Clinical Psychology Program Manual

Compiled by:

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Director of Clinical Training (DCT)

on behalf of the
Clinical Committee

2015-2016
# TABLE OF CONTENTS

**Clinical Program Overview** 5
- Mission
- Philosophy
- Values
- Clinical Areas/Theoretical Orientation
- Professional & Research Interests
- Goals & Objectives
- Full-time Program
- Student-Goals
- Director of Clinical Training
- Clinical Placement Coordinator
- Supervisory Expectations
- Accreditation

**Faculty** 10
- Clinical Faculty
- Faculty in Other Areas of Psychology
- Associate Members of Psychology
- Adjunct Professors
- Professional Associates

**Resources** 12
- Teaching Facilities
- Library Facilities
- Office Space
- Assessment Materials and Supplies
- Computer Facilities
- Recording Equipment
- Facilities to Enable Access for Students with Disabilities

**Financial Assistance & Awards** 15
- Financial Assistance
- The Jillings Award Faculty of Graduate Studies & Research Terms of Reference
- Information for Students Applying for Award
- History of the Jillings Award
- Terms of Reference for the Clinical Committee

**Policy on Employment** 18
- Outside Employment

**Program Components** 19
- M.A. Requirements
- Ph.D. Requirements
- Demonstrated Competence
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optional Courses</td>
<td>20</td>
</tr>
<tr>
<td>Research Requirements</td>
<td>20</td>
</tr>
<tr>
<td>M.A. Research Timelines</td>
<td>20</td>
</tr>
<tr>
<td>Ph.D. Research Timelines</td>
<td>21</td>
</tr>
<tr>
<td>Practicum &amp; Internship Training</td>
<td>21</td>
</tr>
<tr>
<td>Program Sanctioned Clinical Hours</td>
<td>21</td>
</tr>
<tr>
<td>Clinical Seminars &amp; Supplementary Experiences</td>
<td>21</td>
</tr>
<tr>
<td>Sequence of Clinical Skill Development</td>
<td>22</td>
</tr>
<tr>
<td>Courses in Related Fields</td>
<td>22</td>
</tr>
<tr>
<td><strong>Core Course Descriptions</strong></td>
<td>23</td>
</tr>
<tr>
<td>M.A. Program</td>
<td>23</td>
</tr>
<tr>
<td>Ph.D. Program</td>
<td>26</td>
</tr>
<tr>
<td>Typical Program Progression</td>
<td>30</td>
</tr>
<tr>
<td><strong>Research</strong></td>
<td>32</td>
</tr>
<tr>
<td>Expectations of Research Supervisors</td>
<td>37</td>
</tr>
<tr>
<td>Research Proposals</td>
<td>38</td>
</tr>
<tr>
<td>Defense</td>
<td>39</td>
</tr>
<tr>
<td>Binding of Thesis</td>
<td>40</td>
</tr>
<tr>
<td><strong>Clinical Placements</strong></td>
<td>41</td>
</tr>
<tr>
<td>Introduction to Clinical Placements</td>
<td>41</td>
</tr>
<tr>
<td>Clinical Placements</td>
<td>41</td>
</tr>
<tr>
<td>4 month Internship Requirements</td>
<td>42</td>
</tr>
<tr>
<td>Practicum Requirements</td>
<td>42</td>
</tr>
<tr>
<td>4 Month Internship Assignment Procedure</td>
<td>43</td>
</tr>
<tr>
<td>Practicum Assignment</td>
<td>44</td>
</tr>
<tr>
<td>Clinical Placement Procedures</td>
<td>45</td>
</tr>
<tr>
<td>Program Sanctioned Clinical Hours</td>
<td>46</td>
</tr>
<tr>
<td>Brief Program Sanctioned Clinical Hours</td>
<td>47</td>
</tr>
<tr>
<td>University Insurance Coverage</td>
<td>48</td>
</tr>
<tr>
<td>WCB Policy</td>
<td>48</td>
</tr>
<tr>
<td>Out of Province Placements</td>
<td>49</td>
</tr>
<tr>
<td>Internship Placements</td>
<td>49</td>
</tr>
<tr>
<td>Practicum Settings</td>
<td>49</td>
</tr>
<tr>
<td>Psychology Training Clinic</td>
<td>50</td>
</tr>
<tr>
<td>Supervision Practicum</td>
<td>50</td>
</tr>
<tr>
<td>Pre-doctoral Residency</td>
<td>51</td>
</tr>
<tr>
<td><strong>Professional Associates</strong></td>
<td>53</td>
</tr>
<tr>
<td>Nomination Procedure</td>
<td>53</td>
</tr>
<tr>
<td>Roles</td>
<td>53</td>
</tr>
<tr>
<td>Benefits</td>
<td>53</td>
</tr>
<tr>
<td><strong>Comprehensive Exams</strong></td>
<td>55</td>
</tr>
<tr>
<td>Section</td>
<td>Page</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Ph.D. Comprehensive Examination</td>
<td>55</td>
</tr>
<tr>
<td>Scheduling of Comprehensive Exams</td>
<td>55</td>
</tr>
<tr>
<td>Request to Complete Comprehensive Exams</td>
<td>55</td>
</tr>
<tr>
<td>Comprehensive Examination Committee</td>
<td>56</td>
</tr>
<tr>
<td>Pass or Fail</td>
<td>56</td>
</tr>
<tr>
<td>Oral Case Presentation</td>
<td>56</td>
</tr>
<tr>
<td>Written Examination</td>
<td>58</td>
</tr>
<tr>
<td>Oral Examination in Ethics and Professional Issues</td>
<td>59</td>
</tr>
<tr>
<td>Program Evaluation Proposal</td>
<td>62</td>
</tr>
<tr>
<td>Exemption</td>
<td>63</td>
</tr>
<tr>
<td><strong>Monitoring of Student Progress</strong></td>
<td>65</td>
</tr>
<tr>
<td>Course Evaluation</td>
<td>65</td>
</tr>
<tr>
<td>Practicum Evaluation</td>
<td>65</td>
</tr>
<tr>
<td>Comprehensive Exams</td>
<td>65</td>
</tr>
<tr>
<td>University Policy</td>
<td>65</td>
</tr>
<tr>
<td>Annual Monitoring</td>
<td>66</td>
</tr>
<tr>
<td><strong>Resolution of Student Difficulties</strong></td>
<td>67</td>
</tr>
<tr>
<td>Identification of Problems</td>
<td>67</td>
</tr>
<tr>
<td>Who Resolves</td>
<td>67</td>
</tr>
<tr>
<td>Remediation Plan</td>
<td>67</td>
</tr>
<tr>
<td>Student Involvement</td>
<td>68</td>
</tr>
<tr>
<td>Lodging a Complaint/Appeal</td>
<td>68</td>
</tr>
<tr>
<td>Therapy</td>
<td>68</td>
</tr>
<tr>
<td><strong>Program Evaluation</strong></td>
<td>69</td>
</tr>
<tr>
<td>Program Evaluation</td>
<td>69</td>
</tr>
<tr>
<td>Research</td>
<td>69</td>
</tr>
<tr>
<td>Clinical</td>
<td>69</td>
</tr>
<tr>
<td>Knowledge</td>
<td>69</td>
</tr>
<tr>
<td>Ethics &amp; Professional Issues</td>
<td>69</td>
</tr>
<tr>
<td>Leadership</td>
<td>69</td>
</tr>
<tr>
<td>Graduate Survey</td>
<td>69</td>
</tr>
<tr>
<td>Funding</td>
<td>70</td>
</tr>
<tr>
<td>Feedback</td>
<td>70</td>
</tr>
<tr>
<td>Survey of Graduates</td>
<td>70</td>
</tr>
<tr>
<td>Program Improvement</td>
<td>70</td>
</tr>
<tr>
<td><strong>Appendix A</strong></td>
<td>71</td>
</tr>
<tr>
<td><strong>Appendix B</strong></td>
<td>74</td>
</tr>
<tr>
<td><strong>Appendix C</strong></td>
<td>113</td>
</tr>
<tr>
<td><strong>Appendix D</strong></td>
<td>131</td>
</tr>
<tr>
<td><strong>Appendix E</strong></td>
<td>148</td>
</tr>
<tr>
<td><strong>Appendix F</strong></td>
<td>157</td>
</tr>
<tr>
<td><strong>Appendix G</strong></td>
<td>160</td>
</tr>
</tbody>
</table>
Clinical Program Overview

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

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

Values
The following values are inherent in the Clinical Program’s achievement of our mission:
- Excellence
- Scholarship
- Leadership
- Innovation & Creativity
- Integration of Science and Practice
- Generalist Training
- High Ethical Standards
- Responsiveness to Society
- Adherence to National Standards and Policies Concerning Training
- Compassion
- Diversity
- Respect & Integrity
- Professional Satisfaction
- Collegiality
- Collaboration
- Productivity & Effort
- Accountability
Students have opportunities through work with faculty or community supervisors to pursue various interests in clinical psychology, including clinical health psychology and neuropsychology. Opportunities exist to work with children, adults and seniors in a variety of settings such as mental health, psychiatric, acute care, rehabilitation, counselling or forensic settings. Exposure to a variety of theoretical orientations is possible, including cognitive-behavioural, humanistic, and interpersonal.

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

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

**Research Objectives:** To meet the above goals, students take courses in research methods and statistics. They also obtain experience in program evaluation (e.g., through course work, completion of a program-sanctioned program evaluation, participation in the Canadian Evaluation Society Annual Case Competition or completion of a program evaluation proposal as part of comprehensive exams). Research is incorporated into clinical courses and is a component of reading required for clinical training. Furthermore, students complete both an M.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 interpersonal skills needed to work with both adults and children and diverse populations. Students carry out at least 2700 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 ethics oral exam and a written 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 all of 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 (e.g., privacy legislation), standards of practice, and cultural issues. They are also trained in becoming competent and effective in 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 interprofessional relationships.

Full-time Program

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

Student-Goals

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

Director of Clinical Training

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

- general operation of the Program in compliance with FGSR requirements & CPA accreditation requirements
- preparation and submission of documentation to CPA to ensure compliance with CPA accreditation requirements including the submission of self studies for the site visit, scheduling and preparing site visits, submission of
annual reports, maintaining written records of compliance, and informing CPA of changes in the Program
- responding to requests for information about the program from students, professionals and organizations.
- overseeing and reviewing requests for course exemption
- annual student evaluations and feedback to students
- handling of student difficulties, developing, implementing and monitoring remediation plans
- administering program satisfaction surveys to graduates and tabulating results on an annual basis
- annual program evaluation in which the program is reliably examined to ensure success in meeting goals and objectives
- annual examination of program in light of the evolving body of knowledge in psychology, current standards of best professional practice, local, regional and national psychological services, and jobs and career paths of graduates
- annual review and revision of Clinical Program Manual, Psychology Training Clinic Manual, and Program Brochure
- chairing the Clinical Graduate Student Selection Committee and welcoming and orienting new students to the program
- reviewing applications for various awards from Faculty of Graduate Studies and Research awards
- organization of comprehensive exams
- overseeing student applications to and progress during the predoctoral residency
- organizing additional learning workshops or interprofessional events for students
- operation of the Psychology Training Clinic along with the Clinical Placement Coordinator
- monitoring, purchasing and advocating for Program resources
- chairing Clinical Committee Meetings and overseeing minutes of these meetings
- informing students, department, and community of Clinical Committee policy and activities (including preparation of the annual newsletter)
- involvement in University and Community committees related to clinical training

Clinical Placement Coordinator

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

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

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

The Program is accredited by the Canadian Psychological Association. The most recent site visit took place in February, 2015. Information regarding accreditation can be obtained from:

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

Tel: (613) 237-144 Ext. 328
Fax: (613) 237-1674
Toll Free: 1-888-472-0657

http://www.cpa.ca/
Faculty

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

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

Clinical Faculty
- Dr. Dr. Gordon Asmundson, Professor
- Dr. Shadi Beshai, Assistant Professor
- Dr. Nick Carlton, Associate Professor
- Dr. Jennifer Gordon, Assistant Professor (Term Position 2015-2020)
- Dr. Heather Hadjistavropoulos, Professor
- Dr. Thomas Hadjistavropoulos, Professor
- Dr. Mary Hampton, Professor (Luther College)
- Dr. Bridget Klest, Assistant Professor
- Dr. Lynn Loutzenhiser, Associate Professor, Director of Clinical Training
- Dr. Phillip Sevigny, Assistant Professor (Luther College – Term Position 2014-2016)
- Dr. Regan Shercliffe, Associate Professor (Luther College) – On Leave 2013-2016
- Dr. Jaime Williams, Assistant Professor (Term Position 2016-2018)
- Dr. Kristi Wright, Associate Professor, Clinical Placement Coordinator

Faculty in Other Areas of Psychology
- Dr. Katherine Arbuthnott, Professor (Campion College)
- Dr. Jeff Loucks, Assistant Professor
- Dr. Richard MacLennan, Professor
- Dr. Chris Oriet, Professor (Representative on Clinical Committee)
- Dr. Tom Phenix, Associate Professor (Campion College)
- Dr. Heather Price, Associate Professor
- Dr. Katherine Robinson, Professor (Campion College)
- Dr. Donald Sharpe, Associate Professor
- Dr. William Smythe, Professor
- Dr. Laurie Sykes Tottenham, Assistant Professor

### Associate Members of Psychology
- Dr. Kim Dorsch, Professor, Faculty of Kinesiology and Health Studies, University of Regina
- Dr. Sandeep Mishra, Assistant Professor, Faculty of Business Administration, University of Regina

### Adjunct Professors
- Dr. Angelina Baydala, Private Practice, Edmonton, Alberta
- Dr. Regan Hart, Prairie Psychology Services
- Dr. Derrick Larsen, Regina Qu’Appelle Health Region
- Dr. Michelle McCarron, Regina Qu’Appelle Health Region
- Dr. Katherine Owens, Regina Qu’Appelle Health Region
- Dr. Tom Robinson, Regina Qu’Appelle Health Region
- Jennifer St. Onge, Regina Qu’Appelle Health Region

### Professional Associates
- Dr. Lisa Berg-Kolody, Prince Albert Mental Health
- Dr. Bob Brown, Saskatchewan Hospital
- Dr. Pamela Clarke, Prairie Psychology Services
- Dr. Shannon Fuchs-Lacelle, Aspen Medical Centre, Regina
- Dr. Bruce Gordon, Child and Youth Services, RQHR
- Dr. Kristine Kowlayk, Functional Rehab Program, RQHR
- Dr. Katherine Owens, Mental Health Services, RQHR
- Dr. Jason Peebles, RCMP Mental Health
- Dr. Margaret Ralston, Prince Albert Mental Health
- Dr. Tania Safnuk, Prairie Psychology Services
- Dr. Dallas Savoie, Prairie North Health Region
- Dr. Wayne Schlapkohl, Prairie North Health Region
- Dr. Heather Switzer, Children’s Program, RQHR
- Dr. Dave West-Johnson, Functional Rehab Program, RQHR
Resources

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

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

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

Library Facilities
Detailed information about the size and nature of the library collections and services at the U of R is available on the Library website: [http://www.uregina.ca/library/](http://www.uregina.ca/library/)

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

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

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

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

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

More information about library collections and services is available on the Library website: http://www.uregina.ca/library/ or phone the Information Desk at 306-585-4495 or 306-585-4134.

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

Assessment Materials and Supplies
The psychology department maintains a testing library for use in assessment courses as well as the training clinic. For adults, the following tests are available:
The Minnesota Multiphasic Personality Inventory - MMPI-2
Millon Clinical Multiaxial Inventory (MCMI-III)
NEO Personality Inventory-R
Personality Assessment Inventory
Personality Assessment Screener
Beck Depression Inventory-II
Beck Anxiety Inventory
Beck Suicide Inventory
Behavioural Health Inventory
Structured Clinical Interview for DSM-IV – I and II (the SCID-5-CV will be purchased once available)
Wechsler Adult Intelligence Scale – IV
Wechsler Memory Scale-III
Rorschach
Thematic Apperception Test

The following tests are available for children:
The Wechsler Intelligence Scale for Children — Fourth Edition
Wechsler Individual Achievement Test - II
Differential Ability Scales-2nd Edition (preschool & school age)
Bayley Scales of Infant Development-2nd Edition
Behaviour Assessment System for Children, 2nd Edition
Achenbach System of Empirically Based Assessment (Child Behavior Checklist, Teacher’s Report Form, Youth Self-Report)
Autism Diagnostic Observation Schedule
Autism Diagnostic Interview-Revised
Millon Adolescent Clinical Inventory
Minnesota Multiphasic Personality Inventory-Adolescents
Personality Inventory for Children

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

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

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

Facilities to Enable Access for Students with Disabilities
All university buildings are wheelchair accessible. Specific assistance and equipment for students with special needs can be arranged through the University’s Student Affairs Office.
Throughout the year, students are informed of various opportunities available for obtaining funding.

First and second year MA and PhD Students who do not already hold Tri-Council funding are expected to apply for Tri-Council funding on an annual basis.

Our goal is to help students obtain some form of funding in year 1 and 2 of the MA and years 1, 2 and 3 of the PhD. In the fourth year of the PhD, the student is expected to secure a paid predoctoral residency. Our ability to assist students in obtaining funding assumes the student is in good academic standing and is complying with Clinical Program policies. Furthermore, it assumes that the student is also taking an active role in applying for funding.

Students can apply for Teaching Assistantships and Fellowships and Graduate Studies Scholarships as detailed on the Faculty of Graduate Studies and Research (FGSR) website. Graduate Teaching Assistantship Awards are valued at $2,426 per semester for MA and $2,545 for Ph.D. students; Graduate Teaching Fellowships are paid in accordance with the CUPE 2419 collective agreement (current value $6,543.16); Graduate Studies Scholarships are valued at $6,000 per semester for MA and $7,000 for Ph.D. students. Master’s students are eligible for five Graduate Studies Scholarships and doctoral students are eligible for nine.

Students are supported in their efforts to obtain external funding or other scholarships through FGSR. Scholarships are posted on the FGSR website www.uregina.ca/gradstudies/scholarships. These vary in value. The following awards are examples of awards that graduate students in psychology have obtained in previous years:

- Vanier Tri-Council ($50,000)
- CIHR – CGS Master’s Scholarship ($17,500)
- CIHR – Doctoral Research Award ($22,000)
- SSHRC CGS Master’s Scholarship ($17,500)
- SSHRC Doctoral Award ($35,000/year for 3 years)
- FGSR – Graduate Research Fellowship (PhD $25,092 a year for 3 years; MA $20,854 a year for 5 semesters)
- Saskatchewan Innovation Entrance Scholarships ($14,000 for two semesters)
Faculty of Arts Teaching Assistant positions are also available to students. These involve 90 hours of work in a semester and are valued at approximately $1,820.22 for M.A. students and $1,909.38 for Ph.D. students. Students need to apply for these positions.

Most students also seek additional support as research assistants through faculty members ($20.22 per hour for MA and $21.22 per hour for Ph.D.).

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

**Value:** $2,000 one award

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

**Student Status:** Full-time

**Applications:** Students must write an essay regarding their internship experience (not to exceed 1000 words). Students are also required to submit one letter of reference from an internship supervisor in support of their application. The Clinical Placement Coordinator will form a committee to review applications. The individual who is nominated will be forwarded to the Head of the Department of Psychology who then presents this information to the Faculty of Graduate Studies & Research. Hard copies of all materials should be left with the departmental secretary.

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

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

Students who want to apply for this award should submit their essay to the departmental secretary by the last working day in April of each year. This essay should be approximately 1,000 words and should be a reflection of notable clinical experiences and professional development. Students should not recite clinical experiences (e.g., “I saw 5 clients using interpersonal therapy for the treatment of depression”). Instead they should describe personal growth, and share observations and insight gained about the profession during this first experience as a clinician.

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

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

In May of each year, a three person committee will be struck from the Clinical Committee members to adjudicate the applications and make a decision regarding the award. The individual selected is then forwarded to the Department Head who then informs FGSR of the award by June 15th (FGSR deadline).

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

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

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

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

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

M.A. Requirements
- Psyc 801 Research Design and Methodology in Psychology
- Psyc 802 Applied Multivariate Statistics
- Psyc 806 Ethics and Standards of Professional Practice
- Psyc 832 Advanced Psychopathology
- Psyc 850 Psychological Assessment I
- Psyc 860 Psychological Interventions I
- Psyc 900AA Graduate Seminar
- Psyc 901 Thesis Research
- Psyc 876 Internship in Clinical Psychology (600 hours)
  Note: students are also permitted to take an elective at the MA level that can later be used towards meeting core competency requirements in the PhD program.
- Psyc 800 History, Theory and Systems in Psychology (or equivalent, e.g., Psyc 824, 826)
- Psyc 803 Psychometrics
- Psyc 851 Psychological Assessment II
- Psyc 861 Psychological Interventions II
- One elective Psychology course
- Psyc 900AB Doctoral Seminar
- Psyc 870 Practica in Clinical Psychology (minimum 150 hours)
- Psyc 871 Practica in Clinical Psychology (minimum 150 hours)
- Psyc 865CL Comprehensive Examination in Psychology
- Psyc 880AB Pre-doctoral Residency in Clinical Psychology
- Psyc 901 Thesis Research

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

Demonstrated Competence:
- Students must also demonstrate competence in several areas: biological, cognitive-affective and social bases of behaviour. Competence can be demonstrated by passing a graduate course in each of these areas (one of which could be used to fulfill the Ph.D. requirement for an elective psychology course)
• biological bases of behaviour (most often completed by taking Psyc 845 Theory, Research and Clinical Applications in Neuropsychology or 846 Neuropsychological Assessment; under special circumstances can also be completed by taking a directed reading course);
• cognitive and affective bases of behaviour (most often completed by taking Psyc 881 Cognitive Psychology; under special circumstances can also be completed by taking a directed reading course); and
• social bases of behaviour (most often completed by taking Psyc 820 – Advanced Social Psychology; under special circumstances can also be completed by taking a directed reading course).

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

Optional Courses

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

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

Research Requirements

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

M.A. Research Timelines

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

Students who do not defend their MA proposal by February of the second year they are in the MA Program (18 months into the Program), will normally not be accepted into the PhD Program. When offers of admission to the PhD program are made, they are commonly contingent upon timely completion of the MA (e.g., within two years).
During the PhD Program, students are expected to complete a first draft of their PhD proposal by end of the first spring/summer semester they are in the Program. This draft must be handed in to the supervisor and deemed to be sufficient progress for students to obtain credit for the thesis hours they are enrolled in. Within 16 months of admission to the PhD program, students must have defended their PhD proposal. Students who do not defend during this time period will be given a failing grade in 901 thesis credits. If this happens, the student is expected to defend the proposal in the next semester. Two failures require the student to discontinue from the program.

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

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

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

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

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

Additional experiences are often offered to students each year (e.g., workshops, interprofessional seminars, tours of clinical sites, guest colloquia). Students are expected to attend these seminars whenever possible to supplement their training.
Clinical skill development begins in the first year by taking courses in a wide array of areas, including psychopathology, assessment (focused on introduction to clinical interviewing, intelligence testing and personality testing with children and adults), interventions (focused on CBT), and ethics. Students are evaluated through a variety of means, most often including exams, presentations, papers and clinical supervision. MA students are provided the opportunity during the winter semester of their first year to observe Ph.D. students working with clients in the Psychology Training Clinic. This involves direct observation, as well as participation in supervision, and is designed to introduce MA students to clinical practice.

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

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

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

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

M.A. Program

Students are evaluated in each of the following courses:

Psychology 801 – Research Design and Methodology in Psychology

Program Timeline: first year M.A.

Credits: 3

Class Time: 3 hours per week for one semester

Calendar Course Description: A critical examination of issues involved in planning, conducting and evaluating research in psychology with emphasis on clinically-relevant areas.

Core Components:

1. Broaden student awareness of the full range of approaches to psychological research available to them.
2. Review/discussion of the following:
   a. Research process, paradigms, and politics;
   b. Research ethics;
   c. Sampling, measurement, analysis;
   d. Research orientations;
   e. Research techniques: observation, correlation, manipulation, interviews;
   f. Experimentation, surveys, meta analysis;
   g. Archival research, narratives, oral histories, biographies, ethnographies, cases studies; and
   h. Program evaluation.
3. Hone students’ critical skills as consumers of research.
4. Heighten student awareness of ethical issues in psychological research.
5. Provide students with practice and feedback on developing research proposals
6. Facilitate collaborative research efforts.
7. Enhance students’ communication skills.
Psychology 802 – Applied Multivariate Statistics

Program Timeline: first year M.A.

Credits: 3

Class Time: 3 hours per week for one semester

Calendar Course Description: A survey of multivariate research methods in psychology.

Core Components:
Students gain an understanding of and practical skills in the following:

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

Psychology 806 – Ethics and Standards of Professional Practice

Program Timeline: first year M.A.

Credits: 3

Class Time: 3 hours per week for one semester

Calendar Course Description: This course will provide an intensive examination of philosophical, legal and particularly ethical issues as these affect the practicing psychologist.

Core Components:
Critically discuss and examine the following topics:

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

The CPA code of ethics and companion manual will be utilized extensively in the above discussions
Psychology 832 – Advanced Psychopathology

Program Timeline: offered in first year M.A.

Credits: 3

Class time: 3 hours per week for one semester

Calendar Course Description: An examination of current theories and research concerning psychological disturbances of adults.

Core Components:
1. Have students become familiar with the DSM system of classification.
2. Expose students to controversies associated with the development and use of the DSM.
3. Explore in detail several of the “major” diagnostic categories presented in the DSM (e.g., neurodevelopmental disorders, depressive disorders, schizophrenia spectrum disorders, disorders, anxiety disorders, obsessive-compulsive and related disorders, personality disorders) emphasizing the features and associated features of the disorder, a history of how the diagnostic criteria were developed, etiology, epidemiology, controversies, cross cultural issues, and a discussion of valid and reliable assessment tools.

Psychology 850 – Psychological Assessment I

Program Timeline: offered in first year M.A.

Credits: 3 credits

Class time: 3 hours per week for one semester

Calendar Course Description: Examination and practice of clinical psychological assessment with an emphasis on aptitude and abilities testing with adults and children.

Core Components:
1. Provide students with general background knowledge on psychological assessment that will prepare them for further training in a variety of settings.
2. Sensitize students to professional and ethical issues that are specifically involved in psychological assessment, including cross cultural issues in assessment.
3. Expose students to the practice of and issues surrounding interviewing, including practical experience in interviewing and use of interviewing information in report writing.
4. Provide students with experience that will allow them to attain skill in the use of the WAIS and WISC and at least one major personality test. In particular, students will:
   a. learn about the purpose, background, reliability, and validity of these tests;
   b. experience testing from the position of the test taker through role-playing;
   c. observe interviewing and administration of these tests; and
   d. attain skill in establishing rapport, administering and scoring tests, interpreting results, writing reports and providing feedback.
5. Provide students with opportunities to study several other commonly used intelligence and aptitude tests including study of the purpose, background, reliability, validity, scoring, interpretation, and write-up of tests.
Psychology 860 – Psychological Intervention I

Program Timeline: offered in first year M.A.

Credits: 3

Class time: 3 hours per week for one semester

Calendar Course Description: An introduction to theory, research and practice in the areas of individual adult, child and group psychotherapies.

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

Psychology 900 – Graduate Seminar

Program Timeline: offered in first year M.A.

Credits: 2

Class time: 1 hour per week for one semester

Calendar Course Description: A seminar devoted to the study of special topics, professional issues, and reports on research projects by graduate students, faculty and associates of the Department.

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

Psychology 800 – History, Theory, and Systems in Psychology

Program Timeline: typically offered every second year so can be taken in the first or second year of the Ph.D.

Credits: 3

Class time: 3 hours per week for one semester
Calendar Course Description: A consideration of current theories and theory building. A review and examination of current advances in psychology. Integration of knowledge and research findings from various fields of psychology.

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

Alternatives:
- Psychology 824 – History of Psychology – review of origins of modern psychology
- Psychology 826 – Systems of Psychology – review of theoretical approaches

Psychology 803 – Psychological Measurement

Program Timeline: typically offered every second year so can be taken in the first or second year of the Ph.D.

Credits: 3

Class time: 3 hours per week for one semester

Calendar Course Description: Psychometric theory and quantitative aspects of psychological testing. Topics may include scaling and norms, classical test theory, reliability, validity, factor analysis, extraneous response components, item response theory, subject operating characteristics curves, suppressor and moderator variables, modal profile analysis.

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

Psychology 851 – Psychological Assessment II

Program Timeline: typically offered every second year so can be taken in the first or second year of the Ph.D.

Credits: 3

Class time: 3 hours per week for one semester

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

Psychology 861 – Psychological Interventions II

Program Timeline: typically offered every second year so can be taken in the first or second year of the Ph.D.

Credits: 3

Class time: 3 hours per week for one semester

Calendar Course Description: A more in-depth examination of selected methods of psychological intervention for individual adults and children.

Core Components:
1. Systematic coverage of a variety of psychological interventions for both adults and children.
2. Emphasis will be placed on narrative, humanistic, existential, and psychodynamic therapy.
3. Examine individual, family, and group interventions.
4. Emphasis on psychotherapy research and empirical support for these therapies as well as skills development.
5. Utilization of a variety of teaching methods (e.g., review and discussion of research literature, review and discussion of commercially available videotapes, role play, class presentations).
6. Examination of cross cultural issues.
Psychology 880AA – Predoctoral Residency in Clinical Psychology – Preparation and Application

Program Timeline: Students can register in Psyc 880AA if they are preparing or applying for the predoctoral residency. Students typically register in this course if they have completed all other Program requirements, including their 901 research hours.

Credits: 1-3 (students can register in 880AA up to three semesters).

Psychology 880AA – Predoctoral Residency in Clinical Psychology

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

Credits: 3

Psychology 900 – Doctoral Seminar

Program Timeline: typically offered every second year so can be taken in the first or second year of the Ph.D.

Credits: 1

Class time: 1-2 hours per week for one semester or concentrated workshop-length days

Calendar Course Description: A seminar devoted to the study of special topics, professional issues, and reports on projects by graduate students, faculty, and associates of the Department.

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

Elective Psychology Course

Program Timeline: typically offered every second year so can be taken in the first or second year of the Ph.D.

Credits: 3

Class time: 3 hours per week for one semester

Common elective courses:
Psychology 820 - Advanced Social Psychology
Psychology 846 - Neuropsychological Assessment
Psychology 881 - Advanced Human Information Processing
<table>
<thead>
<tr>
<th>Year 1</th>
<th>Fall Semester</th>
<th>Winter Semester</th>
<th>Spring/Summer Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>801 – Research Methods (3 CR)</td>
<td>806 – Ethics (3 CR)</td>
<td>876 – 600 hour Internship</td>
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<tr>
<td></td>
<td>802 – Statistics (3 CR)</td>
<td>850 – Assessment I (3 CR)</td>
<td>= 1 credit hour (although only one credit; the student is still be considered full-time and does not need to register in 901 credits)</td>
</tr>
<tr>
<td></td>
<td>832 – Psychopathology (3 CR)</td>
<td>860 – Interventions I (3 CR)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>900AA – Seminar (1 CR)</td>
<td>900AA – Seminar (1 CR)</td>
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<tr>
<td></td>
<td>= 10 credit hours</td>
<td>= 10 credit hours</td>
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<tr>
<td>Year 2</td>
<td>M.A. thesis proposal must be defended by end of this term</td>
<td>M.A. thesis</td>
<td>M.A. thesis</td>
</tr>
<tr>
<td>901 (6 credits)</td>
<td>901 (6 credits)</td>
<td>901 (4 credits)</td>
<td>= 4 credit hours (although only registered in 4 credit hours; the student will be considered full-time as only 16 credits of 901 are required)</td>
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<tr>
<td>= 6 credit hours</td>
<td>= 6 credit hours</td>
<td>= 6 credit hours</td>
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</tbody>
</table>

- Psyc 876 - The 600 hour internship is sometimes completed in Fall Year 2 or Winter Year 2. If this happens, the student would register in 6 credits of 901 in the Spring/Summer Year 1.
- The student is also allowed to take one 3 credit elective course in biological, cognitive or social bases of behaviour; this course is not required, but is optional. The course can later be used to demonstrate competency required for the PhD.
- Students will normally apply for admission into the PhD program in Winter Semester Year 2, but only if they have completed the MA proposal and begun data collection.
- Students have a maximum of five years to complete the MA according to FGSR, but our program is designed to be completed within two years. Students who take longer than two years will not likely be admitted to the PhD program.
- If students have not completed the program by the end of Year 2, students should register in GRST995AA to maintain candidacy.

<table>
<thead>
<tr>
<th>Year 3</th>
<th>Fall Semester</th>
<th>Winter Semester</th>
<th>Spring/Summer Semester</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>851 – Assessment II (3 CR)</td>
<td>803 – Psychometrics (3 CR)</td>
<td>901 (6 CR)</td>
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<tr>
<td></td>
<td>881 – Cognitive (3 CR)</td>
<td>845 – Neuropsych (3 CR)</td>
<td>Ph.D. thesis proposal must be completed by end of term</td>
</tr>
<tr>
<td></td>
<td>870 – Practica (1 CR; can be taken any time in 3rd or 4th year)</td>
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<tr>
<td></td>
<td>= 7 credit hours</td>
<td>= 6 credit hours</td>
<td>= 6 credit hours</td>
</tr>
</tbody>
</table>
| Year 4 | 820 – Social Psychology (3CR) | 800 – History (3 CR) | 865 CL (1 CR)  
861 – Interventions II (3CR)  
871 – Practica (1 CR; can be taken any time in 3rd or 4th year)  
900AB – Ph.D. Seminar (1 CR)  
901 (2 CR)  
= 7 credit hours | 901 (5 CR)  
= 6 credit hours |  
=6 credit hours |
| --- | --- | --- | --- |
| Year 5 | Apply for Residency  
872 – Practica (1 CR; highly recommended)  
901 (6 CR)  
= 6 credit hours | Ph.D. thesis  
901 (6 CR)  
= 6 credit hours | Ph.D. thesis  
901 (6 CR)  
= 6 credit hours |
| Year 6 | 880AB – Predoctoral Residency (3 CR)  
901 (3 CR)  
= 6 credit hours | 880AB – Predoctoral Residency  
901 (6 CR)  
= 6 credit hours | 880AB – Predoctoral Residency  
901 (4 CR)  
= 4 credit hour |

- Courses taken in Year 3 and 4 are offered every second year, and, therefore, students alternate in terms of whether they take these courses in the 3rd or 4th year.

It is also possible for students to take Psychology 820, 845 & 881 while in the 2nd year of the M.A. since these courses are required at some point during graduate training not necessarily during the Ph.D.

Only Psychology 870 and 871 are required practica. Most often students take additional practica to ensure that they are competitive for residency. The practica can be taken during any semester in the Ph.D. Program, prior to the predoctoral Residency.

- Students can also obtain program sanctioned clinical hours.

- Students have a maximum of six years to complete the PhD according to FGSR, but the PhD is designed to be completed within 4 years.

- Once students have completed all credit hours, they should register in GRST995AA to maintain candidacy.

- Students who exceed the time limits are required to discontinue from the program. Re-admission requires approval of the Clinical Committee. This may not be approved if course work is considered out of date.
Research

Research is an important component of both the MA and PhD clinical programs. Research goals for the MA and PhD are described below.

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

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

MA Thesis

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Actions</th>
<th>Target Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepare an MA proposal</td>
<td>• Request meetings with your supervisor to discuss your ideas; the frequency of these meetings will be up to you and your supervisor.</td>
<td>• Fall and Winter First Year</td>
</tr>
<tr>
<td></td>
<td>• Review the literature in your area of interest</td>
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<tr>
<td></td>
<td>• Review past theses to see the format that the thesis takes; seek advice from your supervisor on theses to review.</td>
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<tr>
<td></td>
<td>• Apply information you learn in Research Methods Course to your proposal</td>
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<tr>
<td></td>
<td>• Prepare a draft of your proposal for review by research supervisor. Note that FGSR recommends supervisors be given at least a month to provide feedback on your work.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• You should design a study that can be completed within the two years.</td>
<td></td>
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</tbody>
</table>
| Present Thesis at Proposal Meeting | • Once you have your supervisors’ approval, seek feedback on your proposal from your committee member  
• Present your proposal to your committee | • Summer after First Year |
<table>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Apply for Research Ethics</td>
<td>• Once your committee has approved your project, apply for research ethics approval</td>
<td>• Summer after First Year</td>
</tr>
</tbody>
</table>
| Collect & Analyze Data | • Collect and analyze data  
• Meet as needed with your supervisor and committee members to discuss issues that may arise with data collection and data analysis | • Data should be collected and analyzed by February Year 2. Some projects may require longer data collection. It is unlikely that students can complete the thesis in two years if data collection extends past April. |
| Apply for PhD | • If students are on target with the above, students should apply to the PhD program for entry in the fall. Students who have not begun data collection by this stage will not likely be considered for admission to the PhD program. If students are offered admission to the PhD Program, this admission will be commonly contingent upon timely completion of the MA thesis (e.g., within two years) | • January Year 2. |
| Write up Thesis | • Write up your thesis for review by your supervisor | • March –May Year 2 |
| Defend Thesis | • With your supervisor’s approval, you should send your complete thesis to your committee for approval  
• Incorporate changes suggested  
• Send thesis to external examiner | • June Year 2  
• It takes considerable time to seek input from your committee and for your thesis to be reviewed and approved by your external examiner. We strongly recommend that you have a complete draft of your thesis ready to be submitted to your committee by June 1. |
| Write up thesis for publication & submit for presentation at a conference | • You should write up your thesis for publication and submit your work for presentation to a national conference. In accordance with APA guidelines, authorship is based on level of intellectual contribution to the research as determined by the research team.  
• Students have an ethical obligation to write up their thesis for publication in a timely manner. | • August 31, 2011 |
| --- | --- | --- |
| Apply for funding | • Review the FGSR website regularly to see what funding you are eligible for  
• Discuss funding applications with your supervisor  
• Seek feedback from your supervisor and committee members on your applications  
• Seek letters of support as necessary | • Throughout the time you are a student in the program you should be applying for both internal and external funding. |
| Additional Research Experience | • Discuss opportunities that are available in your supervisor’s lab  
• If no opportunities exist in your supervisor’s lab, discuss other opportunities that may be available to you with other faculty members.  
• Students should aim to be involved in at least one project in addition to their MA research  
• This additional research experience adds to your research knowledge and assists you in securing funding. | • Throughout the time you are a student in the program you should be aiming to participate in additional research |

**Additional Student Expectations**

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

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

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

PHD Dissertation

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Actions</th>
<th>Target Dates</th>
</tr>
</thead>
</table>
| Prepare the dissertation proposal  | • Request meetings with your supervisor to discuss your ideas; the frequency of these meetings will be up to you and your supervisor.  
• Review the literature in your area of interest  
• Review past dissertations to see the format that the dissertation takes; seek advice from your supervisor on dissertations to review.  
• Apply information you learn in Research Methods to your proposal  
• Prepare a draft of your proposal for review by research supervisor. Note that FGSR recommends supervisors be given at least a month to provide feedback on your work.  
• You should design a study that can be completed within three years – ideally prior to residency. | • Full and Winter First Year PhD                                                                 |
| Present Thesis at Proposal Meeting | • Once you have your supervisors’ approval, seek feedback on your proposal from your committee members  
• Present your proposal to your committee | • Must be complete within 16 months of being admitted to the PhD program |
<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apply for Research Ethics</td>
<td>Once your committee has approved your project, apply for research ethics approval. Must be complete prior to predoctoral residency application; Recommend completion within 20 months in program.</td>
</tr>
<tr>
<td>Collect Data</td>
<td>Collect and analyze data. Meet as needed with your supervisor and committee members to discuss issues that may arise with data collection and data analysis. Data should be collected by the time you apply for your predoctoral residency – this is consistent with CCPPP guidelines. Students who do not have at least 25% of their data are not permitted to apply for the pre-doctoral residency.</td>
</tr>
<tr>
<td>Analyze &amp; Write up Dissertation</td>
<td>Write up your thesis for review by your supervisor. August Year 3 PhD</td>
</tr>
<tr>
<td>Defend Thesis</td>
<td>With your supervisor’s approval, you should send your complete thesis to your committee for approval. Incorporate changes suggested. Send thesis to external examiner. Fall Year 4 PhD</td>
</tr>
<tr>
<td>Write up thesis for publication &amp; if submit for presentation at a conference</td>
<td>You should write up your thesis for a peer reviewed journal and submit your work for presentation to a national conference. In accordance with APA guidelines, authorship is based on level of intellectual contribution to the research as determined by the research team. Students have an ethical responsibility to write up their research for publication in a timely manner. Winter Year 4 PhD</td>
</tr>
<tr>
<td>Apply for funding</td>
<td>Review the FGSR website regularly to see what funding you are eligible for. Discuss funding applications with your supervisor. Seek feedback from your supervisor and committee members on your applications. Seek letters of support as necessary. Throughout the time you are a student in the PhD program, you should be applying for both internal and external funding.</td>
</tr>
</tbody>
</table>

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36
### Additional Research Experience

- Discuss opportunities that are available in your supervisor’s lab
- If no opportunities exist in your supervisor’s lab, discuss other opportunities that may be available to you with other faculty members.
- Students should aim to be involved in at least one project in addition to their dissertation; this should be submitted for publication to peer reviewed journal or be an applied project with benefit to the community.
- This additional research experience adds to your research knowledge and assists you in securing funding.

### Additional Student Expectations

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

### Goal of Supervision:

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

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

- Will be available for regular consultation with the student to discuss the MA thesis, PhD dissertation, additional research or funding – it is ultimately up to the student, however, to request meetings. Meetings will be scheduled within two weeks whenever possible.
- Will review drafts of research within at least four weeks, although feedback will be provided earlier whenever possible.
- Will provide additional research experiences to the student whenever possible.
- Will write letters of reference when requested unless the supervisor has significant concerns regarding the student, in which case these will be discussed with the student.
- Will provide the DCT with information for the annual evaluation of clinical students and decisions regarding admission to the PhD Clinical program or letters of support for the pre-doctoral residency.
- Will inform students of planned absences.
Prior to conducting their MA or dissertation research, students should prepare a research proposal. The research proposal will vary in length depending on the topic. Once the research supervisor has approved the proposal, the research supervisor will ask the student to send the proposal to the research committee. The FGSR website describes the composition of the MA and PhD research committee.

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

Once the research supervisor and committee feel the MA proposal/PhD dissertation proposal is sufficiently developed, a proposal meeting should be held.

1. The research supervisor with the help of the departmental secretary should schedule the meeting.
2. The meeting will typically be 1.5 hours in length.
3. The student, research supervisor and committee should attend the meeting with the Head of the Department or designate as the chair.
4. The student should provide the Department with one copy of the proposal and ensure that the supervisor and committee members all have the most recent draft of the proposal.
5. The meeting should begin with the student giving a 20 minute power point presentation.
6. Committee members should then each ask the students questions about the proposal.
7. The student will be asked to leave the room at the end of the meeting. The committee will then discuss any final matters and determine if the student is ready to proceed with the research.
8. The student will be called back in to the meeting and informed of any final changes and if the research can proceed or if another meeting needs to be held.
9. The Chair of the meeting typically takes notes and writes a memo to FGSR summarizing the outcome of the meeting. The Chair describes major changes that are required.
The FGSR website contains complete information on procedures to be followed for the MA/PhD defense. Below we have outlined/clarified some of the steps that students commonly have questions about.

1. Once the thesis/dissertation has been approved by the committee, the student or supervisor should ask the departmental secretary to prepare the thesis/dissertation forms. They can provide the secretary with the committee and external examiner information. The student's name must be as it appears in Banner and the degree should be as it is listed on their transcript.
   
   Example: Master of Arts - Clinical Psychology; Master of Arts - Experimental & Applied Psychology; Doctor of Philosophy - Clinical Psychology; & Doctor of Philosophy - Experimental & Applied Psychology.

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

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

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

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

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

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

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

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

**Binding of Thesis**

1) Before the thesis is sent to the external examiner, the departmental secretary will apply a binding fee to the student's account. (currently $180.00)

2) After the defense, once the student completes all revisions, the student must submit printed copies of the thesis to the department; the department needs one copy and each supervisor needs a copy.

3) Supervisors should not submit a grade of pass until the copies have been supplied to the department

4) The departmental secretary will then send the thesis for binding one copy for the supervisor, one for the department.
Clinical Placements

During the first year of the MA Program, an effort is made to introduce MA students to the clinical training sites associated with our Program. This is accomplished by either inviting supervisors from the sites to come to the University and meet with the students or having students visit the training sites. Information on sites is also available in the appendix to this manual.

First year students are also assigned to a supervisor in the Psychology Training Clinic. This supervisor will invite the student to observe clinical work, and participate in supervision meetings. At the end of this placement, the supervisor is to write a memo describing the experiences the student obtained, the hours involved in the experience as well as brief evaluation of the student in this setting (e.g., knowledge of psychology, clinical skills, professionalism).

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

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

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

1) An internship will entail four full months or 16 weeks (600 hours) of closely supervised training under the direction of a clinical supervisor and his/her delegated assistants. A week is considered 40 hours (7.5 hours of working time + 1/2 hour for lunch per day).

2) During the four-month internship, students should attempt to spend 25% of their time in direct client contact (150 hours direct client hours). A direct hour is whenever the student is in face-to-face contact with a client and involved with the client in some way. The student is typically taking a primary role, but if the student takes a secondary role (e.g., co-interviewing, providing observations) this also counts as a direct hour. Observation with no interaction with the client does not count as a direct hour.

3) The primary clinical supervisor must be registered psychologist. Some supervision may also be provided by senior doctoral students, under the supervision of the primary clinical supervisor. Most supervision provided should be in the form of one-on-one supervision. The number of hours of supervision will be determined by the supervisor and student and will be dependent on a variety of factors (e.g., student experience, nature of responsibilities). Supervisors are ultimately responsible to protect clients from harm while promoting competency of the student. Overall, it is common for students to have a ½ hour of supervision or more for each hour of direct patient contact. In the four month internship, this often means obtaining 75 hours of individual supervision.

4) Content of the internship varies with the agency. In general, it is expected that the student will have an opportunity to develop further in the areas of assessment and intervention. Although the content of the internship varies depending on the clinical setting, internships are approved by the Clinical Committee if the setting provides the following: a) exposure to ethical and professional issues; b) exposure to a variety of human problems (that the student can gain experience in conceptualizing problems and gain an awareness of human diversity); c) experience with at least two of the following psychological assessment, intervention or consultation; and d) exposure to use of research to inform practice and vice versa.

5) Assigned readings and some research tasks are encouraged. The internship is designed to assist students in applying knowledge they have gained through course work.

6) All internship settings must be approved by the Clinical Placement Coordinator

7) Students must register in Psyc 876.

Practicum Requirements

1) A practicum will entail the placement of a student in an agency offering psychological services for a minimum of 150 hours, but often many more hours than this.

2) A practicum can be completed within one or two academic semesters.

3) Approximately 25% of the time should involve direct clinical contact with clients. A direct hour is whenever the student is in face-to-face contact with a client and involved with the client in some way. The student is typically taking a primary role, but if the student takes a secondary role (e.g., co-interviewing, providing observations) this also counts as a direct hour. Observation with no interaction with the client does not count as a direct hour.

4) The primary clinical supervisor must be a psychologist registered with the Saskatchewan College of Psychologists. Some supervision may also be provided by senior doctoral students, under the supervision of the primary
clinical supervisor. Most supervision provided should be in the form of one-on-one supervision. The number of hours of supervision will be determined by the supervisor and student and will be dependent on a variety of factors (e.g., student experience, nature of responsibilities). Supervisors are ultimately responsible to protect clients from harm while promoting competency of the student. Overall, it is common for students to have a ½ hour or more of supervision for each hour of direct patient contact. In a 150 practicum, it is common to obtain 25 hours of individual supervision.

5) Content of the practicum varies with the agency. In general, it is expected that the student will have an opportunity to develop further in the areas of assessment and intervention. Assigned readings and other research tasks are encouraged. Although the content of the practicum varies depending on the clinical setting, practica are approved by the Clinical Committee if the setting provides the following: a) exposure to ethical and professional issues; b) exposure to a variety of human problems (that the student can gain experience in conceptualizing problems and gain an awareness of human diversity; c) experience with at least one of the following psychological assessment, intervention or consultation; and d) exposure to use of research to inform practice and vice versa. The practicum is designed to assist students in applying knowledge they have gained through course work.

6) All practicum settings must be approved by the Clinical Placement Coordinator

7) Students must register in Psyc 870-875.

The Clinical Placement Coordinator will inform M.A. students of the available internship sites by the end of March in their first year. Once M.A. students are aware of the available sites, they are to submit the following to the Clinical Placement Coordinator:

1) A brief summary of previous clinical training, such as relevant work, volunteer or clinical training experiences

2) A half-page statement of clinical experiences they would like to obtain during the 4-month internship.

3) Top three preferred internship placements.

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

Internship placements are assigned based on:
1) Community supervisor preference.
2) Student preference.
3) Standing in the Program: marks, publications, and scholarships.

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

1. a summary of previous clinical training through work, volunteer or clinical placements;
2. a half-page statement of clinical experiences they would like to obtain during the PhD;
3. Top four preferred clinical placements;
4. The Clinical Placement Coordinator may also ask students to submit a summary of their clinical hours to date.

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

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

The Clinical Placement Coordinator will evaluate training history and statement of intent to determine suitable placements. The Clinical Placement Coordinator will then seek feedback of the DCT and, if deemed necessary by the DCT, the Clinical Program Committee to determine a suitable placement.
A number of factors are taken into consideration in assigning students to placements:

1) Clinical placement coordinator’s review of student’s previous experiences and gaps in training;
2) Program-based needs (e.g., making up for shortages in hours in previous years, helping students applying for residency to be more competitive).
3) Clinical supervisor preference;
4) Student preference; and
5) Standing in the Program: marks, publications, and scholarships.

1) The student and primary clinical supervisor(s) must complete a "Directed Reading Form" (see Appendix A) at the beginning of a clinical placement outlining expectations of the student and supervision arrangements. This is required before students can register. Students must register before the clinical placement begins.

2) For all clinical placements in Saskatchewan, the student and supervisor must also complete a “Student Work Placement Health & Safety Checklist” and “Work-based Learning Consent and Agreement” form. For clinical placements outside of Saskatchewan, students do not complete these forms. Instead, they complete the Travel Authorization and Risk Assessment Forms, found on the University of Regina Human Resources website.

3) Students should note that some clinical placements require a criminal record check obtained at the Regina Police station. It is the student’s responsibility to obtain the criminal record check and present it to the clinical supervisor prior to beginning the clinical placement.

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

   If the student is not a paid employee, the clinical placement is considered a “volunteer” activity and the criminal record check is likely to be completed at no cost.

4) A midterm and final evaluation form must be completed by the clinical supervisor and signed by the student. Supervisors provide feedback on character, clinical strengths and weaknesses. Evaluations should be submitted by the end of term. If this is not possible, paperwork must be completed to extend the placement.

5) At the end of the placement, students also need to complete a “tracking of hours” form and a student evaluation of placement form. It is the students’ responsibility to review their evaluation of the placement with their clinical supervisor.

6) The Clinical Placement Coordinator will be responsible for maintaining liaison with the Clinical Supervisor, addressing any problems that may arise, and taking responsibility for the assignment of grades in consultation with the Clinical Supervisor.

7) Later on in their training, students are required to make a formal case presentation. They may or may not want to present a case that they worked on while on the practicum. In order to ensure that this will be feasible, information regarding the case presentation should be discussed with the supervisor during the practicum.
When applying for the pre-doctoral residency, students are required to submit the number of hours they have spent in clinical training experiences. Most commonly, these hours are obtained during the master’s level internship and subsequent practica. It is possible that clinical experiences, however, that are not part of a formal clinical placement can be program-sanctioned.

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

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

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

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

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

1) The specific nature of the activities. Please note that the experience needs to involve more than administering tests and include significant assessment (e.g., interviewing, testing, and report writing) and or therapy experience (e.g., more than one to two sessions).

2) The number of hours expected.

3) The supervisor of the experience (the supervisor must hold a degree equal to the degree the student is pursuing and be a registered psychologist).

4) Number of hours and nature of supervision. Most supervision provided should be in the form of one-on-one supervision. The number of hours of supervision will be determined by the supervisor and student and will be dependent on a variety of factors (e.g., student experience, nature of responsibilities). Supervisors are ultimately responsible to protect clients from harm while
promoting competency of the student. Overall, it is common for students to have a ½ hour or more of supervision for each hour of direct patient contact. In a 150 practicum, it is common to obtain 25 hours of individual supervision.

5) Anticipated start and end dates.
6) Required reading list.

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

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

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

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

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

Following guidelines of The Association of Psychology Postdoctoral and Internship Centre (APPIC), the Clinical Placement Coordinator, however, may decide that clinical research, certain work experiences, or clinical experiences that are very brief (e.g., 25 hours) may fall under program-sanctioned training experiences.

In this case, the student and supervisor can submit a memo to the Clinical Placement Coordinator for review of these hours to determine if they should be program-sanctioned. These hours must be supervised directly or indirectly by a registered doctoral psychologist.

The student should include the following information in the memo:

1) student name, location of experience, dates of experience
2) a description of the activities
3) a summary of the direct client hours, supervision hours and support hours obtained by the student; approximately 15% of the time should be given to supervision.
4) an evaluation of student knowledge, clinical skills and professionalism exhibited in the placement.

If the Clinical Placement Coordinator determines that the experience is not to be considered Program Sanctioned then these hours can count under “other experiences” in the predoctoral residency application.
The University’s insurance coverage is described on the web at http://www.uregina.ca/presoff/vpadmin/policymanual/fs/302005.html

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

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

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

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

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

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

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

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

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

Out of Province Placements

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

- Functional Rehabilitation Program, RQHR
- Child and Youth Services, RQHR
- Mental Health Services, RQHR
- Prince Albert Mental Health
- North Battleford Mental Health

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

- Anxiety Disorders Unit, St. Joseph Hospital and McMaster University
- Alberta Health Services, Calgary
- Center for Addiction and Mental Health, Toronto
- Psychiatric Treatment Clinic, Dept of Psychiatry, Walter Mackenzie Health Sciences Centre, Edmonton
- Mendal and Associates, Calgary

Internship Placements

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

- Functional Rehabilitation Program, RQHR
- Children’s Rehabilitation Program, RQHR
- Child and Youth Services, RQHR
- Mental Health Services, RQHR
- Counselling Services, U of R
- Psychology Training Clinic, U of R
- RCMP Mental Health Centre
- Prairie Psychology Services, Regina

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

- Regional Psychiatric Centre, Saskatoon
- Aging Research & Memory Clinic, Saskatoon
- Anxiety Disorders Clinic or Mood Disorders Clinic, St. Joseph Hospital
- Center for Addiction and Mental Health, Toronto
- Edmonton Health Region
- Rogers Memorial Hospital, Oconomowoc, Wisconsin
- Yorkton Functional Rehabilitation Clinic

Practicum Settings
Psychology Training Clinic

The Psychology Training Clinic operates under the direction of the DCT or designate. The DCT devises and sets policies for the clinic in consultation with the Clinical Committee.

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

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

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

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

Supervision Practicum

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

For this practicum the student and supervision should complete an agreement form (see Appendix). This form specifies: a) what the student will be required to do (e.g., observe students, participate in supervision meetings, read and comment on reports); b) readings that will be assigned; and c) weekly hours of experience.

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

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

In most cases, students would spend four hours on this experience a week and this would be completed in one semester (one preparing for supervision, one in direct 1-on-1 supervision, one in group supervision, and one hour reviewing students videos or reports).
Once students have completed their course work and comprehensive exams and have made sufficient progress on their Ph.D. dissertation (proposal defended with data collection 25% complete), students should apply for the one-year pre-doctoral residency. Students should apply in the fall prior to the year they wish to attend residency.

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

Students are required to attend a residency that is accredited by CPA. This is in accordance with standards for accreditation of doctoral programs in professional psychology set by CPA. CPA specifies that the residency must be accredited or deemed to be equivalent to an accredited residency, and that students must go through the Association of Psychology Postdoctoral and Internship Centre (APPIC) matching process ([www.appic.org](http://www.appic.org)). The only time the program will consider students attending a non-accredited residency is if the student does not match and does not have any other options.

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

As part of their application, students must have their application verified by the DCT. The DCT verification form needs to be submitted to the DCT by October 15th at the latest.

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

1) Summary of settings the student has trained in. For each setting, specify the primary population you worked with, the primary assessment tools you used and or the primary therapeutic approach you used with clients (e.g., CBT, humanistic)

2) Summary of what you perceive to be your strengths as described by supervisors (e.g., building rapport, assessment, use of CBT skills, conscientiousness)

3) Summary of other strengths you have demonstrated (e.g., publications, timely progress in the program, awards,

4) Areas where you would like to develop further on the residency

5) Any issues you want to me to consider in my letter to residencies

6) Current status of your dissertation – note that you must have 25% of your data collected in order to apply for residency

7) Summary of hours you will be submitting. Please use a table similar to the table below
Practicum Setting | Intervention | Assessment | Supervision | Support
--- | --- | --- | --- | ---
North Battleford | 119 | 20 | 62 | 417
Counselling Services | 59 | 12 | 42 | 100
Assessment II Class | 0 | 13 | 4 | 22
Kristi Practicum | 0 | 41 | 27 | 179
Angie Practicum | 19 | 10 | 27 | 83

Practicum Hours to be completed before November 1, but not yet officially on file
DBT Practicum | 61 | 0 | 0 | 0
Mental Health | 41 | 6 | 16 | 51
Total | 299 | 102 | 178 | 852

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

As part of the application, students must also have referees provide them with letters of reference. It is strongly recommended that students give their referees ample time to provide these letters (at least a month).

Students must also have official copies of undergraduate and graduate transcripts sent to the application service by regular mail.

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

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

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

In the event that students are not matched with a site, there is a second Match that students can participate in. Details regarding the match can be found online at [www.appic.org](http://www.appic.org).
Professional Associates

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

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

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

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

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

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

Professional Associates are:
- Invited to the departmental fall reception;
- Invited to clinical seminars and departmental colloquia;
- Invited to a supervisor training meetings;
- Invited to department-affiliated conferences and offered the same discount as offered to faculty;
- Offered a parking pass when they attend departmental meetings;
- Able to book the Sun Life Financial Psychology Training Clinic for training purposes;
- Can request access to the library by making a request in writing and sending a copy of their letter of appointment from FGSR to the library (current contact Susan Wilkonson);
Comprehensive Exams

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

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

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

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

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

The request should include the following information:
1) oral case presentation: supervisor/setting for the case, indication that supervisor approves the case for presentation, nature of client problem, nature of assessment (number of sessions, tools used in assessment) and nature of treatment (approach to treatment, number of sessions).

2) oral ethics exam:

3) program evaluation: proposed due date of proposal

4) any dates that the student is unavailable due to attendance at conferences etc.

5) any requests for exemptions should be included in this memo along with the rationale for the exemption and supporting documentation.

Comprehensive Examination Committee

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

Pass or Fail

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

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

Case Requirements

- The case should be on a clinical concern that is not the topic of the student’s dissertation (e.g., if the dissertation is focused on eating disorders, the case should focus on a different clinical concern).

- Students should select a case that involved both assessment and treatment and that they were the primary person that delivered services, although under supervision.

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

Process of Case Selection:

- The student should discuss his/her need to present a clinical case with the clinical supervisor. Such a discussion should take place as a matter of course at the beginning of each clinical placement. Supervisors should be made aware of the case presentation requirement and guidelines. Although agencies are not able to guarantee the availability of appropriate cases for this purpose, effort will be
made by those involved in training to ensure that students gain appropriate clinical experiences.

- Decisions by clinical supervisors about the appropriateness of particular cases for use as part of the comprehensive examinations will be made on a case-by-case basis, in a manner consistent with the agency’s policies concerning cases referred to practicum students, in general. Supervisors must approve the presentation of a case.

- Cases will only typically be presented after all involvement with the client is complete.

- We recommend that clients be asked for consent for their case to be presented as part of comprehensive exams. This should be done following the termination of therapy. The client has the option to refuse or to restrict certain information from being presented. A sample consent form that can be used for this purpose is included in the appendix.

- In certain circumstances when it is not possible to contact the client to obtain consent, the student will consult with the clinical supervisor, and the Clinical Committee to receive guidance on whether a case presentation can proceed without consent.

**Presentation Process:**

- Only the committee and student attend the case presentation.

- The student presents the case in a 45 minute period to the examination committee, with 45 minutes to one hour then allowed for discussion and questions.

- The student should carefully review the evaluation form so he or she understands what is expected and needs to be presented.

- This presentation is recorded (typically audio-recorded). The student is responsible for the recording.

- Students should be prepared to answer questions both during and after the presentation.

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

- reviewing the Canadian Code of Ethics for Psychologists as it pertains to the case presentation.

- obtaining prior approval from the agency through which the client was served.

- disguising personal information to make it impossible to identify the client.

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

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

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

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

Requirements:
Following a similar procedure to that used at the University of Calgary, students will be examined on the latest volume of the *Annual Review of Clinical Psychology*. The volume available four months prior to the exam is considered the latest volume to allow students time to review the content. This journal covers research, theory, and the application of psychological principles to address recognized disorders, including schizophrenia, mood, anxiety, childhood, substance use, cognitive, and personality disorders. Articles also address broader issues cross-cutting the field, such as diagnosis, treatment, social policy, and cross-cultural and legal issues.

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

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

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

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

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

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

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

**Oral Examination in Ethics and Professional Issues**

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

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

Typically, a portion of the exam involves asking students to report on an ethical dilemma they have faced and how it was resolved. Alternatively, students can report
on a dilemma that they could realistically anticipate facing given their expected area of clinical practice. This should take no more than 20 minutes. Students should not bring in notes to the exam or use power point. Students will be commonly asked questions consistent with those on the Saskatchewan College of Psychologists oral ethics exam.

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

**Recommended readings:**


b. The Saskatchewan College of Psychologists handbook for ethics exams (available from the college).

- Ethics-related articles in Professional Psychology: Research and Practice (most recent five years), Canadian Psychology and Ethics and Behaviour.


**Evaluation:**

The exam will be recorded (the student is responsible for this). The examiners’ recommendation will be expressed as a pass/fail decision. This will be communicated to the student immediately, and relayed to the DCT by the Chair of the examination committee in writing within a week of the exam. In the event that the student passes the exam, the Chair can submit the evaluation form.

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

**Recording:**

- If the student passes the oral exam, the recording of the exam should be destroyed by the student.

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

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

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

Resources:


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

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

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

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

Exemption
Students who take and pass a graduate course in Program Evaluation (offered either as a regular course or as a directed reading through the Department of Psychology or through other departments/faculties [e.g., public policy, education] within the university) or participate in the Canadian Evaluation Society Case Competition at least once prior to comprehensive exams (http://competition.evaluationcanada.ca/) may be given an exemption on the Program Evaluation proposal.

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


Monitoring of Student Progress

Course Evaluation

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

Practicum Evaluation

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

Comprehensive Exams

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

University Policy

Students registered at the University of Regina are expected to behave responsibly and with propriety and are expected to abide by the policies and regulations of the University of Regina. When students fail to meet these expectations, the University reserves the right, under the University of Regina Act, to take whatever action it deems warranted by the students’ misconduct.
Student progress (academic, research, clinical and interpersonal) in the Program is reviewed on a yearly basis by the DCT. Students complete an annual review form, which is reviewed by the DCT. Student progress is reported to the Clinical Committee and students receive a formal letter from the DCT that highlights student accomplishments, but also may bring areas of concern to the students’ attention.
## Resolution of Student Difficulties

### Identification of Problems

Course instructors, research supervisors, clinical supervisors or others who interact with the student who might identify a difficulty with a student are asked to discuss this problem with the student directly.

Students submit annual reviews of their progress to the DCT. If problems are apparent, these difficulties are discussed with the student directly.

Students are encouraged to contact the DCT at any time with their concerns.

### Who Resolves

If course instructors, research supervisors or clinical supervisors become aware of a minor issue, they are asked to follow CPA guidelines to resolve the difficulty with the student. They are encouraged to consult with the DCT.

If the CPC or DCT becomes aware of a difficulty, the CPC or DCT and the student attempt to resolve minor difficulties (e.g., the need to extend a practicum due to circumstances beyond the students control, need for space for research). Significant issues are brought to the Clinical Committee for discussion (e.g., failure or serious deficiencies in a practicum or internship, ethical violations, failure of comps).

### Remediation Plan

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

The plan is documented in writing by the CPC or DCT and placed in the student’s file. The CPC or DCT monitors the plan and the outcome. If the remediation plan extends over more than one semester a progress report is completed and placed on the students file. A final report on success in meeting the goals of the remediation plan is documented in writing and maintained in the student’s file. The CPA code of ethics ethical decision-making code is used if an ethical conflict emerges.
If the goals of the remediation plan are not being met, the Clinical Committee and DCT can renew or revise the remediation plan. Renewals are typically possible only once – at the end of which time, the student if not successful, the Department Head and at times the Dean of the FGSR will be consulted about options, including alternate remediation plans or in extreme cases termination of the Program.

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

Students are made aware of the difficulties at the time of review or when an issue emerges and are able to provide input and feedback to the remediation plan.

In the Clinical Psychology Program Manual, students are urged to follow the CPA code of ethics in bringing forward a complaint, grieving an action or appealing a decision or evaluation, including first discussing the matter with the individual involved, seeking consultation, and then if necessary making a formal written complaint, including details and dates in question.

Students can lodge a complaint, grieve an action, appeal an evaluation of misconduct at many different levels, including the instructor/supervisor, CPC, DCT, the Psychology Department Head, the Dean of FGSR, and VP Academic or Research.

Prior to making a formal appeal it is expected that students will have exhausted all informal means of resolving the difference of opinion.

Formal appeals must be made in writing; students must demonstrate that the decision they are appealing was unfair, biased or otherwise deserving of being reversed. They must also indicate the desired change they are requesting.

Student’s occasionally experience psychological/psychosocial difficulties during the course of their training. Should students need psychological services while in training, students are encouraged to review the Saskatchewan College of Psychologist’s website for a list of registered psychologists in the province. If students want to ensure that they do not seek services from one of our clinical supervisors, students will find a list of our current supervisors in the Appendix.
**Program Evaluation**

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

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

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

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

**Ethics & Professional Issues**
1) average grade in ethics  
2) supervised clinical hours prior to internship including direct hours and supervision hours

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

**Graduate Survey**
Results of a survey of the last 10 graduates from the PhD program will be displayed. Students will rate:  
1) their training as scientist practitioners; 2) overall quality of training; 3) preparation for conducting clinical assessments; 5) preparation for clinical interventions, 6) preparation for consultation; 7) preparation for conducting
research; 8) preparation for teaching; 9) preparation for supervision of clinical work; 10) preparation for managing ethical issues; and 11) preparation for working with diverse clients; 13) overall satisfaction. Notable strengths and areas for development will also be reported.

**Funding**

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

Percentage of students with funding from the following sources will be summarized: 1) major external funding, 2) FGSR funding; 3) sessional or TA funding; 4) RA funding, 5) outside employment; and 6) Saskatchewan bursaries.

**Feedback**

The above information will be distributed to the Clinical Committee for discussion. It will also be distributed to students, other faculty members within psychology, and community supervisors. Feedback on the Program will be sought and shared with the Clinical Committee.

**Survey of Graduates**

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

**Program Improvement**

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

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

1. Graduate Selection Process
Graduate Selection Process

Membership of Graduate Selection Committee

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

Review of applications

A. Preparation of applicant evaluation form (secretary & committee members):
   Each year, an applicant evaluation form is created including columns for name of the applicant, requested supervisor, area of interest, notable research/clinical experience, references, average grades, and GRE scores. The departmental secretary completes several columns of information on the form, including name of applicant, supervisor, grades and GRE scores. The secretary distributes applications as soon as possible after receipt of the applications.

B. Faculty:
   All faculty members are invited to review the applications, and submit a rank ordered list of students they would like to accept. Faculty often interview prospective applicants, usually via Skype or telephone.

C. Committee:
   All committee members read the letters of intent from all applicants. The DCT ensures that all faculty members submit their availability as supervisors and preferences for students. Applicants that are selected are sent to FGSR for approval. Once the Associate Dean of FGSR indicates approval, the DCT contacts all successful applicants, or designates either the prospective supervisor, or one member of the committee to do so. The DCT monitors acceptances and rejections and sends offers to those on the waiting list, or designates another committee member to do so.

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

Selection criteria (weighted in this order):

1. GPA: minimum requirement is 80% average in last 2 years of undergraduate program. Exceptions will be considered in unusual circumstances.
2. Fit: match between interests of supervisor & student, and program & student, as expressed in the letter of intent.
3. Experience: research experience and volunteer or work experience
4. GRE: combined General scores over the 40th percentile (verbal, quantitative, & subject); minimum analytic writing score of 2.5. GRE subject test is optional. Exceptions are considered in unusual circumstances.
5. Preference will be given to those with clearly defined goals in the case of applicants who are otherwise comparable.

**Numbers of students:**

1. Clinical program: 5-6 students are admitted to the clinical MA program each year. Unless there are unusual circumstances, no more than 6 students are admitted to the Ph.D. Program each year.

**Selection process:**

1. Prior to the first committee meeting, committee members receive the completed applicant evaluation form, and assign each applicant to a category (excellent, good, acceptable, unacceptable).
2. At the meeting each applicant is discussed, with the DCT leading the discussion.
3. Committee members reach consensus on an overall assignment of each applicant to 3 categories (Accept Immediately, Waiting list, Reject Immediately), based on the selection criteria and faculty preferences.
4. If there are more applicants than available spaces on the Accept Immediately list, members rank order the applicants and move the relevant students to the Waiting list.
5. Committee members rank order the applicants on the Waiting list, usually based on supervisor availability.
6. If an applicant whom the committee has categorized as ‘great’ or ‘acceptable’ has not been selected by the faculty, the designated committee member discusses the applicant with relevant supervisors. However, if no one is willing to supervise the student, the applicant will not be accepted into the program.
7. Once the ‘Accept immediately’ and ‘Reject immediately’ candidates have been identified, the files are sent to FGSR for approval.
8. The DCT or designate keeps track of acceptances and rejections by approved candidates, and sends out offers to Waiting list applicants in the order of ranking.

**Timelines:**

**January 15:** (application deadline). The secretary charts grades and GRE scores. Secretary completes separate lists for M.A Clinical and Ph.D. Clinical students.

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

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

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

1. Directed Reading Form
2. Initial Supervision Check-List
3. Internship/Practicum Midterm Evaluation
4. Internship/Practicum Final Progress Report
5. Student Evaluation of Clinical Placement
6. Tracking of Hours Form
7. Student Work Placement Health and Safety Checklist
8. Work Based Learning Consent and Agreement
9. Supervision Practicum Student – Supervisor Agreement
10. Evaluation of Student Supervisor
FACULTY OF GRADUATE STUDIES AND RESEARCH

APPLICATION FOR APPROVAL OF A SELECTED READING SPECIAL TOPIC OR OTHER UNTITLED CLASS
Applies to 870 to 899 Graduate Level Reading Classes

(Form must be typed. Submit all copies of the completed form to the Dean of Graduate Studies and Research at the time of registration. When approved, one copy will be returned to the student, one to the instructor and one to the department concerned.)

1. Student’s name: ___________________________ Student Number: _______________
   Address: ___________________________ Postal Code ___________________________ Phone Number ___________________________


3. Name of instructor or supervisor (Faculty Coordinator): ___________________________
   Agency (Clinical Supervisor): ____________________________________________

4. Brief title of class (or topic): ____________________________________________

5. Brief topical outline of class content or requirements:

6. Primary references to be used (or nature of practical work, also specify author, publisher, date):

7. Intended frequency and duration of meetings for discussion of student’s work:

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

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

10. Other contributing information:

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

Signatures: ___________________________ Date: ___________________________

______________________________ ___________________________
Student

Dean of Graduate Studies and Research or Designate

Clinical Supervisor

University Coordinator

______________________________ ___________________________
Date Head of Academic Unit

______________________________ ___________________________
Dean of Graduate Studies and Research or Designate
**Initial Supervision Check-List**

_The following checklist was created to assist supervisors and students in the beginning of a clinical placement. The checklist is designed to remind supervisors and students of important points that should be discussed at the beginning of a placement. It is designed to be used as a guideline recognizing that there may be some points of divergence across settings._

<table>
<thead>
<tr>
<th>Suggested Information for Discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor background (academic degrees, certifications, speciality, theoretical orientation)</td>
</tr>
<tr>
<td>yes</td>
</tr>
<tr>
<td>Supervisee background (academic degrees, clinical experiences, courses)</td>
</tr>
<tr>
<td>yes</td>
</tr>
<tr>
<td>Duration of placement and days and hours of placement</td>
</tr>
<tr>
<td>yes</td>
</tr>
<tr>
<td>Supervisory methods (audiotapes, videotapes, observation, discussion, clinical record review)</td>
</tr>
<tr>
<td>yes</td>
</tr>
<tr>
<td>Schedule of supervision</td>
</tr>
<tr>
<td>yes</td>
</tr>
<tr>
<td>Supervisee professional development goals</td>
</tr>
<tr>
<td>yes</td>
</tr>
<tr>
<td>Supervisee expectations for assessment &amp; treatment of clients</td>
</tr>
<tr>
<td>yes</td>
</tr>
<tr>
<td>Supervisee expectation to seek supervision for the following:</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>- Session planning</td>
</tr>
<tr>
<td>- Departures from planned session</td>
</tr>
<tr>
<td>- Challenges in assessment and impasses in therapy</td>
</tr>
<tr>
<td>- Suspected clinical errors</td>
</tr>
<tr>
<td>- Mental health emergencies or clients at high risk of emergencies</td>
</tr>
<tr>
<td>- Reporting of abuse</td>
</tr>
<tr>
<td>- Disputes with clients</td>
</tr>
<tr>
<td>- Allegations of unethical behaviour on part of supervisee</td>
</tr>
<tr>
<td>- Contact with client outside of treatment</td>
</tr>
<tr>
<td>Informed consent procedures for setting</td>
</tr>
<tr>
<td>yes</td>
</tr>
<tr>
<td>Procedures in the event of client crisis</td>
</tr>
<tr>
<td>yes</td>
</tr>
<tr>
<td>Report writing and documentation expectations</td>
</tr>
<tr>
<td>yes</td>
</tr>
<tr>
<td>Limits to confidentiality of information regarding supervisee (e.g., inform supervisees that information about their performance is shared with the Clinical Program)</td>
</tr>
<tr>
<td>yes</td>
</tr>
<tr>
<td>Documentation of Supervision (e.g., inform supervisees of how information regarding supervision will be documented)</td>
</tr>
<tr>
<td>yes</td>
</tr>
<tr>
<td>Risks of supervision (e.g., supervision can result in emotional discomfort when supervisees are evaluated; evaluations may have negative consequences)</td>
</tr>
<tr>
<td>yes</td>
</tr>
<tr>
<td>Benefits of supervision (e.g., increase understanding of self and clinical skills)</td>
</tr>
<tr>
<td>yes</td>
</tr>
<tr>
<td>Midterm evaluation – review nature of mid-term evaluation</td>
</tr>
<tr>
<td>yes</td>
</tr>
<tr>
<td>Final evaluation – review nature of final evaluation</td>
</tr>
<tr>
<td>yes</td>
</tr>
<tr>
<td>Procedures for resolving concerns about supervision</td>
</tr>
<tr>
<td>yes</td>
</tr>
<tr>
<td>Likely process for remediation if supervisee problems arise</td>
</tr>
<tr>
<td>yes</td>
</tr>
<tr>
<td>Risk of discontinuation - the following circumstances could result in discontinuation of the clinical placement before completion:</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>- Repeated noncompliance with supervisory directions</td>
</tr>
<tr>
<td>- Concealment or misrepresentation of information</td>
</tr>
<tr>
<td>- Violations of ethical standards or law</td>
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<tr>
<td>- Frequent tardiness or absences</td>
</tr>
<tr>
<td>- Unacceptable level of skill resulting in concerns about patient safety</td>
</tr>
</tbody>
</table>
1) Please give your general impression of the student’s proficiency, initiative and readiness to learn (e.g., clinical skill level, using assigned readings, preparing for and contributing to supervision sessions, carrying an appropriate caseload, etc.).

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

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

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

STUDENT:  

DEGREE PROGRAM:  □ M.A.  □ Ph.D.  Year ___

AGENCY:  

PRIMARY AGENCY CLINICAL SUPERVISOR:  

LIST ALL OTHER CLINICAL PSYCHOLOGY SUPERVISORS:  

DATE:  

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

A. Knowledge and Skills

1. Knowledge of psychological theory and clinical research:

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

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

Yes ________  No ________

Additional comments

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
2. Clinical assessment and testing skills:

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

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

Yes ________  No_______

Additional comments

____________________________________________________________________________
____________________________________________________________________________

3. Diagnostic Skill:

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

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

Yes ________  No_______

Additional comments

____________________________________________________________________________
____________________________________________________________________________

____________________________________________________________________________
4. Testing:

- Test administration is irregular, slow or often needs to recall patient for further testing sessions due to poor test administration
- Needs continued supervision on frequently administered tests. Needs occasional consultation regarding appropriate tests to administer.
- Occasional input needed regarding fine points of test administration. Occasionally needs reassurance that selected tests are appropriate.
- Proficiently administers all tests. Completes all testing efficiently. Is able to autonomously choose appropriate tests to answer referral question.

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

Yes ________  No ________

Additional comments

______________________________________________________________________________

5. Report Writing:

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

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

Yes ________  No ________

Additional comments

______________________________________________________________________________

______________________________________________________________________________
6. **Therapeutic intervention with individual clients:**

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

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

Yes ________  No_______

Additional comments
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

7. **Therapeutic intervention in group settings:**

- Not observed/not applicable
- Unable to implement basic interventions without assistance
- Demonstrates basic intervention skills; needs frequent assistance
- Demonstrates basic intervention skills; occasionally requires assistance
- Demonstrates a variety of intervention skills; occasionally requires assistance
- Demonstrates a variety of high level intervention skills with minimal assistance (e.g., elicits participation and cooperation from members, confronts group problems appropriately, prepare for sessions; can manage group on own if had to)

This student possesses the therapeutic invention skills in group settings necessary for effective clinical work at this level of training.

Yes ________  No_______

Additional comments
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
8. Understands and Addresses Clinical Process issues:

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

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

Yes ________ No_______

Additional comments
______________________________________________________________
______________________________________________________________

9. Oral presentations:

- Not observed/not applicable
- Presentations are inadequate or reflect inadequate understanding/poorly organized
- Presentations are complete and timely but poorly organized
- Presentations are prompt and reflect adequate understanding
- Presentations are timely, concise, and reflect good understanding
- Presentations are of outstanding quality and reflect excellent understanding

This student’s oral presentation skills are appropriate for effective clinical work at this level of training.

Yes ________ No_______

Additional comments
______________________________________________________________
______________________________________________________________

______________________________________________________________
10. Professional ethics:

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

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

Yes _______ No _______

Additional comments
____________________________________________________________________________
____________________________________________________________________________

11. Knowledge of limits of competence:

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

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

Yes _______ No_______

Additional comments
____________________________________________________________________________
____________________________________________________________________________

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

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

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

Yes __________ No_______

Additional comments

______________________________________________________________________________

______________________________________________________________________________

B) Personal Qualities

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

- Not observed/not applicable
- Not motivated at all, unproductive; avoids “doing” when possible
- Shows poor motivation, does work only when instructed to but frequently fails to follow through
- Just getting by; does work when instructed and is able to follow through
- Carries his/her share of the work load; does work without requiring instruction or reminder, and attends to tasks satisfactorily
- Exceeds workload expectations, volunteers or seeks out extra tasks, and attends to them satisfactorily
This student has the personal qualities necessary for effective clinical work at this level of training.

Yes ________  No________

Additional comments

______________________________________________________________________________
______________________________________________________________________________

2. Use of time:

- Consistently demonstrates poor use of time, paperwork not completed; tardiness or unaccounted absences are a problem
- Shows poor use of time, gets things done only when instructed/reminded
- Just getting by; gets things done at the last minute; needs occasional reminder
- Completes work of above average quality, but with some occasional delays
- Completes work of high quality without requiring instruction or reminder
- Exceeds expectations of timeliness

This student’s use of time is appropriate for effective clinical work at this level of training.

Yes ________  No________

Additional comments

______________________________________________________________________________
______________________________________________________________________________

3. Response to Conflict:

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

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

Yes ________  No________

Additional comments

______________________________________________________________________________
______________________________________________________________________________

86
4. Supervision/feedback utilization:

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

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

Yes________   No __________

Additional comments

____________________________________________________________________________
____________________________________________________________________________

5. Self-Awareness of Interpersonal Impact (impact on clients):

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

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

Yes________   No __________

Additional comments

____________________________________________________________________________
____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

87
6. **Self-Awareness of Interpersonal Impact (impact on supervisors and colleagues):**

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

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

Yes________ No _________

Additional comments

______________________________________________________________________________

______________________________________________________________________________

7. **Professional presentation (demeanor/dress/grooming):**

- Not observed/not applicable
- Consistently acts, dresses, or grooms self in an inappropriate/unprofessional manner
- Often fails to dress professionally or engage in adequate grooming
- Occasionally fails to present self in a professional manner
- Reliably dresses and presents self in a professional manner
- Consistently appears and presents self in a manner that reflects the highest ideals of the profession

This student demonstrates the professional presentation appropriate for this level of training.

Yes________ No _________

Additional comments

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

8. **Ability to deal with stress:**

- Not observed/not applicable
- Consistently fails to cope with stress with severe adverse impact on professional work and relationships; denies problems
○ Ability to deal with stress is poor with some adverse impact on professional work and relationships
○ Ability to deal with stress is fair with occasional adverse impact on professional work and relationships
○ Ability to deal with stress is good with little to no adverse impact on professional work and relationships; good awareness of impact of stressors on professional functioning and seeks assistance appropriately
○ Ability to deal with stress is excellent; able to defuse problematic situations before they deteriorate; This student possesses the emotional stability and maturity to handle the challenges of the clinical experience

This student demonstrates the ability to deal with stress appropriate to this level of training.
Yes________ No _________

Additional comments
______________________________________________________________________________
______________________________________________________________________________

9. Ability to work effectively with multiple demands:

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

This student demonstrates the ability to work effectively with multiple demands appropriate for this level of training.
Yes_______ No _________

Additional comments
______________________________________________________________________________
______________________________________________________________________________

______________________________________________________________________________
C) Interpersonal Functioning

1. Relationships with clients:

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

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

Yes________ No _________

Additional comments
_________________________________________________________
_________________________________________________________

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

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

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

Yes________ No _________

Additional comments
_________________________________________________________
_________________________________________________________

_________________________________________________________
3. Team participation/Co-worker relationships:

- Not observed/not applicable
- Behavior often undermines team effort
- Behavior has little impact on team
- An active member of the team who works well with the other members
- An active member of the team who elicits the cooperation of others
- An exceptionally active member of the team whose leadership qualities are sought by others

This student demonstrates the ability to work effectively as a member of a team appropriate for this level of training.

Yes________ No________

Additional comments

______________________________________________________________________________
______________________________________________________________________________

4. Relationships with other practicum students:

- Not observed/not applicable
- Consistently fails to show good collaboration and/or collegiality with other practicum students
- Sometimes shows good collaboration and/or collegiality with other practicum students
- Often shows good collaboration and/or collegiality with other practicum students
- Consistently shows good collaboration and/or collegiality with other practicum students
- Behaviour exemplifies an ideal colleague who is regularly sought out by other practicum students due to abilities, knowledge, and willingness to share without reservation

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

Yes________ No________

Additional comments

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______________________________________________________________________________

______________________________________________________________________________
FINAL COMMENTS:

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Overall, please rate this student’s performance during the clinical placement (circle one)

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

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

SIGNED:_____________________________________
DATE:___________________________________
(Clinical/Agency Supervisor)

SIGNED:_____________________________________
DATE:___________________________________
(Student)
STUDENT EVALUATION OF CLINICAL PLACEMENT

Intern: __________________________        Supervisor: __________________________

Training Setting: __________________________        Date: __________________________

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

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

- Supervisor reviewed audiotapes
- Supervisor reviewed videotapes
- Supervisor did direct, live observation
- Student observed supervisor in sessions
- Reviewed written material
- Co-therapy (student and supervisor)
- Other: __________________________

<table>
<thead>
<tr>
<th>Supervisor facilitates the establishment and maintenance of a collaborative supervisory relationship.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – Always  2 – Mostly  3 – Occasionally  4 – Never  N/A</td>
</tr>
</tbody>
</table>

Provide comments considering the following examples:

- Clearly discusses expectations regarding the supervisory relationship.
- Openly invites comments about the quality of the supervisory relationship on an ongoing basis.
- Responds to your feedback in a non-defensive manner.
- Supervisor is physically and emotionally available for supervision.

---

1 Adapted (with permission) from, Psychology Internship Training Program (116B), Veterans Affairs, Palo Alto Health Care System, Palo Alto, CA, USA.
### Supervisor demonstrates empathy, respect, and understanding of supervisee’s experiences.

<table>
<thead>
<tr>
<th>1 – Always</th>
<th>2 – Mostly</th>
<th>3 – Occasionally</th>
<th>4 – Never</th>
<th>N/A</th>
</tr>
</thead>
</table>

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

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

<table>
<thead>
<tr>
<th>1 – Always</th>
<th>2 – Mostly</th>
<th>3 – Occasionally</th>
<th>4 – Never</th>
<th>N/A</th>
</tr>
</thead>
</table>

Provide comments considering the following examples:
- Supervisor openly addresses conflicts or problems in a constructive manner.
- When conceptual disagreements arise, supervisor negotiates them in a non-judgmental way.
- If an impasse occurs, supervisor arranges for mediation to facilitate conflict resolution.
**Supervisor works with you to reach the training goals in your clinical setting.**

<table>
<thead>
<tr>
<th>1 – Always</th>
<th>2 – Mostly</th>
<th>3 – Occasionally</th>
<th>4 – Never</th>
<th>N/A</th>
</tr>
</thead>
</table>

Provide comments considering the following examples:
- Provides clear expectations for your role and performance.
- Helps you identify your own training needs and goals for the rotation.
- Assists in meeting your training goals.

---

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

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<thead>
<tr>
<th>1 – Always</th>
<th>2 – Mostly</th>
<th>3 – Occasionally</th>
<th>4 – Never</th>
<th>N/A</th>
</tr>
</thead>
</table>

Provide comments considering the following examples:
- Feedback on your performance and written work is constructive and specific.
- Provides opportunities for direct supervision of your clinical work.
- Facilitates your accurate self-assessment (e.g., skill level, limits of competence, need for consultation, interpersonal interactions, diversity issues, other "blind spots").
**Supervisor provides supervision and guidance in all stages of the treatment process.**

<table>
<thead>
<tr>
<th>1 – Always</th>
<th>2 – Mostly</th>
<th>3 – Occasionally</th>
<th>4 – Never</th>
<th>N/A</th>
</tr>
</thead>
</table>

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

---

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

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<thead>
<tr>
<th>1 – Always</th>
<th>2 – Mostly</th>
<th>3 – Occasionally</th>
<th>4 – Never</th>
<th>N/A</th>
</tr>
</thead>
</table>

Provide comments considering the following examples:
- Directs you to consider theory and research literature to enrich your clinical understanding.
- Facilitates discussion and integration of theoretical perspective(s) in your clinical understanding.
- Is open to discussing theoretical perspectives that differ from her/his own.
- Challenges you to demonstrate your knowledge of interventions and clinical situations.
**Supervisor enhances development of your professional identity.**

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<thead>
<tr>
<th>1 – Always</th>
<th>2 – Mostly</th>
<th>3 – Occasionally</th>
<th>4 – Never</th>
<th>N/A</th>
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</thead>
</table>

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

---

**The supervisor models professional behavior.**

<table>
<thead>
<tr>
<th>1 – Always</th>
<th>2 – Mostly</th>
<th>3 – Occasionally</th>
<th>4 – Never</th>
<th>N/A</th>
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</thead>
</table>

Provide comments considering the following examples:
- The supervisor provides opportunities for the supervisee to observe him/her in professional work.
- The supervisor acts ethically and facilitates discussion of ethical issues.
- The supervisor problem-solves effectively in the immediate work setting and healthcare system.
- The supervisor collaborates constructively with referral sources
- The supervisor communicates a coherent, well-integrated model of intervention/assessment
The supervisor exhibits knowledge of and respect for cultural and individual diversity in clinical intervention and research.

<table>
<thead>
<tr>
<th>1 – Always</th>
<th>2 – Mostly</th>
<th>3 – Occasionally</th>
<th>4 – Never</th>
<th>N/A</th>
</tr>
</thead>
</table>

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

The supervisor facilitates the intern’s understanding of the team’s functioning and interpersonal interactions.

<table>
<thead>
<tr>
<th>1 – Always</th>
<th>2 – Mostly</th>
<th>3 – Occasionally</th>
<th>4 – Never</th>
<th>N/A</th>
</tr>
</thead>
</table>

Provide comments considering the following examples:
- The supervisor helps the intern understand the role of psychology within the context of the team.
- The supervisor helps the intern learn about the role of team members from other professions.
- The supervisor can describe the development of the team and/or team interactions in a way that is beneficial for the intern in working with team members.
Strengths and limitations with regard to your particular training experience:

Strengths and limitations with regard to your particular training site:
You will need to keep track of your practicum/internship hours. In order to be consistent with APPIC guidelines, please complete the attached excel sheet and list of administered assessment instruments for each of your placements. You can also total these up across placements using the excel sheet. This excel sheet was taken from http://education.uky.edu/EDP/content/counseling-psych-practicum-guidelines.

There is also a brief article about it if you want more information on its development:


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

The spread sheet is set up for 21 columns as follows:

- the first column of the spread sheet follows the categories on the APPIC form. The category headers are bold and follow the outline of the APPIC form;
- the second column is the total practicum hours for the site. As you enter the data for each week, the spreadsheet formula sums the hours;
- the third column and onwards are the data entry fields.
## Adult Assessment Instruments

<table>
<thead>
<tr>
<th>Symptom Inventories</th>
<th># Clinically Administered/Score</th>
<th># Clinical Reports Written with this Measure</th>
<th># Administered as Part of a Research Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beck Depression Inventory</td>
<td></td>
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<tr>
<td>Hamilton Depression Scale</td>
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<tr>
<td>Beck Anxiety Inventory</td>
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<tr>
<td>Adult Manifest Anxiety Scale</td>
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<tr>
<td>Other Measures</td>
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<tr>
<td>If “Other Measures”, please specify:</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Diagnostic Interview Protocols</th>
<th># Clinically Administered/Score</th>
<th># Clinical Reports Written with this Measure</th>
<th># Administered as Part of a Research Project</th>
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</thead>
<tbody>
<tr>
<td>SADS</td>
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<td>SCID</td>
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<td>If “Other Measures”, please specify:</td>
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</tbody>
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<table>
<thead>
<tr>
<th>General Cognitive Assessment</th>
<th># Clinically Administered/Score</th>
<th># Clinical Reports Written with this Measure</th>
<th># Administered as Part of a Research Project</th>
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</thead>
<tbody>
<tr>
<td>Stanford-Binet 3</td>
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<tr>
<td>TONI-3</td>
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<tr>
<td>WAIS III and WAIS IV</td>
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<td>If “Other Measures”, please specify:</td>
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<table>
<thead>
<tr>
<th>Visual-Motor Assessment</th>
<th># Clinically Administered/Score</th>
<th># Clinical Reports Written with this Measure</th>
<th># Administered as Part of a Research Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bender Gestalt</td>
<td></td>
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<tr>
<td>Other Visual-Motor Assessment Measures</td>
<td></td>
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<tr>
<td>If “Other Measures”, please specify:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Commonly Used Neuropsychological Assessment Measures</th>
<th># Clinically Administered/Score</th>
<th># Clinical Reports Written with this Measure</th>
<th># Administered as Part of a Research Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boston Diagnostic Aphasia Exam</td>
<td></td>
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<tr>
<td>Brief Rating Scale of Executive Function (BRIEF)</td>
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<tr>
<td>Dementia Rating Scale - II</td>
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<tr>
<td>California Verbal learning Test</td>
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<tr>
<td>Specify Version:</td>
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<tr>
<td>Continuous Performance Test</td>
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<tr>
<td>Specify Version:</td>
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<tr>
<td>Delis Kaplan Executive Function System</td>
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<tr>
<td>Finger Tapping</td>
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<tr>
<td>Grooved Pegboard</td>
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<tr>
<td>Rey-Osterrieth Complex Figure</td>
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<tr>
<td>Trailmaking Test A &amp; B</td>
<td></td>
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<tr>
<td>Test/Inventories</td>
<td># Clinically Administered/Score</td>
<td># Clinical Reports Written with this Measure</td>
<td># Administered as Part of a Research Project</td>
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<tr>
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<tr>
<td><strong>Wechsler Memory Scale III</strong></td>
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<tr>
<td><strong>Wisconsin Card Sorting Test</strong></td>
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<tr>
<td>If “Other Measures”, please specify:</td>
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</tr>
<tr>
<td><strong>Commonly Used Measures of Academic Functioning</strong></td>
<td><strong># Clinically Administered/Score</strong></td>
<td><strong># Clinical Reports Written with this Measure</strong></td>
<td><strong># Administered as Part of a Research Project</strong></td>
</tr>
<tr>
<td>Strong Interest Inventory</td>
<td></td>
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<tr>
<td>Wechsler Individual Achievement Test (WIAT)</td>
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<tr>
<td>Wide Range Assessment of Memory and Learning Specify Version:</td>
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<tr>
<td>WRAT-4</td>
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<tr>
<td>If “Other Measures”, please specify:</td>
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<tr>
<td><strong>Behavioral/Personality Inventories</strong></td>
<td><strong># Clinically Administered/Score</strong></td>
<td><strong># Clinical Reports Written with this Measure</strong></td>
<td><strong># Administered as Part of a Research Project</strong></td>
</tr>
<tr>
<td>Millon Clinical Multi-Axial III (MCMI)</td>
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<tr>
<td>Minnesota Multiphasic Personality Inventory II</td>
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<tr>
<td>Myers-Briggs Type Indicator</td>
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<tr>
<td>Personality Assessment Inventory</td>
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<tr>
<td>If “Other Inventories”, please specify:</td>
<td></td>
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<tr>
<td><strong>Measures of Malingering</strong></td>
<td><strong># Clinically Administered/Score</strong></td>
<td><strong># Clinical Reports Written with this Measure</strong></td>
<td><strong># Administered as Part of a Research Project</strong></td>
</tr>
<tr>
<td>Structured Interview of Reported Symptoms (SIRS)</td>
<td></td>
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<tr>
<td>Miller Forensic Assessment of Symptoms Test (M-FAST)</td>
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<tr>
<td>Rey 15-Item Test</td>
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<tr>
<td>Test of Memory Malingering (TOMM)</td>
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<td>If “Other Measures”, please specify:</td>
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<tr>
<td><strong>Forensic/Risk Assessment</strong></td>
<td><strong># Clinically Administered/Score</strong></td>
<td><strong># Clinical Reports Written with this Measure</strong></td>
<td><strong># Administered as Part of a Research Project</strong></td>
</tr>
<tr>
<td>Psychopathy Checklist-Revised (PCL-R); Static 99</td>
<td></td>
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<tr>
<td>Violence Risk Assessment Guide (VRAG)</td>
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<tr>
<td>History-Clinical-Risk 20 (HCR-20)</td>
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<tr>
<td>Validity Indicator Profile</td>
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<td>If “Other Measures”, please specify:</td>
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<tr>
<td><strong>Projective Assessment</strong></td>
<td><strong># Clinically Administered/Score</strong></td>
<td><strong># Clinical Reports Written with this Measure</strong></td>
<td><strong># Administered as Part of a Research Project</strong></td>
</tr>
<tr>
<td>Human Figure Drawing</td>
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<tr>
<td>Kinetic Family Drawing</td>
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<tr>
<td>Sentence Completion</td>
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<tr>
<td>Thematic Apperception Test</td>
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<tr>
<td>Rorschach</td>
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<tr>
<td>Rorschach Scoring System:</td>
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</tbody>
</table>
### Child and Adolescent Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th># Clinically Administered/Scored</th>
<th># Clinical Reports Written with this Measure</th>
<th># Administered as Part of a Research Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADI-R</td>
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<tr>
<td>ADOS</td>
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<tr>
<td>Barkley-Murphy Checklist ADHD</td>
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<tr>
<td>Bayley Scaler of Infant Development 3</td>
<td></td>
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<tr>
<td>BASC</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>BRIEF</td>
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<td>Bender Gestalt</td>
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<td>Children’s Memory Scale</td>
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<td>Delis Kaplan Executive Function System</td>
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<td>Diagnostic Interviews (e.g., DISC, Kiddie-SADS)</td>
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<tr>
<td>Human Figure Drawing</td>
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<td>Kinetic Family Drawing</td>
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<td>MAPI</td>
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<td>Parent Report Measures (e.g. CBCL)</td>
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<td>Peabody Picture Vocabulary Test</td>
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<td>Roberts Apperception Test for Children</td>
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<td>WISC-IV</td>
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<td>WPPSI-III</td>
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<tr>
<td>Other Tests (specify)</td>
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### Practicum Site Hours

#### Cumulative Site Practicum Hrs

<table>
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<tr>
<th>Category</th>
<th>Description</th>
<th>Older Adults (65+)</th>
<th>Adults (18-64)</th>
<th>Adolescents (13-17)</th>
<th>School-Age (6-12)</th>
<th>Pre-School Age (3-5)</th>
<th>Infants/Toddlers (0-2)</th>
<th>Adults</th>
<th>Adolescents</th>
<th>Children (12 and under)</th>
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<td>c. Group Counseling</td>
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<td>g. Other Psychological Interventions</td>
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<td>h. Other Psych Experience with Students and/or Organ.</td>
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<td>1. Supervision of other students</td>
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<td>2. Program Development/Outreach Programming</td>
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<td>3. Outcome Assessment of programs or projects</td>
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<td>3. Supervision Received</td>
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<td>a. Individual Supervision by Licensed Psychologist</td>
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<td>d. Group Sup. by Licensed Allied Ment. Health Professional</td>
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<td>4. Support Activities**</td>
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** includes case conferences; case management; consultation; didactice training/seminars; progress notes; chart review; psych assessment scoring, interpretation, and report-writing; video/audio recording review
Supervision Practicum
Student – Supervisor Agreement

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

Student ______________________

Clinical Supervisor ______________________

University Coordinator ______________________
EVALUATION OF STUDENT SUPERVISORY SKILLS

Student supervisor: _______________________________________  Faculty supervisor: 

Training Setting: _______________________________________  Date: ______________________

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

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

- [ ] reviewed audiotapes of student supervisor  - [ ] reviewed videotapes of student supervisor  
- [ ] direct, live observation  - [ ] Reviewed written material
- [ ] Other: ____________________________________________

<table>
<thead>
<tr>
<th>Student supervisor facilitates the establishment and maintenance of a collaborative student supervisory relationship.</th>
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</thead>
<tbody>
<tr>
<td>1 – Always  2 – Mostly  3 – Occasionally  4 – Never  N/A</td>
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</table>

Provide comments considering the following examples:

- Clearly discusses expectations regarding the student supervisory relationship.
- Openly invites comments about the quality of the student supervisory relationship on an ongoing basis.
- Responds to feedback in a non-defensive manner.
- Student supervisor is physically and emotionally available for supervision.
**Student supervisor demonstrates empathy, respect, and understanding of supervisee’s experiences.**

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<tr>
<th>1 – Always</th>
<th>2 – Mostly</th>
<th>3 – Occasionally</th>
<th>4 – Never</th>
<th>N/A</th>
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</thead>
</table>

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

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

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<tr>
<th>1 – Always</th>
<th>2 – Mostly</th>
<th>3 – Occasionally</th>
<th>4 – Never</th>
<th>N/A</th>
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Provide comments considering the following examples:
- Student supervisor openly addresses conflicts or problems in a constructive manner.
- When conceptual disagreements arise, student supervisor negotiates them in a non-judgmental way.
- If an impasse occurs, student supervisor arranges for mediation to facilitate conflict resolution.
**Student supervisor works with students to reach the training goals in your clinical setting.**

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<tr>
<th>1 – Always</th>
<th>2 – Mostly</th>
<th>3 – Occasionally</th>
<th>4 – Never</th>
<th>N/A</th>
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Provide comments considering the following examples:
- Provides clear expectations of students under supervision.
- Helps you identify training needs and goals for the rotation.
- Assists in meeting student training goals.

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

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<th>1 – Always</th>
<th>2 – Mostly</th>
<th>3 – Occasionally</th>
<th>4 – Never</th>
<th>N/A</th>
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</table>

Provide comments considering the following examples:
- Feedback on performance and written work is constructive and specific.
- Provides opportunities for direct supervision of clinical work.
- Facilitates your accurate self-assessment (e.g., skill level, limits of competence, need for consultation, interpersonal interactions, diversity issues, other "blind spots").
**Student supervisor provides supervision and guidance in all stages of the treatment process.**

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<th>1 – Always</th>
<th>2 – Mostly</th>
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<th>4 – Never</th>
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Provide comments considering the following examples:
- Helps prepare students for various types of patients, clinical problems, and staff relationships
- Helps students with case conceptualization, treatment planning, and working through clinical impasses
- Helps students see emotional responses and personal issues that may interfere with clinical effectiveness.
- Helps students understand and address termination issues.
- Discusses legal and ethical standards in clinical work and helps students apply this knowledge

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

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<th>1 – Always</th>
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<th>4 – Never</th>
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Provide comments considering the following examples:
- Directs students to consider theory and research literature to enrich clinical understanding.
- Facilitates discussion and integration of theoretical perspective(s).
- Is open to discussing theoretical perspectives that differ from her/his own.
- Challenges students to demonstrate knowledge of interventions and clinical situations.
**Student supervisor enhances development of student professional identity.**

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<th>1 – Always</th>
<th>2 – Mostly</th>
<th>3 – Occasionally</th>
<th>4 – Never</th>
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Provide comments considering the following examples:
- Encourages development of your student professional identity and style.
- Encourages students to develop independence and self-confidence as a professional.
- Assists in clarifying student readiness (skill level, emotional readiness) to pursue career goals.

**The student supervisor models professional behavior.**

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<th>1 – Always</th>
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Provide comments considering the following examples:
- The student supervisor provides opportunities for the supervisee to observe him/her in professional work.
- The student supervisor acts ethically and facilitates discussion of ethical issues.
- The student supervisor problem-solves effectively in the immediate work setting and healthcare system.
- The student supervisor collaborates constructively with referral sources.
- The student supervisor communicates a coherent, well-integrated model of intervention/assessment.
The student supervisor exhibits knowledge of and respect for cultural and individual diversity in clinical intervention and research.

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<th>1 – Always</th>
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Provide comments considering the following examples:
- The student supervisor has respect for diversity and awareness of providing culturally competent services.
- The student supervisor is aware of his/her limitations of knowledge of cultural and individual diversity.
- The student supervisor is helpful in seeking out additional information about diverse groups.
- The student supervisor is aware of own struggles with persons of different backgrounds.
- The student supervisor is aware of his/her own cultural identity, world view, and value system.

The student supervisor facilitates student understanding of the team's functioning and interpersonal interactions.

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<th>1 – Always</th>
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Provide comments considering the following examples:
- The student supervisor helps the trainee understand the role of psychology within the context of the team.
- The student supervisor helps the trainee learn about the role of team members from other professions.
- The student supervisor can describe the development of the team and/or team interactions in a way that is beneficial to the trainee in working with team members.
Overall strengths of student supervisor

Challenges faced by student supervisor
Appendix C

Saskatchewan Sites

Child & Youth Mental Health Services, Regina

Children’s Rehabilitation Program, Wascana Rehabilitation Centre, Regina

Functional Rehabilitation Program, Wascana Rehabilitation Centre, Regina

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

Prince Albert Parkland Health Region Mental Health Centre, Prince Albert

RCMP Mental Health Center

Regina Mental Health Clinic, Regina

Saskatoon Regional Psychiatric Centre, Saskatoon

University of Regina Counselling Services, Regina

University of Regina Psychology Training Clinic, Regina

Out of province sites that have taken often students

Calgary: Calgary Health Region

Edmonton: Cross Cancer Clinic

Hamilton: St. Joseph’s Hospital and McMaster University

Toronto: Centre for Mental Health and Addictions

Student Work Placement Health and Safety Checklist

Schedule “B”
Child and Youth Mental Health Services, RQHR (M.A. Internship and Ph.D. Practicum Site)

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

Contact Supervisor:
Pamela Olson
Pamela.Olson@rqhealth.ca
306-766-6700

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

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

  Developmental Assessment Clinic (DAC)
  Regina General Hospital

Contact Supervisor:
  Dr. Heather Switzer
  (306) 766-5446
  Monday, Tuesday, Thursday – Children’s Program
  Wednesday - DAC

Site Description:
Theoretical Orientation
  Primarily CBT, also some Narrative, Family and Interpersonal therapy.

Population
  Children, birth to 21 years

Training Experiences
  This setting is focused on providing psychological services to children and adolescents with physical and intellectual disabilities including: assessment, diagnosis, intervention, school programming, advocacy, parent training and supportive counseling.
Functional Rehabilitation Program, RQHR (M.A. Internship and Ph.D. Practicum Site)

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

Contact Supervisor:
Dr. Tom Robinson
Tom.Robinson@rqhealth.ca
306-766-5412

Supervisors:
Dr. Dave West-Johnson
dave.westjohnson@rqhealth.ca
306-766-5145

Dr. Kristine Kowalyk
Kristine.Kowalyk@rqhealth.ca
306-766-5913

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

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

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

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

Contact Supervisor:
Dr. Wayne Schlapkohl
Wayne.S@pnrha.ca
306-446-6538
306-446-6546 (fax)

Other Supervisors:
Dr. David Jackson

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

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

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

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

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

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

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

The intern’s experience with individual therapy depends a great deal on who is admitted during the period of the internship. Often interns are able to provide help to clients with borderline personality disorder or a mood disorder. For those individuals with borderline personality disorder, the intern is asked to follow loosely Linehan’s conception of therapy for these clients which involves a great deal of validating the client’s experiences, encouraging contact when the client has thoughts of self-harm (but temporarily discouraging contact if they do self-harm without making alternative attempts at coping), and some use of behavioural and cognitive techniques. Individual sessions are ideally videotaped and some of these tapes will be watched with your supervisor.
The intern’s experience with assessment again varies depending on the clientele at the time, but most interns will administer and interpret the WAIS-III, MCMI-III, and brief neurological screens. Then depending on the referral questions, a Beck Depression Inventory, a structured interview for psychosis (SCI-PANNS), WMS-III, or other tests may be administered and interpreted. Because of staffing in the Psychiatric Rehabilitation Program, interns are required to do the social history on their clients. Because of the length of time most clients will stay at our program (approximate median length of stay is two years) we tend to use a domain style, lengthy narrative report (many reports are seven to nine pages).

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

Our training program is based in the Battlefords and is open to graduate students in clinical psychology at any university. So far, we have accepted graduate students from the University of Regina and the University of Saskatchewan.
Prince Albert Parkland Health Region (M.A. Internship Site)

**Location:**
Prince Albert Mental Health Centre  
Box 3003  
2345-10th Ave. West  
Prince Albert, SK S6V 6G1  
306-765-6055

**Contact supervisor:**  
Dr. Lisa Berg-Kolody; lberg-kolody@paphr.sk.ca

**Site Description:**

The Prince Albert Mental Health Centre (PAMHC) is a fully integrated, multidisciplinary agency. We offer our services to individuals of all ages from urban and rural settings who have a broad range of psychological, behavioural and emotional difficulties. We are a multidisciplinary centre with psychology, psychiatry, social work and community mental health nursing team members. Staff members represent all major theoretical perspectives and services are offered in individual, family, play and group contexts. Outpatient clinical services are delivered in a central office setting, as well as in rural clinic locations. Specialty services offered at PAMHC include spousal violence programming, adult and adolescent sexual offender services, eating disorders programming, group programs for depression and anxiety, and child psychiatry.

Our service area also provides ample opportunity to work with aboriginal people from urban and reserve backgrounds. Outpatient services are the focus of the rotation but opportunities exist for involvement with psychiatric inpatients. In addition to two inpatient psychiatric villas with 48 beds, four major outpatient team services are represented at PAMHC: (1) child and youth team, (2) adult outpatient team, (3) community forensic mental health team, and (4) psychiatric rehabilitation team. As such, the intern/resident has opportunity to work in a variety of assessment and individual, group and family psychotherapy contexts with both in- and out-patients. Presenting problems are wide ranging and include all usual diagnostic categories. The rotation is designed to allow the intern/resident to select experiences consistent with their training needs and interests. However, the intern/resident will be expected to complete assessments of both cognitive and personality functioning. The development of skills in the areas of psychotherapy and consultation will also be required. As well, there may be the opportunity to complete a psychological risk assessment for court, if desired. The ratio of different tasks is determined through negotiation between the intern/resident, the supervisors, and psychology training coordinator.

**Primary Supervisors: Clinical Interests**

All supervisors below are registered. There may be opportunities to work with other clinicians at the Centre.

- Lisa Berg-Kolody, Ph.D. (University of Saskatchewan, 2002). **Psychology Training Coordinator.** Adults and geriatric clients. Cognitive behavioural and interpersonal therapies, group psychotherapy, mood disorders, personality disorders, health psychology, geriatric assessment and treatment.
• Carrie Hicks, Ph.D. (University of Saskatchewan, 2003). Assessment and treatment of a wide range of difficulties in children, youth and adults including developmental concerns, behaviour problems, parent-child management, health-related issues, brain injury, depression and anxiety.

• Margaret Ralston, Ph.D. (University of Windsor, 2006). Cognitive behavioral therapy, emotion-focused therapy, and interpersonal therapy for adults with depression, anxiety, bipolar disorder, interpersonal and personality issues; health psychology; cognitive and personality assessment; CBT group therapy for social anxiety and anger management.

Housing:
Free accommodations for people somehow affiliated with the hospital (e.g., residents in training, nurses) have historically been available. Future availability is expected but cannot be guaranteed. Please contact Dr. Berg-Kolody for details and availability.

Prince Albert Parkland Health Region:
The Prince Albert Parkland Health Region is located in north central Saskatchewan and is the third-largest of the province’s RHA. We provide a range of specialty services to more than 77,000 people in one city, and 40 towns, villages and rural municipalities, as well as 12 First Nations. It is a major referral centre for health-care services for residents of northern Saskatchewan.

For More information on PAPHR see: http://www.paphr.sk.ca/menu_pg.asp
RCMP Health Services (Practicum Site)

Location:
Medical Treatment Centre
RCMP “Depot”
5600 - 11th Ave.
Regina, SK
S4Y 1A7

Contact Supervisor:
Jason Peebles, PhD
R.Psych(AB), R.D.Psych.(SK), CRHSPP
jason.peebles@rcmp-gcc.gc.ca
(306) 780-6933

Description:

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

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

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

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

Contact Supervisors:
Katherine Owens, Ph.D.
306-766-7800

Other Supervisors:
Heather Elliot, M.A.
Katherine Storey, M.A.
Amy Janzen, Ph.D.
Meghan Woods, Ph.D.

Site Description:
Theoretical Approach
Primarily CBT, DBT, Interpersonal

Training
M.A. Internships and Doctoral Student Practicum

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

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

Location:
Regional Psychiatric Centre
2520 Central Ave N
PO Box 9243
Saskatoon, SK
S7K 3X5

Supervisors:
Women’s Mental Health Program - Churchill Unit
Cindy Presse, Ph.D. (R)
306-975-4310
Clinical and Research Interests: Assessment/treatment of female offenders, psychopathy, antisocial attitudes

Aggressive Behaviour Control Program - McKenzie & Assiniboine Units
Natalie Polvi, Ph.D. (R)
306-975-5216
Clinical and Research Interests: Assessment/treatment of violent offenders, suicide assessment/management

Sex Offender Program - Clearwater Unit
Therese Daniels, Ph.D. (R)
306-975-5439

Clinical and Research Interests: Boundary issues, Assessment/treatment of sex offenders

Psychiatric Rehabilitation Program - Bow Unit
Terry Nicholaichuk, Ph.D. (R)
Clinical and Research Interests: Assessment/treatment of sex offenders/mentally ill offenders, treatment responsivity, learning disabilities

Site Description:
Type of setting
Forensic mental health facility fully accredited by the Canadian Council on Health Services Accreditation.

Purpose or mission of the treatment facility
To improve the mental health of people in conflict with the law, thus contributing to the protection of society.

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

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

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

Learning experiences available to a practicum/summer student at the agency that will
facilitate the development of the six important capacities outlined in the CPA/APA
accreditation statement
To some extent, learning experiences available to students at the RPC depend on the program unit
and the psychologist offering the placement. Structured psycho-educational groups led by
various members of multi-disciplinary teams are offered on all units. Students working with sex
offenders (Clearwater Unit) and violent offenders (McKenzie & Assiniboine Units) typically
spend a major portion of their time in these groups as well as disclosure groups which include a
number of unit staff. Students working with mentally ill offenders (Bow Unit) and female
offenders (Churchill Unit) tend to spend a greater proportion of their time on individual treatment
and assessment services.
University of Regina Counselling Services (Ph.D. Practicum Site)

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

Contact Supervisor:
Dr. Kent Klipenstine
306-585-4497

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

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

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

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

Assessments, for the most part, are interview based. Instruments assessing personality types, eating disorders, coping styles, etc. are available for use.
University of Regina Psychology Training Clinic (Ph.D. Practicum Site)

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

Contact Supervisor:
Heather Hadjistavropoulos, Ph.D., R.D. Psych
Heather.Hadjistavropoulos@uregina.ca
306-585-5133

Other Supervisors:

Lynn Loutzenhiser, Ph.D., R.D. Psych
Lynn.Loutzenhiser@uregina.ca
306-585-4078

Kristi Wright, Ph.D., R. D. Psych
Kristi.wright@uregina.ca
306-585-4157

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

Theoretical Orientation
Varies depending on supervisor.

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

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

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

**Student Name:**

**Work Placement Organization:**

**Address:**

**Telephone:**

**Fax:**

Contact for compliance with the requirements of Health & Safety Legislation:

**Name:**

**Position:**

| **If you say no to any of the following questions please use the explanation form attached to clarify.** |
|---|---|
| 1. Do you have a written health & safety policy? | **(Check as appropriate)** | Yes | No |
| 2. Do you have an occupational health committee? | | | |
| 3. Do you ensure health & safety related training is provided for people working in your undertaking including use of vehicles, plant & equipment, and will you provide all necessary health and safety training for the placement student? | | | |
| 4. Is the organisation registered with the Workers’ Compensation Board? | | | |

**Risk Assessment**

5. Have you carried out risk assessment of your work practices to identify possible risks whether to your own employees or to others within your undertaking?

6. Are risk assessments kept under regular review?

7. Are the results of risk assessment implemented?

**Accidents and Incidents**

8. Is there a formal procedure for reporting and recording accidents and incidents?

9. Are procedures in place in the event of serious and imminent danger to people at work in your undertaking?

10. Will you report to the university all recorded accidents involving placement students?

11. Will you report to the university any sickness involving placement students, which may be attributable to the work?

Signed __________________________ Dated __________________________

**Position** __________________________

Thank you for completing the questionnaire.
Please return it as soon as possible to the faculty/department listed below:

**Faculty/Department:** __________________________
Schedule “B”

Work-Based Learning Consent and Agreement

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

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

The Act provides that neither a (student) worker nor the (student) worker’s dependants may sue any employer or another worker covered by workers’ compensation, with respect to an injury sustained by the (student) worker in the course of employment. Information for obtaining a copy of the Act, the Board policy and the memorandum which more particularly detail the rights and obligations of students, may be obtained by phoning the Practical and Applied Arts Co-ordinator at Saskatchewan Learning (Regina information 787-6030).

CONSENTS AND AGREEMENT

The student and (if the student is a minor) the student’s parent/guardian

(a) consent to the student participating in a work-based learning assignment associated with the course described as ____________________________ while placed with ______________________________________(the local employer)

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

(e) agree (in consideration of receiving workers’ compensation coverage at no cost to the student) with the local employer and workers covered by the Act, the relevant school, post-secondary institution, or community-based organization and with Saskatchewan Learning and the Board, to be subject to the legal rights, benefits, obligations and restrictions while placed with the local employer more particularly described in the above introduction.

Dated at __________, Saskatchewan this ___ day of __________, 200__.

Signatures:

__________________________  __________________________
Student                                              Parent/guardian (of a student under 18) or
Witness (for a student 18 or older)

__________________________
Student ID #

Thank you for completing the form. Please return it as soon as possible to:
The Registrar’s Office - AH 210, University of Regina, 3737 Wascana Parkway, Regina SK S4S 0A2
phone 585-4175

130
Appendix D

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>CLIENT NAME (please print)</th>
<th>SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
</table>
ORAL CASE EXAMINATION INSTRUCTIONS

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

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

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

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

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

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

STUDENT:
DATE:
CHAIR:
COMMITTEE MEMBER:

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

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

- Is aware of limitations of treatment (usually involves reference to research).

- Communicates ideas about how could improve treatment.

- Indicates how determined outcome (e.g., measures, self report, behaviour).

- Indicates how could have improved assessment of outcome.

- Identifies areas where further research is needed.

- Uses theory and research to respond to questions when appropriate.

- Describes role of supervision in assessment and treatment (amount, type, value, key moments).

- Communicates information in a clear, organized professional manner.

- Is receptive to questions and comments.

- Is well prepared for questions – readily has case material and research literature available to answer questions.

- Responds to questions in articulate manner.

- Demonstrates professional behaviour during the presentation (e.g., does not cry, become angry or defensive).
ORAL CASE PRESENTATION RECOMMENDATION: Please circle

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

Strengths:

Weaknesses/ Recommendations for Improvement:

CHAIR TO COMPLETE FORM AND RETURN TO THE DIRECTOR OF CLINICAL TRAINING BY AUGUST 26TH
ETHICS ORAL EXAMINATION INSTRUCTIONS

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

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

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

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

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

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

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

STUDENT:  
DATE:  
CHAIR:  
COMMITTEE:  

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

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

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

Strengths:

Weaknesses/ Recommendations for Improvement:

CHAIR TO COMPLETE AND RETURN FORM TO THE DIRECTOR OF CLINICAL TRAINING BY AUGUST 26TH
 Saskatchewan College of Psychologist’s Standardized Examination Questions

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

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

**STUDENT:**
**DATE:**
**CHAIR:**
**COMMITTEE:**

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

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

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

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

CHAIR TO COMPLETE FORM AND RETURN TO DCT BY AUGUST 26TH
PROGRAM EVALUATION – INSTRUCTIONS

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

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

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

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

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

Strengths:

Weaknesses/ Recommendations for Improvement:

CHAIR TO COMPLETE AND RETURN FORM TO THE DIRECTOR OF CLINICAL TRAINING BY AUGUST 26TH
Logistics Related to Comprehensive Exams

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

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

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

**Responsibilities of Chair of the Comprehensive Examination Committee**

1) Answer any questions the student may have about the examination process.
2) Working with the departmental secretary, ensure that dates are set, committee members can attend and rooms and equipment are booked. Follow the timelines set by the Clinical Committee as closely as possible.
3) Should a committee member not be able to fulfill his or her responsibilities, find an alternate committee member if necessary. Note exams must have two committee members, with a third committee member reviewing the recording if necessary in the event that the two committee members do not agree on whether the student should pass.
4) **Case presentation:**
   a) Introduce the candidate.
   b) Record the examination (equipment provided by student). Ask the student to erase the recording if the student passes; if the student appeals, provide the DCT with the recording.
   c) Time the exam.
   d) Monitor the oral presentation time. Stop the exam after 1 hour for the presentation. Allow for 45 minutes to 1 hour for questions with some flexibility to allow for variability in the performance of the candidate and preferences of the examination committee.
   e) Ask committee members to take turns asking questions. Remind them that they should ask questions in a supportive manner and should not ask leading questions.
   f) If necessary, ask committee members to move on from one line of questioning to ensure that other important areas can be examined.
   g) Aim to cover the areas on the evaluation form.
   h) If any concerns emerge in student behaviour or committee member behaviour, suggest that a short break be taken. If a problem arises in student behaviour (e.g., crying) discuss the problem
behaviour with the student privately allowing the student to correct the behaviour and resume the exam. If a problem arises with committee behaviour (e.g., harsh questioning) discuss the problem with the committee member privately and resume the exam.

i) Have the student leave the room after the question period. Lead the discussion of the candidate using the evaluation form. This should take ~ 15 minutes.

j) Provide feedback to the student on his or her performance.

k) Complete the evaluation form and return the form to the DCT by the end of the term.

l) If the student fails, the student will arrange to take 865 again the next semester completing all components that are failed. The DCT will form a new committee (potentially consisting of the same committee members) and the student will have to present a second oral case presentation if this component of the exam is failed. A second failure of 865 will result in the student being discontinued from the program.

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

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

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

1) Annual Student Review
2) M.A. Program Summary Form
3) Ph.D. Program Summary Form
Please provide information for the September – August, recognizing that you will need to report on activities that are planned for spring/summer.

<table>
<thead>
<tr>
<th>Courses Completed for Past Year (please list):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

| Thesis Progress During Past Year:             |
| Thesis Title:                                 |
| Committee:                                    |
| Current Status (e.g., preparation of proposal, data collection): |

<table>
<thead>
<tr>
<th>Other Research Experience For Past Year Only (e.g., Research Assistant):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Journal or Chapter Publications for past year</th>
</tr>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Presentations for past year:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Practica/Internships (specify setting and number of hours during last year):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Clinical Activities (specify nature and number of hours during last year):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
Teaching Activities (specify nature and amount of time during last year only):

Administrative Activities (e.g., PGSA) during last year only:

Membership in Professional Organizations during last year only:

Additional Educational Activities (specify nature and amount of time during last year):

Other Experiences not listed above during last year:

**Funding:** This information is used to estimate amount of income for students over the year; please ensure this information is as complete and as accurate as possible.

<table>
<thead>
<tr>
<th></th>
<th>Sept-Dec</th>
<th>Jan-April</th>
<th>May-Aug</th>
</tr>
</thead>
<tbody>
<tr>
<td>FGSR – (name of award &amp; amount)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal Scholarship (name [e.g., NSERC, SSHRC, CIHR] &amp; amount)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Scholarship (name and amount)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teaching Assistant (hours and amount for semester)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sessional (hours and amount for semester)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research Assistant (employer, hours and amount for semester)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Employment (employer, hours and amount)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Income for Year (please ensure all amounts in boxes above add up to your total income for the year): ___________________
PERSONAL AND PROGRAM PLANS FOR NEXT ACADEMIC YEAR

<table>
<thead>
<tr>
<th>Category</th>
<th>September -August</th>
</tr>
</thead>
<tbody>
<tr>
<td>Courses:</td>
<td></td>
</tr>
<tr>
<td>Additional Educational Activities:</td>
<td></td>
</tr>
<tr>
<td>Thesis:</td>
<td></td>
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<tr>
<td>Additional Research Experience:</td>
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<tr>
<td>Practica/Internships:</td>
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</tr>
<tr>
<td>Additional Clinical Experiences:</td>
<td></td>
</tr>
<tr>
<td>Teaching Activities:</td>
<td></td>
</tr>
<tr>
<td>Administrative Activities:</td>
<td></td>
</tr>
<tr>
<td>Total Planned Employment (should not exceed 20 hours per week):</td>
<td></td>
</tr>
</tbody>
</table>

Please note any difficulties that you have faced that you feel may have interfered in meeting Program and personal goals.

Please note any concerns that you would like to be brought to the attention of the DCT or the Clinical Committee regarding Program and personal goals.
To assist in keeping records for CPA please complete the following table. You may need to estimate to ensure that you capture the full year. I realize that this information may be captured elsewhere, but completing this table assists with entry of information for the CPA progress report.

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

Name:

SECTION II: SUMMARY OF MASTER OF ARTS PROGRAM

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

Required Courses:

<table>
<thead>
<tr>
<th>Course #</th>
<th>Title</th>
<th>Credits</th>
<th>Grade</th>
<th>Semester Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSYC 801</td>
<td>Research Design &amp; Methodology</td>
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Internship site:
Electives:

Please make note of any deviations in Program from above:
CLINICAL PSYCHOLOGY PHD PROGRAM SUMMARY FORM

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

SECTION I: GENERAL INFORMATION

<table>
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<td>Expected Ph.D. Completion Date:</td>
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<td>Supervisor:</td>
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SECTION II: PH.D. PROGRAM

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## COMPETENCY AREAS

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## SUPERVISED CLINICAL EXPERIENCE:

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## COMPREHENSIVE EXAMINATION IN CLINICAL PSYCHOLOGY

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<td>Written Exam</td>
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<td>Oral Ethics Exam</td>
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<td>Program Evaluation</td>
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If you did not obtain your MA in Clinical Psychology from our program, please list any additional requirements you have taken or any changes to the above:

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<thead>
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<th>Title</th>
<th>Credits</th>
<th>Grade</th>
<th>Semester Completed</th>
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156
Appendix F

1. Thesis Timelines for M.A.
2. Thesis Timelines for Ph.D.
3. Important Deadlines
Clinical Program: Typical Master’s Thesis Defense Timeline

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

- 4 weeks

Following multiple drafts and approval by supervisor the thesis is sent to committee members to read over and offer suggested revisions.

- 4 weeks

Thesis with all required revisions given to supervisor for final assessment regarding approval for distribution.

- 4 weeks

Final copies of thesis sent to committee members and head of department for approval for defense.
  - Committee to read and approve thesis to be sent to external examiner

- 4 weeks

Thesis release form and copy of thesis sent to FGSR.
  - FGSR takes time to review thesis and approve external. External typically has 14 days to read and respond in writing regarding acceptability for defense; time is then needed to schedule the meeting.

Thesis Defense

* It is important to note that supervisors and committee members may take up to 1 month to provide feedback to a student.
Clinical Program: Typical Ph.D. Dissertation Defense Timeline

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

- 4 weeks
  - Following multiple drafts and approval by supervisor the dissertation is sent to committee members to read over and offer suggested revisions.

- 4 weeks
  - Dissertation with all required revisions given to supervisor for final assessment regarding approval for distribution.

- 4 weeks
  - Final copies of dissertation sent to committee members and head of department for approval for defense.
    - Committee to read and approve dissertation to be sent to external examiner

- 6 weeks
  - Dissertation release form and copy of dissertation sent to FGSR.
    - FGSR takes some time to review thesis and approve external before release to external. External has 4 weeks to read and respond in writing regarding acceptability for defense

Dissertation Defense

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

1. Survey Request Letter
2. Survey
Dear Clinical Psychology Graduate:

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

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

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

Sincerely,

Heather Hadjistavropoulos, Ph.D., R. D. Psych
Professor & Director of Clinical Training

Clinical Psychology Program
University of Regina
Post-Graduation Employment Information
Important Information for Accreditation Purposes

DEMOGRAPHIC INFORMATION

Name: __________________________________________

City: ___________________________ Province: ___________________________

Month and Year Completed PhD _____________________________

EMPLOYMENT SETTINGS AND ACTIVITIES

Primary Position

Name: __________________________________________

Please circle the appropriate employment setting describing the facility you are working in:
1. Clinical Community
2. Clinical Private Practice
3. Clinical Hospital/Rehab
4. Clinical correctional
5. Clinical School
6. Academic
7. Other
Within this setting, please estimate the percentage of time devoted to each of the following professional activities:

1. Administration
2. Assessment
3. Consultations
4. Psychotherapy
5. Research
6. Program development/evaluation
7. Supervision
8. Teaching
9. Other – please specify

How many hours are you working each week in your primary position?________

Overall, how would you rate your current job satisfaction in your primary position?

Poor  Fair  O.k.  Good  Great

Secondary Positions

Name: ________________________________________________

How many hours do you work in this secondary position/secondary positions?

PROGRAM FEEDBACK

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

Completely  Mostly  Somewhat  Minimally  Not at all

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

Excellent  Good  Fair  Poor

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

<table>
<thead>
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<th>Activity</th>
<th>Poor</th>
<th>Fair</th>
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<tbody>
<tr>
<td>Conducting clinical assessments</td>
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<td>Conducting clinical interventions</td>
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<tr>
<td>Consulting with other professionals</td>
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<td>Conducting research</td>
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<td>Reviewing and understanding research</td>
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<td>Developing new programs</td>
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<td>Teaching</td>
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<td>Working with diverse clients</td>
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</table>

d) In an overall sense, how satisfied are you with the training you received?
very satisfied  mostly satisfied  indifferent  mildly dissatisfied  quite dissatisfied

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

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

**LICENSING**

EPPP exam successfully completed  YES / NO

Are you currently registered  YES / NO

- Full or Provisional
- Province/state: __________________________________________________

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

Please identify areas that you feel we should improve upon.

Please provide any additional feedback you would like to share.

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

Sincerely,

Heather Hadjistavropoulos  
Department of Psychology  
University of Regina  
Regina, SK  S4S 0A2  
Telephone:  (306) 585-5133  
Email: hadjista@uregina.ca