> Royal Ottawa Health Care Group Ottawa, ON <input type="checkbox"/> University of Manitoba-Clinical Health Winnipeg, MB <input type="checkbox"/> London Clinical Psychology Consortium London, ON <input type="checkbox"/> Kingston Internship Consortium, Kingston ON <input type="checkbox"/> SHA Regina Clinical Psych Regina SK
2019-2020	<input type="checkbox"/> U of Manitoba Clinical Health <input type="checkbox"/> London Clinical Psychology Consortium <input type="checkbox"/> The Ottawa Hospital, Ottawa, ON <input type="checkbox"/> Waterloo Region Psychology Consortium <input type="checkbox"/> Edmonton Consortium, Edmonton, AB <input type="checkbox"/> Saskatoon Health Region
2018-2019	<input type="checkbox"/> University of Manitoba Clinical Health <input type="checkbox"/> Nova Scotia Health Authority - Annapolis Valley <input type="checkbox"/> University of Ottawa, Centre for Psychological Service <input type="checkbox"/> Royal Ottawa Health Care Group <input type="checkbox"/> Saskatoon Health Region
2017-2018	<input type="checkbox"/> University of Manitoba-Clinical Health <input type="checkbox"/> Psychology Internship-ROMHC Site, Ottawa, ON <input type="checkbox"/> Nova Scotia Capital Dist Mental Health Internship <input type="checkbox"/> Regina Qu'Appelle Health Region (primary rotation: WRC Children's Program)
2016-2017	<input type="checkbox"/> Northern Ontario Psychology Internship Consortium, Thunder Bay, ON <input type="checkbox"/> Calgary Clinical Psychology Program, Calgary AB <input type="checkbox"/> Vancouver Coast, Vancouver, BC <input type="checkbox"/> London Clinical Psychology Consortium, London, ON

2015-2016	<input type="checkbox"/> University of Arizona College of Medicine <input type="checkbox"/> Calgary Clinical Psychology Program <input type="checkbox"/> London Clinical Psychology Consortium; Adult Mental Health Track <input type="checkbox"/> Hospital for Sick Children Psychology Internship-Toronto, ON <input type="checkbox"/> Annapolis Valley Health Psychology Internship- Kentville, NS <input type="checkbox"/> Regina Qu’Appelle Health Region
2014-2015	<input type="checkbox"/> Vancouver Coastal Health <input type="checkbox"/> Royal Ottawa Health Care Group <input type="checkbox"/> University of Washington <input type="checkbox"/> Saskatoon Health Region <input type="checkbox"/> Centre for Addiction & Mental Health - Clarke Division – Toronto, ON <input type="checkbox"/> Regina Qu’Appelle Health Region
2013-2014	<input type="checkbox"/> Vancouver Coastal Health <input type="checkbox"/> Royal Ottawa Health Care Group <input type="checkbox"/> Ottawa Hospital Health and Rehabilitation Psychology <input type="checkbox"/> Regina Qu’Appelle Health Region (2)
2012-2013	<input type="checkbox"/> Calgary Health Region <input type="checkbox"/> Royal Ottawa Health Care Group <input type="checkbox"/> Regina Qu’Appelle Health Region (primary rotation: Functional Rehab Program) <input type="checkbox"/> Regina Qu’Appelle Health Region (primary rotation: WRC Children’s Program)
2011-2012	<input type="checkbox"/> University of Manitoba, Department of Clinical Health Psychology, Winnipeg, MB <input type="checkbox"/> UBC Counselling Services <input type="checkbox"/> BC Mental Health and Addiction Services, Clinical Child and Adolescent Track, BC Children's Hospital

Knowledge

Knowledge Goals: Students will 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 behaviour will be obtained.

Knowledge Objectives: To meet the knowledge goals students: 1) complete course work at the graduate level in all of the above areas, 2) gain knowledge through clinical experiences, and 3) complete comprehensive exams.

Outcomes: Indicators of success are reflected in course work completion noted above but also in marks for the following courses:

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
803 (Psychometrics)	91%	-	91%	-	91%	-	91%	93%	95%
845 or 847 (Neuropsychology)	90%	82%	-	89%	-	89%	-	91%	-
881 (Information Processing)	88%	-	90%	-	89%	-	89%		91%
820 (Social)	-	88%		91%	89%	92%	-	91%	-

Ethics and Professional Conduct

Ethics and Professional Conduct Goals: Students will be prepared to be ethical and professional in their research, clinical, and teaching activities, and sensitive to issues of racial and cultural diversity and individual differences.

Ethics and Professional Conduct Objective: To meet the ethical goals of our program, students: 1) take a course in professional ethics, 2) are exposed to diverse clients at clinical training sites (over 2700 hours of clinical training), 3) complete an oral ethics exam as part of the comprehensive examination process, and 4) apply for ethics approval for M.A. and Ph.D. research.

Outcomes: This is measured through the following:

Leadership

Leadership Goals: Students will gain experiences that prepare them to take leadership roles and contribute to psychology as a profession.

Leadership Objectives: Students complete a seminar in professional issues at the PhD level and are encouraged to:

- 1) present and publish their work,
- 2) attend professional seminars and conferences when possible;
- 3) gain experience in supervision of junior students;
- 4) obtain experience as teaching assistants or sessional instructors;
- 5) be active in the department and the PGSA and the community, and
- 6) be members of the Canadian Psychological Association or other professional organizations.

Outcomes: Indicators of outcome in this area are seen through examination of students enrolled each year:

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Conference Presentations	92%	100%	100%	86%	89%	86%	75%	80%	53%
Publications	69%	82%	89%	64%	63%	66%	56%	62%	62%
TA/Sessional Positions	50%	56%	75%	64%	70%	75%	69%	54%	56%
Professional Org Membership	92%	97%	100%	94%	93%	94%	81%	87%	90%
Additional Workshops	90%	79%	93%	89%	67%	71%	69%	82%	53%

* excludes students who are on or have completed the predoctoral residency

Sample Positions after Graduation

- Assistant Professor, University of Saskatchewan, Saskatoon
- Canada Research Chair, Concordia University, Montreal
- Psychologist, Child and Youth Services, Regina, SK
- Assistant Professor, Department of Psychology, University of Regina
- Psychologist, Acute Care, Waterford Hospital, St. John's, NL
- Psychologist, Functional Rehab Program, Regina, SK
- Assistant Professor, Department of Clinical Health Psychology, University of Manitoba, and Staff Psychologist, Community Mental Health Program, Steinbach, MB
- Postdoctoral Fellow, CANH, now Psychologist, Royal Ottawa Mental Health Centre, Ottawa, ON
- Psychologist, Adult Mental Health, Regina, SK
- Assistant Professor, St. Thomas More College, Saskatoon, SK
- Psychologist, Oshawa Psychological and Counselling Services
- Ranch Ehrlo's Clinical Assessment and Resource Services
- Mental Health Practitioner, Edmonton North Primary Care Network
- Psychologist, St. John Psychology Centre
- Psychologist, Ottawa Institute for CBT
- Wascana Rehabilitation Centre, Children's Program
- Southport Psychology, Calgary Alberta
- Brief Intervention Unit, Vancouver Coastal Health
- Psychologist, Odyssey Health Services, Ottawa

- Psychologist, University Health Network Eating Disorder Program, Toronto
- Assistant Professor, U of Saskatchewan
- Clinical Psychologist, Alberta Health Services
- Mental Health and Addiction Services, Saskatoon Health Region

Graduate Survey

Past graduates of our PhD program completed a survey about our program. Below is a summary of feedback from this survey.

	2011-2012	2012- 2013	2013-2014	2014-2016	2016-2017	2017-2018	2018-2019
To what extent did the program achieve its goal to train you as a scientist practitioner?	Completely - 60% Mostly - 40%	Completely - 70% Mostly - 30%	Completely - 50% Mostly - 50%	Completely - 50% Mostly - 50%	Completely - 33% Mostly - 67%	Completely - 25% Mostly - 75%	Mostly - 100%
How would you rate the overall quality of the training you received?	Excellent - 40% Good - 60%	Excellent - 40% Good - 60%	Excellent - 60% Good - 40%	Good - 100%	Excellent - 67% Good - 33%	Excellent - 25% Good - 75%	Excellent - 50% Good - 50%
How prepared did you feel for:							
Conducting clinical assessments	Great - 60% Good - 40%	Great - 60% Good - 40%	Great - 40% Good - 50% Fair - 10%	Great - 50% Good - 50%	Great - 67% Good - 33%	Great - 50% Good - 50%	Great - 50% Good - 50%
Conducting clinical interventions	Great - 40% Good - 60%	Great - 40% Good - 60%	Great - 40% Good - 50% Fair - 10%	Good - 100%	Great - 67% Good - 33%	Great - 25% Good - 75%	Great - 50% Poor - 50%
Consulting with other professionals	Great - 50% Good - 40% Fair - 10%	Great - 50% Good - 40% Fair - 10%	Great - 50% Good - 40% Fair - 10%	Good - 50% Fair - 50%	Great - 67% Good - 33%	Great - 50% Good - 50%	Good - 50% Poor - 50%
Conducting research	Great - 40% Good - 50% Fair - 10%	Great - 40% Good - 50% Fair - 10%	Great - 60% Good - 40%	Great - 100%	Great - 100%	Great - 100%	Great - 50% Good - 50%
Consuming research	Great - 90% Good - 10%	Great - 80% Good - 20%	Great - 70% Good - 30%	Great - 100%	Great - 100%	Great - 100%	Great - 100%
Teaching	Great - 40% Good - 20% Fair - 30% Poor - 10%	Great - 40% Good - 20% Fair - 40%	Good - 40% Fair - 60%	Good - 50% Fair - 50%	Great - 67% Good - 33%	Good - 75% Poor - 25%	Good - 100%
Supervising clinical work	Great - 20% Good - 40% Fair - 20% Poor - 20%	Great - 20% Good - 50% Fair - 20% Poor - 10%	Great - 10% Good - 70% Fair - 20%	Good - 50% Fair - 50%	Great - 33% Good - 33% Poor - 33%	Good - 50% Poor - 50%	Poor - 100%
Dealing with ethical issues	Great - 40% Good - 60%	Great - 40% Good - 60%	Great - 20% Good - 80%	Good - 100%	Great - 33% Good - 67%	Good - 100%	Great - 50% Good - 50%
Working with diverse clients	Great - 50% Good - 50%	Great - 40% Good - 60%	Great - 30% Good - 60% Fair - 10%	Good - 100%	Great - 33% Good - 67%	Good - 100%	Good - 100%
In an overall sense, how satisfied are you with the training you received?	very satisfied - 30% mostly satisfied - 70%	very satisfied - 30% Mostly Satisfied - 70%	very satisfied - 50% Mostly Satisfied - 50%	Mostly Satisfied - 50% Neutral - 50%	very satisfied - 67% Mostly Satisfied - 33%	very satisfied - 50% Mostly Satisfied - 50%	Mostly Satisfied - 100%
If a friend of yours was interested in attending graduate school, would you recommend our program?	Yes, definitely - 80% Yes, I think so - 20%	Yes, definitely - 80% Yes, I think so - 20%	Yes, definitely - 70% Yes, I think so - 30%	Yes, I think so - 100%	Yes, definitely - 67% Yes, I think so - 33%	Yes, I think so - 100%	Yes, I think so - 100%

Notable Strengths and suggestions for improvements – reported by students 2010-2019

STRENGTHS:

- Research
 - Research education & training (12)
 - Productive research lab (1)
 - Opportunities to attend conferences (1)
- Faculty and Supervisors
 - Supportive supervisor/faculty (7)
 - Supportive clinical supervisors (2)
 - Supportive DCT invested in program and student success (2)
 - Expertise and experience of the faculty (2)
 - Personable program given small nature of program (4)
 - Collaborative program – incorporate input from students ; students shaped program (2)
- Clinical Training
 - Diversity of clinical training experiences (adult, child, neuropsychological, clinic based, hospital based) (5)
 - Felt prepared for internship & career (1)
 - Felt competitive with other students from other programs (1)
 - Opportunity to supervise other students in clinical settings (1)
 - Comps are helpful (2)
- Courses/Workshops
 - The ethics course prepared me for exams and professional practice (3)
 - Quality of courses (2)
 - Exposed to supervision/consultation/interprofessional collaboration (1)
 - Lots of additional training experiences available (e.g., symposium) (1)
- General Program
 - Good balance of research & clinical training (4)
 - Accreditation (1)
 - Small and cohesive (1)
 - Opportunities to teach undergraduate courses (1)

SUGGESTIONS FOR IMPROVEMENT

Courses

- Include actual clients in the intervention II class (2)
- Increase the difficulty of the neuropsychology course (e.g., measures, clinical presentations) (1)
- More information on consultative psychology throughout training (1)
- More emphasis on some other therapy approaches in the intervention ii class (e.g., DBT, motivational interviewing, schema therapy). (2)
- There is a very limited focus on children and families and a solid foundation for family therapy would be beneficial (1)
- Separate adult and child classes (1)
- More additional workshops (1)
- Examine case studies (1)
- Greater emphasis and provision of information about employment as psychologists; (1)
- Limited focus on marginalized populations – first nations; people with disabilities (1)
- Providing students with the criteria used to decide course grades would help to give students a better sense of their strengths and weaknesses. Students would ultimately (maybe not immediately) benefit from a culture in which everyone hears about strengths and weaknesses (in practica and coursework and informally) from an early stage but, to build confidence, this is best done in a collegial atmosphere with an emphasis on positive changes observed.(1)
- The pressure on the Clinical Psychology students can be too high because of the multiple and there is not sufficient support to students' mental health (1)

Clinical Training

- Ensure students get experience with diversity with real clients (1)
- Increased support for out of province practicum opportunities (1)
- Review of the process of how practicums are assigned to students (1)
- Master's intervention course could be more practical (2)
- More practica and clients during placement (3)
- Exposure to more complex and challenging cases in the later stages of the training would have aided in the transition to my current areas of practice (1)
- Providing more opportunities to carry long-term clients throughout training would have also been helpful. (1)
- adapting the training program to changing landscape of healthcare and the role of psychology in healthcare settings (1)
- Difficult to get enough client contact hours for APPIC (1)
- Better preparation for applying for residency (e.g., when speaking with graduates from other programs, they indicated that they have seminars dedicated towards informing students on how to apply, how to interview, how to write a good cover letter) (2)
- More clinical courses (1)

Research

- Implement strict deadlines for thesis (1)
- Closer tracking of progress on thesis/dissertation and more encouragement on supervisors to maintain schedule (students have limited influence). (2)

Administrative

- More independence from FGSR. Their annual progress reports were repetitive from those completed for our department and I never felt they understood the unique nature of our program to other Ph.D. programs. (1)
- Other programs reduce fees once student has completed their comprehensive exams, this would be a nice way to reduce the cost of the program. (2)
- Work towards guaranteed funding for incoming students (1)
- Process for providing anonymous feedback (1)

Financial Support

M.A. Funding

	2013-2014 (n=10)	2014-2015 (n=11)	2015-2016 (n=11)	2016-2017 (n=12)	2017-2018 (n=11)	2018-2019 (n=14)	2019-2020 (n=13)
Average level of income:	\$24,531	\$31,629	\$25,358	\$18,359	\$17,508	\$23,073	\$25,717
# of students reporting income below \$10,000	0	0	0	2	1**	1	0
# of students reporting income between \$10,000-19,999	3	0	3	2	8	3	2
# of students reporting income between \$20,000-\$29,999	4	6	3	7	2	7	9
# of students reporting income above \$30,000	3	5	3	0	0	3	2
% with external funding	50%	73%	45%	42%	36%	40%	54%

Graduate Studies in Psychology at the University of Regina

% with FGSR funding	100%	91%	100%	100%	55%	67%	39%
% who obtained TA funding	100%	100%	73%	100%	73%	60%	69%
% who obtained RA funding	70%	73%	73%	42%	9%	26%	62%
% who held outside employment	0	18%	36%	9%	0	13%	8%

*this student was not eligible for internal funding

Ph.D. Funding

	2013-2014 (n=16)	2014-2015 (n=17)*	2015-2016 (n=16)*	2016-2017 (n=23)	2017-2018 (n=20)*	2018-2019 (n=19)*	2019-2020 (n=17*)
Average level of income:	\$41,789	\$32,175	\$29,190	\$29,956	\$31,502	\$27,939	\$29, 947
# of students reporting income between \$0-19,999	0	1	2	2	5	6	2
# of students reporting income between \$20,000-\$29,999	4	7	7	11	11	6	6
# of students reporting income between \$30,000-\$39,999	3	5	3	4	3	3	5
# of students reporting income above \$40,000	9	4	4	6	1	4	4
% with major external funding	75%	47%	38%	39%	45%	47%	47%
% with FGSR funding	56%	71%	25%	70%	75%	68%	59%
% who obtained TA/sessional funding	56%	41%	63%	65%	60%	63%	47%
% who obtained RA funding	50%	65%	50%	48%	45%	37%	35%
% who held outside employment	25%	41%	19%	39%	30%	26%	29%

* excludes those who are on or have completed the pre-doctoral residency

Program Statistics

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Number of M.A. Students Admitted	6	5	5	6	6	7	7	7	6
MA Time to Completion (months)	23	23	24	24	27	25	23	N/A	24
Number of Ph.D. Students Admitted	8	4	6	5	5	4	7	4	5
Number of Ph.D. Graduates	3	4	6	7	5	7	3	7	7
PhD Time to Completion (months)	67	100	96.5	90	74	77	78	72	92

Faculty Statistics

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018=2019	2019=2020
Total number of core faculty	10	9	9	9	12	12	11	9	9
Total number of complementary faculty	10	10	10	10	10	10	8	10	9
Total number of adjunct faculty & professional associates	22	26	21	21	22	22	22	22	11*
Core faculty males tenured	40%	33%	44%	44%	25%	25%	27%	44%	44%
Core faculty males non-tenured	10%	11%	0%	0%	17%	17%	9%	0%	0%
Core faculty females tenured	40%	44%	44%	44%	50%	41%	45%	44%	56%
Core faculty female non-tenured	10%	11%	11%	11%	8%	17%	18%	11%	0%
Authors/co-authors of papers at professional or scientific meetings	100%	100%	100%	100%	100%	100%	100%	100%	100%
Authors/co-authors of articles in refereed journals	100%	100%	100%	100%	100%	100%	100%	100%	100%
Member of Journal editorial board	30%	33%	44%	30%	42%	58%	64%	56%	78%
Thesis supervisor	80%	100%	100%	100%	67%	100%	100%	100%	100%
Thesis supervisor (complementary faculty)	20%	10%	20%	20%	10%	25%	13%	10%	11%
Recipients of grants or contracts	90%	89%	100%	100%	100%	92%	91%	100%	100%
Members in professional associations	100%	100%	100%	100%	100%	100%	100%	100%	100%
Engaged in professional practice	100%	100%	100%	100%	67%	92%	91%	91%	90%
Engaged in professional practice (adjunct)	100%	100%	100%	100%	100%	86%	100%	100%	100%
Registered in program jurisdiction	100%	100%	100%	100%	100%	100%	100%	100%	100%
Registered in program jurisdiction (adjunct and professional associates)	100%	92%	86%	86%	86%	100%	100%	100%	72%

* This reflects administrative changes in the definitions of these positions, as well as renewals.

Course Offerings

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Total number of core courses (neuro, cognitive, social, psychopathology, history)	3	5	2	4	4	3	3	5	3
Total number of foundational courses (ethics, research design, statistics, psychometrics, MA seminar)	5	4	5	4	5	4	4	3	5
Total number of professional courses (assessment I and II, interventions I and II, doctoral seminar)	3	4	3	3	3	3	4	3	3
# core faculty teaching core courses	20%	20%	11%	10%	8%	8%	9%	1	1
# core faculty teaching foundational courses	20%	50%	33%	20%	17%	17%	18%	2	2
# core faculty teaching professional courses	50%	75%	33%	30%	30%	33%	36%	4	3
# of complementary faculty teaching core courses	40%	80%	10%	30%	30%	20%	25%	4	1
# of complementary faculty teaching foundational courses	20%	50%	20%	10%	30%	10%	13%	1	3
# of complementary faculty teaching professional courses	0	0	0	0	0	0	0	0	0
# of adjunct teaching core courses	0	0	0	0	0	0	0	0	1
# of adjunct teaching foundational courses	0	0	0	0	0	0	0	0	0
# of adjunct faculty and professional associates teaching professional courses	0	25%	0	0	0	0	0	0	0

Feedback Wanted

What are our strengths?

What are our weaknesses?

What could we improve?

Please Send Feedback to:

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