GUIDEBOOK

to Training in Clinical Psychology
at the University of Waterloo

Revised August 2013
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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, consistently about one-third of our graduates have taken academic appointments and continue in a major role as researchers and scholars, and many of the remaining two-thirds, who go into clinical practice, have assumed important 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 the 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 April of 2013, our Clinical Psychology Program was re-awarded accreditation for a five-year period by the CPA. The Site Visit Report observed:

The integration of research, theory and practice represents a major strength of the program. Examples include, but are not limited to, practicum components incorporated within assessment courses, clinical supervision by core faculty who are research active, emphasis on evidence-based interventions, the creation and support of the Centre for Mental Health Research (where clinical training and clinical research are increasingly combined), as well as early student involvement in both practice and research.

The report also noted:

The Centre for Mental Health Research (CMHR) is continuing to develop as a model facility for research and clinical training.

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 x 328 or 1-888-472-0657 x 328
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 (CMHR), in which all our students, starting at the beginning of the program, have very extensive, closely supervised experience 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 or SCID. In addition to their work in the CMHR, 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 hour-for-hour 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 considerable additional bookable space available for research by our clinical students. The departmental facilities, as well as the Centre for Mental Health Research, 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 will soon provide 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, 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 our students in the clinical assessment and treatment of both 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

2. **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

3. **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 (CMHR). The CMHR 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 CMHR 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 Hospital and the Centre for Mountain Health Services (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 and welcomes diversity in terms of cultural or ethnic identity, sexual orientation, age, religion, and physical disability. Admission to the Clinical program is highly competitive. The program receives approximately 130 applications each year and typically makes offers of admission to 4-6 students per year. We consider applicants who have completed their Honours Bachelor’s degree, usually including an honours thesis, and we also consider students who have completed their Master’s degree. We do not consider applicants who plan to terminate their studies at the Master’s level.

In selecting students, we examine the applicants’ undergraduate grades and program of study, GRE scores, the views of the reference letter writers, the personal statement of the applicant, and any other relevant information (such as publications, presentations, or clinical experience) that is available in the application. Although there are no absolute minimum standards, we anticipate that successful applicants will have undergraduate averages well over 80%, have GREs well above the average, and also have other exceptional aspects to their application. Being the recipient of a fellowship or scholarship increases an applicant’s chances to be considered as part of the short list. Scholarship application deadlines are between September and December of the preceding year, and agencies which should be considered by clinical applicants include SSHRC, NSERC, and CIHR.

It is essential for prospective applicants to carefully consider the potential fit of their own interests with the current research interests of our clinical faculty. The faculty in our program
have a broad range of clinically relevant research interests, of which the following is just a brief sampling:

- The role of shame and self-criticism in the development and maintenance of psychopathology, and of compassion in its prevention and alleviation (Allison Kelly)
- The nature and development of executive control in children, and the relation of executive skills to psychopathology (Tara McAuley)
- Cognitive-behavioral mechanisms in the nature and treatment of social anxiety (David Moscovitch)
- The development of cognitive and communication skills in typically and atypically developing children (Elizabeth Nilsen)
- The scientific and practical utility of single-case designs in psychotherapy (Jonathan Oakman)
- The development and persistence of obsessive-compulsive disorder and other anxiety disorders (Christine Purdon)
- The interrelation between stress and psychopathology and the nature and quality of intimate romantic relationships (Uzma Rehman)
- The role of complementary cyclical patterns of behavior in the structure and effectiveness of interpersonal interactions, including psychotherapy (Erik Woody)

This list is not exhaustive, and we urge prospective applicants to closely consider the latest, detailed account of each faculty member’s research interests, available online:

http://psychology.uwaterloo.ca/gradprog/programs/phd/clinical/faculty.html

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

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<th>Incoming Class</th>
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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:

- On average, during 2013-14, our clinical graduate students (excluding those on residency/internship) receive approximately $33,500 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 2013), 77% are female and 23% male. Current students range in age from 23 to 41, with an average of 30 years. Students in the program have a range of backgrounds, such as Chinese, Italian, Vietnamese, East Indian, British, and Canadian.

- Our program places equal emphasis on research and clinical work. Our current graduate students have an average of 5 conference presentations, and 2 journal publications. As well, they will accumulate at least 2400 hours of clinical work by the time they complete our program.

- Over the last five years, about half of our students have finished the Ph.D. in 6 or 7 years, including the predoctoral internship, and about half have finished in 8 years (again, including the internship). We have recently implemented program changes that should enable a higher proportion of our students to finish the Ph.D. in 6 or 7 years.

- Statistics on student residencies/internships over the last five years (2009-2013):
  Those who obtained paid internships: 23 students = 100%
  Those who obtained CPA (or APA) accredited internships: 22 students = 96% 
  (The only exception was an internship in the process of obtaining CPA accreditation.)

- In the last five years (2009-2013), two students have left the clinical program after obtaining a Master's degree, rather than continuing to the Ph.D.

Profile of Our Graduates

Recent publication of results for the 187 clinical programs in North America on the EPPP exam, required of all graduates to enter the profession of clinical psychology, show us ranked very near the top, attesting to the very strong knowledge base 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 2001, not including the past 2 years), approximately 96% (23/24) are licensed. Nearly a third, 29% (7/24), are teaching in universities, such as Wilfred Laurier University, York University, and University of Hong Kong. About 54% (13/24) have primary employment in institutional settings (e.g. hospitals, etc.). Many (46%, 6/13) of those employed in institutional settings also have adjunct professorships. Roughly 42% (10/24) of our graduates have their primary employment in private practice.

In our recent 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 five 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.

I had a wonderful graduate experience! I found the coursework in statistics and in CBT particularly useful, and I have grown to appreciate that the supervision provided by the core faculty is really unique (many of my interns have been shocked that I ‘actually listen’ to their therapy tapes each week). My research supervision was also outstanding – I felt very supported by my supervisor, my committee members, and the faculty as a whole.

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 Erik Woody is the Acting DCT), the CMHR Executive Director (currently, Christine Purdon), and the CMHR Director (Walter Mittelstaedt).

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 twice-yearly feedback sessions with the DCT and student participation on the Clinical Workshop Committee.

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 CMHR are evaluated using the form, Treatment Case Evaluation; and assessment cases seen in the CMHR 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 term, 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 for student. In these cases, there is a meeting with the student for which minutes are recorded, and there may also be the specification of an individualized remediation plan, which should include the following:
   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., delayed, additional, or remedial work) that will be part of plan;
   c) a timeline with stated objectives and a date by which all the objectives are to be accomplished, as well as a statement of the method of assessment;
   d) the anticipated consequences if the objectives are not met by the specified date.

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.)
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 CMHR Director or CMHR 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. Because students may work closely with the research supervisor for five or more years, they should consider their choice of a doctoral program supervisor carefully. Movement 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

University guidelines are available to cover all manner of issues that might emerge:

- Rules for the management of serious disputes and/or concerns of academic impropriety (plagiarizing, inappropriate expectations of intimacy, and the like) are covered by a set of University of Waterloo Policies, available through the following website:
  http://www.adm.uwaterloo.ca/infosec/Policies/Policies_index.htm

- There are also rules and guidelines established by the Graduate Studies Office, which cover health and safety, ethical behaviour, grievances, discipline measures, disputes arising from employment and research issues, maternity policy, and the like. These are available through the following website:
  http://www.grad.uwaterloo.ca/calendar/grad_calendar/Regs_Policies.asp

- A review of general policies of the Department of Psychology Graduate Program is available at the following website:
  http://www.psychology.uwaterloo.ca/gradprog/

- Centre for Mental Health Research activities are also rule-regulated, with a set of procedures outlining responsibilities toward confidentiality, scheduling, filing, observing, supervision arrangements, management of crises, care of testing materials, key control and report-writing standards. All clinical students are provided with their own notebook copy of the Centre for Mental Health Research Guidelines and Procedures Manual, and they are expected to make themselves familiar with its contents.
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 CMHR provides $300 yearly (May 1 to April 30) to help clinical students attend clinical training conferences or workshops to enhance their training. Please see the CMHR Administrative Coordinator for further information.

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.
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.*

http://www.psychology.uwaterloo.ca/gradprog/current/phd_stat_req.html

**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.*

http://www.psychology.uwaterloo.ca/gradprog/current/phd_breadth_req.html

**All clinical students are required to take Psych 795: Structure and Function in the Developing Brain, which counts as a departmental breadth course in cognitive neuroscience.** Thus, to meet the departmental breadth requirement, clinical students need to take three other graduate courses outside of the clinical area, with no more than two (including Psych 795) in any one program area. The eligible program areas are the following: 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 *biological bases of behaviour* is met by completion of Psych 795: Structure and Function in the Developing Brain (required of all clinical students).
- 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 exam shortly after entry into the program.

Thus, there are only two CPA breadth requirements to which clinical students need to attend: *(1) Cognitive-affective bases of behaviour, and (2) 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 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 course instructor and 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.
Year One

Coursework
- Psych 632 (fall): Multiple Regression
- Psych 716 (fall): Adult Psychopathology
- Psych 717 (fall): Psychological Assessment I
- Psych 718 (winter): Psychological Assessment II
- Psych 719 (winter): Ethics, Diversity, and Professional Issues in Clinical Psychology
- Breadth-requirement course (winter, or 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 research projects ongoing in the lab – either engaging in their own work or contributing to the supervisor’s work or that of advanced graduate students on the team.
- 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 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 a year-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 Cognitive Assessment Teams (CAT), which conduct assessments of clients in the CMHR. We cover the assessment of both adults and children, and we emphasize practice in writing and presenting client-focused assessment reports. Please see the CAT Manual for more information on this aspect of training.

- In the first year, students complete a course in adult psychopathology (Psych 716), and also learn diagnostic assessment (Psych 721A & B) as part of their work in the CMHR. These courses 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).

- Psych 722C: In the spring and summer 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 CMHR, Walter Mittelstaedt, 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 as early as late September of the year preceding the summer practicum.
  - 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 D 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.

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 in the winter term. 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 723 (fall): Child Psychopathology and Psychotherapy (in Year 3 for some students)
- Psych 724 (winter): Personality & Measurement Theory
- Psych 725 (winter): Cognitive Behaviour Therapy
- A second statistics course (fall or winter)
- Breadth-requirement course (fall or winter)

Clinical Practicums
- Psych 726A & B (fall & winter): Practicum in Integrated Assessment I and 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 (see Year 1 description for deadline information).
- 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: The summer of the second year is devoted to completion of the Master’s thesis. By August 1st, each student submits a complete, supervisor-approved manuscript to be read and approved by two Readers (usually other clinical faculty members, but non-clinical faculty members are also fine). The Readers may ask for revisions, which need to be completed in a timely fashion. Copies of the approved thesis will be bound and kept by the UW library and Department of Psychology, and the student will receive an MA degree.

Clinical Skill Training in Year 2
- Second-year students study child psychopathology and methods of intervention with children (Psych 723). This learning sets the stage for students to see child psychotherapy cases in the CMHR starting in Year 3. (In some academic years, this course may be offered in fall of Year 3, instead.)
- Second-year students are introduced to major personality theories and their associated assessment instruments for use in clinical work. They also learn principles of
measurement theory, which underlie the creation and evaluation of all tests and other measures. These topics are covered in Psych 724.

- 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.

- A full year of clinical practicums (Psych 726A & B) continues the development of second-year students’ skills in psychological assessment, 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. Second-year students continue their participation in assessment teams and play more of a leadership role (under the close supervision of faculty) in the planning, interpretation, and writing of psychological assessments.

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. One important option to consider is taking the required breadth course, Psych 795: Structure and Function in the Developing Brain (typically offered in fall term).

- 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 CMHR. 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 D 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 727 (winter): Efficacy & Program Evaluation (in Year 4 for some students.)
- Psych 728 (winter): Psychotherapy: Classical Roots and Contemporary Developments
- Breadth-requirement course (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: 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 (see the next point) and provides regular consultations during the course of the dissertation research.

Dissertation Proposal Meeting: Each student writes a dissertation proposal, which should include a pithy literature review, a theoretical rationale and hypotheses, a methods section describing the proposed methodology, and a data-analysis section describing the proposed data-analytic strategy. After the members of the dissertation committee read the proposal, the committee meets with the student for a formal proposal meeting, normally to be completed by August 1st of the third year. If necessary, the student incorporates committee feedback into a revised proposal statement, which is then re-submitted to the committee for final approval, typically before the student embarks on data collection.
Clinical Skill Training in Year 3

- 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.
- To round out the therapeutic skills that students learned in the CBT course, 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 CMHR. 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.
- Cases are replaced as clients leave the service, so that the expected load is three cases continuously. We offer a mix of CBT and other approaches in adult and child cases, and 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. If the student did not take the required breadth course, **Psych 795: Structure and Function in the Developing Brain**, in the second year, he or she should strongly consider taking it in the third year. (It is typically offered in fall term.)
- Over the spring and summer, 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.** 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 D 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 Four

Coursework
- Psych 731 (fall): Theory and Application in Couples Therapy (note: not offered again until fall, 2014)
- 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 737A, B, C (fall, winter, & spring; terms to be arranged): Couples Therapy Practicum
- 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. We strongly encourage students to write their dissertations close to the form of a journal article (or multiple articles), so that eventually the work can readily be submitted to a journal for publication. Other rules for the dissertation are prescribed in the Graduate Studies Calendar. 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
- 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 (even though it does not appear in the above course list for Year 4). (This course is typically offered in winter.)
- Senior students further expand their knowledge of psychotherapy by learning principles and techniques of couples therapy (Psych 731). (This course will next be offered in fall of 2014, and so may need to be taken in Year 5, rather than Year 4.)
**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. See the 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 seeing a couples case in the CMHR:** Associated with the course on couples therapy (Psych 731), there is an optional practicum component (Psych 737A, B, C). These practica offer students the opportunity to work therapeutically with a couple through the CMHR.

- **Option of a one-off assessment case:** Senior students are encouraged to consider completing a short-term assessment through the CMHR 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 CMHR. 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 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 D 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 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 737A, B, C (fall, winter, spring; terms to be arranged): Couples Therapy Practicum
- 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 CMHR 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). See the 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 include the following:
  - Seeing a couples case in the CMHR (Psych 737A, B, & C)
  - A one-off assessment case in the CMHR
  - 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.) 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 D 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 a local private practice.
  - Doing a block placement in the CMHR. Students interested in this possibility need to consult with the Director of the CMHR, Walter Mittelstaedt, 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. Hence, the clinical program strongly holds the position that all internships should normally 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. 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.

Students should also be aware that in recent years successfully securing an internship position has unfortunately become a highly competitive endeavor. Up until a few years ago, the number of internships available in Canada consistently tended to be somewhat larger than the number of applicants. For example, in 2008 there were 127 internship positions in Canada and 120 Canadian applicants. However, the present situation is sharply different from this. For example, in 2012 there were 150 Canadian internship positions (including unaccredited ones) and 213 Canadian applicants. Thus, even counting unaccredited internships, there are simply not enough internship positions available for about 30 percent of Canadian applicants. In addition, it is clear that this massive imbalance will continue for at least the next few years.

The people making applicant selections at internship sites are acting in good faith and doing their best to cope with these impossible circumstances. However, the present conditions mean that optimizing internship applications and students’ interview performance is more critical than it was just a few years ago.

To help our students navigate these shark-infested waters, the clinical program now appoints two faculty members as Residency Co-coordinators. The Residency Co-coordinators assist students with preparing their internships applications, answer questions and offer advice with respect to internships, and arrange practice internship interviews for the current group of internship applicants.
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 Internships, 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:

a) Their doctoral thesis proposal has been approved;

b) 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);

c) All coursework is completed (with the exception of practicum courses which may continue);

d) 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 McFarlan Rowlands Insurance Brokers.

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 CMHR, 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): ___________________________________________________________

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:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Treatment Knowledge and its Application**

1. Has knowledge of a broad range of theoretical orientations
   
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<th>3</th>
<th>4</th>
<th>5</th>
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<th>7</th>
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2. Integrates and applies theoretical knowledge into clinical cases, as appropriate
   
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<th>NA</th>
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<th>3</th>
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3. Is able to effectively conceptualize clients’ themes, issues, relational dynamics, or difficulties
   
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4. Is knowledgeable of principles of sound assessment as the basis for subsequent intervention
   
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5. Is knowledgeable of the scientific, theoretical, empirical, and contextual basis of intervention
   
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</table>

**Comments about treatment knowledge:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Clinical Judgement**

1. Is able to think on his/her feet, deal effectively with the unexpected, and manage crises
   
<table>
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<th>NA</th>
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<th>2</th>
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2. Accomplishes therapeutic/assessment goals while remaining flexible to emerging client issues
   
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<th>4</th>
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3. Effectively makes decisions and problem-solves
   
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<th>NA</th>
<th>1</th>
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<th>3</th>
<th>4</th>
<th>5</th>
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</table>

4. Is able to gather, prioritize, and use information effectively
   
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</table>

5. Is able to effectively identify and understand clients’ strengths and weaknesses
   
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<th>NA</th>
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</table>

**Comments about clinical judgement:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
**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 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: __________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

**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: __________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________
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: ________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Summary Evaluation

General comments on the student’s strengths and areas for continuing development:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Assessment Case Evaluation

Note: One copy of the completed form should be sent to the Administrative Coordinator of the CMHR, 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): ____________________________

________________________________________________________________________________

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: _____________________________________________

________________________________________________________________________________
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: ____________________________________________

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: ____________________________________________
**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 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: 
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

**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:  
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

__________________________________________________________________________
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: __________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Summary Evaluation

General comments on the student’s strengths and areas for continuing development:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
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. Erik Woody, 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): ________________

________________________________________________________________________________

________________________________________________________________________________

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

________________________________________________________________________________

________________________________________________________________________________

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: ____________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

**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: ____________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________
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:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**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:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
**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: ____________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

**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: __________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

**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: ____________________________________________
__________________________________________________________________________
__________________________________________________________________________

**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: ____________________________________________
__________________________________________________________________________
__________________________________________________________________________

**Summary evaluation**

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

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. Please complete the attached form, Year-End Clinical Student Progress Summary, and, on the back side of the same sheet, the Breadth Requirement Summary.

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 CAT 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) the 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 CMHR, 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, centred. 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 CMHR 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 – 2013-2014

Your name: ________________________________ Year in program: ________

Please complete the following summary table. Note that this academic year runs from the beginning of September, 2013, through the end August, 2014; thus, include upcoming spring/summer data, if known.

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

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

<table>
<thead>
<tr>
<th>Total number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conference posters</td>
</tr>
<tr>
<td>Conference presentations</td>
</tr>
<tr>
<td>Peer-reviewed publications – Other than first author</td>
</tr>
<tr>
<td>Peer-reviewed publications – First author</td>
</tr>
<tr>
<td>Other Publications (e.g., book chapters)</td>
</tr>
<tr>
<td>Manuscripts submitted and under review</td>
</tr>
</tbody>
</table>

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).

<table>
<thead>
<tr>
<th>Total Hours</th>
<th>Estimated Hours: Child</th>
<th>Estimated Hours: Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment (direct client contact)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intervention (direct client contact)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervision</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Course number</th>
<th>Course title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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). For clinical students, *Psych 795* is required and counts as a breadth course in cognitive neuroscience; hence, once you take it, it should be included in the following table. Below, please enter the departmental breadth courses you have taken.

<table>
<thead>
<tr>
<th>Course number</th>
<th>Course title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Several of the **CPA-mandated breadth requirements** are covered by the required coursework in the clinical program (see the Guidebook for details). There are really only two CPA breadth requirements to which students need to attend: (1) *Cognitive-affective bases of behaviour* (e.g., learning, sensation, perception, cognition, thinking, motivation, emotion); and (2) *Social bases of behaviour* (e.g., social psychology; cultural, ethnic, and group processes; sex roles; organizational and systems theory). Each of these requirements can be fulfilled either with one suitable graduate course (e.g., offered by the cognitive or social areas), or with two suitable senior undergraduate courses (which requires submission of a petition to the DCT and approval – see the Guidebook). Below, please enter the graduate course or two undergraduate courses you have taken that meet each of these two requirements.

<table>
<thead>
<tr>
<th>CPA Breadth Area</th>
<th>Course number(s)</th>
<th>Course title(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive-affective bases of behaviour</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social bases of behaviour</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.
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 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?

<table>
<thead>
<tr>
<th>Behind expectations</th>
<th>About on schedule</th>
<th>Well ahead of expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Brief explanation of rating (if useful): __________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
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**
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**Knowledge of the student’s area of desired expertise**
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**Relevant broader knowledge of psychology**
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  *Specific Sub-Areas:___________________________________________________________
___________________________________________________________*

**Scientific writing skills**
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**Knowledge of and familiarity with research methodologies and data analysis**
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**Research collaboration skills**
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**Independence and initiative**
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**Research ethics**
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**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?

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<tr>
<th>Behind expectations</th>
<th>About on schedule</th>
<th>Well ahead of expectations</th>
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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:* ____________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________


APPENDIX C

Clinical Practicum Approval Form and Syllabus

1) Clinical Practicum Information and Approval Form

2) Syllabus for Psych 722C – Clinical Fieldwork Placement I
Clinical 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 your research supervisor, needs to be given to the Director of Clinical Training, Erik Woody. (The DCT will provide copies of the signed form to the Administrative Coordinator of the CMHR, Maureen Stafford, and the Administrative Coordinator for Graduate Studies, Rita Cherkewski.) For practicums that continue into a second (or third) term, a copy of this form needs to be submitted for each new term (just update the information about term and year, and course number).

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:

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.

Thesis Supervisor Approval Signature:

DCT Approval Signature:
Psychology 722C — Clinical Fieldwork Placement I

Placement Coordinator: Walter Mittelstaedt, Director of the CMHR
Office: PAS 1421
E-mail address: whmittel@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 CMHR 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 CMHR 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 CMHR 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 CMHR 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 (in 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.

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.