Guidebook

to Training in Clinical Psychology

at the University of Waterloo



--north shore lake superior, Lawren Harris 1926, National Gallery of Canada

August 2019

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**Introduction to Clinical Psychology at the University of Waterloo**

Originating in 1963, the University of Waterloo’s CPA-accredited Clinical Psychology Ph.D. Training Program was developed to educate scientist-practitioners in the fashion recommended by the Boulder Model. From the start, we aspired to the highest levels of skill development in both research and clinical practice, so that our graduates would achieve leadership roles in academic and applied psychology settings. Over the last three decades, our graduates have taken a range of diverse roles, including academic positions, positions as chief psychologists, leaders of large consultation practices, directors of internship training programs, officers of professional societies, and the like.

Accreditation

The Clinical Psychology Program at the University of Waterloo was one of the first clinical psychology programs to be accredited in Canada. In its early years, it was accredited by the Ontario Psychological Association (OPA); accreditation of our program by the Canadian Psychological Association (CPA) began in 1986 and has continued to the present day. From 1963 through 2012, we were also accredited by the American Psychological Association (APA). However, in 2012, the CPA and the APA signed the First Street Accord, a mutual recognition agreement of the equivalence of accreditation standards and practices, making future APA accreditation no longer relevant for Canadian programs.

Most recently, in October of 2017, the Canadian Psychological Association accredited our Clinical Psychology Program for a seven-year period, the longest period they accredit. Our next site visit will be 2024. The Site Visit Report observed:

The Panel commends the programme on their faculty-to-student ratio, and noted that the programme and institution are very responsive in adding new teaching faculty and replacing retiring faculty as needed.

The report also noted:

The Panel commends the programme on the development and maintenance of their in-house training clinic, and was impressed with the programme's use of the clinic as both a center for practical and research training. The Panel was also impressed with the institutional support of the clinic, as evidenced by the continued technological enhancements made to the clinic.

The contact information for the CPA Office of Accreditation is the following:

Accreditation Office

Canadian Psychological Association

141 Laurier Avenue West, Suite 702

Ottawa, ON K1P 5J3

Email: accreditationoffice@cpa.ca

Phone: 613-237-2144 x328 or 1-888-472-0657 x328

Theoretical Orientation and Educational Approach

# Of particular importance, our clinical faculty is thoroughly committed to helping students develop outstanding research skills and create coherent, exciting programs of research on which they can build their future careers. The cornerstone of our program is a strong mentorship system: from his or her first days in the program, each student works closely with a research supervisor and associated research team in a common enterprise of developing promising new research questions, designing studies and collecting data, and interpreting and presenting the results.

Our faculty believes that all clinical students must be thoroughly trained in relatively short-term, empirically validated therapy procedures, as exemplified by cognitive behaviour therapy (CBT). In addition, we attempt to present a broad array of other theoretical views and techniques, drawing from the wide expertise of our full-time and adjunct faculty. Our therapy training involves a breadth of very closely supervised psychotherapy experience, emphasizing CBT and allied techniques for children and adults, as well as some work in longer-term psychodynamic therapy for adults, involving the analysis of case dynamics and diverse strategies to effect change. Our program provides students with hour-for-hour supervision, and all our students are frequently observed, either live or by video-recording, and given detailed feedback on their performance.

We also pride ourselves on the particularly thorough training in psychological assessment that we provide. Our program runs a very active in-house psychology clinic, the Centre for Mental Health Research and Treatment (CMHRT), in which all of our students, starting at the beginning of the program, have very extensive, closely supervised experiences in psychodiagnostic, psychoeducational, and integrative psychological assessment, including consultation with other mental health professionals as well as school personnel in child cases. Throughout their years in our program, our students are also involved in a large number of assessments of incoming clients using the MINI. In addition to their work in the CMHRT, our students complete extended practicum experiences in off-campus settings, which involve more varied assessment and psychotherapeutic work. We note with pride that University of Waterloo clinical students are often given special recognition in their internship work as having an exceptionally broad and versatile ability to conceptualize cases from various points of view, showing depth in their understanding of case dynamics.

# Our program also offers students opportunities to learn other important skills, such as program evaluation, teaching, and clinical supervision. For example, under the close supervision of a faculty member, all senior students serve as a clinical supervisor for a junior student in the provision of psychotherapy, observing the students’ work and providing feedback. More generally, all applied work in the program emphasizes its interplay with scholarship and research, thus exemplifying our underlying Boulder Model orientation.

The Department of Psychology provides ample research space: each clinical faculty member has a set of dedicated lab rooms, and, in addition, there is additional bookable space available for research by our clinical students. The departmental facilities, as well as the Centre for Mental Health Research and Treatment, are accessible to those with disabilities. We have excellent computer support, with staff on hand to assist with the development and maintenance of software, programs, and special equipment. We also have an extensive and up-to-date Test Library. Access to research participants may be obtained through the well-organized Research Experiences Group on campus; in addition, the clinical faculty have established connections with agencies and schools in the community, providing many opportunities for data collection. The Centre for Mental Health Research and Treatment provides exciting opportunities for community and clinical samples; in addition, the various faculty-directed labs have in place well-established strategies for recruiting appropriate clinical and non-clinical samples.

Mission Statement and Specific Program Goals

The overarching goal of the University of Waterloo Clinical Psychology Program is to offer our students fully integrated training in psychological research and clinical practice. Our Program adheres to the Boulder Model for scientist-practitioner training and endeavours to achieve a high level of student scholarship, service skill, and dedication in understanding human personality and psychopathology and in providing mental health services.

Important features of our program are our in-house Centre for Mental Health Research and Treatment, which serves as our main site for clinical training, and the close involvement of all members of our clinical faculty in clinical supervision and the teaching of clinical-skills courses, as well as academic courses and research. Another unusual feature of our program is its lifespan emphasis: we train all of our students in the clinical assessment and treatment of children and adults. Consistent with a Scientist-Practitioner Model of Training, our program promotes an integrated understanding of theory, research, and practice in all seminars, research lab activities, and clinical services, bolstered by the combined research and clinical service careers of our faculty. In addition, we endeavour to provide training that is mindful of developmental and cultural variations, and that is founded on a broad base of psychological knowledge, including relevant understanding of social, cognitive, and developmental psychology, neuroscience, and research design, statistics, measurement theory, and program evaluation. With this solid foundation, many of our graduates continue active research careers in either academic or service settings.

Consistent with the Scientist-Practitioner (Boulder) Model, we integrate science and professional practice so as to achieve the following specific goals:

1. Students are competent to design, conduct, evaluate, and present psychological research. Component competencies include the following:

(a) Sophistication in research design and data analysis

(b) Critical thinking skills

(c) Thorough understanding of research ethics

(d) Well-developed skills in research writing and publication, public presentation of research, and teaching

1. Students possess sound, research-informed clinical practice skills that enable them to manage demands for assessment, treatment, supervision, and consultation service of both adults and children. The relevant component competencies, as defined by the Association of Directors of Psychology Training Clinics (ADPTC) and adopted by the College of Psychologists of Ontario (Appendix C of the Registration Guidelines), include the following:

(a) Knowledge and skills in interpersonal relationships

(b) Knowledge and skills in assessment and evaluation

(c) Knowledge and skills in intervention, consultation, and supervision

(d) Knowledge and skills in professional ethics and standards

1. Finally, students possess a broad appreciation for scholarship and cultural diversity, and have a commitment to lifelong learning.

Overview of the Program

Curriculum

Ours is a six-year program with an even mixture of classroom, clinical skills training and research experience distributed over the first five years, plus a full-time predoctoral residency in a subsequent year. This *Guidebook* presents the entire curriculum, broken down by year in the program. Although the clinical program consists mainly of a predetermined sequence of courses, there are minor adjustments depending on the year in which students enter the program, faculty sabbaticals, and so on.

Research Training

In addition to the cornerstone of a strong mentorship between each student and his or her research supervisor, our program is designed to provide a broader research community in which we all share and discuss our ongoing work. Specifically, all faculty and students participate in the Advanced Clinical Research Forum, which meets weekly for the presentation and discussion of ongoing research and related topics. At these meetings, each student presents his or her research (once per year), guiding us through a review of the underlying theory and relevant background literature, hypotheses, study design, data analyses, and interpretation of results. Further, all students, along with the faculty, play active roles as research consultants in the discussion of the research.

We very strongly encourage students, throughout their graduate careers, to present talks or posters at scientific conferences and to submit their studies for publication in journals. Presenting at conferences offers a wider (national and international) opportunity to have others listen to, consider, and eventually adopt one’s ideas. In addition, students meet major players in their discipline and make contacts with graduate students from other programs. Publishing in journals offers students the opportunity to contribute permanently to the body of science that is the indispensable foundation for all of clinical psychology. In addition, students’ presentations and publications have additional professional benefits, such as markedly enhancing applications for internships, doctoral fellowships and postgraduate employment.

Clinical Skill Training

Our curriculum has been devised to provide extensive training of clinical skills in both assessment and treatment domains. In this effort, we couple didactic (lecture and seminar) coursework with practicums extending throughout each of the first four years of the program, and we extend the practicums and other skill training experiences into the fifth year. Our training philosophy requires that assessment skills be well-developed before beginning work in treatment, thereby ensuring that students have a secure capacity to conceptualize client problems and an understanding of diverse disorders before therapeutic interventions are planned and delivered. Thus, the first two years of the program emphasize assessment skills, with treatment training started late in year two or early in year three and consolidated in the fourth and fifth years.

One of our key clinical training experiences is the students’ involvement with the Centre for Mental Health Research and Treatment (CMHRT). The CMHRT is the Clinical Program’s in-house training and research facility, which is run and staffed by the core clinical faculty. Under the supervision of core and adjunct faculty, students provide assessment and therapy services to adult and child clients, presenting with a wide range of mental health problems. Students are provided with hour-for-hour supervision using one-way mirrors or state-of-the art video equipment. While the current focus of the CMHRT is facilitation of these training experiences, there are clear opportunities to integrate the training and service components with clinical research. We also have an off-campus, four-month fieldwork practicum that is required of all clinical students during the summer following the first year of graduate studies. Based on their particular interests, students work at one of many off-campus institutions in the area where they gain practical experience in psychological assessment, as well as some exposure to psychotherapy, and participate in various programs of the host settings. Students also have the option of taking further part-time practicums in later terms with the approval of their supervisors. Over the past few years, students have done practicums at settings such as the following: the Centre for Addiction and Mental Health (Toronto), St. Joseph's Healthcare (Hamilton), KidsLink (St. Agatha), Lutherwood (Waterloo), the Grand River Hospital, and the Grand Valley Institute for Women (Kitchener), and Lakeridge Health Oshawa – Child, Youth and Family Program (Oshawa). Some of our senior students also do practicum placements at local private practices.

# Residency/Internship

Finally, our students are required to complete a full-year Predoctoral Residency/Internship usually in their sixth year of studies, after defending (or just prior to defending) their Ph.D. thesis. These internships are normally required to be at CPA-accredited sites. Students may apply for a tuition reduction during the internship. Over the past few years, our students have done internships at the following sites: St. Joseph's Healthcare (Hamilton), the Hospital for Sick Children and the Centre for Addiction and Mental Health (Toronto), the London Clinical Psychology Residency Consortium (London, Ontario), the Calgary Regional Health Association and the Alberta Children's Hospital (Calgary), the Edmonton Consortium (Edmonton), the University of Manitoba Department of Clinical Health Psychology (Winnipeg), the IWK Health Centre (Halifax), the University of Ottawa and the Royal Ottawa Mental Health Centre (Ottawa), and Duke University Medical Center (Durham, North Carolina).

Information for Prospective Applicants and Profile of Our Students

**The University of Waterloo Clinical Program encourages applications of all qualified students.** We welcome diversity in terms of cultural or ethnic identity, sexual orientation, age, religion, and physical disability.

**Admission to the Clinical Psychology Program is highly competitive:**

* The program receives approximately 150 applications per year.
* We typically make offers of admission to 4-6 students per year.

**Successful applicants typically have:**

* An **Honours Bachelor’s degree**, almost always with an Honours thesis;
* An undergraduate **GPA above 85%;**
* [**GRE General Test**](https://www.ets.org/gre) **scores** well above average;
* Strong **reference letters** from professors and research supervisors;
* A well-written **personal statement** that highlights their research interests and experiences, and, importantly, fit with the [prospective lab](https://uwaterloo.ca/mental-health-research/clinical-psychology-research/topics-and-labs) and [faculty supervisor](https://uwaterloo.ca/mental-health-research/clinical-psychology-research/topics-and-labs);
* Other **notable achievements** (e.g., awards, publications, presentations, clinical experience); and
* Submitted applications for **Master’s-level scholarships** (e.g., [Canada Graduate Scholarship](http://www.nserc-crsng.gc.ca/Students-Etudiants/PG-CS/CGSM-BESCM_eng.asp), [Ontario Graduate Scholarship](https://osap.gov.on.ca/OSAPPortal/en/A-ZListofAid/PRDR017871.html)).

The faculty in our program have a broad range of clinically relevant research interests. To find a detailed account of each faculty member’s research interests please visit our [Clinical Faculty profile pages](file:///C:/psychology/node/230).

The following table provides information about our typical applicant pool and incoming class:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Applicants** | **2015-16** | **2016-17** | **2017-18** | **2018-19** | **2019-20** |
| Number of Applicants | 151 | 135 | 129 | 148 | 136 |
| Number Offered Admission | 6 | 7 | 5 | 10 | 8 |
| Number of Incoming Students | 4 | 5 | 5 | 4 | 6 |
| Number of Incoming Students with External Scholarship Support | 3 | 3 | 3 | 2 | 2 |
| **Incoming Class** |  |  |  |  |  |
| Undergrad GPA Mean | 91 | 91 | 87 | 89 | 90 |
| GRE Verbal Mean | 167 | 162 | 161 | 156 | 162 |
| GRE Quant Mean | 159 | 155 | 157 | 153 | 158 |
| GRE Analytic Mean | 4.6 | 4.8 | 5.1 | 5 | 5 |

Although our clinical program is designed for the Ph.D. degree, typically students admitted to the clinical program spend their first two years working toward a Master’s degree before moving into the Ph.D. The minimum funding guaranteed by the university is $15,000 per year for two years of the Master’s degree and an additional $22,000 per year for four years of the Ph.D.

Here are some quick facts about our clinical students:

* In 2018-19, 74% of our clinical graduate students (excluding those on residency/internship) received external funding through OGS or one of the tri-council agencies (SSHRC; CIHR; NSERC).
* On average, during 2018-19, our clinical graduate students (excluding those on residency/internship) receive approximately $31,986 in financial support from a combination of external and internal scholarships and TA’s. No student receives less than $15,000.
* Of the clinical students currently enrolled in the program (as of September 2018), 84% are female and 16% male. Current students range in age from 23 to 34, with an average of 27 years. Students in the program have a range of backgrounds, such as Chinese, Italian, East Indian, British, Israeli, African American, Serbo-Croatian and Canadian.
* Our program places equal emphasis on research and clinical work. In 2018-2019, our graduate students had an average of 5 conference presentations, and 2 journal publications. As well, they accumulated at least 3000 hours of clinical work by the time they completed our program.
* Over the last five years, our average time to completion for the Ph.D. is 6.7 years. This number includes the year-long predoctoral internship year.
* Statistics on student residencies/internships over the last five years (2014-2018):  
  Those who obtained paid internships: 12 students = 100%  
  Those who obtained CPA (or APA) accredited internships: 12 students = 100%
* In the last five years (2014-2018), two students have left the clinical program after obtaining a Master's degree, rather than continuing to the Ph.D.
* In the last seven years (2012-2018), 27 out of 27 of our graduates have become licensed psychologists, or are currently in the process of becoming licensed.

Profile of Our Graduates

In addition to continually evaluating the program’s success in reaching its goals based on student’s performance in courses, clinic work and research, practicums, and internships, we also conduct periodic surveys of our alumni. Among the recent Ph.D. graduates from our program (graduating since 2005, not including the past 2 years), approximately 97% (34/35) are licensed. Some are teaching in universities, such as Wilfred Laurier University, York University, and University of Hong Kong. About 42% (15/35) have primary employment in institutional settings (e.g. hospitals, etc.). Many of those employed in institutional settings also have adjunct professorships. The remainder of our graduates have their primary employment in private practice.

In our survey of alumni, our graduates very consistently commented that their experience since graduating had given them an extremely positive impression of the quality of education they received in the program. All respondents praised the thorough, hands-on clinical training they had received, and many particularly valued its broad, generalist perspective (encompassing children, adolescents, and adults, and multiple theoretical perspectives). Most respondents also praised the program’s integrative balance between research training and clinical work, and they particularly valued their thorough training in clinical research and data analysis.

Among the very positive responses of all the alumni, the following examples illustrate the foregoing points:

* Overall, I believe that the clinical training at UW was second to none. The training in cognitive assessment, psychological assessment, and cognitive-behaviour therapy was exceptional. It was not until I went on my pre-doctoral internship and heard about the clinical experiences of students from other programs that I truly realized that UW’s clinical psychology program was so fantastic. In particular, the amount of direct clinical supervision (one supervision hour for every clinical hour) was outstanding and I think is quite rare among programs. The scientist-practitioner model stressed at UW has allowed me to be gainfully employed as both a clinician and a researcher. ... I am truly thankful for the privilege to have received my clinical psychology training at UW as it has afforded me the opportunity for a career that I find to be most satisfying and fulfilling.
* Generally speaking, I’m very happy with the training I received at UW.
* A huge strength of our program is the training in statistics and research methods, which is second to none.
* Our clinical training is very comprehensive (both didactic and experiential components). Highlights of the clinical training for me included the assessment training, which spanned the first 2-3 years and included both cognitive and personality components (the latter of which seems relatively unique). I also really valued the variety of clinical cases and theoretical orientations of supervisors. Having a solid background in a number of theoretical orientations was a huge asset when going on internship – I left our program feeling very competent in my ability to conceptualize cases from a number of perspectives and tailor interventions accordingly.
* Opportunity to supervise junior students (in the context of assessment, in my case) was also a valuable experience.
* I have no doubt that the Clinical Psychology Program provided me with superb clinical training that has well-prepared me for practice as a clinical psychologist. I feel fortunate that the program offers broad generalist training across the lifespan as this has led to many “open doors” within my career. The ability to work with children, adolescents, and adults makes a degree from the Clinical Psychology Program very valuable. Also, if I were to transition to a hospital-setting involving research, I would also feel well-prepared by the program. Another feature of the program that is tremendous is that amount and quality of clinical supervision received. I have learned that other programs do not offer even close to the same amount or depth of supervision.
* Especially useful aspects of the clinical program:
* Comprehensive coursework including many courses to cover breadth of clinical issues over the lifespan. Even for future clinicians not planning to work with children, I believe knowledge about difficulties in childhood often helps place adult difficulties into a better context.
* The fact that coursework and clinical supervision provided a breadth of theoretical perspectives (e.g. CBT; IPT; psychodynamic/object-oriented perspectives). Since graduating I have worked with many Ph.D.-level psychologists from other schools who have trouble conceptualizing a case from another perspective (e.g. other than from a CBT perspective).
* Intensive, one-on-one, hour-for-hour clinical supervision.
* Emphasis on research and statistics; understanding research design and how to interpret/think critically about research. Helpful in consuming research on an ongoing basis for clinical use, but also useful in understanding clinical assessment issues (e.g. appropriate tests/norms/procedures may be most justifiable to use when working with clients).

**Advisement and Evaluation**

## Advice and Counsel

Upon entry into the program*,* all clinical students are given, along with this *Guidebook,* a year-opening newsletter which gives many details that will be needed with regards to the course timetable, procedures, and other aids. In a series of meetings, advice regarding facilities, registration, assignments of rooms and keys, teaching assistantship duties, payroll instructions, computer use and other technical matters is provided by various personnel, including the clinical program and graduate support staff and our computer systems managers.

Later, faculty advisement of students occurs naturally in conversations with research supervisors, classroom teachers, and clinical supervisors. Also available to assist students with problems that might arise are the Director of Clinical Training (DCT; currently Christine Purdon), the CMHRT Executive Director (currently, Allison Kelly), and the CMHRT Director (Marjory Phillips).

In the advisement process we give emphasis to the informal counsel that may occur among faculty and students, as well as the strong support that student-to-student interactions provide. Typically the students in our program develop strong friendships and a cohesive bond that extends across years. In addition, there are various more formal avenues through which clinical students help shape the program, such as yearly feedback sessions with the DCT.

Grades and Evaluation Practices

As with most graduate courses at the University of Waterloo, required clinical coursework is usually formally graded on a numerical scale, out of 100. In most of these courses, the instructor also provides personalized evaluative remarks in response to oral presentations, term papers and other written submissions, and any examinations.

In the case of some breadth courses, including some statistics courses, the student may have the option of taking the course either for a numerical grade or, alternatively, on a Credit/No-Credit basis. Please consult with the Administrative Coordinator, Graduate Studies, about how to specify this choice correctly. Also be aware that high numerical grades, compared to simpler Credits, may be advantageous for scholarship competitions.

In contrast to the required clinical coursework, the clinical practicum courses are all formally graded on a Credit/No-Credit basis. However, regardless of whether the practicum is required or optional, students get extensive feedback. The relevant evaluation forms are presented in Appendix A. Specifically, therapy cases seen in the CMHRT are evaluated using the form, **Treatment Case Evaluation**; and assessment cases seen in the CMHRT are evaluated using the form, **Assessment Case Evaluation**. External practica (and possibly other relatively extended practica) are evaluated using the form, **Practicum Evaluation**.

The clinical faculty reviews the progress of each student in the program at a mid-year review meeting typically held in December and again at a year-end-review meeting which takes into account a more comprehensive range of information and is typically held in April or early May. The main purpose of these meetings is to determine whether there are any important problems in the student’s progress that need to be brought to the student’s attention and may require a remedial plan, as described in the next section.

Year-End Review and Evaluation

At the end of every academic year, in April, each clinical student undergoes a comprehensive year-end evaluation. Detailed instructions to students and all required forms for this year-end evaluation process are presented in Appendix B. Specifically, each student fills out two very brief forms, **Year-End Clinical Student Progress Summary** and **Breadth Requirement Summary**, and also prepares a **curriculum vitae** in a prescribed format and an **APPIC-style account of clinical hours and experience** to date.Then, in a collaborative meeting, the student and research advisor review the student’s progress and together complete two forms, the **Year-End Clinical Competence Evaluation** and the **Year-End Academic/Research Competence Evaluation**.

At the year-end student review meeting (held in late April or early May), the members of the clinical faculty review these submissions from each student, along with their own impressions of the student’s progress and those of adjunct clinical and research supervisors, to determine the current academic status of the student. A letter indicating this status is then sent to the student and the Administrative Coordinator, Graduate Studies, who deposits it in the student’s permanent file.

There are three possibilities for academic status, as follows:

1. **Continued good standing** with no important concerns. This is, by far, the typical evaluation outcome for clinical students. Students continued in good standing may, if they wish, arrange a meeting with the DCT to discuss their progress and get some more detailed feedback summarizing impressions from research and clinical supervisors, course instructors, and so on.
2. **Good standing, but with some important concerns** that require either disciplinary action or an intensified training plan (remediation plan). The process of developing a remediation plan and a review of circumstances under which remediation plans are developed is described in the next section.
3. **Academic probation or termination from the clinical program**, which is the usual outcome at the conclusion of an individualized remediation plan if the student has failed to meet the terms of the plan. (If terminated from the clinical program, the student is still considered to be a member of the department and is temporarily given supervision by the Associate Chair Graduate Affairs, who will begin a *departmental probation* period. During that time, typically a specified number of months, the student may seek out another area of psychology in which to acquire a research supervisor and work toward relevant degree requirements. Failing to meet the terms of the departmental probation, especially the finding of a new supervisor, would ordinarily lead to termination from the Department of Psychology’s Graduate Program.)

Remediation Policies and Grievance Procedures

When is a Remediation Plan Developed?

The goal of a Remediation Plan is to help students whose progress is delayed and/or who are not performing at the required level to succeed in the program. Most difficulties encountered by students are managed through informal mechanisms. Indeed, we strongly encourage students and supervisors to adopt a proactive approach to resolving problems. For instance, students and faculty supervisors are strongly encouraged to maintain regular and open lines of communication. We believe that by cultivating a culture of openness and mutual respect, many issues can be handled proactively and without creating a rupture in the student's relationship with their supervisor and other faculty in the program.

Depending on the nature of a problem identified, we proceed in one of two ways. For more circumscribed problems and for early stages of a problem, the student’s research supervisor and DCT confer about the best way to provide feedback, which is then conveyed in a face-to-face meeting with the student. Remediation plans are developed for problems that are more significant, extensive, pervasive, or could not be resolved through informal channels, or when it is clear that structured support and oversight is needed to help the student meet the program requirements. Problems typically require a more formal remediation plan when they include one or more of the following characteristics:

(a) the student does not acknowledge, understand, or address the problem when it is

identified;

(b) the quality of the student’s performance is sufficiently negatively affected;

(c) the problem is not restricted to one area of academic or professional functioning;

(d) the problematic behaviour has the potential for ethical or legal consequences if not

addressed;

(e) a disproportionate amount of attention by faculty or other training personnel is

required;

(f) the student’s behaviour does not change as a function of feedback or time;

(g) the student has extenuating circumstances (e.g., ongoing medical or personal issues) interfering with timeliness and/or performance on research, coursework, or clinical work; in this case involvement with the AccessAbility office is also recommended.

Below are examples of problems that may lead to a formal remediation plan being developed. Please note that these examples are meant to be illustrative and not exhaustive:

* A student has been unable to attain competence in a particular clinical proficiency (e.g., interviewing, test administration) despite being given the opportunity to re-do the competency test;
* A student is persistently late in meeting research deadlines, this feedback has been shared with the student, and the problem continues after the feedback has been provided by the supervisor;
* There are persistent concerns about professionalism in clinical work, such as completing reports and session notes in a timely fashion;
* A student has a medical issue that has significantly complicated progress (in which case we would also advise the student consult with the AccessAbility office; a Remediation plan would then be developed in tandem with AccessAbility recommendations).

What are the Goals of a Remediation Plan?

The purpose of remediation is to provide the student with the opportunity to achieve adequate competence in the identified areas of concern so that the student may continue safely and productively with his/her training in the clinical program. The plan is intended to provide a means of providing extra support to the student in performing at the required level. These policies and procedures are designed to protect the interests of all those involved (e.g., students, faculty, supervisors, the department and the institution).

The Process of Implementing a Remediation Plan

Before a student is placed on remediation, the clinical faculty discuss the student’s performance and make a decision about whether a remediation plan should be implemented. If so, a remediation committee is formed. The members of the remediation committee are the research supervisor and the Director of Clinical Training. Depending on the nature of the problem, an additional faculty member can be included as a member of the committee. A remediation plan is developed with consultation from the student, is individualized, and must include the following information:

a) the objectives of the plan, including a statement of the problems, the steps to be taken to correct them, and the desired outcomes;

b) any adjustments to the program (e.g., additional casework, remedial coursework, deadlines for completion) that will be part of the plan;

c) a timeline with stated objectives and a date by which all of the objectives are to be accomplished;

d) a statement of the method of assessment of progress;

e) and the anticipated consequences if the objectives are not met by the specified date.

Such a remediation process could be initiated at any time of the academic year. As part of the remediation process, the student will have the option to share a written statement about his/her perspective on why the student is being placed on remediation. This is intended to be a reflective and constructive statement that helps the student consolidate his thoughts and is to be shared with other members of the remediation committee.

The Results of a Remediation Plan

At the conclusion of the time period specified in the remediation plan, the remediation committee meets with the student to review his or her progress and determine if the objectives of the plan have been achieved. The committee may determine that the remediation plan has been successfully completed, that further remediation is required, or that the student’s registration in the clinical program should be terminated. A written summary of the decision is provided to both the student and the student’s supervisor. If students have concerns about their evaluation following remediation or disagree with some aspect of it, they are encouraged to discuss these concerns with the DCT and resolve them informally. In the event that informal efforts to resolve concerns are unsuccessful, a formal appeal procedure exists (see below).

Grievance Procedures

Although the clinical program generally enjoys high morale and harmonious working relationships between faculty and students, conflicts do arise occasionally. The general avenue for the review of student discontent follows commonly accepted policies, with the complainant instructed to initially discuss concerns with the individual nearest to the heart of the difficulty. If that avenue is closed or proves unsatisfactory, the student should seek the next person in the chain of command. For example, if the difficulty is with a therapy supervisor, the CMHRT Director or CMHRT Executive Director is next told of the difficulty; if the problem is related to classroom or research, the Director of Clinical Training is next informed. The chain then extends to the Associate Chair for Graduate Studies, the Department Chair, the Associate Dean of Graduate Studies, and finally to the Dean of Graduate Studies.

With respect to problems between a student and a research supervisor, solutions are not always easy to find, because there are sometimes years of working together with many questions of ownership pertaining to the data collected in the lab, use of equipment, quality of research work, and other issues. Movement to a different research supervisor after the first year can be difficult, but is allowed if it becomes apparent that there is a supervisor other than the initial choice who provides a better fit to the student’s research career interests, even if that supervisor is in another (non-clinical) area. If the clinical student’s research supervisor is in an area, or department, outside the clinical program, the student needs to arrange to have at least one clinical faculty member serve as a clinical program research advisor, thus helping to keep the student’s research connected to the program.

University Regulations

The University policies that relate directly to student petitions, grievances, and appeals are Policy #70, Policy #33, and Policy #72.

\* Policy 70 – Student Petitions and Grievances. A petition is a request by a student seeking exception from a normal faculty or University rules and regulations. Examples of petitions include adding or dropping a course after the deadline or a petition to increase or reduce course load. Policy 70 outlines the procedures for filing a petition. Policy 70 also covers student grievances. Whereas a student petition acknowledges that rules and regulations were applied fairly and the student is asking for an exception to be made, the fundamental criteria for initiating a grievance is that a student believes that a decision of a University authority or the action of a faculty member or staff member of the University affecting some aspect of his/her University life has been unfair or unreasonable. Examples of the types of issues for a student grievance that can be reported include allegations of an error in academic judgment on the part of an instructor or that the method of evaluation was not fair and reasonable, or that the instructor deviated substantially from the course outline without reasonable notice. Policy 70 lays out the procedures for filing a petition or a grievance and describes the processes by which such a petition and grievance would be adjudicated.

o The link to the complete policy can be found at: <https://uwaterloo.ca/secretariat-general-counsel/policies-procedures-guidelines/policy-70>

\* Policy 33 – Ethical Behaviour. Any grievance by students, staff, and faculty members that violates the principles of academic freedom or human rights is handled under Policy 33, rather than Policy 70. Examples include any grievance relating to discrimination, harassment, sexual harassment, or workplace harassment.

o The link to the complete policy can be found at:

<https://uwaterloo.ca/secretariat-general-counsel/policies-procedures-guidelines/policy-33>

\* Policy 72 – Student Appeals. This policy lays out the grounds and processes for a student appeal. For example, a student can appeal a discipline penalty imposed under Policy 33 (Ethical Behaviour). The policy also lists the procedures and paperwork needed to file an appeal.

o The link to the complete policy can be found at:

<https://uwaterloo.ca/secretariat-general-counsel/policies-procedures-guidelines/policy-72>

Funds Available

The university provides some support to help with the costs of travel to give conference presentations. See the Administrative Coordinator, Graduate Studies, for current information.

As finances allow, the CMHRT provides $300 yearly (May 1 to April 30) to help clinical students attend clinical training conferences or workshops to enhance their training. These funds are available to clinical graduate students on campus to cover the costs of registration fees for workshops and conferences. **No** other associated expenses (e.g., memberships, travel, food, hotel, books) are funded. Only registration fees are funded. If you have any questions or concerns about what expenses are or are not covered, please contact the Administrative Coordinator, CMHRT to determine if an expense is covered before you pay for it.

Presence in the Department

We expect students to commit themselves primarily to their work in the program and to be available for classes, training sessions, supervision, Research and Development presentations, meetings with supervisors and other faculty, clinical work, etc. Most students will be assigned a Teaching Assistantship which will have requirements for availability for marking, office hours, exam proctoring, etc. The Fall and Winter terms are especially busy with these responsibilities and we expect students to be available in these terms; vacations during these terms are discouraged.

Leaves of Absence

For a variety of personal reasons students occasionally elect to take a leave of absence from the program. Students who wish to take a leave from the program should communicate their intention to the Director of Clinical Training and to the Administrative Coordinator, Graduate Studies. Please note that taking a leave in the early years of the program may well set a student back a full year because practicum experiences often stretch across two academic terms. A personal leave of a single academic term can be arranged once during graduate school training with minimal supporting documentation. Maternity leaves are typically of 12 months duration. Other leaves longer than one term will need to be supported by official documentation and may well affect scholarship funding status. Be sure to consult with the Administrative Coordinator, Graduate Studies, when considering a leave; it may be advantageous to withdraw from the program entirely for a period of time if the student is contemplating a lengthy leave.

Absence Due to a Sudden Medical or Personal Issue

If you experience a sudden medical or personal issue that is likely to remove you from being able to execute your course, research, and/or clinical work for more than two weeks it is important to communicate with us as soon as you are able. It is not necessary to disclose details, simply the information that you are likely to be unavailable. In such an event a key concern is that we make arrangements for continuity of care for your clients as quickly as possible. Should you be in this situation please contact your research supervisor, the Director of Clinical Training, and the Director of the CMHRT to advise that you are unavailable at your earliest opportunity. We can then work out a plan for managing further communications, coursework deadlines, case management, and research activity deadlines.

Accessing Mental Health Services

Clinical students who wish to access mental health services can face a number of barriers. As such, our program has made special arrangements with Campus Wellness and with the Oakville Centre for Cognitive Therapy. Services offered by Campus Wellness are free for students. To access these services, please see the process outlined in Appendix D.

The Oakville Centre for Cognitive Therapy is a large practice located outside the KW area, reducing potential for conflict of interest between our students and the therapists. Services provided through the Oakville Centre for Cognitive Therapy are not gratis but the Oakville Centre will provide our students with immediate access to assessment and therapy (that is, no wait list) and does offer services via Skype. To access these services, simply contact the main number and explain that you are a UW student. Here is the link to the Oakville Centre for Cognitive Therapy: <http://www.oakvillecbt.ca/>

**Breadth Requirements**

All clinical students must choose some elective courses to meet three sets of breadth requirements: (1) the departmental statistics requirement; (2) the departmental breadth requirement; and (3) the CPA-mandated clinical program breadth requirement. Each of these requirements is explained below.

Departmental Statistics Requirement

The departmental statistics requirement is as follows:

*Students enrolled in doctoral programs must complete the Department's statistics requirements. The statistics requirements may be met by satisfactory performance in at least one of two core statistics courses: PSYCH 630 and PSYCH 632 (or credit granted for evidence of a strong undergraduate statistics background) plus one additional statistics course. The additional course may be the remaining core statistics course or a different statistics course such as PSYCH 800 or 801.*

<https://uwaterloo.ca/psychology/current-graduate-students/degree-requirements/phd-program-statistics-requirements>

**All Clinical students are required to take Psych 632: Multiple Regression.** To meet the departmental statistics requirement, they must also take **one additional statistics course (e.g., Psych 630, 800, or 801)**.

Departmental Breadth Requirement

The Departmental breadth requirement is as follows:

*To meet the departmental breadth requirements, all students will be required to take four one-term courses or their equivalent outside their areas/divisions. These courses must be taken from at least two different areas/divisions and no more than two courses from the same area/division can count towards the requirement.*

*Extra departmental courses as well as transfer credits from other universities may also be considered. Usually, no more than two one-term credits toward breadth requirements are granted from such sources.*

<https://uwaterloo.ca/psychology/current-graduate-students/degree-requirements/phd-program-breadth-requirements>

Given that the practice of clinical psychology increasingly requires an understanding of the fundamentals of psychopharmacology, students are encouraged to take a graduate course in this content area. The School of Public Health offers a course entitled “Psychopharmacology and Addiction” (HSG 671). Although this course is not offered by the Psychology Department, it counts toward the departmental breadth requirement. Within the Department of Psychology, courses in the following areas would count toward the departmental breadth requirement: Social, Cognition and Perception, Cognitive Neuroscience, Developmental, Industrial/Organizational, and Quantitative (i.e., **a third and even a fourth statistics course count toward the departmental breadth requirement**).

CPA-Mandated Clinical Program Breadth Requirement

CPA accreditation standards also specify certain breadth requirements that all students in clinical programs must complete. Below are these CPA requirements:

*The programme requires that each student has demonstrated an undergraduate or graduate competence in these areas in any of the following ways:*

* *by passing suitable evaluations in each of the five areas, or*
* *successful completion of at least one half-year graduate course, or a two-semester (or two, one-semester) senior undergraduate course.*

*The five core content areas are:*

1. *Biological bases of behaviour (e.g., physiological psychology, comparative psychology, neuropsychology, psychopharmacology)*
2. *Cognitive-affective bases of behaviour (e.g., learning, sensation, perception, cognition, thinking, motivation, emotion),*
3. *Social bases of behaviour (e.g., social psychology; cultural, ethnic, and group processes; sex roles; organizational and systems theory),*
4. *Individual behaviour (e.g., personality theory, human development, individual differences, abnormal psychology), and*
5. *Historical and scientific foundations of general psychology (this content area can be fulfilled with a one-semester, senior undergraduate course).*

Several of the CPA-mandated breadth requirements are covered by the required coursework in the clinical program, as follows:

* The requirement in *individual behaviour* is met by completion of Psych 716: Adult Psychopathology, and Psych 724: Personality & Measurement Theory (both required of all clinical students).
* The requirement in the *historical and scientific foundations of general psychology* is met by completion of a take-home history exam shortly after entry into the program.

Thus, there are **three CPA breadth requirements to which clinical students need to attend: (1) *Biological bases of behaviour,* (2) *Cognitive-affective bases of behaviour,* and (3) *Social bases of behaviour***. Each of these requirements can be fulfilled either with one suitable graduate course, or with two suitable senior undergraduate courses. **Any graduate course offered by the Cognitive Neuroscience area will satisfy the *Biological bases of behaviour* requirement, any graduate course offered by the Cognitive area will satisfy the *Cognitive-affective bases of behaviour* requirement, and any course offered by the Social area will satisfy the *Social bases of behaviour* requirement.** Other courses will be considered for satisfaction of either of these requirements in response to a petition from a student. Decisions about the suitability of a course will be made by the DCT, in consultation with the clinical faculty. (**Note that a course may count for both a CPA breadth requirement and a departmental breadth requirement, so long as it fits both criteria**.)

**Students wishing to receive credit for CPA breadth based on senior undergraduate courses need to submit a petition to the DCT**, providing a brief justification and a copy of the syllabus for each course. As an example, at the University of Waterloo the combination of Psych 253: Social Psychology and Psych 395: Research in Social Psychology would satisfy the *Social bases of behaviour* requirement. Such petitions must be approved by the DCT, in consultation with the clinical faculty.

**Guidelines for the Master’s Thesis and Doctoral Dissertation**

1. **Master’s Thesis**

The MA thesis is a journal-article-like write-up of an empirical research study conducted by the student. However, the introduction section of the thesis is expected to be more extensive than what is typically expected for a journal-length manuscript. The introduction should include a comprehensive literature review, as described below.

The Literature Review

How long should the review be? If the research area the student is working in is relatively straightforward, the review might be as short as 15 pages (double-spaced); if the relevant area is complex or extensive, the review might be as long as 40 pages.

What are the goals of this review? (1) The main goal is for the student to acquire the background knowledge to become an expert in his or her field of study. There is no substitute for personally reading the relevant literature and organizing one’s understanding and reflections in written form. (2) A second goal is to help the student learn more about how to evaluate and integrate the literature on a topic, which is a foundational skill for all clinical psychologists. The student’s review gives the faculty the opportunity to assess whether he or she has adequately acquired this skill.

Should the review be publishable? The main goal of writing the review is to “catch up,” so to speak, with experts in the field, which would not always yield publishable insights. However, if the review is of a relatively new area, or organizes the literature in a novel fashion, or advances a new perspective on the area (e.g., a new theory or model), it may well be publishable. In addition to reviews published in journals, faculty members are sometimes asked to contribute book chapters that review a body of literature, and sometimes the student’s review could serve as the nucleus for such a review chapter. The student should discuss these possibilities with his or her supervisor.

Other Sections of the Master’s Thesis

The method section needs to be fairly focused and should not normally exceed about 6-8 pages. The results section needs to focus on the most important analyses (rather than everything that was done), and might be about 7-8 pages in length. The discussion section should reconnect the questions in the introduction to the results obtained and consider their main implications; generally it is best to avoid speculative material that does not really follow from the study and its results. A good discussion might be 6-8 pages long.

What if my study yielded no statistically significant findings—why should I bother to write it up in journal format?

Social scientists are coming to an increasing appreciation that all competently conducted empirical studies are important and relevant, even if the findings are not statistically significant. The bias against publishing so-called “null” findings may decrease in the future. In addition, anyone conducting a meta-analysis of all studies in an area will be interested in your work even if the findings were not statistically significant. However, they will need a clear statement of what the results were, including appropriate effect-size measures (i.e., stating “no significant results” without any numbers is useless). Hence, please report your actual results clearly, even if they seemed negligible or disappointing.

Master’s Thesis - Additional Comments

You are required to have two readers review your MA thesis, in addition to your research supervisor. The Master’s thesis must be submitted to the Graduate Studies Office (GSO) by August 25 of Year 2. That is, your supervisor and the two readers need to sign off on the thesis by August 25. You are advised to submit your thesis to your readers at least four weeks before the August 25 deadline. This is to ensure that your committee members have sufficient time to review your thesis and you have sufficient time to incorporate their suggestions and feedback.

1. **Doctoral Dissertation**

A. General Guidelines

Guidelines for the doctoral dissertation are similar to those outlined above. The thesis should represent a coherent document with a central theme that is logically related to a set of core research questions - not just a set of loosely connected studies. The thesis should consist of (a) a general introductory chapter, which is expected to be somewhat more expansive in scope that the Master’s thesis, (b) a stand-alone publishable research article or multiple articles that are linked by appropriate bridging sections, (c) a general discussion (which may be omitted if the dissertation is a single study), and (d) a references section. These components may vary somewhat given the nature of research that is undertaken by a student and should be approved by the student’s research advisor and (if applicable) dissertation committee. It is expected that there may be content overlap in the introduction and discussion sections of the Master’s thesis and doctoral dissertation – particularly when the doctoral dissertation is a continuation of the student’s Master’s work; however, the same study should generally not be presented in both documents unless approved by the student’s research advisor and committee.

B. Dissertation Proposal

All Clinical students are expected to prepare a dissertation proposal, which must be approved by their dissertation committee, usually before the student’s dissertation research begins. It is worth noting that the timing of the proposal relative to the start of the dissertation research can vary from lab to lab and Area to Area across our department. We recommend that the student discuss this issue with his/her supervisor and committee as early as possible so that everyone is on the same page.

To prepare the dissertation proposal document, students typically work closely with their primary research supervisors to design the dissertation studies and prepare a written document that presents and justifies the plan for the dissertation. The written document should include: (a) a summary of the background literature, (b) clearly articulated research questions and hypotheses, and (c) an outline of the planned methods, including study participants, procedures, and measures, as well as a summary of planned data analyses. It is also usually helpful to include the relevant measures as appendices. Often, the proposal document resembles an early, skeletal version of the dissertation write-up itself.

When the dissertation proposal document has been completed, the student should convene a meeting with his/her committee members. The proposal document should be sent to committee members to review at least 2-3 weeks in advance of the meeting.

Unlike the dissertation defense itself, the tone of the proposal meeting is usually quite casual and easy-going. Typically, students begin the meeting with a brief (15-20 min) presentation, in which they review the major facets of the proposal, with which their committee members should have already familiarized themselves. The presentation can include PowerPoint slides, but these are not mandatory.

In some cases, pilot data are collected in advance of a dissertation proposal in order to gain some preliminary evidence in support of the research hypotheses. These pilot data may be presented at the proposal and in the dissertation write-up, but since any pilot work would have been completed prior to the dissertation proposal, it is up to the student’s dissertation committee to decide whether any pilot study should “count” as one of the actual studies ultimately presented in the final dissertation write-up. Consensus on this issue should be achieved by the student and all committee members at the proposal meeting.

The primary goals of the proposal meeting are: (a) for the student to share his/her ideas with the dissertation committee members and receive feedback from them; (b) for the student and the committee to evaluate the feasibility and scope of the project; (c) to provide an opportunity for committee members to suggest any modifications to the dissertation plan before it moves forward; and (d) to discuss and agree collaboratively on the nature of the plan for the dissertation moving forward, based on the student’s proposal.

Often, committee members recommend at the time of the proposal meeting that the student consider making certain changes to strengthen the research plan. Following the proposal meeting, the student should work closely with his or her primary research supervisor to modify the plan as per the committee’s suggestions and then send the committee members a brief update outlining these changes and requesting their written approval via email. Because the revised proposal is never required to be handed in or filed anywhere official, the student does not have to make these changes to the proposal itself; rather, any changes should at least be outlined by the student in a supplemental point-form document or email to the committee.

C. Other Considerations Relevant to the Dissertation

The student should be the major contributor of work that is presented in the thesis and dissertation. In most instances, the student should also be first author on any publications resulting from the dissertation. If other manuscript authorship arrangements may be desirable, these should be discussed openly between the student and the other potential authors at the earliest possible convenience, ideally even during the initial planning stages of the project. For work that includes co-authors, the document must include a clear statement regarding the nature of the student’s contribution (e.g., the student must describe his/her ideas and individual efforts) as well as the contribution of all co-authors.

If the thesis or dissertation contain previously published work, the student *may* be required to obtain permission from the copyright holder, in which case this permission must be acknowledged in the document (e.g., in the preface or appendix). For more information regarding copyright, consult Library and Archives Canada ([http://www.collectionscanada.gc.ca/thesescanada/027007-3100-e.html#benefit](http://www.collectionscanada.gc.ca/thesescanada/027007-3100-e.html)) and relevant thesis regulations at the University of Waterloo (<https://uwaterloo.ca/graduate-studies/thesis/thesis-regulations/copyright>). Tables and figures that have been published elsewhere need to have “Reprinted with permission of …” in the captions unless this is handled by the copyright acknowledgement (e.g., as noted in the preface or appendix). Previously published work must be appropriately cited in the document and should conform to formatting standards at the University of Waterloo (<http://uwaterloo.ca/graduate-studies/thesis/preparing-your-thesis>).

Finally, please note that prior publication, or acceptance of publication, does not supersede the university’s evaluation of the work. In other words, a committee may request revisions to an article that has been published elsewhere.

**Year One**

**Coursework**

* Psych 632: Multiple Regression
* Psych 716: Adult Psychopathology
* Psych 717: Psychological Assessment I
* Psych 718: Psychological Assessment II
* Psych 719: Ethics, Diversity, and Professional Issues in Clinical Psychology (in Year 2 for some cohorts)
* Psych 724: Personality & Measurement Theory (not enrolled in course; only 2 lectures)
* Breadth-requirement course (may be deferred to second year)

**Clinical Practicums**

* Psych 720A & B (fall & winter): Practicum in Interviewing & Cognitive Assessment I & II
* Psych 721A & B (fall & winter): Diagnostic Assessment Practicum I & II
* Psych 722C (spring): Clinical Fieldwork Placement I

**Research Activities**

* Psych 621:1 (fall & winter): Advanced Clinical Research Forum I
* Research team (beginning Master’s research)

Research Training in Year 1

* In close collaboration with the research supervisor, each student outlines an initial research program and submits it as part of a fellowship application (OGS, SSHRC, NSERC, etc.). ***Because these applications are typically due in mid- to late-September, this matter needs immediate attention*.** The Administrative Coordinator for Graduate Studies always sends e-mail notices with specific dates during the first week of term.
* By December 1st, each student submits a formal research plan for the upcoming academic year, outlining expected stages (with a timetable) of the student’s work. This plan is developed in collaboration with the student’s research supervisor. Please submit a copy of the plan, signed by both the student and the supervisor, to the Administrative Coordinator, Clinical Program, for review by the DCT.
* It is expected that students in their first year will involve themselves immediately with their MA research projects. Students are strongly encouraged to begin writing their review of the relevant literature in the first year of their Master’s, rather than waiting until the second year to begin the writing process. At an early stage in Year One, each student is strongly encouraged to discuss a specific MA thesis writing timeline with his/her research supervisor.
* Toward the end of the winter term, as part of Psych 621:1, each first-year student makes an oral presentation on his/her developing research project and answers questions from the faculty and students.
* First year students also complete one of the two departmental statistics requirements by taking Psych 632 in the fall or winter term. A satisfactory grade is expected in this course, as is successful research progress over the summer, as assessed by the student’s research supervisor.

Clinical Skill Training in Year 1

* The clinical centerpiece of the first year is an 8 month-long course: Psychological Assessment I & II (Psych 717 & 718), together with its associated practicums (Psych 720A & B). Students learn basic psychological assessment skills, including interviewing and intelligence and achievement testing, and participate in Psychological Assessment Teams (PAT), which conduct assessments of clients in the CMHRT. We cover the assessment of both adults and children, and we emphasize practice in writing and presenting client-focused assessment reports. Please see the ***PAT Manual*** on the Clinical SharePointsitefor more information on this aspect of training.
* In the first year, students will also learn diagnostic assessment (Psych 721A & B) as part of their work in the CMHRT. These practica provide critical groundwork for future clinical work.
* In the first (or sometimes second year), all students take a course covering ethics, diversity, and professional issues, as they affect clinical psychology (Psych 719).
* The two lectures for Psych 724 will cover common assessment instruments for personality disorders. Students do not enroll in Psych 724 this year. The lectures will be held at a time that works for everyone.
* **Psych 722C**: In the spring term of the first year, students take a required four-month fieldwork placement. This placement provides practical experience in diagnostic assessment in an institution off-campus, as well as some exposure to psychotherapy.
  + Important information about this placement is provided in the syllabus for Psych 722C, attached as Appendix C. It is the individual student’s responsibility to find a suitable field experience from among the list of recommended practicum placements. **Please consult with the Director of the CMHRT for guidance on the application process, and be prepared to begin the application process early in the fall term of first year.** The application deadline for many practicum sites is Feb.1, but some practicum sites start accepting applications earlier than that.
  + Prior to commencing the Psych 722C placement, the student must submit to the DCT a **Clinical Practicum Information and Approval Form** that briefly outlines the plans for the practicum and the arrangements for supervision (see Appendix C for the required form).
  + In addition, at the conclusion of the Psych 722C practicum, the student’s on-site supervisor needs to fill out the form, **Practicum Evaluation for University of Waterloo Clinical Student** (see Appendix A), and a copy of this form, signed by both the supervisor and the student, needs to be provided to the DCT. The student fills out a practicum site evaluation and provides it to the CMHRT Director.

Breadth Requirement Option in Year 1

* Depending on the time demands of their research, clinical students may possibly want to consider the option of taking a breadth course. See the preceding section on **Breadth Requirements**, and check the particular courses that the department is offering in the winter term.

**Year Two**

**Coursework**

* Psych 724: Personality & Measurement Theory (not enrolled in course; only 4 lectures)
* Psych 725: Cognitive Behaviour Therapy
* A second statistics course (fall or winter)
* Breadth-requirement course(s) (fall or winter)

**Clinical Practicums**

* Psych 726A or C (fall or spring): Practicum in Integrated Assessment I, II
* *Elective*: Psych 738A, B, C (fall, winter, spring; terms to be arranged): Clinical Fieldwork Placement II (*requires approval*)

**Research Activities**

* Psych 621:2 (fall & winter): Advanced Clinical Research Forum II
* Research team and Master’s thesis

Research Training in Year 2

* Depending on the need for scholarship funding, the student, with the assistance of his/her supervisor, will submit the program of research as part of a fellowship application (OGS, SSHRC, NSERC, etc.), typically due late in September.
* By December 1st, each student submits a formal research plan for the upcoming academic year, outlining expected stages (with a timetable) of the student’s work. This plan is developed in collaboration with the student’s research supervisor. Please submit a copy of the plan, signed by both the student and the supervisor, to the Administrative Coordinator, Clinical Program, for review by the DCT.
* As part of Psych 621:2, each second-year student makes an oral presentation on his/her research and answers questions from the faculty and students.
* **Master’s thesis**: See Master’s thesis requirements described earlier.

Clinical Skill Training in Year 2

* The 4 lectures for Psych 724 will cover psychometrics. Students do not enroll in Psych 724 this year. The lectures will be held at a time that works for everyone.
* In Year 2, students begin their training in adult psychotherapy skills with the course on cognitive behaviour therapy (Psych 725). This course includes closely supervised mini-skills components which the student must pass successfully before proceeding to treatment work with clients.
* In Year 2, in either the Fall (A) or Spring (C) term, students work one-on-one with a clinical supervisor to complete a comprehensive psychological assessment (Psych 726), emphasizing administration and interpretation of interviews and diverse types of tests, and the development of students’ skill in conceptualizing cases and writing sound integrative assessment reports. Enrol in the proper course after you find out in which term you will be completing your assessment.

Breadth Requirements and Other Options in Year 2

* In their second year, most clinical students take a second statistics course to complete the departmental statistics requirement (e.g., **Psych 630, 800, or 801**).
* Second-year students should also attempt to meet one or possibly two breadth requirements. See the preceding section on Breadth Requirements, and check the courses that the department is offering in this particular academic year.
* **Optional spring/summer clinical activities**: If the student’s research supervisor deems that the Master’s thesis is advancing sufficiently, in the spring/summer term the student may consider either of two clinical possibilities, as follows. **Note that these clinical opportunities are optional and require consultation with and approval by one’s research supervisor.**
  1. Starting in the spring, the second-year student may choose to see a **therapy client in the CMHRT**. The advantage of this option is that it allows the student to put the CBT skills just learned in Psych 725 into practice without any delay.
  2. Alternatively, the second-year student, by enrolling in **Psych 738C**, may do an optional, part-time external practicum over the summer. Note that finding a suitable placement may require some lead time and searching (as with Psych 722C in Year 1). A student wishing to pursue this possibility must submit to the DCT a **Clinical Practicum Information and Approval Form** that briefly outlines the plans for the practicum and the arrangements for supervision (see Appendix C for the form). In addition, at the conclusion of the practicum, the student’s on-site supervisor needs to fill out the form, **Practicum Evaluation for University of Waterloo Clinical Student** (see Appendix A), and a copy of this form, signed by both the supervisor and the student, needs to be provided to the DCT.

**Year Three**

**Coursework**

* Psych 723: Child Psychopathology and Psychotherapy
* Psych 727: Efficacy & Program Evaluation (in Year 4 for some cohorts)
* Psych 728: Psychotherapy: Classical Roots and Contemporary Developments
* Breadth-requirement course(s) (fall or winter)

**Clinical Practicums**

* Psych 729A, B, & C (fall, winter, & spring): Child and Adolescent Psychotherapy Practicum I, II, & III
* Psych 730A, B, & C (fall, winter, & spring): Adult Psychotherapy Practicum I, II, & III
* *Elective*: Psych 738A, B, C, or 739A, B, C (fall, winter, spring; terms to be arranged): Clinical Fieldwork Placement II or III *(requires approval)*

**Research Activities**

* Psych 621:3 (fall & winter): Advanced Clinical Research Forum III
* Research team and Ph.D. thesis

Research Training in Year 3

* If needed, the student, with the assistance of his/her supervisor, should submit the program of research as part of a fellowship application (OGS, SSHRC, NSERC, etc.), typically due late in September (see Year 1 description for deadline information).
* By December 1st, please submit a copy of a formal research plan, outlining expected stages (with a timetable) and signed by both the student and the supervisor, to the Administrative Coordinator, Clinical Program, for review by the DCT.
* As part of Psych 621:3, each third-year student makes an oral presentation on his/her research and answers questions from the faculty and students.
* **Dissertation Committee**: See dissertation requirements described earlier. During the third year, each student forms a doctoral dissertation committee, which consists of the research supervisor and two other regular or adjunct faculty members. (Additional committee members are permissible.) If the supervisor works primarily in an area other than Clinical, or is from a department other than the University of Waterloo Department of Psychology, the three-person committee must include a member of the Clinical Program, who will serve either as a co-supervisor or as a clinical program research advisor to monitor the student’s progress on behalf of the Clinical Training Program. The dissertation committee is responsible for formally approving the student’s dissertation proposal and provides regular consultations during the course of the dissertation research.

Clinical Skill Training in Year 3

* Third-year students study child psychopathology and methods of intervention with children (Psych 723).
  + Students learn the clinically relevant skills of assessing efficacy and program evaluation (Psych 727). This course is offered in alternating years; thus, some students will take it in their 3rd year, while others will take it in their 4th year.
  + In their third year students are introduced to various other approaches to psychotherapy (Psych 728).
  + Practicum training in the third year is devoted to advancing therapy skills in treating both children (Psych 729A, B, & C) and adults (Psych 730A, B, & C) in the CMHRT. These therapy cases are conducted under close supervision: We require hour-for-hour supervision, with cases in the third year observed by core faculty and followed up with an hour of supervisory discussion (thereby offering two hours of supervision per hour of client contact, especially in the opening phases of therapy).
  + Students are assigned their first therapy case—an adult case—either in spring of Year 2 or at the beginning of fall of Year 3. In addition, they are assigned one child therapy case early in fall of Year 3.
  + **Choice of caseload composition**: In winter of Year 3, the student picks up another case to move to a full caseload of three. **Students may decide whether they would like to be assigned an adult or a child for their third case.** It is typical to pick up an adult as the third case, but students planning a child-oriented career should consider picking up a child as their third case to help amass hours to be competitive for child-clinical internships. **Of the three cases assigned to students in their third year, adult-oriented students need to maintain that 1 of the 3 cases is a child case and child-oriented students need to maintain a caseload such that 1 of their 3 cases is an adult case. Consistent with the lifespan focus of our training, it is highly desirable that students see at least two cases outside their area of specialization.**
  + Cases are replaced as clients leave the service, so that the expected load is three cases continuously. Students are rotated among supervisors as one case is concluded and another begun.

Breadth Requirements and Other Options in Year 3

* Third-year students are well-advised to make a reasonable attempt to complete their breadth requirements. See the preceding section on **Breadth Requirements**, and check the courses that the department is offering in this particular academic year.
* Over the spring term, third-year students may wish to consider the possibility of doing an optional, part-time external practicum, which requires enrolling in **Psych 738C or 739C**. (Enroll in Psych 738C unless you have already done a second summer external practicum; in that case, enroll in Psych 739C.) Psych 738A, B and 739A, B can be used for other optional, part-time external practicums; use 738A or 739A for a fall-term practicum, and 738B or 739B for a winter-term practicum. **Note that these options require consultation with and approval by the student’s research supervisor.**
* Practicum sites are formally approved by the Director of Clinical Training. The CMHRT Director coordinates the site application and facilitates meetings between faculty and site supervisors, as appropriate. The CMHRT Director maintains a database of approved practica on SharePoint, updated each term to reflect current availability.
* A student wishing to pursue this possibility must submit to the Director of the CMHRT a **Clinical Practicum Information and Approval Form** that has been signed by your research supervisor. This form briefly outlines the plans for the practicum and the arrangements for supervision (see Appendix C).
* Once approved to take an external practicum, students must enroll in the appropriate practicum course number to ensure that the course is listed on their transcript and that they are covered for liability insurance. If you are unsure of which course number to use, ask the Administrative Coordinator, CMHRT. Students should also notify the CMHRT Director of their plans so that the CMHRT Director may contact the practicum supervisor to support the placement.
* The CMHRT Director sends out evaluation forms that are to be completed at the conclusion of the practicum by the student’s on-site supervisor **Practicum Evaluation for University of Waterloo Clinical Student** (see Appendix A). A copy of this form, signed by both the supervisor and the student, needs to be provided to the DCT. The student completes a Student Evaluation of Practicum Site form (see Appendix C) and returns it to the CMHRT Director.

**Year Four**

**Coursework**

* Psych 724: Personality & Measurement Theory
* Psych 727: Efficacy & Program Evaluation (in Year 3 for some cohorts)
* Psych 731: Emotion-Focused Therapy
* Unfulfilled breadth requirement (if any remains)

**Clinical Practicums**

* Psych 732A, B, & C (fall, winter, & spring): Child and Adolescent Psychotherapy Practicum I, II, & III
* Psych 733A, B, & C (fall, winter, & spring): Adult Psychotherapy Practicum I, II, & III
* *Elective*: Psych 738A, B, C, or 739A, B, C (fall, winter, spring; terms to be arranged): Clinical Fieldwork Placement II or III *(requires approval)*

**Research Activities**

* Psych 621:4 (fall and winter): Advanced Clinical Research Forum IV
* Research team and Ph.D. thesis

Research Training in Year 4

* If needed, the student, with the assistance of his/her supervisor, should submit the program of research as part of a fellowship application (OGS, SSHRC, NSERC, etc.), typically due late in September.
* By December 1st, please submit a copy of a formal research plan, outlining expected stages (with a timetable) and signed by both the student and the supervisor, to the Administrative Coordinator, Clinical Program, for review by the DCT.
* Each student makes an oral presentation on his/her research as part of the Psych 621:4 course and answers questions from faculty and students.
* The dissertation study should be fully underway with the hope that data collection and analyses will be completed in a timely manner. See dissertation requirements described earlier. It is expected that senior students will make good progress in writing their dissertation, and also give conference presentations and submit articles for publication.

Clinical Training in Year 4

* Fourth-year students are introduced to major personality theory and research, personality assessment, personality disorder assessment and clinical implications. These topics are covered in Psych 724. Students enrol in Psych 724 this year.
  + **Note about Psych 727: Efficacy and Program Evaluation**: If this required course, offered in alternating years, was not offered in the student’s third year, it will need to be taken in Year 4.
  + Senior students further expand their knowledge of psychotherapy by learning principles and techniques of **Emotion-Focused Therapy** (Psych 731).
  + **Choice of caseload composition**: We allow students in their fourth and fifth years to select the age composition of their clinical work. Students may choose any of the following possibilities: **(a) the usual regimen of two adult cases and one child case; (b) two child cases and one adult case, (c) all adult cases; or (d) all child cases**. This important choice should reflect the particular student’s internship and career goals.
  + Students who choose to see child therapy cases exclusively should not enroll in Psych 733A, B, & C.Students who choose to see adult cases exclusively should not enroll in Psych 732A, B, & C.
* As part of the student’s year-end review meeting in April, the student and research supervisor should discuss whether the student should plan to apply for internships in the following November (in Year 5), or, alternatively, wait another year before applying. Seethe succeeding section, **Full-Year Predoctoral Internship/Residency**, for more information about this important decision.

Breadth Requirements and Other Options in Year 4

* + If the student still has any unfulfilled breadth requirements, these should be attended to.
  + **Option of a one-off assessment case**: Senior students are encouraged to consider completing a short-term assessment through the CMHRT in the interval between therapy cases. This may be especially advisable for students interested in child clinical work who may need to boost their assessment hours in preparation for applying for the pre-doctoral internship. Interested students should discuss this option with the Director of the CMHRT. Students typically find that an assessment case takes substantially more time each week than a therapy case; thus, plan accordingly.
* Senior students may wish to consider the possibility of doing an optional, part-time sanctioned external practicum, which requires enrolling in Psych 738A, B, C, or 739A, B, C, for the appropriate term or terms. (Use Psych 738 unless you have already used it for an external practicum in the past; in that case, enroll in Psych 739.) **Note that these options require consultation with and approval by the student’s research supervisor.** A student wishing to pursue this possibility must submit to the DCT a **Clinical Practicum Information and Approval Form** that briefly outlines the plans for the practicum and the arrangements for supervision (see Appendix C for the form). The student should notify the CMHRT Director once the sanctioned practicum placement has been approved. In addition, at the conclusion of the practicum, the student’s on-site supervisor needs to fill out the form, **Practicum Evaluation for University of Waterloo Clinical Student** (see Appendix A), and a copy of this form, signed by both the supervisor and the student, needs to be provided to the DCT. The student completes a Student Evaluation of the Practicum Site and gives the completed form to the CMHRT Director.

**Year 5 (and Beyond)**

**Clinical Practicums**

* Psych 734A, B, & C (fall, winter, & spring): Practicum in Supervision (required of all students)
* Psych 735A, B, & C (fall, winter, & spring): Child and Adolescent Psychotherapy Practicum I, II, & III
* Psych 736A, B, & C (fall, winter, & spring): Adult Psychotherapy Practicum I, II, & III
* *Elective*: Psych 738A, B, C, or 739A, B, C (fall, winter, spring; terms to be arranged): Clinical Fieldwork Placement II or III *(requires approval)*
* *Elective*: Psych 740A, B, C, or Psych 741A, B, C, or Psych 742A, B, C: Senior Practicum I, II, or III *(requires approval)*

**Research Activities**

* Research team and Ph.D. thesis

Research in Year 5 (and Beyond)

* If needed, the student, with the assistance of his/her supervisor, should submit the program of research as part of a fellowship application (OGS, SSHRC, NSERC, OMHF, etc.), typically due late in September.
* By December 1st, please submit a copy of a formal research plan, outlining expected stages (with a timetable) and signed by both the student and the supervisor, to the Administrative Coordinator, Clinical Program, for review by the DCT.
* This year (and any subsequent ones) is principally devoted to completing the student’s doctoral dissertation. We urge the student to maintain close contact with his or her dissertation committee.
* Students who have completed all of their dissertation requirements and are waiting to go to an internship, or are waiting for job opportunities, can use time on campus to enhance research skills and to further develop their publication portfolios. If they continue in the program after the internship, we try to accommodate them with laboratory space and other resources that would assist career development.

Clinical Skill Training in Year 5 (and Beyond)

* In Year 5, students participate in a supervision practicum (Psych 734A, B, & C) which involves supervising the clinical work of a junior student and meeting regularly with a faculty supervisor for case rounds and supervisory skill development and discussion.
* In spring term of Year 5, students are not normally assigned any further CMHRT cases; instead, casework winds up as cases terminate and are not replaced.
* If the student did not already arrange a full-year predoctoral internship, then as part of the student’s year-end review meeting in April, the student and research supervisor should discuss plans to apply for internships in the following November (in Year 6). Seethe succeeding section, **Full-Year Predoctoral Internship/Residency**, for more information.

Options in Year 5 (and Beyond)

* There are several possibilities available to fifth-year students for extending their clinical experience. These options may include the following:
  + Seeinga couples case in the CMHRTif supervision is available **(**Psych 737A, B, & C)
  + A one-off assessment case in the CMHRT
  + Taking a part-time external practicum (Psych 738A, B, or C, or 739A, B, or C**).**

See **Breadth Requirements and Other Options in Year 4** for further details about these possibilities.

* Another option for students in their fifth year and beyond is a **senior practicum**, offering advanced training in assessment and treatment procedures, which requires enrolling in one or more of **Psych 740A, B, C, or Psych 741A, B, C, or Psych 742A, B, C**. (Use the lowest course number you have not used before. A, B, and C should designate the term or terms in which the practicum occurs - Fall, Winter, Spring.) A student wishing to pursue this possibility must submit to the DCT a **Clinical Practicum Information and Approval Form** that briefly outlines the plans for the practicum and the arrangements for supervision (see Appendix C for the form). In addition, at the conclusion of the work, the clinical supervisor needs to fill out the form, **Practicum Evaluation for University of Waterloo Clinical Student** (see Appendix A), and a copy of this form, signed by both the supervisor and the student, needs to be provided to the DCT. There are two different types of senior practica:
  + **Working part-time in an approved local private practice.**
  + **Doing a block placement in the CMHRT**. Students interested in this possibility need to **consult with the Director of the CMHRT, Marjory Phillips**, for current information**.**

**Full-Year Predoctoral Internship/Residency**

All clinical Ph.D. students are required to take a full-year predoctoral internship (also called a predoctoral residency). Accreditation of internships is based on standards developed by the Canadian Psychological Association (CPA), the Canadian Council of Professional Psychology Programs (CCPPP), and the Association of Psychology Postdoctoral and Internship Centers (APPIC). Because these standards help to ensure a high-quality internship experience, it is greatly to the student’s advantage to attend an accredited internship**,** and, indeed, we expect our students to apply widely to accredited programs. Accreditation also guarantees that the Resident will have an office and computer, a salary, adequate supervision for the duration of the residency, access to clients, etc., none of which can be necessarily guaranteed in non-accredited Residencies, particularly those that are not even on the path to accreditation. Hence, the clinical program strongly holds the position that **all internships should be CPA-accredited**.

In the rare case that a student proposes to go to a non-accredited internship, he or she must submit a petition to the DCT, who will consult with the clinical faculty in determining whether to approve the request. Any such internship must at least meet the minimal criteria stipulated for internships by APPIC, which include being paid, having at least four hours per week of supervision by a doctoral-level registered psychologist who has competency in the area that he or she is supervising, and providing appropriate educational opportunities to a class of at least two interns. The site also has to demonstrate that it can manage contingencies, such as sudden unavailability of the doctoral level supervisor. If the proposal is approved, the DCT will provide appropriate evaluation forms for tracking the intern’s progress and development.

Students should be aware that the internship application process is time-consuming. They need to get started with the application process by late summer of the year before their intended internship. It takes quite a lot of work to complete the internship applications, in which students are required to document all their previous clinical practicum experiences (e.g., total hours broken down by numerous categories) and write essays and cover letters. Applications are typically due in late October and early November. Submitting all the materials successfully on the APPIC site can also be a challenge, and students need to have their eligibility and readiness for the predoctoral internship year verified online by the DCT. In addition, the completion of the subsequent internship interviews often consumes much of the month of January.

To help our students navigate the competitive application process, the clinical program has a Residency Planning and Preparation Committee which is comprised of the CMHRT Director and an appointed faculty member. The committee meets regularly with the students applying to Residency. Participation in the meetings is mandatory for students in our program. The Residency Co-coordinators assist students with preparing their internship applications, answer questions and offer counsel with respect to internships, and arrange practice internship interviews for the current group of internship applicants. **Participation in this process is mandatory for all clinical students applying to Residencies.**

Planning When to Do the Internship

If a student has entered the clinical program with advanced standing (e.g., already having a Master’s degree from another program), it might be possible to be ready for the internship after Year 4 in our program. Far more typically, students need to decide whether to plan to go on internship after Year 5 or after Year 6. In all cases, the student must consult with his or her research supervisor and the DCT to obtain formal permission of the clinical program to go ahead and apply to internships. Please see the next section, **Obtaining Permission to Apply to Residencies**, to see what criteria must be met.

One important consideration is whether the student has amassed sufficient clinical experience and relevant hours to be competitive for internship applications. At the end of this section (see the next page) appear guidelines set out by the Canadian Council of Professional Programmes in Psychology (CCPPP), and these may be helpful in making this determination. However, students would be well advised to check on the minimum eligibility criteria of the particular internship sites in which they may be interested. These criteria, stated in the internship program websites and brochures, may vary considerably from one program to another, not only in total hours but also in more detailed breakdowns of the clinical experiences expected of strong candidates.

Other important considerations in when to apply for the internship have to do with the student’s intended career path. As one example, for a student planning for an academic or other strongly research-orientated career, a sixth year at home in the clinical program might be crucial for building a strong publication record and CV.

Obtaining Permission to Apply to Internships

Students intending to apply for internship are required to express this intent to their supervisor and the DCT. Students will meet with their supervisor and the DCT to review the status of their dissertation research, coursework, and practicum hours. **Students may apply for internship only if they meet the following requirements**:

* 1. Their doctoral thesis proposal has been approved;
  2. All dissertation data are collected or will be collected by the end of December in the year prior to the student’s intended internship year. Students whose data are not collected by the end of December will be required to withdraw from the APPIC match except in very unusual circumstances (e.g., if additional data collection seems warranted based on analysis of the complete data);
  3. All coursework is completed (with the exception of practicum courses which may continue);
  4. Practicum hours are sufficient to ensure eligibility for the internships to which the student wants to apply, and sufficient for CPA requirements.

Tuition Arrangements While on Internship

The Graduate Studies Office has approved the possibility of tuition reduction while on the year-long internship. You may choose to apply for a change to part-time status for the duration of the internship, but you need to consider the following implications of part-time status while on internship:

1. If you hold an Ontario Student Loan or Canada Student Loan, you will not be able to maintain interest-free status.

2. During the internship, you cannot be a recipient of a UW or external award requiring full-time status.

If the foregoing restrictions are unacceptable, you can alternatively choose to enroll for the usual full-time status while on internship. In either case, you will need to inform the Administrative Coordinator, Graduate Studies, which option you would like to pursue.

Professional Liability Insurance While on Internship

The University of Waterloo’s general liability insurance does not provide coverage for a paid year-long internship. Typically, your internship will require you to obtain your own professional liability insurance. This personal insurance, sponsored by the Canadian Psychological Association, is available through BMS Group Inc.

*CCPPP Guidelines for Predoctoral Residency*

# *Preamble*

*Both internship and academic training programmes aim to prepare students with entrance level competence to practice as psychologists. Preparation for the year of internship training entails the development of knowledge and competence, and accumulation of experience through research, coursework and practica within academic training programmes. In recent years, some students have become focused on acquiring more and more practicum training hours in their academic programmes, believing this to be a key factor in a successful internship match. The training directors of the CCPPP in both university and internship settings wish to communicate that the number of practicum hours is neither the only nor the most important factor in the preparation and selection of internship applicants. As such, member programmes of CCPPP, in both university and internship settings, affirm the following principles in the preparation and selection of students for the internship year:*

# *Principles*

1. *Prior to beginning an internship, as a minimum, students are expected to have completed all of their required coursework, and to have a draft of their dissertation well underway, and to have completed practica in which they have developed sufficient depth and breadth of clinical competence to assume an internship position.*
2. *Candidates from CPA- or APA-accredited programs are preferred in accredited internship settings, although exceptions are made for applicants demonstrating equivalence of training in recognition of the fact that programmes gradually evolve towards being accredited and may offer high quality training before receiving accreditation status.*
3. *While 600 hours of practicum experience before beginning an internship has been set within the CPA accreditation standards as the minimum in which this competence might be gained, more typically 1000 hours of wisely chosen practicum experience is required to attain sufficient breadth and depth. This would include an appropriate balance of direct service, supervision, and support hours. Students and programs should strive in their practica for experience with cases varying in complexity in different service delivery settings, with a variety of populations, presenting questions, assessment and therapeutic models and methods, case conferences, and supervisors to acquire competencies for a successful internship year. This is more important than the number of hours recorded.*
4. *Given breadth and depth that can be obtained in 1000 hours, additional practicum hours will not confer an advantage to applicants unless they are necessary to meet general clinical competencies or the specific clinical competencies required for a particular internship site. Internship directors who believe that a placement at their site merits more than 1000 hours to develop the competencies required are to publicly declare this and detail what is required in their documentation.*
5. *Similarly, while having the dissertation proposal approved is the minimum within the CPA accreditation standards for beginning an internship, during the internship year students should be in a position to devote their energies and attention to the internship experience without a heavy commitment to their dissertation during that period. As per the accreditation standards “it is preferable that students have analyzed their data, completed a draft of their thesis, and, whenever possible, successfully defended their doctoral thesis prior to beginning the internship year.” Therefore, while exceptions may be made under special circumstances, students are strongly encouraged not to apply for internship until their data is all or almost all collected. Academic programs that require more than this minimum prior to applying**for internship are to publicly declare this and detail what is required in their documentation.*
6. *The quality of work and breadth and depth of experience gained in practica are important factors in the selection of interns by the sites. These factors are viewed within the context of striving for the best model of professional training in psychology and empirically supported practices for service delivery within the internship setting. Thus the selection of candidates is a synthesis of factors matching the relevance and quality of the student’s didactic training (e.g., coursework, workshops attended), academic accomplishments, goals, letters of recommendation, research experience, quality of writing samples, and personal, professional and interpersonal qualities evident in the interview, with the needs of available training within, and experiences of, the internship site.*

**APPENDIX A**

**Clinical Case and Practicum Evaluation Forms**

* + 1. Treatment Case Evaluation
    2. Assessment Case Evaluation
    3. Practicum Evaluation

**Treatment Case Evaluation**

Note: One copy of the completed form should be sent to the Administrative Coordinator of the CMHRT, Maureen Stafford, and a second copy should be retained by the student.

**Student Name: Signature:**

**Clinical Supervisor: Signature:**

**Evaluation Period: Date:**

Brief description of case (e.g., nature of presenting problem): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Age of client (& background, if relevant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total hours of direct service (assessment): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total hours of direct service (intervention): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total hours of indirect service (assessment): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total hours of indirect service (intervention): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total hours of face-to-face supervision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please rate each statement on a scale from relatively weak (1) to relatively strong (7). If the case provided no useful information about a particular statement, circle NA. For each group of skills, space is also provided for any written comments.

***Therapy Process***

1. Is able to clearly communicate responses and interventions to clients

NA 1 2 3 4 5 6 7

2. Demonstrates flexible use of various therapeutic techniques

NA 1 2 3 4 5 6 7

3. Works with the client to generate mutually-derived, realistic treatment goals

NA 1 2 3 4 5 6 7

4. Is able to establish, maintain, and repair therapeutic alliance

NA 1 2 3 4 5 6 7

5. Maintains appropriate personal and emotional boundaries with clients

NA 1 2 3 4 5 6 7

Comments about therapy process: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Treatment Knowledge and its Application***

1. Has knowledge of a broad range of theoretical orientations

NA 1 2 3 4 5 6 7

2. Integrates and applies theoretical knowledge into clinical cases, as appropriate

NA 1 2 3 4 5 6 7

3. Is able to effectively conceptualize clients’ themes, issues, relational dynamics, or difficulties

NA 1 2 3 4 5 6 7

4. Is knowledgeable of principles of sound assessment as the basis for subsequent intervention

NA 1 2 3 4 5 6 7

5. Is knowledgeable of the scientific, theoretical, empirical, and contextual basis of intervention

NA 1 2 3 4 5 6 7

Comments about treatment knowledge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Clinical Judgement***

1. Is able to think on his/her feet, deal effectively with the unexpected, and manage crises

NA 1 2 3 4 5 6 7

2. Accomplishes therapeutic/assessment goals while remaining flexible to emerging client issues

NA 1 2 3 4 5 6 7

3. Effectively makes decisions and problem-solves

NA 1 2 3 4 5 6 7

4. Is able to gather, prioritize, and use information effectively

NA 1 2 3 4 5 6 7

5. Is able to effectively identify and understand clients’ strengths and weaknesses

NA 1 2 3 4 5 6 7

Comments about clinical judgement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Professional Conduct***

1. Keeps appointments and arrives on time

NA 1 2 3 4 5 6 7

2. Behaves in an appropriately professional manner

NA 1 2 3 4 5 6 7

3. Follows Centre for Mental Health Research and Treatment operations and procedures

NA 1 2 3 4 5 6 7

4. Relates well with colleagues, co-workers and other mental health professionals

NA 1 2 3 4 5 6 7

5. Prepares well for client sessions in terms of organization and knowledge of materials/procedures

NA 1 2 3 4 5 6 7

6. Writes reports and session notes in a clear, well-organized and timely manner

NA 1 2 3 4 5 6 7

Comments about professional conduct: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Supervision***

1. Is able to be self-reflective and recognize own contributions to therapeutic/assessment process

NA 1 2 3 4 5 6 7

2. Is able to discuss personal feelings and reactions in supervision

NA 1 2 3 4 5 6 7

3. Is willing to discuss personal areas of weakness and responds well to criticism

NA 1 2 3 4 5 6 7

4. Uses the supervision time well

NA 1 2 3 4 5 6 7

5. Is able to take feedback from supervision and apply it to the case

NA 1 2 3 4 5 6 7

Comments about use of supervision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Ethics and Cultural Competence***

1. Demonstrates awareness of how cultural differences may affect clinical practice (e.g., test interpretation and effective service delivery)

NA 1 2 3 4 5 6 7

2. Demonstrates the knowledge and skills to work with individuals of diverse backgrounds

NA 1 2 3 4 5 6 7

3. Has knowledge of ethical professional standards and regulations relevant to practice in psychology

NA 1 2 3 4 5 6 7

4. Seeks information and consultation when considering ethical issues

NA 1 2 3 4 5 6 7

5. Demonstrates commitment to ethical practice

NA 1 2 3 4 5 6 7

Comments about ethics and cultural competence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Summary Evaluation***

General comments on the student’s strengths and areas for continuing development:

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**Assessment Case Evaluation**

Note: One copy of the completed form should be sent to the Administrative Coordinator of the CMHRT, Maureen Stafford, and a second copy should be retained by the student.

**Student Name: Signature:**

**Clinical Supervisor: Signature:**

**Evaluation Period: Date:**

Brief description of case (e.g., nature of presenting problem):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Age of client (& background, if relevant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total hours of direct service (assessment): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total hours of indirect service (assessment): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total hours of face-to-face supervision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please rate each statement on a scale from relatively weak (1) to relatively strong (7). If the case provided no useful information about a particular statement, circle NA. For each group of skills, space is also provided for any written comments.

***Assessment Process***

1. Clarifies the stated and implicit referral issues and questions in collaboration with client/family

NA 1 2 3 4 5 6 7

2. Clearly communicates approach to assessment to the client/family

NA 1 2 3 4 5 6 7

3. Effectively addresses the referral questions via the assessment

NA 1 2 3 4 5 6 7

4. Carries out the assessment (testing, report writing, and feedback) in a timely manner

NA 1 2 3 4 5 6 7

5. Establishes alliance with the client/family, while maintaining appropriate personal boundaries

NA 1 2 3 4 5 6 7

Comments about assessment process: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Assessment Knowledge and its Application***

1. Understands the underlying theoretical and empirical foundations for assessment

NA 1 2 3 4 5 6 7

2. Demonstrates knowledge of a broad range of assessment tools

NA 1 2 3 4 5 6 7

3. Administers assessment tests effectively

NA 1 2 3 4 5 6 7

4. Demonstrates competence in scoring and interpreting tests

NA 1 2 3 4 5 6 7

5. Formulates recommendations that are logically related to assessment results

NA 1 2 3 4 5 6 7

6. Effectively conceptualizes client’s difficulties, issues, themes, or patterns

NA 1 2 3 4 5 6 7

Comments about assessment knowledge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Clinical Judgement***

1. Is able to think on his/her feet, deal effectively with the unexpected, and manage crises

NA 1 2 3 4 5 6 7

2. Accomplishes therapeutic/assessment goals while remaining flexible to emerging client issues

NA 1 2 3 4 5 6 7

3. Effectively makes decisions and problem-solves

NA 1 2 3 4 5 6 7

4. Is able to gather, prioritize, and use information effectively

NA 1 2 3 4 5 6 7

5. Is able to effectively identify and understand clients’ strengths and weaknesses

NA 1 2 3 4 5 6 7

Comments about clinical judgement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Professional Conduct***

1. Keeps appointments and arrives on time

NA 1 2 3 4 5 6 7

2. Behaves in an appropriately professional manner

NA 1 2 3 4 5 6 7

3. Follows Centre for Mental Health Research and Treatment operations and procedures

NA 1 2 3 4 5 6 7

4. Relates well with colleagues, co-workers and other mental health professionals

NA 1 2 3 4 5 6 7

5. Prepares well for client sessions in terms of organization and knowledge of materials/procedures

NA 1 2 3 4 5 6 7

6. Writes reports and session notes in a clear, well-organized and timely manner

NA 1 2 3 4 5 6 7

Comments about professional conduct: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Supervision***

1. Is able to be self-reflective and recognize own contributions to therapeutic/assessment process

NA 1 2 3 4 5 6 7

2. Is able to discuss personal feelings and reactions in supervision

NA 1 2 3 4 5 6 7

3. Is willing to discuss personal areas of weakness and responds well to criticism

NA 1 2 3 4 5 6 7

4. Uses the supervision time well

NA 1 2 3 4 5 6 7

5. Is able to take feedback from supervision and apply it to the case

NA 1 2 3 4 5 6 7

Comments about use of supervision:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Ethics and Cultural Competence***

1. Demonstrates awareness of how cultural differences may affect clinical practice (e.g., test interpretation and effective service delivery)

NA 1 2 3 4 5 6 7

2. Demonstrates the knowledge and skills to work with individuals of diverse backgrounds

NA 1 2 3 4 5 6 7

3. Has knowledge of ethical professional standards and regulations relevant to practice in psychology

NA 1 2 3 4 5 6 7

4. Seeks information and consultation when considering ethical issues

NA 1 2 3 4 5 6 7

5. Demonstrates commitment to ethical practice

NA 1 2 3 4 5 6 7

Comments about ethics and cultural competence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Summary Evaluation***

General comments on the student’s strengths and areas for continuing development:

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**Practicum Evaluation**

**for University of Waterloo Clinical Student**

Note: One copy of the completed form should be provided to the **Director of Clinical Training, Dr. Christine Purdon**, and a second copy should be retained by the student.

**Student Name: Signature:**

**Clinical Supervisor: Signature:**

**Evaluation Period: Date:**

Brief description of types of cases seen (e.g., nature of presenting problems): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Age range of clients (& background, if relevant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Services provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Note: Not all of the following may be relevant for any particular practicum.*

Total hours of direct service (assessment): \_\_\_\_\_\_\_\_\_\_\_\_

Total hours of direct service (intervention): \_\_\_\_\_\_\_\_\_\_\_\_

Total hours of direct service (other): \_\_\_\_\_\_\_\_\_\_\_\_ Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total hours of indirect service (assessment): \_\_\_\_\_\_\_\_\_\_\_\_

Total hours of indirect service (intervention): \_\_\_\_\_\_\_\_\_\_\_\_

Total hours of indirect service (other): \_\_\_\_\_\_\_\_\_\_\_\_ Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total hours of individual, face-to-face supervision: \_\_\_\_\_\_\_\_\_\_\_

Total hours of other supervision: \_\_\_\_\_\_\_\_\_\_\_\_\_ Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please rate each of the following statements on a scale from **relatively weak (1)** to **relatively strong (7)**. If the practicum provided no useful information about a particular statement, circle NA. For each group of skills, space is also provided for any written comments.

***Assessment Process*** *(Complete this section if the practicum included* ***formal assessments****.)*

1. Clarifies the stated and implicit referral issues and questions in collaboration with client

NA 1 2 3 4 5 6 7

2. Clearly communicates approach to assessment to client

NA 1 2 3 4 5 6 7

3. Effectively addresses the referral questions via the assessment

NA 1 2 3 4 5 6 7

4. Carries out the assessment (testing, report writing, and feedback) in a timely manner

NA 1 2 3 4 5 6 7

5. Establishes alliance with the client, while maintaining appropriate personal boundaries

NA 1 2 3 4 5 6 7

Comments about assessment process: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Assessment Knowledge and its Application*** *(if the practicum included* ***formal assessments****)*

1. Understands the underlying theoretical and empirical foundations for assessment

NA 1 2 3 4 5 6 7

2. Demonstrates knowledge of a broad range of assessment tools

NA 1 2 3 4 5 6 7

3. Administers assessment tests effectively

NA 1 2 3 4 5 6 7

4. Demonstrates competence in scoring and interpreting tests

NA 1 2 3 4 5 6 7

5. Formulates recommendations that are logically related to assessment results

NA 1 2 3 4 5 6 7

6. Effectively conceptualizes client’s difficulties, issues, themes, or patterns

NA 1 2 3 4 5 6 7

Comments about assessment knowledge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please rate each of the following statements on a scale from **relatively weak (1)** to **relatively strong (7)**.

***Therapy Process*** *(Complete this section if the practicum included* ***treatment****.)*

1. Able to clearly communicate responses and interventions to clients

NA 1 2 3 4 5 6 7

2. Demonstrates flexible use of various therapeutic techniques

NA 1 2 3 4 5 6 7

3. Works with the client to generate mutually-derived, realistic treatment goals

NA 1 2 3 4 5 6 7

4. Able to establish, maintain, and repair therapeutic alliance

NA 1 2 3 4 5 6 7

5. Maintains appropriate personal and emotional boundaries with clients

NA 1 2 3 4 5 6 7

Comments about therapy process: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Treatment Knowledge and its Application*** *(if the practicum included* ***treatment****)*

1. Has knowledge of a broad range of theoretical orientations

NA 1 2 3 4 5 6 7

2. Integrates and applies theoretical knowledge into clinical cases, as appropriate

NA 1 2 3 4 5 6 7

3. Is able to effectively conceptualize clients’ themes, issues, relational dynamics, or difficulties

NA 1 2 3 4 5 6 7

4. Is knowledgeable of principles of sound assessment as the basis for subsequent intervention

NA 1 2 3 4 5 6 7

5. Is knowledgeable of the scientific, theoretical, empirical, and contextual basis of intervention

NA 1 2 3 4 5 6 7

Comments about treatment knowledge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Clinical Judgement***

1. Able to think on his/her feet, deal effectively with the unexpected, and manage crises

NA 1 2 3 4 5 6 7

2. Accomplishes therapeutic/assessment goals while remaining flexible to emerging client issues

NA 1 2 3 4 5 6 7

3. Effectively makes decisions and problem-solves

NA 1 2 3 4 5 6 7

4. Able to gather, prioritize, and use information effectively

NA 1 2 3 4 5 6 7

5. Able to effectively identify and understand clients’ strengths and weaknesses

NA 1 2 3 4 5 6 7

Comments about clinical judgement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Professional Conduct***

1. Keeps appointments and arrives on time

NA 1 2 3 4 5 6 7

2. Behaves in an appropriately professional manner

NA 1 2 3 4 5 6 7

3. Follows the organization’s operations and procedures

NA 1 2 3 4 5 6 7

4. Relates well with colleagues, co-workers and other mental health professionals

NA 1 2 3 4 5 6 7

5. Prepares well for client sessions in terms of organization and knowledge of materials/procedures

NA 1 2 3 4 5 6 7

6. Writes reports and session notes in a clear, well-organized and timely manner

NA 1 2 3 4 5 6 7

Comments about professional conduct: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Supervision***

1. Is able to be self-reflective and recognize own contributions to therapeutic/assessment process

NA 1 2 3 4 5 6 7

2. Is able to discuss personal feelings and reactions in supervision

NA 1 2 3 4 5 6 7

3. Is willing to discuss personal areas of weakness and responds well to criticism

NA 1 2 3 4 5 6 7

4. Uses the supervision time well

NA 1 2 3 4 5 6 7

5. Is able to take feedback from supervision and apply it to the case

NA 1 2 3 4 5 6 7

Comments about use of supervision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Ethics and Cultural Competence***

1. Demonstrates awareness of how cultural differences may affect clinical practice (e.g., test interpretation and effective service delivery)

NA 1 2 3 4 5 6 7

2. Demonstrates the knowledge and skills to work with individuals of diverse backgrounds

NA 1 2 3 4 5 6 7

3. Has knowledge of ethical professional standards and regulations relevant to practice in psychology

NA 1 2 3 4 5 6 7

4. Seeks information and consultation when considering ethical issues

NA 1 2 3 4 5 6 7

5. Demonstrates commitment to ethical practice

NA 1 2 3 4 5 6 7

Comments about ethics and cultural competence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Summary evaluation***

General comments on the student’s strengths and areas for continuing development:

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**APPENDIX B**

**Year-End Student Evaluation Forms**

1. Instructions for Clinical Students about the Year-End Review
2. Year-End Clinical Student Progress Summary
3. Breadth Requirement Summary
4. Year-End Clinical Competence Evaluation
5. Year-End Academic/Research Competence Evaluation

**Instructions for Clinical Students about the Year-End Review**

For the year-end review of your progress in the clinical program, there are several steps to be completed, the first few by you alone and the next in collaboration with your research supervisor. Here is a list of these steps.

1. **NEW\*\***Please complete the **Year-End Clinical Student Progress Summary** and the **Breadth Requirement Summary**. These two forms can now be found on Qualtrics (so we can collect the data electronically). They can be accessed at <https://psychologyuwaterloo.qualtrics.com/jfe/form/SV_1IaPS4ipDAJ2SkR>. These forms are due by the morning of DUE DATE. Maureen will print out the information for you to take to your meeting with your supervisor. Please do not book your year-end meeting with your supervisor until after DUE DATE.
2. Please see the attached form, **Year-End Clinical Competence Evaluation**. For Section II, please fill in the ratings based on feedback from your clinical supervisor evaluations forms, including PAT and any external practica this year, if applicable. (E.g., if you had more than one clinical supervisor, you could indicate the range of ratings for each statement.) Don’t fill in the overall rating at the end of Section II yet; you will do this in collaboration with your research supervisor.
3. Look over the attached form, **Year-End Academic/Research Competence Evaluation**. You will use this form in collaboration with your research supervisor to review your academic and research progress.
4. Put together (or update) a well-organized **curriculum vitae (CV)**. There are instructions for what this should contain below. (You will need such a CV to apply to internships and other positions thereafter.)
5. Using Time2Track, produce an **APPIC-style account of your clinical hours and experience** to date. (You will need to submit such an account to apply to internships.) (Use the **Guidelines for T2T** to aid in figuring out how to count each type of activity.)
6. Arrange a **meeting with your research supervisor**. Please bring all of the above: (1) a print out of your completed Year-End Clinical Student Progress Summary and Breadth Requirement Summary, (2) the Year-End Clinical Competence Evaluation form with Section II filled out, (3) the Year-End Academic/Research Competence Evaluation form, (4) your CV, and (5) your APPIC-style account of clinical hours and experience**.**
7. You and your supervisor will go over and discuss all this material and **collaboratively complete the Year-End Clinical Competence Evaluation and Year-End Academic/Research Competence Evaluation forms**.
8. When you are done, please **staple together all the completed materials** in the order listed in #6 above, and then **pass one copy to the Administrative Coordinator of the CMHRT, Maureen Stafford**,to go in your student file. Keep a copy for yourself, too.

**Instructions for a CV**

If you have never put together a CV before, I would strongly suggest that you get two or three good examples from senior clinical students (e.g., those who most recently applied for internships). Look at how they are organized and what kinds of material go into such a CV for a clinical student. Note how a good CV quickly conveys a great deal of information about one’s clinical experiences and academic and research accomplishments.

Although you may eventually choose some other order and selection of content for the material in your CV, it will be useful if everyone follows the sections and content listed here.

**Your name** (in a prominent font) and **contact information** (address, email, and phone number) go at the top, centered. Then there are the following sections, each labeled with a left-justified heading:

**EDUCATION**

If you are currently working on your Ph.D., put **Ph.D. (in progress) – Clinical Psychology, University of Waterloo** (or something similar) first. Also provide the name of your research supervisor, and the names of your dissertation committee members (if known).

Next, put similar information about your **Master’s degree** (if applicable). If you have finished your M.A., instead of “in progress”, list the year you got the degree (or else the range of years during which you were a Master’s student).

Finally, put similar information about your **undergraduate degree**, including the name of the degree, honours (if applicable) and major. Although it is not necessary to list your honours thesis supervisor, it can’t hurt.

**ACADEMIC SCHOLARSHIPS AND AWARDS**

Starting with the most recent first, list all your scholarships and academic awards, and provide the year or years for each, as well as the dollar amounts. It is up to you whether to include any declined awards; some people do, but I personally find this mildly off-putting.

**PUBLICATIONS**

Starting with the most recent first (including ‘in press”), list all your publications. Make sure you give the correct APA-style information; sloppiness about this looks unprofessional. If your publications fall into more than one category, use subheadings—e.g., **Peer-Reviewed Journal Articles**, **Other Articles** (if applicable), and **Book Chapters**.

**WORK UNDER REVIEW AND IN PREPARATION**

List manuscripts that are currently under review or well along in preparation. Be truthful: Someone could legitimately ask you for a copy of anything that appears here.

**CONFERENCE PRESENTATIONS**

Starting with the most recent first (including any that are definitely scheduled for the upcoming months), list all your conference publications. Use proper APA style, and indicate in the reference whether each presentation was a poster or a talk. If the presentation was part of an invited symposium, make sure to include this information, providing the title of the symposium as part of the reference.

**THESES**

Beginning with your projected Ph.D. title (in progress) or your projected Master’s thesis title (in progress), list the title of each of your theses, including the date of completion and the institution at which you did the thesis.

**OTHER RESEARCH EXPERIENCE**

Here, beginning with the most recent, list the title, institution, supervisor, and relevant years of any other important research experiences, including any Research Assistantships. You may want to provide a brief account of the activities or experiences that went with each role.

**CLINICAL EXPERIENCE**

Beginning with the most recent, list the title (e.g., Student Therapist, Psychodiagnostic Assessor, Practicum Student, Intake Coordinator, etc.), institution, supervisors, and relevant years of any important clinical experiences, including both CMHRT activities and external practica. It is a good idea to provide a thumbnail sketch of your main activities in each of these roles.

**CLINICAL SUPERVISORY EXPERIENCE**

Beginning with the most recent, list the title (e.g., Student Therapy Supervisor, Assessment Instructor and Supervisor, etc.), institution, supervisor, and relevant years of any important clinical supervisory experiences. It is a good idea to provide a brief thumbnail sketch describing each of these roles.

**TEACHING EXPERIENCE**

Beginning with the most recent, list Teaching Assistantships, Teaching Fellowships (Adjunct Lecturer), Guest Lecturer, etc. For each, provide the year and course number and title. (Thumbnail sketches here are possible, but probably unnecessary.)

**PROGRAM DEVELOPMENT AND ADMINISTRATIVE EXPERIENCE**

In a similar vein, list anything relevant here, including title, institution, and year or years. These roles probably need thumbnail sketches describing what you actually did.

**PROFESSIONAL WORKSHOPS ATTENDED**

List the title, presenters, location, and year. Include both our in-house clinical workshops and any external clinical workshops you have attended.

**PROFESSIONAL MEMBERSHIPS AND AFFILIATIONS**

List the relevant society and dates of membership.

**PROFESSIONAL LEAVES** (only include if relevant)

List the dates for any maternity or other leaves during your graduate studies.

**Year-End Clinical Student Progress Summary**

Your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year in program: \_\_\_\_\_\_\_\_

1. Please complete the following summary table. Note that this academic year runs from the **beginning of September, 2019, through the end of August, 2020; thus, include upcoming spring/summer data please**, if known.

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Have you authored or co-authored any presentations at professional or scientific meetings this academic year? |  |  |
| Have you authored or co-authored any papers published or accepted for publication in refereed journals/books this academic year? |  |  |
| Are you a member or student affiliate in any professional or research societies? |  |  |
| Did you hold a Teaching Assistantship this academic year? |  |  |
| Did you hold a Research Assistantship this academic year? |  |  |
| Did you have an internal scholarship/fellowship (e.g., a U of W Scholarship) this academic year? |  |  |
| Did you have an external scholarship/fellowship (e.g., SSHRC, NSERC, or OGS) this academic year? |  |  |
| Did you complete or will you complete an external practicum (e.g., Psych 635, 636, 637, or 612) this academic year? |  |  |

1. **Research**: For each of the following, please provide the number you have accumulated to this point in your career.

|  |  |
| --- | --- |
|  | **Total number** |
| **Conference posters** |  |
| **Conference presentations** |  |
| **Peer-reviewed publications – Other than first author** |  |
| **Peer-reviewed publications – First author** |  |
| **Other Publications (e.g., book chapters)** |  |
| **Manuscripts submitted and under review** |  |

1. **Clinical Experience**: For each of the following, please estimate the total clinical hours you have accumulated to this point in the program (including all external practica).

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Total Hours** | **Estimated Hours: Child** | **Estimated Hours: Adult** |
| **Assessment (direct client contact)** |  |  |  |
| **Intervention (direct client contact)** |  |  |  |
| **Supervision** |  |  |  |
| **Support** |  |  |  |

Note: The relative proportion of child and adult hours of experience should reflect the student’s internship plans and future career goals.

1. Up to this point in the program, have you had experience working in the following modalities? (This includes CMHRT as well as external practicum experiences.)

Individual Yes No

Couple Yes No

Group Yes No

Family Yes No

1. Would you be interested in serving as a CMHRT TA next year?

Yes No

1. Would you be interested in serving as a PAT TA next year?

Yes No

1. Have you and your supervisor discussed your serving as a CMHRT or PAT TA for next year?

Yes No

**Breadth Requirement Summary**

The **departmental statistics requirement** is two graduate-level statistics courses. For clinical students, one of these must be Psych 632; the second course is your choice (e.g., Psych 630, 800, or 801). Below, please enter the statistics courses (up to two) that you have taken to fulfill this requirement.

|  |  |
| --- | --- |
| **Course number** | **Course title** |
|  |  |
|  |  |

The **departmental breadth requirement** is four graduate courses outside of the clinical area, with no more than two in any one program area. The eligible areas are: Social, Cognition and Perception, Cognitive Neuroscience, Developmental, Industrial/Organizational, and Quantitative (i.e., a third and even a fourth statistics course count toward the departmental breadth requirement). Below, please enter the departmental breadth courses you have taken.

|  |  |
| --- | --- |
| **Course number** | **Course title** |
|  |  |
|  |  |
|  |  |
|  |  |

There are three CPA breadth requirements to which clinical students need to attend**^**: (1) *Biological bases of behaviour,* (2) *Cognitive-affective bases of behaviour,* and (3) *Social bases of behaviour*. Each of these requirements can be fulfilled either with one suitable graduate course, or with two suitable senior undergraduate courses (which requires submission of a petition to the DCT and approval – see the *Guidebook*). Any graduate course offered by the Cognitive Neuroscience area will satisfy the *Biological bases of behaviour* requirement, any graduate course offered by the Cognitive area will satisfy the *Cognitive-affective bases of behaviour* requirement, and any course offered by the Social area will satisfy the *Social bases of behaviour* requirement.

|  |  |  |
| --- | --- | --- |
| **CPA Breadth Area** | **Course number(s)** | **Course title(s)** |
| **Biological bases of behaviour** |  |  |
| **Cognitive-affective bases of behaviour** |  |  |
| **Social bases of behaviour** |  |  |

**Finally, for all entries in the three tables above, please put an asterisk \* in front of any course number if you took the course *in this academic year*. Thank you.**

**^** The following two CPA-mandated breadth requirements are covered by the required coursework in the clinical program, as follows:

* The requirement in *individual behaviour* is met by completion of Psych 716: Adult Psychopathology, and Psych 724: Personality & Measurement Theory (both required of all clinical students).
* The requirement in the *historical and scientific foundations of general psychology* is met by completion of a take-home history exam shortly after entry into the program.

**Cover Sheet for**

**Year-End Clinical Competence Evaluation**

**Instructions to Faculty Supervisor:**

Please fill in each section of the form with the student.

For Section I, discuss the student’s career goals with regard to clinical practice, broadly construed. Although these goals may well change, they provide a useful context for the ensuing evaluative discussion.

For Section II, the student will have filled in this section based on feedback from their clinical supervisor evaluations forms. Please discuss the student’s level of skill in each of the domains of competence listed, given how the student has filled in the form. Discussion with the student should focus on the student’s strengths, with the goal of motivating and energizing the student. However, the student’s areas of relative weakness will serve as a basis for plans for further growth (in Section III).

At the end of this section, you, in collaboration with the student, will provide an overall rating of clinical competency. The ratings for the previous competency domains should provide a framework for this overall competency rating; however, unlike the previous ratings, this overall rating should be relative to a comparison group, namely, clinical graduate students who are fully prepared to undertake a full-time internship or residency.

For Section III, the student’s CV and APPIC-style breakdown of clinical hours and experience, to be brought to the meeting, will contain the relevant information about their clinical experience and accumulated hours. Please review this information with the student, particularly in light of their intended internship plans and career goals, and discuss both their strengths and the specific areas of growth that would be most worth future attention. Finally, in collaboration with the student, write a brief statement of clinical strengths and reflections for future growth.

**Year-End Clinical Competence Evaluation**

**Student Name: Signature:**

**Supervisor: Signature:**

**Evaluation Period: Date:**

**Section I - Current Ideas Regarding Career Path:**

**Section II – Domains of Competence:**

For each statement, please record ratings from case supervisors on a scale from relatively weak (1) to relatively strong (7). If there is no relevant information, circle NA.

***Assessment Process***

1. Clarifies the stated and implicit referral issues and questions in collaboration with client/family

NA 1 2 3 4 5 6 7

2. Clearly communicates approach to assessment to client/family

NA 1 2 3 4 5 6 7

3. Effectively addresses the referral questions via the assessment

NA 1 2 3 4 5 6 7

4. Carries out the assessment (testing, report writing, and feedback) in a timely manner

NA 1 2 3 4 5 6 7

5. Establishes alliance with the client/family, while maintaining appropriate personal boundaries

NA 1 2 3 4 5 6 7

***Assessment Knowledge and its Application***

1. Understands the underlying theoretical and empirical foundations for assessment

NA 1 2 3 4 5 6 7

2. Demonstrates knowledge of a broad range of assessment tools

NA 1 2 3 4 5 6 7

3. Administers assessment tests effectively

NA 1 2 3 4 5 6 7

4. Demonstrates competence in scoring and interpreting tests

NA 1 2 3 4 5 6 7

5. Formulates recommendations that are logically related to assessment results

NA 1 2 3 4 5 6 7

6. Effectively conceptualizes client’s difficulties, issues, themes, or patterns

NA 1 2 3 4 5 6 7

***Therapy Process***

1. Is able to clearly communicate responses and interventions to clients

NA 1 2 3 4 5 6 7

2. Demonstrates flexible use of various therapeutic techniques

NA 1 2 3 4 5 6 7

3. Works with the client to generate mutually-derived, realistic treatment goals

NA 1 2 3 4 5 6 7

4. Is able to establish, maintain, and repair therapeutic alliance

NA 1 2 3 4 5 6 7

5. Maintains appropriate personal and emotional boundaries with clients

NA 1 2 3 4 5 6 7

***Treatment Knowledge and its Application***

1. Has knowledge of a broad range of theoretical orientations

NA 1 2 3 4 5 6 7

2. Integrates and applies theoretical knowledge into clinical cases, as appropriate

NA 1 2 3 4 5 6 7

3. Is able to effectively conceptualize clients’ themes, issues, relational dynamics, or difficulties

NA 1 2 3 4 5 6 7

4. Is knowledgeable of principles of sound assessment as the basis for subsequent intervention

NA 1 2 3 4 5 6 7

5. Is knowledgeable of the scientific, theoretical, empirical, and contextual basis of intervention

NA 1 2 3 4 5 6 7

***Clinical Judgement***

1. Is able to think on his/her feet, deal effectively with the unexpected, and manage crises

NA 1 2 3 4 5 6 7

2. Accomplishes therapeutic/assessment goals while remaining flexible to emerging client issues

NA 1 2 3 4 5 6 7

3. Effectively makes decisions and problem-solves

NA 1 2 3 4 5 6 7

4. Is able to gather, prioritize, and use information effectively

NA 1 2 3 4 5 6 7

5. Is able to effectively identify and understand clients’ strengths and weaknesses

NA 1 2 3 4 5 6 7

***Professional Conduct***

1. Keeps appointments and arrives on time

NA 1 2 3 4 5 6 7

2. Behaves in an appropriately professional manner

NA 1 2 3 4 5 6 7

3. Follows Centre for Mental Health Research and Treatment operations and procedures

NA 1 2 3 4 5 6 7

4. Relates well with colleagues, co-workers and other mental health professionals

NA 1 2 3 4 5 6 7

5. Prepares well for client sessions in terms of organization and knowledge of materials/procedures

NA 1 2 3 4 5 6 7

6. Writes reports and session notes in a clear, well-organized and timely manner

NA 1 2 3 4 5 6 7

***Supervision***

1. Is able to be self-reflective and recognize own contributions to therapeutic/assessment process

NA 1 2 3 4 5 6 7

2. Is able to discuss personal feelings and reactions in supervision

NA 1 2 3 4 5 6 7

3. Is willing to discuss personal areas of weakness and responds well to criticism

NA 1 2 3 4 5 6 7

4. Uses the supervision time well

NA 1 2 3 4 5 6 7

5. Is able to take feedback from supervision and apply it to the case

NA 1 2 3 4 5 6 7

***Ethics and Cultural Competence***

1. Demonstrates awareness of how cultural differences may affect clinical practice (e.g., test interpretation and effective service delivery)

NA 1 2 3 4 5 6 7

2. Demonstrates the knowledge and skills to work with individuals of diverse backgrounds

NA 1 2 3 4 5 6 7

3. Has knowledge of ethical professional standards and regulations relevant to practice in psychology

NA 1 2 3 4 5 6 7

4. Seeks information and consultation when considering ethical issues

NA 1 2 3 4 5 6 7

5. Demonstrates commitment to ethical practice

NA 1 2 3 4 5 6 7

***Overall Rating –*** By the end of the fifth year in the program, a student should typically be ***fully prepared to undertake a full-time internship or residency*** of whatever type the student wants to pursue (e.g., adult, child, neuropsych, etc.). Given reasonable expectations for someone in the student’s current year of the program, how well is the student progressing toward this goal?

Behind About on Well ahead of

expectations schedule expectations

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Brief explanation of rating (if useful): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Section III – Activities and Accomplishments**

Review the student’s current clinical experience and accumulated hours (referring to the CV and APPIC-style breakdown). Discussion should include the following:

* Total hours of “client contact,” broken down by assessment, intervention, and supervision
* Nature of accumulated clinical experiences such as assessment, therapy, consultation, etc.
* Nature of populations seen, including diversity and age, if relevant
* Range of theoretical approaches taken in clinical activities

Finally, the student and supervisor should write a brief collaborative statement on current strengths and areas for continuing development.

***Clinical Strengths and Areas for Further Growth***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Cover Sheet for**

**Year-End Academic/Research Competence Evaluation**

**Instructions to Faculty Supervisor:**

Please fill in each section of the form with the student. Although the approach for completing the form is at the supervisor’s discretion, the process should be transparent, so that the ratings and other information are discussed with the student and the student is fully aware of the completed form.

For Section I, discuss the student’s ideas about a career path and goals within the field of clinical psychology. Although these goals will potentially change, they provide an important context for the ensuing evaluative discussion.

For Section II, please evaluate the student’s level of skill in each of the domains of competence listed. For each domain of competence, rate the student on the scale from relatively weak (1) to relatively strong (7). These ratings are chiefly to be done relative to the specific student’s overall level, rather than to their cohort or another comparative group. Discussion with the student should focus on the student’s strengths, with the goal of motivating and energizing the student. However, the student’s areas of relative weakness will serve as a basis for plans for further growth (in Section III).

For the third competency domain, “Broader knowledge of psychology,” there is a space to specify the specific sub-areas of psychology in which it is important for this student to have knowledge. Examples would be satellite areas that are related to the student’s main topic of specialization or secondary areas in which the student desires expertise.

At the end of this section, you will provide an overall rating of research competency. The ratings for the previous competency domains should provide a framework for this overall competency rating; however, unlike the previous ratings, this overall rating should be relative to a comparison group, namely, new Ph.D.’s seeking a research position. Accordingly, the readiness outcome marker for this rating is “Student is ready to give an effective and competitive research job talk.”

With regard to Section III, the student’s CV, to be brought to the meeting, will contain the relevant information about their academic progress and research accomplishments. Please review this information with the student, particularly in light of their intended career goals, and discuss both their strengths and the specific areas of growth that would be most worth future attention. Finally, in collaboration with the student, write a brief statement of academic/research strengths and reflections for future growth.

**Year-End Academic/Research Competence Evaluation**

**Student Name: Signature:**

**Supervisor: Signature:**

**Evaluation Period: Date:**

**Section I - Current Ideas Regarding Career Path:**

**Section II – Domains of Research Competence**

Please rate each domain on a scale from relatively weak (1) to relatively strong (7).

***Oral presentation skills***

1 2 3 4 5 6 7

***Knowledge of the student’s area of desired expertise***

1 2 3 4 5 6 7

***Relevant broader knowledge of psychology***

1 2 3 4 5 6 7

*Specific Sub-Areas:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Scientific writing skills***

1 2 3 4 5 6 7

***Knowledge of and familiarity with research methodologies and data analysis***

1 2 3 4 5 6 7

***Research collaboration skills***

1 2 3 4 5 6 7

***Independence and initiative***

1 2 3 4 5 6 7

***Research ethics***

1 2 3 4 5 6 7

***Overall Rating –*** By the end of the fifth year in the program, a student should typically be ***fully prepared to give an effective and competitive research job talk.*** Given reasonable expectations for someone in the student’s current year of the program, how well is the student progressing toward this goal?

Behind About on Well ahead of

expectations schedule expectations

1 2 3 4 5 6 7

Brief explanation of rating (if useful): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Section III – Academic/Research Activities and Accomplishments**

After a review of current academic progress and research accomplishments, as detailed in the student’s CV, the student and supervisor should write a brief collaborative statement on academic/research strengths and areas for continuing development. (Please attach the student’s CV.)

***Academic/Research Strengths and Areas for Further Growth***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**APPENDIX C**

**Clinical External Practicum Placements**

1. Clinical Practicum Information and Approval Form
2. External Clinical Practicum Policy
3. Syllabus for Psych 722C – Clinical Fieldwork Placement I
4. Student Evaluation of Practicum Site Form

**Clinical Psychology Practicum Information and Approval Form**

**Psych 722C; 738A, B, C; 739A, B, C; 740A, B, C; 741A, B, C; or 742A, B, C**

Note: Prior to undertaking the practicum, this completed form, signed by you and your research supervisor, needs to be given to the **Director of Clinical Training, Dr. Christine Purdon**, for final approval and signature.

For practicums that continue past an initial term, a copy of this form needs to be submitted for each additional term (just update the information about term and year, and course number). While it is recognized that there are significant professional development benefits that can occur in a clinical practicum placement that extends beyond one term, the benefits for your development lessen over time in one placement. Therefore, if a placement is to continue beyond a second term, this extended time must be discussed and approved by both your research supervisor and the DCT.

You are reminded that you must register for the practicum course. If you are not registered as being in a University of Waterloo practicum course, you are not covered by university insurance in your placement, you will receive no course credit upon completion of the practicum, and the experiences and hours your accumulate during this time cannot be used as part of your internship applications.

If this is a practicum in a new setting that has not been designated in the past as an approved practicum site, then it must be reviewed and approved by the program prior to approval by the DCT. You should discuss your plans at the site with the Director of the CMHR and the Director will liaise with the site to determine if it is appropriate as a practicum site for a University of Waterloo student. Please ensure that you provide the CMHR Director with adequate time to conduct this review prior to your planned start date. After the review, the Director will share the decision with yourself, the practicum site, your research supervisor, and the DCT.

Date:

Your name:

Term and year of the practicum:

(e.g., Fall 2011)

Course number for the practicum:

(i.e., 722C; 738A, B, C; 739A, B, C; 740A, B, C; 741A, B, C; 742A, B, C)

Practicum site:

Title of your position there:

Is the position part-time or full-time?

Supervisor name:

Supervisor credentials:

Supervisor e-mail:

Supervisor phone:

Supervisor address:

**Checklist of items to be discussed between Research Supervisor and Student**

☐ We have discussed how the clinical experiences offered by this external practicum fit with the

student’s broader career goals.

☐ We have discussed the weekly time commitment that the practicum entails.

☐ We have discussed the impact of this time commitment on the student’s research goals and

progress.

☐ We have discussed whether this practicum opportunity is likely to be a one-semester or longer

commitment.

☐ If this practicum opportunity extends to another semester, we will meet to review the

student’s practicum experiences in the first semester and jointly decide whether the student

should continue with this practicum experience.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Research Supervisor Signature Date

DCT Approval Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Optionally**, you’re invited to append a brief (up to one page) account of the expected type and amount of clinical work, the kinds of clients to be seen, the specific supervision arrangements, and the goals for the placement. **This information may be particularly important for the approval of senior practicums, e.g., at private practices.**

For administrative use only:

󠅉 Form given to Administrative Coordinator for Graduate Studies, Cathy Spencer

󠅉 Form reviewed by CMHRT Director, Marjory Phillips

󠅉 Form given to CMHRT Administrative Coordinator, Maureen Stafford, for student file

**External Clinical Practicum Policy**

|  |  |
| --- | --- |
| Policy: **External Clinical Practicum** | Section: External Clinical Practicum Placements |
| APPROVAL BY: Clinical faculty | APPROVAL DATE: |
| FIRST DEVELOPED: March 2018 | REVISION DATES: August 2019 |
| Relevant Attachments: Clinical Psychology Practicum Information and Approval Form | |

**PURPOSE**

This policy provides guidelines for clinical students wishing to pursue additional clinical training in external practicum sites that have been approved by the UW Clinical Program.

**POLICY**

Graduates students who have completed at minimum the fall and winter terms of their third year have the option of applying to complete part-time external practica at formally approved sites.

External practicum sites must include relevant psychological service activities (i.e. assessment, intervention, consultation and educational opportunities) for students that are consistent with the UW clinical training program. Students must receive regularly scheduled supervision with a registered psychologist at the site. Supervisors are expected to provide both formal and informal evaluations of students on placement.

All external sites must be formally approved by the DCT before inviting applications from clinical graduate students. The Director of the CMHRT will maintain a master list of approved external practicum sites. Sites should notify the Director of the CMHRT with updates and changes to site services or supervisors.

Once approved to take an external practicum, students must enroll in the appropriate practicum course number to ensure that the course is listed on their transcript and that they are covered for liability insurance.

**PROCEDURES**

1. *Approval for external practicum site*
   1. Potential practicum sites may be identified in a number of ways, including graduate students or faculty who become aware of training opportunities; or psychologists in the community who approach the university.
   2. Once a potential site has been identified, the Director of the CMHRT contacts the site psychologist to explain the nature of our external practica and basic expectations for training and supervision.
   3. The Director of the CMHRT provides the site psychologist with the Application for External Practicum Approval form, to be completed and returned to the Director. If there are questions or if a broader conversation may be helpful, the Director schedules a meeting and may invite the site psychologists, the DCT and the Executive Director of the CMHRT.
   4. The Director of the CMHRT provides the DCT with the completed form and a recommendation for approval for the site.
   5. If approved, the DCT signs off on the site. The Director of the CMHRT adds the site information to the master list of approved external practica.
2. *Application to enroll in an external practicum site*
   1. At set times prior to the start of each academic term, the Director of the CMHRT emails all approved external practica site for any updates and to learn of their availability to take on graduate students.
   2. In March (for the spring/summer term), August (for fall) and December (for winter), the Director of the CMHRT advises eligible students of any available external practica, and of the process for application.
   3. Students meet with the Director of the CMHRT to learn more about the proposed external practicum site and to take information about the site to their research supervisor and to the DCT for discussion about compatibility with clinical training goals and timing.
   4. Students must have signed approval from both their research supervisor and the DCT, using the External Practicum Student Application Form.
   5. Students follow the application process that is delineated by the external site supervisor. This may include the completion of a written application, or participation in an interview, for example.
   6. Once the student has been offered an approved placement, the student formally enrolls in the appropriate course number. (Students should check with the Administrative Coordinator for the course number.) This requires that students provide the signed approval form to the Department graduate secretary for authorization and a permission number to take the practicum course.
   7. Students bring the signed approval form to the Director of the CMHRT, who tracks all external placements. The Director of the CMHRT then gives the form to the Administrative Coordinator for filing in the student’s file.
3. *Supporting students on external practicum*
   1. The Director of the CMHRT has responsibility for tracking student placements.
   2. Students who experience any challenges while on practicum may contact the Director of the CMHRT as a first line in trouble shooting. The Director may speak with the supervising psychologist.
   3. If there are concerns, the Director will alert the DCT for further discussion and action if necessary.
   4. The CMHRT Director will cue supervisors to provide final evaluations, as needed, and may provide other supports to supervisors, as available.

**Psychology 722C — Clinical Fieldwork Placement I**

Placement Coordinator: Marjory Phillips, Director of the CMHRT

E-mail address: marjory.phillips@uwaterloo.ca

**Course description**

This course is a four-month fieldwork placement normally required of all clinical students during the summer following the first year of graduate studies. In an institution off-campus, you will gain practical experience in psychological assessment, especially psychodiagnostic assessment, as well as some exposure to psychotherapy, and participate in various programs of the host settings.

**Finding a placement**

An excellent source of information regarding psychology practicums for the Greater Toronto area and southwestern Ontario is the annual practicum fair held in Toronto in the late fall. It is highly recommended that those required to take a summer practicum attend this event. Details regarding the date and time for the event will be available from the Director of the CMHRT in September.

Based on your particular interests, you may seek to work at any of quite a variety of off-campus institutions in the area. Over the past few years, students have done practica at settings such as the following: the Centre for Addiction and Mental Health (Toronto), St. Joseph’s Hospital -- Centre for Mountain Health Services, and Anxiety Treatment and Research Centre (Hamilton), Lutherwood (Waterloo), the Grand River Hospital (Kitchener), and Grand Valley Institution (Kitchener). There are other placement possibilities, as well, a table of which, including contact information, is available from the Director of the CMHRT in the *Practicum Placement Guidebook*. This guidebook also contains descriptions and assessments of placements by our clinical students in previous years.

An appropriate placement should have two key features. The practicum should focus primarily on assessment activities, and it should be supervised by a registered clinical psychologist. More specifically, you should seek a setting that provides an opportunity to develop your skills in assessment, psychodiagnostic and/or neuropsychological test administration, interpretation, report-writing and providing feedback. In addition, you should get fairly close supervision, under the guidance of a registered clinical psychologist. Of course, you may also be involved in additional activities or work with other mental health professionals. ***Practicum settings are restricted to those that offer training in diagnostic assessment.*** If you are very keen on a practicum setting that does not offer diagnostic training, consult with the Director of the CMHRT and the DCT to arrange a plan for covering this important aspect of training in some other way.

It is also worthwhile to consider what kind of clinical work you might eventually develop a particular interest in and seek a setting that provides such experience. For example, you could seek a setting where you will work primarily with children and adolescents, versus a setting where you will work mainly with adults. When clinical students tally up their practicum hours to apply for the year-long internship, they are sometimes surprised to find that the summer practicum was a major source of their clinical experience, considered over the entire program. Because internship settings like to see some consistency of interest (e.g. as indicated by an accumulation of hours), it may be advantageous for the summer internship to be in the general kind of work that they student proposes to pursue on the internship. Of course, not all students know where their interests will head in the coming years, but this is a point at which giving the matter some thought may benefit you.

Please consult with the Director of the CMHRT when which choosing practicum sites to apply to. Practicum settings in southwestern Ontario seem to be moving toward a common application deadline date (Feb. 1) and a common notification date (mid-March).

**Course requirements and evaluation**

Ideally, your practicum should provide some breadth of experience, for example in the types of assessment procedures you are exposed to.

Once you have arranged your practicum, please complete the **Clinical Practicum Information and Approval Form** (see Appendix C of the *Guidebook*), have your research supervisor sign it, and give the completed form to the DCT. Do not forget to enroll in Psych 722C on Quest.

At the conclusion of the placement, please make sure your principal supervisor provides a written assessment of your work using the form entitled **Practicum Evaluation** (see Appendix A of the *Guidebook*). Give one copy of this completed evaluation form to the DCT, and keep another copy for yourself. Chiefly based on this assessment, the DCT will assign you a course grade (CR/NCR).

Finally, at the conclusion of your practicum, the placement coordinator requires a relatively short essay from you describing your activities on the placement and *briefly* addressing your development in each of the following areas that CPA believes practicum training should facilitate (*Standards for Accreditation of Doctoral Programmes in Professional Psychology*, 2002, pp. 43-44):

1. An understanding of, and a commitment to, professional and social responsibility as defined by the statutes of the ethical code of the profession,
2. the ability to conceptualize human problems,
3. awareness of, and sensitivity to, the full range of human diversity,
4. an understanding of one’s own characteristics, strengths and biases and the impact these have upon professional functioning,
5. skill in psychological assessment, intervention, and consultation, and
6. the use of research to inform practice and the ability to use practice experiences to inform and direct research.

|  |  |
| --- | --- |
| **General Information** | |
| Student Name: |  |
| Practicum Site: |  |
| Supervisor(s): |  |
| Year Completed: |  |

Please refer to the following terms in rating your experience:

* **Needs Improvement (NI):** Indicates that significant changes are needed to improve this aspect.
* **Satisfactory (S):** Indicates aspects that were satisfactory.
* **Good (G):** Indicates aspects of your experience that were better than what you expected.
* **Outstanding (O):** Reserved for truly outstanding aspects of your experience.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Evaluation of Practicum Experience** | **NI** | **S** | **G** | **O** |
| 1. | Were the expectations of you made clear? |  |  |  |  |
| 2. | Were the expectations of you reasonable (e.g. case load, time constraints)? |  |  |  |  |
| 3. | Were you provided with structured and organized training? |  |  |  |  |
| 4. | Were you provided with adequate training in specific skills? |  |  |  |  |
| 5. | To what extent was your supervisor available for unscheduled consultation? |  |  |  |  |
| 6. | Did you receive sufficient time in regularly scheduled supervision? |  |  |  |  |
| 7. | How would you rate the quality of supervision you received? |  |  |  |  |
| 8. | To what extent was the feedback you received constructive and supportive? |  |  |  |  |
| 9. | To what extent were you challenged and motivated to strive for professional growth? |  |  |  |  |
| 10. | To what extent were you directed to relevant readings and literature in your field of practice? |  |  |  |  |
| 11. | Were you provided with opportunities to work independently? |  |  |  |  |
| 12. | Were you provided with opportunities to work supervised? |  |  |  |  |
| 13. | Were you provided with opportunities to work as part of a team? |  |  |  |  |
| 14. | Were you provided with opportunities to present at case conferences or other forums? |  |  |  |  |
| 15. | To what extent did your training at UW prepare you for this practicum? |  |  |  |  |
| 16. | Please list all courses taken at UW in preparation for this practicum in order of usefulness: | | | | |

|  |  |  |
| --- | --- | --- |
| **Please list all patient populations you worked with (for example, Schizophrenia, Bipolar Disorder etc.) followed by amount of patients seen in that area:** | | |
|  | | |
| **What percentage of your time was spent engaged in the following activities?** | | **%** |
| 1. | Chart Review |  |
| 2. | Interviewing |  |
| 3. | Assessment of Cognitive Functioning |  |
| 4. | Scoring/Interpreting Results |  |
| 5. | Report Writing |  |
| 6. | Providing Feedback |  |
| 7. | Treatment planning with Client |  |
| 8. | Providing Individual Therapy |  |
| 9. | Providing Group Therapy |  |
| 10. | Receiving Supervision (one-on-one and group) |  |
| 11. | Providing Supervision |  |
| 12. | Independently Learning/Studying Tests or Therapy Methods |  |
| 13. | Attending Case Conferences or Grand Rounds |  |
| 14. | Other (please specify) |  |

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| --- |
| **Additional Comments:** |
|  |

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of DCT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPENDIX D**

**Protocol for Clinical Grad Students Accessing Mental Health Services**

**Protocol for Accessing Mental Health Service**

**Clinical Psychology Graduate Students**

**Context:**

Students at the University of Waterloo have access to mental health services at both Counselling and Health Services (CS and HS, respectively). A student wishing to access the services of a mental health professional at CS attends an intake meeting after which one of a range of services is offered. At HS, the individual student may first meet with a nurse for a triage appointment followed by an appointment with a physician or nurse practitioner.

With respect to CS, UW clinical psychology graduate students may find themselves in the unique situation of needing to access service while also providing mental health services as trainees at CS. It is a reasonable expectation for a number of these students that they at some time in their graduate school career will be in this dual role. The practical implication of being both a trainee and service recipient, is that some students will feel undue discomfort knowing that some of their prospective or past team members, or even past clients would identify them as service recipients when they attended appointments. Some students may be reluctant to access needed services under these conditions.

The remainder of this document describes the protocol and provisions for accessing CS, considering the unique situation of clinical psychology graduate students.

**Process:**

1. The student will call the Director of Counselling Services (x33121) or the Associate Director of Counselling Services (x38431) to request services. A message can be left on either of these lines if not answered.

2. Once contact is made with the student, the director or associate director will request the same information that is gathered in a typical CS intake appointment. This information is used to determine urgency as well as best fit.

3. The student will be provided with a range of options for service including single session, group (as appropriate), workshops, or ongoing counselling.

4. The director or associate will seek the most appropriate and available counselor or psychologist and will pass on the intake information.

5. By previous arrangement, students will meet the designated counselor or psychologist in the offices of Graduate and Postdoctoral Affairs (GSPA) on the second floor of Needles Hall.

6. The selected counselor or psychologist will make the room arrangements in the GSPA.

7. The selected counselor or psychologist will communicate appointment times to the student.

8. Service will proceed as per usual, in the alternate (GSPA) location.

**Additional considerations:**

The student will be provided with same information about privacy of records as is provided to other CS clients including the use of a shared electronic record with HS and exceptions to confidentiality.

The student will also be provided with information about off-campus services and support that is provided through StudentCare.